

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

HIPAA special enrollment rights allow eligible employees and/or dependents to enroll in an employer-sponsored group medical plan outside of the annual open enrollment period, due to certain events.

If an eligible employee and/or dependent initially declined your group medical plan due to other coverage, they may be able to enroll in your plan during the year if they lose the other coverage. Below are circumstances that would allow you to enroll:

Loss of eligibility under another medical plan coverage due to:

- termination of employment or reduction in hours
- divorce
- legal separation (but only if it causes a loss of eligibility, most medical plans extend eligibility to the spouse until the date of divorce)
- loss of dependent status due to age
- death of employee
- change in residence while covered by an HMO and no longer in the HMO service area, with no other plan option available
- the plan no longer offers benefits to similarly situated individuals

Termination of employer contributions under the other group medical plan

Exhaustion of COBRA coverage

Eligible employees and/or dependents may also enroll during the plan year due to loss of eligibility for coverage under Medicaid or a state Children's Health Insurance Plan (CHIP), or if they become newly eligible for state premium assistance from Medicaid or CHIP towards the cost of group medical plan coverage. Special enrollment rights are also available if an employee has a newly eligible dependent through marriage, birth, or adoption.

Timing of Special Enrollment

Individuals must request enrollment in your medical plan within 30 days of losing other coverage or obtaining a newly eligible dependent or within 60 days if due to Medicaid/CHIP eligibility.

Coverage begins no later than the first day of the month following the request for enrollment. For birth, adoption, or placement for adoption, the coverage must begin on the date of birth, adoption, or placement for adoption.