

Legal Information

You and Dow have a number of legal obligations and requirements to which both you and the Company must adhere. These include your obligation to provide accurate information to Dow when you enroll in your benefits and Dow's obligation to provide certain coverages according to various laws. This section provides you with information about these legal obligations and requirements.

In this document you'll find information about:

- HIPAA Privacy Notice
- Children's Health Insurance
- Program Reauthorization Act of 2009
- Fraud Against the Plan
- Women's Health and Cancer Rights Act
- Special Enrollment Provisions

HIPAA Privacy Notice

You were previously provided with a copy of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice. You may request a copy of this notice at any time by calling the HR Service Center, or you can download a copy from:

[My HR Connection>Benefits>Communications>Legally Required Documents](#)

Children's Health Insurance Program Reauthorization Act of 2009

The Children's Health Insurance Program Reauthorization Act (CHIP) was enacted on February 4, 2009. The purpose of CHIP is to provide funding for Children's Health Insurance under Medicaid and State Children's Health

Programs. The Act provides new special enrollment rights under HIPAA.

You will be entitled to enter Dow's Medical Plans and/or disenroll from Dow's Medical Plans if you or a Dependent are covered under Medicaid or a CHIP Plan and coverage is terminated as a result of the loss or gain of eligibility for Medicaid or CHIP coverage.

You must request coverage no later than 60 days after the date eligibility is lost or the date you or a dependent are determined to be eligible for Medicaid or a CHIP Plan.

Fraud Against the Plan

You are responsible for the accuracy of the Dependent information you provide to Dow. You should check to make sure you are in compliance with the Spouse/Domestic Partner and Dependent eligibility rules of the applicable Summary Plan Description (SPD). Insurance fraud increases the cost of medical, dental, life and other benefits.

If you knowingly, and with intent to defraud or deceive any benefit plan, file a statement of Claim containing any false, intentionally incomplete or misleading information, or if you allow such a Claim to be submitted on behalf of you or one of your Dependents, you will be responsible for the consequences. These consequences include, but are not limited to, retroactive termination of coverage and/or reimbursement to the Plan for payments made from the Plan. The Plan also may choose to pursue civil and/or criminal action.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was enacted on October 21, 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the Act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for:

- 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 physical complications of all stages of mastectomy, including lymphedemas

The benefits required under the Women's Health and Cancer Rights Act must be provided in a manner determined in consultation with the attending Physician and the patient. The Act applies to all medical plans, including HMOs.

These benefits are subject to the health plan's regular Copayments and Deductibles.

Special Enrollment Provisions

If you decline to enroll in medical and dental for yourself or your Dependents (including your Spouse/Domestic Partner of Record) because you have other health insurance coverage, you may in the future enroll yourself or your eligible Dependents outside of Dow's usual open enrollment period if you or your Dependent loses eligibility for the other coverage or the other employer ceases to make employer contributions for the other coverage. In order to have coverage, you or your eligible Dependent must enroll within 90 days after the other coverage ends. However, if you or your Dependent declined coverage because of other coverage provided through COBRA, you or your Dependent must wait until Dow's Open Enrollment period unless the entire period of coverage available under the COBRA coverage has been exhausted. An individual need not elect COBRA coverage under another health plan in order to use these special enrollment provisions. Proof of eligibility is required within the 90-day period.

If you have a new Dependent as a result of birth, adoption or placement for adoption, you may receive coverage for yourself and your new Dependent if you enroll in coverage within 90 days after the birth, adoption or placement for adoption. The date of adoption or date of placement for adoption, whichever is earlier, will be the effective date of coverage.