

# Special Enrollment Period

The Health Insurance Portability and Accountability Act (HIPAA) established special enrollment rights for certain individuals outside the normal Open Enrollment Period.

If you decline coverage for your self or your dependents during Open Enrollment because of other health insurance coverage, you have the right to enroll yourself and/or dependents within 30 days of your other coverage ending.

## Conditions for Special Enrollment

An Employee or Dependent is eligible to enroll during a special enrollment period if any of the following applicable conditions is met:

- Loss of health coverage under another employer plan resulting from death, divorce, reduction in hours of employment or termination of other employment
- Termination of other employer contributions for coverage or significant change in employer contributions to other coverage
- Exhaustion of COBRA continuation coverage
- Adding a spouse due to marriage
- Adding a dependent child through birth, adoption or placement for adoption

Employees must go online to <https://hcpss.hrintouch.com> (for the Employee or the Employee's Dependent) within 30 days of loss of other coverage or acquiring new dependents.

## Effective Date of Enrollment Under Special Enrollment Period

The effective date of enrollment for an Employee and/or Dependent requesting coverage under a group health plan during a Special Enrollment Period will be as follows:

- In the case of a loss of alternative coverage or of a marriage, on a date specified by the Administrator that is not later than the first day

of the month, on or after the date the completed request for enrollment is received in the Benefit Office.

- In the case of a Dependent's birth, adoption or placement for adoption, coverage will be effective on the date of such birth, adoption or placement for adoption.

The Children's Health Insurance Program (CHIP) Reauthorization Act created two additional Special Enrollment rights. All group health plans must also permit eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment in or termination from the group health plan within 60 days of either of the following events:

- Loss of coverage under Medicaid or a State Child health plan—you may enroll yourself and/or dependents not later than 60 days after coverage under Medicaid or State Child health plan ended
- Gaining eligibility for Medicaid or State Child health plan allows you to enroll yourself and/or dependents in the group health plan provided you notify the Benefits Office within 60 days after you are notified of eligibility for other coverage. If you are currently enrolled in a group plan sponsored by HCPSS, you have the option of terminating coverage for yourself and/or dependents once eligible for other coverage—please note that terminating enrollment for yourself in our group health plan will also terminate coverage for your dependents.

## Health Insurance Portability Accountability (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) places limitations on a group health plan's ability to impose pre-existing condition exclusions, provide special enrollment rights for certain individuals, and prohibit discrimination in group health plans based on health status. We are electronically transmitting data

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to our vendors for eligibility purposes. The vendors and Howard County Public Schools are in compliance with the HIPAA requirements. No personally identifiable information may be released to a third party.

## When Coverage Terminates

### Employee

Employee coverage shall automatically terminate immediately upon the earliest of the following dates, unless the covered Employee elects Continuation of Coverage:

- a. The last day of the month in which employment terminates;
- b. Except in the case of certain leaves of absence, the last day of the month in which the Employee ceases to be eligible, unless a later date applies under "c" below;
- c. With respect to any Employee whose employment terminates after he or she completes a school year, August 31 of the Plan Year in which that school year ends;
- d. The date this Plan is terminated (if Continuation of Coverage not available);
- e. With respect to any coverage requiring Participant contributions, and with respect to which Participant contributions are discontinued, the period for which the Employee fails to make any required contribution;
- f. Except to the extent required by law, when the covered Employee enters the military, naval or air force of any country or international organization on a full-time active duty basis other than scheduled drills or other training not exceeding 1 month in any calendar year.

### Dependent

Dependent coverage shall automatically terminate immediately upon the earliest of the following dates, unless the Employee or covered Dependent elects Continuation of Coverage:

- a. The last day of the month in which the Dependent ceases to be an eligible Dependent as defined in the Plan;
- b. The last day of the month in which the Employee's coverage under the Plan is terminated, unless a later date applies under "c";
- c. With respect to any unmarried/married child, until the end of the birth month in which he or she reaches age 26;
- d. With respect to any coverage requiring Participant contributions, and with respect to which Participant contributions are discontinued, the period for which the Employee fails to make any required contribution;
- e. The date the Plan is terminated (Continuation of Coverage not available);
- f. Except to the extent required by law, when such Dependent enters the military, naval or air force of any country or international organization on a full-time active duty basis other than scheduled drills or other training not exceeding 1 month in any calendar year.