

HIPAA Special Enrollment Rights

Important: Our annual Open Enrollment is your opportunity to elect new benefits or change your current coverage. If you choose not to enroll at this time, you'll have to wait until our next open enrollment. After our Open Enrollment period has closed, election changes can only be made during the plan year if you experience a **qualifying event**, such as:

- ◆ Change in marital status;
- ◆ Dependent loses eligibility for membership (e.g., exceeding the age limit, divorce, etc.);
- ◆ New dependent becomes eligible (e.g., newborns, adoptions);
- ◆ Change in subscriber's employment;
- ◆ Change in hours from part-time to full-time and vice versa;
- ◆ Member assumes permanent residence outside the service area;
- ◆ Death of a member;
- ◆ Availability of other health coverage;
- ◆ You or your dependent become eligible for state-granted health premium assistance;
- ◆ You or your dependent loses health coverage under Medicaid or a State Children's Health Insurance Program (SCHIP).

Any requested benefit change must be consistent with the status change, and status changes must be requested within **31 days** of the life event. However, if you or a dependent wish to elect health coverage due to (1) being approved for state assistance with health premiums; or (2) the loss of coverage under Medicaid or SCHIP, you must elect coverage within **60 days** of the date you qualify for or lose coverage. In addition, those who may wish to add newborn or adopted children to our benefits program will have **60 days** to enroll.

To be certain that all eligible employees understand their rights under the new Health Care Reform laws and each state's CHIP benefits (Children's Health Insurance Plans), notices which detail these important benefits is located on the H-SC Open Enrollment Website.