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SOUTH DAKOTA BANKERS BENEFIT PLAN IMPORTANT DISCLOSURE OF CERTAIN LEGAL RIGHTS

You are receiving this notice because our records indicate that you are eligible to participate in the South Dakota Bankers Benefit Plan (the “Plan”). South Dakota Bankers Insurance & Services, Inc. serves as the plan administrator for the Plan (the “Plan Administrator”). As the Plan Administrator, Federal law requires that we provide you with notice of certain rights under the Plan. To actually participate in the Plan, you must follow the Plan’s enrollment procedures and pay any required employee premium.

IMPORTANT: Electronic Disclosure Notice

This document is being furnished to you electronically at the request of the Plan Administrator. Please review this document carefully and contact the Plan Administrator’s representative below with any questions. This document, along with other important Plan information, is also available on the Plan’s website at <https://www.sdba.com/sdbbp-employees>.

To request and obtain a paper version of this document at no charge, please contact:

South Dakota Bankers Insurance & Services
PO Box 7086 | Yankton SD 57078
800-221-7551
health@sdba.com

HIPAA Special Enrollment Rights

If you are declining enrollment in group health coverage under this Plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards the cost of your or your dependents’ other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the Plan’s eligibility requirements (*i.e.*, legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children’s Health Insurance Program (“CHIP”).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request special enrollment in this Plan within 31 days after your or your dependent’s other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage). If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this Plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP.



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Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this Plan, you may request enrollment under this Plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 your dependents. However, you must request special enrollment in this Plan within 31 days after the marriage, birth, adoption, or placement for adoption. Contact the Plan Administrator with any questions about HIPAA's special enrollment rules and how they may apply to your coverage.

Women's Cancer Health Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998, as amended (the "WHCRA").

For individuals receiving mastectomy-related benefits, Plan coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copayments applicable to other medical and surgical benefits provided under this Plan. If you would like more information on WHCRA benefits, contact the Plan Administrator.

Michelle's Law

The Plan complies with the requirements of Michelle's Law. Generally, this means that if coverage for a dependent child is based on the child's status as a student and the child is no longer enrolled as a student due to a serious injury or illness, the Plan will continue coverage for a limited period of time, to the extent required by Michelle's Law. Contact the Plan Administrator for additional information or to learn about any whether Michelle's Law may apply to a dependent child's coverage. The Plan's SPD may provide additional information.