SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
1-800-472-2363 or 715-221-9555
TTY 711

Special enrollment rights notice

Federal law (called HIPAA) requires we tell you about a very important provision in your plan. This provision provides a right to enroll under "special enrollment provisions" if you acquire a new dependent, or if you or an eligible dependent declines coverage under this plan because of alternative coverage and later such coverage terminates.

Special enrollment provisions

Rule 1 - Loss of other coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage and indicate that reason in writing when declining coverage, you may be able to enroll yourself and/or your dependents in this plan should the other coverage terminate or employer contributions for that coverage terminate. However, you must request enrollment within 31 days after your coverage ends or employer contributions stop, and meet certain other conditions described in your group policy.

This rule also includes people who request enrollment under the plan within 60 days after the loss of eligibility for Medicaid, including BadgerCare Plus or Children's Health Insurance Program (CHIP); or people who request enrollment under the plan within 60 days after eligibility for premium assistance subsidy under Medicaid, including BadgerCare Plus or CHIP has been determined.

Rule 2 - Marriage, birth or adoption

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you might be able to enroll yourself, your spouse and your newly acquired dependents, provided you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption, and that you meet certain other important conditions described in your group policy. (Under Wisconsin law, additional time for enrollment is available for certain situations. Notice of a newborn shall be given as soon as possible and within one year. Notice of adopted child shall be given within 60 days of adoption or placement.)

Your employer may offer a way for you to decline coverage either online or through another electronic form. In that case, Security Health Plan will accept the employer's electronic record if you decline coverage, and you would not need to fill out a paper form.

To request special enrollment or to obtain more information, contact your employer.

Notice of Nondiscrimination/Limited English Proficiency Language Services

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics, and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.
ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711). **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711). **LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).

If you require materials in large print, please call 1-800-472-2363 (TTY 711).

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