

When can a participant waive coverage?

For the purpose of this section, waiving coverage means to completely terminate membership for the policyholder and all covered family members, not just to reduce membership.

For active employees, waiving coverage is limited to:

- Open Enrollment
- Qualifying midyear events that are consistent with waiving coverage
- Loss of eligibility events

Retiree group participants, not including long-term disability participants, may waive coverage prospectively at any time. However, if the retiree or survivor waives his or her own coverage, they may not return to the program at any time. The only exception is if they waive to become covered as a family member under the active employee program and maintain continuous coverage until that eligibility is lost. In that case, they may resume coverage in the retiree program as long as there is no break in state program coverage.

Long-term disability (LTD) participants may waive coverage prospectively at any time. If the waiver is due to open enrollment or a midyear qualifying event that is consistent with terminating coverage, they may return to the program at another open enrollment or upon the occurrence of a qualifying midyear event that is consistent with enrollment. If they waive coverage outside of open enrollment or without a consistent qualifying midyear event, they may not return to the state program for the duration of LTD.

See section entitled ***Qualifying Midyear Events – General*** (and all specific QME sections) for more information about events that allow waiving coverage. See sections entitled ***Eligible Active Employees and Family Members*** and ***Retiree Health Benefits Program*** for more information about eligibility.