



TECHNICAL UPDATE

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UNDERSTANDING QUALIFYING LIFE EVENTS AND HEALTH COVERAGE

Navigating health insurance can be complex, especially when significant life events necessitate coverage changes. These milestones, known as qualifying life events (QLEs), trigger a particular enrollment period during which you can adjust your health insurance outside the standard open enrollment period. Primary members can drop dependents from their health plan at any time during the year. Understanding the requirements and timelines associated with these events is essential to ensure your coverage remains uninterrupted. Below is a guide to qualifying life events and the necessary steps.

Newborns – 31 Days After Birth

Welcoming a new child into your family is a joyful and life-changing event. You have 31 days from birth to enroll your baby in your health plan. To do so, you must include a copy of the birth certificate and the newborn's Social Security Number (SSN) with the application. This timely action ensures that your child can access necessary healthcare immediately.

Marriage – 31 Days After Getting Married

Marriage often requires combining or adjusting insurance plans. You have 31 days to update your health coverage after getting married. To make this change, you must submit an application and your marriage certificate. If you're also changing your name, provide a copy of your new ID card or Social Security card reflecting the change.

Divorce – 31 Days After Finalization

Within 31 days of the divorce being finalized, you must update your coverage. The required documents include an application and a copy of the divorce decree. You must also provide a new ID or Social Security card if your name changes. If you're the primary member and need to remove a dependent, provide a divorce decree to offer COBRA coverage.

Loss of Coverage from a Job – 31 Days After the Event

Losing health coverage due to job loss qualifies you for an enrollment period to find new coverage. You have 31 days from the event to apply for new health insurance. You'll need to provide an application and proof of loss of coverage, including documentation showing all dependents under the previous plan. This helps prevent a gap in coverage for you and your family.

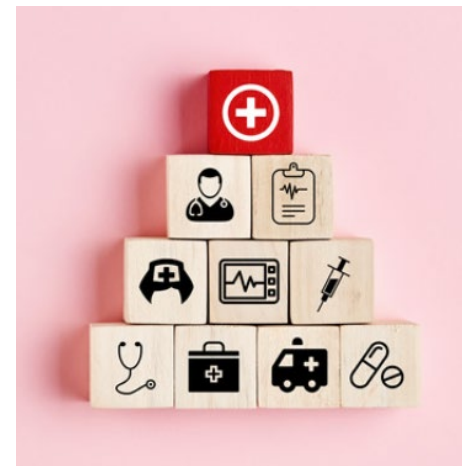
Loss of Coverage from Medicaid, CHIP, or State Premium Assistance – 60 Days After the Event

If you or a dependent lose Medicaid coverage, the Children's Health Insurance Program (CHIP), or state premium assistance, you have 60 days to enroll in a new plan. The required documents include an application and proof of loss of coverage from the respective program. This extended window provides more time to secure new coverage without losing essential health benefits.

Enrolling in Medicare, VA, or Medicaid – 30 Days After Start Date

When transitioning onto Medicare, VA, or Medicaid, adjusting your existing plan is essential. You have 30 days from the start date of your new coverage to make these changes. You must apply with proof of your new Medicare, VA, or Medicaid coverage, including the start date. This step ensures that your health insurance aligns with your new government-provided benefits.

Disclaimer: If you are a member of the County Health Pool, please contact CTSI to review your Plan Document or for any questions. If not, please reach out directly to your Medical Carrier for specific details regarding your plan.



WHAT THIS MEANS FOR COUNTIES

Qualifying life events are critical moments that require timely action to maintain appropriate health coverage. By understanding the specific requirements and deadlines for each event, you can ensure that you and your dependents are protected during life's major transitions. For more information on navigating these changes or specific HIPAA QLE questions, contact CTSI at (303) 861-0507.