

# QME – Gain or Loss of Eligibility for Medicare or Medicaid

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## **Gained Eligibility under Medicare or Medicaid**

These qualifying mid-year event election changes are permitted when you, your spouse, or your child enrolls in Medicare or Medicaid (other than coverage solely for pediatric vaccines). These changes are voluntary; No changes to the state health plans are **required** when an active employee or a covered dependent of an active employee becomes eligible for Medicare\* or Medicaid. **FSA changes must be on account of and correspond with the event.** \*Retiree group participants or their covered family members who are eligible for Medicare must enroll in a Medicare-coordinating plan unless they are still in their coordination period for End Stage Renal Disease.

### ***Health Insurance Coverage:***

- You may waive your state coverage when you become eligible for Medicare or Medicaid. **Please contact your agency's Benefits Administrator for additional information.**
- You may remove family members enrolling in Medicare or Medicaid,  
*And*
- You may change your plan when removing the named individual(s) enrolling in Medicare or Medicaid. HMO members are required to select a primary care physician.

*Note:* If you are an active employee and become eligible for Medicare or Medicaid, contact your agency's Benefits Administrator to waive coverage. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).

### ***Health Flexible Spending Account:***

- You may increase, reduce or cancel your election amount to cover a change in eligible medical expenses.

### ***Dependent Care Flexible Spending Account:***

- No election change is permitted.

## ***Important Things To Know About Making An Election Change Request For This Event***

**1. What documentation is required** Documentation from Medicare or Medicaid validating enrollment.

**2. How to submit the request.** Starting with the first day covered under Medicare or Medicaid, you have 60 calendar days to use EmployeeDirect, or complete a paper Enrollment Form and submit it to your agency's Benefits Administrator.

**3. When approved changes take effect.** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day. Health Insurance and FSA elections are separate elections and may be submitted together or separately within the allotted timeframe. Election changes are irrevocable once the effective date of the change has occurred.

**Reminder:** If you miss this opportunity to submit your change request, your next chance will be at Open Enrollment or with another consistent Qualifying Mid-Year Event, whichever comes first.

## **Lost Eligibility under Medicare or Medicaid**

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses eligibility for Medicare or Medicaid. **FSA election changes must be *on account of and correspond with the event.***

### ***Health Insurance Coverage***

- You may enroll
  - You may add eligible family members
- And
- Change your plan. HMO members are required to select a primary care physician.

### ***Health Flexible Spending Account:***

- You may enroll, increase, reduce or cancel your election amount to cover a change in eligible medical expenses.

### ***Dependent Care Flexible Spending Account:***

- No election change is permitted.

## ***Important Things To Know About Making An Election Change Request For This Event***

**1. *What documentation is required?*** Documentation from Medicare or Medicaid validating the loss of coverage. If adding dependents, you must provide documentation that they are eligible for the state health plan.

**2. *How to submit the request.*** Starting with the last day covered under Medicare or Medicaid, you have 60 calendar days to use EmployeeDirect or complete a paper Enrollment Form and submit it to your agency's Benefits Administrator.

**3. *When approved changes take effect.*** Changes are effective the first of the month following receipt of your request or following the event, whichever is later. When the later date is the first of the month, changes are effective that day. Health Insurance and FSA elections are separate elections and may be submitted together or separately within the allotted timeframe. Changes are irrevocable once the effective date of the change has occurred.

***Reminder:*** If you miss this opportunity to submit your change request, your next chance will be at Open Enrollment or with another consistent Qualifying Mid-Year Event, whichever comes first. If you already have Family coverage and need to add eligible dependents, please see your agency's Benefits Administrator for additional information.