

What is a “qualifying event?”

The term “**employee**” is taken to mean “**eligible C.A.R. member**” throughout this document. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Affordable Care Act (ACA) require a group health plan to provide special enrollment opportunities to certain employees and their dependents in some circumstances. These qualifying events entitle existing insured members to change plans within group’s plan options.

To obtain coverage under the HIPAA Special Enrollment provisions an employee must request enrollment within 30, or in some cases 60 days of the qualifying event.

Important Note: To be eligible for the Special Enrollment provision, the employee or dependent must:

- a) Be “otherwise eligible” for coverage, meaning that they must meet the C.A.R. eligibility guidelines.

The following are common qualifying events which trigger a special enrollment period:

Loss of Other Employer Based Coverage – Employees and their dependents that did not enroll in the plan because they had other group coverage, but whom subsequently lose coverage.

The loss of qualified employer based coverage may be due to:

- 1) Exhaustion of COBRA or CalCOBRA (There is no requirement for someone to elect COBRA/CalCOBRA, but if it is elected then the coverage must be exhausted.)
- 2) Divorce or legal separation
- 3) Termination of domestic partnership agreement
- 4) Child’s loss of eligibility due to age
- 5) Death of an employee
- 6) Termination of employment
- 7) Reduction of hours
- 8) Member moving out of the service area of an HMO plan
- 9) A situation in which a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual
- 10) Cessation of employer contributions
 - a) A termination of employer contributions triggers a Special Enrollment, even if coverage is still offered. Note: A reduction of employer contributions or the level of benefits **will not** trigger a Special Enrollment.

Loss of Eligibility on an Individual Health Plan due to:

- 1) Member moving out of the service area of a health plan

Loss of “No-Share-Of-Cost” Medi-Cal

- 1) A dependent that lost their “No-share-of-cost” Medi-Cal as a result of exceeding the program’s income or age limits can enroll under a Special Enrollment.

Acquisition of a New Dependent

- 1) An employee acquires a new dependent by marriage, acquisition of a domestic partner, adoption, placement for adoption or birth. This can also include dependents obtained through a legally documented change in custody; or a court order to provide benefits for a dependent. The Special Enrollment right applies to the employee, the employee’s spouse and the newly acquired dependent.

Special Note on Eligibility

The loss of coverage for one member of the family does not necessarily entitle all family members to a special enrollment. HIPAA is very clear that in cases of a newly acquired dependent, **only the employee, spouse and dependent are required** to receive special enrollment rights under the provision. Some plans *allow* other dependents to be added simultaneously, but it is not required by law.

Effective Date of Coverage after Special Enrollment

The effective date of coverage after Special Enrollment can vary between health plans and will depend on the type of qualifying event. Please consult RealCare for confirmation of the effective date for a specific situation.