

In accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), United Concordia will reinstate the enrollment of an employee and their dependents for a maximum period of coverage as the lesser of 24 months beginning on the date their deployment began or the day after the date that the person failed to apply for or return to employment.

It is the Group Administrator's responsibility to advise the employee to submit any claims incurred as soon as possible.

A Member Enrollment Form must be included with the USERRA Enrollment Form.

Please return the forms to our office via fax at 1-800-329-9093 or mail the forms to United Concordia Companies, Inc., 4401 Deer Path Road, Harrisburg, PA 17110.

Please complete ALL sections of this form. This form should be used to reinstate enrollment of an employee that was cancelled but now is electing continuous coverage in accordance with USERRA – no gap in coverage.

Employee Information		
Identification Number	Deployment Date	
Employee Name (Last, First, Middle Initial)	Reinstatement Date	
Home Address		
City	State	Zip Code
_____ Employee Elects Continuous Coverage		
Employer Information		
Employer Name		
Group Number	Subgroup	
Employer Address		
City	State	Zip Code

 Group Administrators Name

 Telephone Number

Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 1-800-332-0366 (TTY: 711) for assistance or contact the Civil Rights Coordinator at: P.O. Box 22492, Pittsburgh PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmark.com.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, religion, disability, marital status, gender, sex assigned at birth, sexual orientation, sex stereotypes, gender identity or recorded gender you can file a grievance with the Plan. Grievance forms and a description of the grievance procedure are available directly from United Concordia by calling Customer Service at 1-866-357-3304, in the Form's section of United Concordia's website at www.unitedconcordia.com and at each contracted provider's facility, and are provided promptly upon request. If you need help filing a grievance, call Customer Service at 1-866-357-3304 for assistance.

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1 866-357-3304** (and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

