

Notice:	Who:	When:	Who is Responsible
Children's Health Insurance Program (CHIP)	All employees who are eligible for state health plans	Annually (open enrollment packet)	DHRM
Creditable Coverage	This notice should be provided to all Medicare Part D- Eligible Active Employees and/or their Medicare Part D-Eligible Family Members Enrolled in the State Health Benefits Program	<ul style="list-style-type: none"> • Annually • New Hire Enrolling in the State Health Benefits Program • Upon Request 	BA (Agency)
Extended Coverage Election Notice	This notice should be provided to all Qualified Beneficiaries who experience a loss of Health Care Coverage (including the Healthcare Flexible Spending Account , if applicable) due to a Qualifying Event	Within 14 days of a COBRA Qualifying Event (1 st class mail)	COBRA Administrator
Extended Coverage Initial General Notice	This notice should be provided to: 1) New Hires (if health insurance or HFSA coverage is elected); 2) Employees who enroll based on a Life); 3) New Enrollees or newly added spouses who enroll during Open Enrollment.	Within 90 days of enrolling	COBRA Administrator
Health Insurance Marketplace	All employees who are eligible for state health plans	Within 14 days of hire; Send 1st class mail, email (if email used regularly), or hand deliver (orientation packet)	BA (Agency)
HIPAA Privacy	All employees who are eligible for state health plans	Upon Enrollment in a State Health Plan	BA (Agency)
HIPAA Special Enrollment Rights	All employees who are eligible for state health plans	At or prior to enrollment	BA (Agency) Important Notices
Language Assistance	All employees who are eligible for state health benefit plans	Varies; included in Member Handbooks, Open Enrollment Materials, Plan Appeals Letter	DHRM, Health Insurance Carriers
Wellness Notice	All employees who are eligible for state health plans	Annually (open enrollment packet)	DHRM

Women's Health and Cancer Rights	All employees who are eligible for state health plans	Annually (open enrollment packet)	DHRM
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