



ND



EMPLOYER GROUP DENTAL & VISION ENROLLMENT GUIDELINES

Special Enrollment Period Information

Every year during annual enrollment, employees may elect benefit coverage for the upcoming year. Once enrolled, a member cannot change their election unless they have a qualifying event. A qualifying event results in special enrollment. If an employee does not have a qualifying event, the employee is not eligible to enroll until the employer group’s annual enrollment period. Examples of these events are provided on the following page.

NOTE

This information is a limited outline referring to dental and vision guidelines only. These guidelines can vary from the health enrollment guidelines. Refer to your benefit plan booklet for additional information.

If you have any questions, reach out to Blue Cross Blue Shield of North Dakota (BCBSND).

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QUALIFYING EVENTS

Change in family status affecting covered persons:

- Marriage
- Divorce
- Death
- Birth or adoption of a child
- Dependent reaches the age limit under the plan (*typically age 26 for children and age 18 for legal guardianship - with exceptions based on legal documentation*)

Change in employment status affecting benefit coverage:

- Change to/from part-time to full-time employment
- Employee no longer works for the employer group
- New hire

NON-QUALIFYING EVENTS

(would not result in special enrollment period)



- Address Change
 - Notification is still required, so mail can be sent to the proper address.
- Name Change
 - Notification is still required, so claims status does not become impacted.
- Filing for Divorce
 - If a divorce is in progress, changes cannot be made in coverage until the divorce is finalized.
- Court Order for Coverage of Ex-Spouse After Divorce
 - If a court order requires an individual to cover their ex-spouse, it cannot be done under an active employer group plan.
 - Options for coverage include COBRA or an individual plan.
- Voluntary Loss of Coverage / By Request
 - Examples include:
 - Voluntarily dropping coverage from another employer group plan (*including COBRA*), even if it is dropped during that group's anniversary.
 - Dropping individual coverage.

WHAT CHANGES ARE ALLOWED?




If an employee has a qualifying event, the change in their coverage and to your employer plan must be made in accordance with our guidelines for the circumstance (*see examples below*) and it must be submitted within 31 days of the event.

If an employee does not enroll in coverage when first eligible, the employee will need to wait until the group's annual enrollment period to enroll. If the group does not offer a dental and/or vision plan, the employee would not be eligible to enroll in a plan.






NO CHANGE IN COVERAGE

IF	THEN	CHANGE TAKES EFFECT
 <p>A move occurs and address changes</p>	You must notify us within 31 days.	<p>Immediately to ensure all mailed documents are received.</p> <p>Note: Mailings may take time to get to the new address.</p>
 <p>A change in legal name occurs</p>	You must notify us within 31 days.	<p>Immediately.</p> <p>Note: If the subscriber's name changes, then the new ID cards are issued.</p>






CHANGES ALLOWED DURING SPECIAL ENROLLMENT PERIOD

IF	THEN	TO ADD	CHANGE TAKES EFFECT
 <p>The birth of a child occurs</p>	<p>You must add the child within 31 days of the birth.</p> <p>SSN is not required to submit dependent's enrollment; it will be requested at a later date due to regulation.</p>	Only the newborn may be added.	The date of the birth.
 <p>A child is adopted</p>	<p>You must add the child within 31 days of the adoption.</p> <p>*Placement papers</p>	Only the adopted child may be added.	The date of the adoption or the day the child is placed for adoption.
 <p>A court order to cover dependents is received</p>	<p>You must add the dependents within 31 days.</p> <p>*Court order documents</p> <p>Employee must enroll if not currently covered under their employer group plan.</p>	Only the required dependents who are listed on the court order may be added.	On the exact signature date from the judge.

