



ND



EMPLOYER GROUP HEALTH ENROLLMENT GUIDELINES

Special Enrollment Period Information

Every year during open 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 a special enrollment period. If an employee does not have a qualifying event, the employee is not eligible to enroll until the employer groups' open enrollment period.

NOTE

This information is a limited outline referring to health insurance guidelines only. 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

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.
 - This includes relocating to the United States from another country.
- Name Change
 - Notification is still required, so claims status does not become impacted.
- Filing for Divorce
 - If a divorce is in progress, change cannot be made in coverage until the divorce is finalized.
- Court order for coverage of ex-spouse after divorce
 - If a court order requires a spouse to cover their ex-spouse, it cannot be done under an active employer group plan.
 - Options for coverage include COBRA or an individual plan.
- Loss of coverage due to non-payment of COBRA or individual plan premium
- Loss of Coverage that is not considered minimum essential coverage (MEC)*
 - Examples Include:
 - Health sharing ministries, short-term health insurance or travel insurance (*in situations where someone had coverage for over-sea travel and is now returning to the US*).
- Voluntary Loss of Coverage / By request
 - Examples Include:
 - Voluntarily dropping coverage from another employer group plan (*including COBRA*), even if it is dropped from another employer group during that group's anniversary.
 - Dropping individual coverage.
- Change in employer contribution without losing access to employer group's plan

* MEC refers to a medical insurance that meets the standards established by the Affordable Care Act.







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 (*except in the event of loss of Medicaid coverage*) for employer group plans.


NO CHANGE IN COVERAGE		
IF	THEN	CHANGE TAKES EFFECT
 <p>A move occurs and address changes</p>	You must notify us within 31 days.	Immediately to ensure all mailed documents are received. Note: Mailings may take time to get to the new address.
 <p>A change in legal name occurs</p>	You must notify us within 31 days.	Immediately. Note: If the subscriber's name changes, then the new ID cards are issued.

TERMINATE COVERAGE		
IF	THEN	CHANGE TAKES EFFECT
 <p>A dependent reaches age 26</p>	BCBSND cancels dependent by the end of the birth month.	First of the month following dependent's 26th birthday.
 <p>The death of a member on the plan occurs</p>	You must notify us within 31 days.	The cancellation will be effective on the date after the death.
 <p>Spouse is removed due to a divorce</p>	You must notify us within 31 days. Divorce decree may be required.	First of the month following timely notification.
 <p>An employee loses employment</p>	You must notify us within 31 days.	1st or the 16th of the month following loss of employment.

ADD COVERAGE

IF	THEN	TO ADD	CHANGE TAKES EFFECT
 A child is adopted	<p>You must add the child within 31 days of the adoption.</p> <p>*Placement papers are required with the application.</p>	Any eligible dependents can come onto the policy (<i>ex. spouse, biological children, and stepchildren</i>).	The date of the adoption or the day the child is placed for adoption.
 The birth of a child occurs	<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>	Any eligible dependents can come onto the policy (<i>ex. spouse, biological children, and stepchildren</i>).	The date of the birth.
 A court order to cover dependents is received	<p>You must add the dependents within 31 days.</p> <p>*Court order documents are required with the application.</p> <p>If the employee is not already covered, they must enroll in the employer group plan.</p>	The required dependents to the policy.	On the exact signature date from the judge.
 Legal guardianship is gained	<p>You must add the dependent within 31 days.</p> <p>*Legal guardianship documents are required with the application.</p>	The required dependents listed on the court order.	On the exact signature date from the judge.
 National Medical Support Notice (NMSN) / Qualified Medical Support Order (QMCSO) is received	<p>You must add the dependent within 31 days.</p> <p>*NMSN documents are required with the application.</p> <p>Employee must enroll if not currently covered under their employer group plan.</p>	The required dependents listed on the NMSN.	1st or the 16th of the month following signature date on the application.
 A dependent lost minimum essential coverage due to no longer being eligible (turning age 26)	<p>You must notify us within 31 days of loss of coverage.</p> <p>*A certificate of coverage letter document is required with the application.</p>	The individual with lost coverage to the policy.	On the next available effective date that would ensure continuous coverage.

ADD COVERAGE

IF	THEN	TO ADD	CHANGE TAKES EFFECT
 <p>A marriage occurs (marriage must be finalized before the effective date)</p>	<p>You must notify us within 31 days.</p>	<p>Any eligible dependents can come onto the policy (<i>ex. spouse, biological children, and stepchildren</i>).</p>	<p>On the first of the month following signature date.</p>

*If the scenario requires documentation and you do not yet have the documentation, the application should still be submitted to meet the required timeline. Once all required documentation is received by BCBSND, the application can be processed.

Additional documentation may be requested by BCBSND at any time to support an enrollment or termination request.

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, premium will not be refunded. Claims that may have previously been paid may be reprocessed and become member liable.

WHO IS AN ELIGIBLE DEPENDENT?

- Spouse
- Children (*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 health policy.
 - Children under 18 are typically eligible for legal guardianship (*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 (*ex. turns 26, gets married*), then the grandchild would not be eligible to remain on the plan.



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