

SPECIAL ENROLLMENT

Special Enrollment is a period of time allowed under this Plan, other than the eligible person’s Initial Enrollment Period or an Open Enrollment Period, during which an eligible person can request coverage as a result of certain events that create special enrollment rights. Special enrollment events include **loss of other health plan coverage**. Also, in the event of **marriage, birth, adoption or placement for adoption**, you may enroll yourself and your newly acquired spouse and children for coverage. Coverage will become effective on the date of the event if an application for such coverage is received by the MACo HCT office within sixty (60) days of the event.

You or your eligible dependents may also have special enrollment rights in this Plan as a result of the loss of eligibility for coverage or becoming eligible for a premium subsidy under Medicaid or a state sponsored Children’s Health Insurance Program (CHIP). A request for enrollment must be submitted to the MACo HCT office within sixty (60) days of loss of such coverage or the date of the Determination Letter advising of the eligibility for premium subsidy issued by either Medicaid or CHIP. You should consult with your local Medicaid or CHIP office regarding rights to the premium subsidy.

HIPAA PRIVACY MACo HCT is fully compliant with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996.

DENTAL AND VISION Coverage may be voluntarily canceled by an enrollee ONLY during the annual open enrollment period. If coverage is voluntarily canceled by an enrollee, there is a two-year waiting period before coverage can be reinstated.

BASIC LIFE INSURANCE BENEFICIARY(IES): MACo HCT provided Life policy included with medical plan enrollment for active enrollees				
PRIMARY:	1	2	3	4
FULL NAME				
% OF BENEFIT				
SSN				
DATE OF BIRTH				
RELATIONSHIP				
PHONE NUMBER				
CITY/STATE				
CONTINGENT:				
FULL NAME				
% OF BENEFIT				
SSN				
DATE OF BIRTH				
RELATIONSHIP				
PHONE NUMBER				
CITY/STATE				

Check if beneficiarys are the same as Basic Life

COUNTY LIFE INSURANCE BENEFICIARY(IES): County provided Life policy included for active enrollees				
PRIMARY:	1	2	3	4
FULL NAME				
% OF BENEFIT				
SSN				
DATE OF BIRTH				
RELATIONSHIP				
PHONE NUMBER				
CITY/STATE				
CONTINGENT:				
FULL NAME				
% OF BENEFIT				
SSN				
DATE OF BIRTH				
RELATIONSHIP				
PHONE NUMBER				
CITY/STATE				

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