SUMMARY OF IMPORTANT CHANGES TO THE TRUMAN STATE UNIVERSITY HEALTH INSURANCE PLAN

On February 4, 2009, President Obama signed the Children's Health Insurance Program Reauthorization Act (the "Act") of 2009. The purpose of this Act is to provide funding for children's health insurance under Medicaid and State children's health (CHIP). The law also adds a new HIPAA special enrollment period.

Effective April 1, 2009, the Truman State University Health Insurance Plan has been modified to comply with the requirements of the Children's Health Insurance Program Reauthorization Act of 2009. The notice below updates our HIPAA Special Enrollment Notice to comply with the new law.

TRUMAN STATE UNIVERSITY NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS EFFECTIVE APRIL 1, 2009

If you decline coverage for yourself and/or your dependents (including your spouse) because you are covered under another health plan, you may, in the future, be able to enroll yourself and/or your dependents in the plan if you experience an involuntary loss of that coverage (e.g., spouse loses his/her job, divorce) or if the employer stops contributing towards the coverage. However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you or a dependent is covered under a Medicaid or CHIP plan and coverage is terminated as a result of the loss of eligibility for Medicaid or CHIP coverage, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 60 days after the date eligibility is lost.

Finally, if you or a dependent becomes eligible for premium assistance under an applicable State Medicaid or CHIP plan to purchase coverage under the group health plan, you may be able to enroll yourself and/or your dependent(s). However, you must request enrollment within 60 days after you or your dependent is determined to be eligible for State premium assistance. Please note that premium assistance is not available in all states.

To request special enrollment or obtain more information, please contact Lori N Gray at 660.785.7480 or email: logray@truman.edu.