



Date: October 1, 2023  
To: All Health Plan Participants  
Subject: Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices and Special Enrollment Rights

### **Privacy Practices**

The City of Henderson is committed to the privacy of your health information. The administrators of the Self-Funded Employee Health Insurance plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting COH Employee Benefits at 702-267-1944 or send an e-mail request to [MyCOHBenefits@cityofhenderson.com](mailto:MyCOHBenefits@cityofhenderson.com). The notice is also available in the HIPAA Privacy section of the Summary Plan Description, beginning on page 98. This document is posted on the [Employee Benefits Website](#).

### **Special Enrollment Rights (dependent enrollment eligibility within the plan year)**

#### **Loss of Coverage**

If you have an eligible dependent or spouse who has declined coverage under this health plan because of other health insurance coverage or group health plan coverage, you may be able to enroll your dependent or spouse on your plan if your dependent or spouse loses eligibility for that other coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the other coverage ends.

#### **New Dependent as a Result of Marriage, Birth, Adoption or Placement of Adoption**

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, adoption or placement for adoption, **or within 90 days** of the birth.

If you have any questions regarding this information, please contact COH Employee Benefits at 702-267-1944 or e-mail [MyCOHBenefits@cityofhenderson.com](mailto:MyCOHBenefits@cityofhenderson.com)

#### **Finance**

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