

HIPAA Special Enrollments

This section includes the following information:

- HIPAA Special Enrollments – General
- HIPAA Special Enrollments – Loss of Other Coverage

These qualifying mid-year event health insurance election changes are permitted when you experience a Qualifying Midyear Event that is recognized as a HIPAA Special Enrollment event. These events are exempt from the consistency rule for health insurance coverage. These events include:

- Marriage
- Birth, Adoption, or Placement for Adoption
- Loss of other coverage
- Loss of eligibility under Medicaid or CHIP
- Gaining eligibility for premium assistance from Medicaid or CHIP

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:

- See specific QME section for permitted changes.

Dependent Care Flexible Spending Account:

- See specific QME section for permitted changes.

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

1. What documentation is required? See individual QME sheet for documentation based on the event.

2. How to submit the request. Starting with the last day covered under the other group plan, 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. See individual QME sheets for effective date rules based on the event. Election changes are irrevocable once the effective date of the change has occurred.

HIPAA Special Enrollments

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.

HIPAA Special Enrollment – Loss of other coverage These qualifying mid-year event election changes are permitted when you, your spouse, or your child lose eligibility for other group health care coverage, including Medicaid or State Children Health Insurance Program (CHIP). The other coverage may include exhausted COBRA coverage, or non-COBRA coverage where (a) you are no longer eligible, or (b) the employer's contribution toward the premium ceases.

This would also include Special Enrollment for Individuals who become Eligible for a State Premium Assistance Subsidy from Medicaid or State Children Health Insurance Program (CHIP).

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:

- No election change is permitted.

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? A copy of the HIPAA Certificate of Creditable Coverage or other documentation validating the loss of the other 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 the other group plan, 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. 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. If you already have Family coverage and need to add eligible dependents, please see your agency's Benefits Administrator for additional information.