CHANGES ALLOWED DURING SPECIAL ENROLLMENT PERIOD

IF	THEN	TO ADD	CHANGE TAKES EFFECT
 <p>Legal guardianship is gained</p>	<p>You must add the dependent within 31 days.</p> <p>*Legal guardianship documents</p> <p>Employee must enroll if not currently covered under their employer group plan.</p>	<p>The required dependents listed on the court order.</p>	<p>On the exact signature date from the judge.</p>
 <p>National Medical Support Notice (NMSN) / Qualified Medical Support Order (QMCSO) is received</p>	<p>You must add the dependent within 31 days.</p> <p>*NMSN documents</p> <p>Employee must enroll if not currently covered under their employer group plan.</p>	<p>The required dependents listed on the NMSN.</p>	<p>1st or the 16th of the month following signature date on the application.</p>
 <p>An employee on an individual dental/vision plan marries (marriage must be finalized before the effective date)</p>	<p>You may change contract type if application is received by BCBSND within 31 days of marriage date.</p>	<p>Any eligible dependents can come onto the policy (<i>e.g. spouse and stepchildren</i>).</p>	<p>1st of the month following signature date of application.</p>
 <p>Employee and/or dependents who have coverage with a different dental/vision carrier that lose coverage</p> <p>Note: Embedded pediatric dental/vision within a health plan does not qualify as other group dental/vision</p>	<p>You must notify us within 31 days of loss of coverage.</p> <p>*Certificate of coverage from the prior dental/vision carrier</p>	<p>Any eligible dependents can come onto the policy if they were covered under the prior carrier's plan (<i>e.g. spouse, biological children, and stepchildren</i>).</p>	<p>On the next available effective date that would ensure continuous coverage.</p>
 <p>Employee wishes to remove eligible dependents</p>	<p>*Written documentation from the other dental/vision coverage</p> <p>Dependents over age 18 can be removed without proof of other dental coverage.</p> <p>Employee must remain covered until employer groups annual enrollment period.</p>	<p>Not applicable.</p>	<p>1st of the month immediately following notification.</p>

CHANGES ALLOWED DURING ANNUAL ENROLLMENT PERIOD

SITUATION	REQUIREMENT
 <p>Employee who does not apply for dental/vision when first eligible and does not currently have dental/vision coverage.</p>	Employee and any eligible dependents may enroll in dental/vision coverage during their employer group's annual enrollment period.
 <p>Employee does not apply for dental/vision coverage when first eligible, then marries and wants dental/vision coverage.</p>	Employee and any eligible dependents may enroll in dental/vision coverage during their employer group's annual enrollment period.
 <p>Employee wishes to change to another contract type (e.g., Individual to Family, Family to Individual).</p>	Employee may change contract type during their employer group's annual enrollment period without documentation.
 <p>Employee wants to cancel dental/vision coverage while still eligible for the coverage.</p>	Employee may cancel during their employer group's annual enrollment period.
 <p>Employee who has cancelled dental/vision coverage while still eligible now wants to reapply for coverage.</p>	Employee may enroll during their employer group's annual enrollment period.

***Additional documentation may be requested by BCBSND at any time to support an enrollment or termination request.** Employer groups are expected to collect applicable documents and store them in the event that BCBSND requests additional information to support an enrollment.

WHAT IS A RESCISSION?

A rescission is a cancellation or discontinuation of coverage that has a retroactive effect of voiding the benefit plan or any benefits paid under the terms of the benefit plan.

It may occur when there is a failure to meet required notification timelines due to a covered member losing eligibility or it is determined that a member was not eligible to be covered on the benefit plan.

When a rescission occurs, premiums will not be refunded. Claims that may have previously been paid may be reprocessed and become member liable.

WHO IS AN ELIGIBLE DEPENDENT?

- Spouse
- Child(ren) (*under age 26*) by: adoption, marriage or legal guardianship
 - Stepchildren are allowed on the plan if the child(ren)'s biological parent is covered under a BCBSND dental/vision policy.
 - Legal guardianship is typically eligible through age 18 (*see page 3*).
 - If a dependent is disabled, they are eligible to stay on the plan by submitting an enrollment request. If you believe your dependent qualifies as a disabled dependent under the criteria of your benefit plan, you will be required to submit the enrollment request and provide any requested documentation to continue coverage for your dependent after age 26.
 - **Note:** Coverage for a disabled dependent is only allowed for coverage continuation only. This means if a dependent has already been termed due to turning 26, the dependent would not be allowed to come back onto the parent's plan if they become disabled after age 26.
- Grandchild(ren):
 - As long as the parent of the grandchild is unmarried, covered under the benefit plan, and the parent is primarily dependent on the subscriber for support.
 - If the parent of the grandchild who is covered under the plan is no longer eligible to remain on the plan (*e.g. turns 26, gets married*), then the grandchild would not be eligible to remain on the plan.



[BCBSND.com](https://www.bcbsnd.com)