RIGHTS FOR INDIVIDUALS WITH A SERIOUS MEDICAL CONDITION

When a group policy is discontinued, a provision of New York Law (known as “Ian’s Law”) provides certain rights to an individual covered under the policy if:

1. The covered person has a serious medical condition; and
2. He or she has used a benefit under the group’s policy in the last 12 months related to that condition; and
3. The benefit used is not covered by the replacement group policy from [Issuer].

If all of these criteria are met, [Issuer] must offer replacement group coverage to the group policyholder that provides benefits that are the same as (or substantially similar to) the benefits under the policy being discontinued that the covered person used in connection with the serious medical condition.

If members of your group meet these criteria, they may be eligible for this right. To find out more, you or the covered person must contact the Department of Financial Services (“DFS”) in writing within 45 days of the date of this notice:

By email at: classdiscontinuance@dfs.ny.gov

By mail at the following address: New York Department of Financial Services
Health Bureau-Class Discontinuance
One Commerce Plaza
Albany, NY 12257

When contacting DFS, please provide the following information:

- Name and contact information of the person contacting DFS
- The name of the covered person who has the serious medical condition
- The covered person’s relationship to the person contacting DFS
- The name of the insurer
- The group policy number
- The covered person’s insurance identification number
- The type of coverage (e.g., HMO, PPO, EPO)
- The name (or general description) of the covered person’s serious medical condition
- The benefits under the policy related to the serious medical condition that the covered person has used within the previous 12 months
- If the benefits used include prescription drugs, identify the specific prescription drug
- Whether the replacement coverage available to the group policyholder will cover the benefit related to the serious medical condition (if known)
DFS will review the information provided and notify the person contacting DFS if this right is applicable. If so, [Issuer] will offer replacement coverage to you (as the group policyholder) that includes the benefits used to treat the serious medical condition. If [Issuer] does not have replacement coverage available with these benefits, [Issuer] will allow your group to continue the current policy to ensure access to the benefits. If in the future [Issuer] introduces an alternative health insurance policy that includes these benefits, your group may be required to switch to the alternative health insurance policy.

Please call [Issuer telephone number and hours of operation] with any questions you may have.