

TLC Recognized  
Qualifying  
Mid-Year Events

# Qualifying Mid-Year Events (QMEs)

- TLC Assumes all groups have Cafeteria Plans.
- Cafeteria rules require that once an election is made, it is irrevocable until the next Open Enrollment or with a Qualifying Mid-Year Event.
- Changes must be consistent with and on account of the QME.
- QME guidelines are based on TLC business rules. Your 125 rules may take precedent.
- A signed and completed Enrollment Form requesting change must be received by your office within 31 days of the QME.

# Effective Dates

- All changes must be made on a prospective basis except in the case of birth, adoption or placement for adoption. This means changes will be effective the first of the month following submission of the Enrollment Form, if the form is submitted within 31-days of the event. Changes for the birth, adoption, or placement for adoption of a child will continue to be made on the first day of the month in which the birth, adoption or placement for adoption occurs, so long as notification occurs within 31-days of the event.

# Birth, Adoption or Placement for Adoption

## *Permitted Changes:*

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.
- Employees must contact their Group Benefits Administrator about removing family members or waiving coverage if enrolling under your spouse's plan.
- Note exception for those already under family coverage.

# Child Covered Under Your Plan Loses Eligibility

## Permitted Changes:

- You may change your plan. HMO members are required to select a primary care physician.
- You must remove the child who loses eligibility. This usually happens when a child marries, no longer lives at home or away at school, or receives less than one-half of their support from you. It also applies to a step-child who no longer lives with you. The removed child will receive a HIPAA Certificate of Group Health Care Coverage and an Extended Coverage Election Notice (COBRA), if applicable to your group.
- **Warning!** There are serious consequences for not removing a family member who is no longer eligible. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.
- **Note:** A covered child is automatically removed at the end of the year in which they turn Age 23, however you must request a premium adjustment, if appropriate.
- Special rules apply for a child age 23 or older with a qualifying disability.

# Death of Child

## Permitted Changes:

- You may change your plan. HMO members are required to select a primary care physician.
- You may remove only the deceased child.

# Death of Spouse

## Permitted Changes:

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members who lost their coverage due to the death of your spouse.
- You may remove only your deceased spouse.

# Divorce

## Permitted Changes:

- You may enroll or change your plan when coverage is lost under your former spouse's plan. HMO members are required to select a primary care physician.
- **Note:** Contact your agency's Benefits Administrator about adding eligible family members.
- You must remove the former spouse. A former spouse is not eligible under your plan even when there is a decree ordering you to provide health care coverage. The former spouse will receive a HIPAA Certificate of Group Health Care Coverage and an Extended Coverage Election Notice (COBRA), if applicable to your group.
- **Warning!** There are serious consequences for not removing a family member who is no longer eligible. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

# Gains Eligibility under Medicare or Medicaid

These QME election changes are permitted when you, your spouse, or your child enrolls under Medicare or Medicaid (other than coverage solely for pediatric vaccines).

- **Permitted Changes:**
- You may change your plan. HMO members are required to select a primary care physician.
- You may remove family members enrolling in Medicare or Medicaid. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).

# HIPAA Special Enrollment

These QME election changes are permitted when you, your spouse, or your child loses other group health care coverage. The other coverage may be exhausted COBRA coverage, or non-COBRA coverage where you are (a) no longer eligible or (b) the employer's contribution toward the premium ceases.

## **Permitted Changes:**

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.

# Initial Enrollment Period

- The Initial Enrollment Period for health care coverage occurs when you begin employment with the Local Employer (including being re-hired more than 30 days after termination from previous employment) or become newly-eligible for coverage. Your coverage is automatically waived until your enrollment request is approved. If you are rehired less than 30 days after prior termination, you continue your previous elections.
- You may enroll in the plan of your choice. HMO members are required to select a primary care physician.
- You may add eligible family members.
- **Warning!** There are serious consequences for adding ineligible family members. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

# Judgment, Decree, or Order to Add Child

These QME election changes are permitted when you are directed by judgment, decree, or order to provide coverage for a child not currently covered under your plan. This may have resulted from a divorce, a change in legal custody, a National Medical Support Notice from the Department of Social Services, or any other Qualified Medical Child Support Order.

## **Permitted Changes:**

- You may change your plan. If you are not already enrolled, you must enroll. HMO members are required to select a primary care physician.
- You must add the eligible child named in the notice. (You may add only eligible dependent children.)
- **Note:** If your agency is served with the notice and you have not taken action, the mandatory change will be made to your health care coverage.

# Judgment, Decree, or Order to Remove Child

These QME election changes are permitted when your spouse, former spouse, or other individual is directed by judgment, decree, or order to provide coverage for a child currently covered under your plan. This may have resulted from a divorce, a change in legal custody, a National Medical Support Notice from the Department of Social Services, or any other Qualified Medical Child Support Order.

## **Permitted Changes:**

- You may change your plan. HMO members are required to select a primary care physician.
- You may remove only the child named in the notice. The removed child will receive a HIPAA Certificate of Group Health Care Coverage. The child does not qualify for Extended Coverage (COBRA).
- You may waive coverage.

# Lost Eligibility under Governmental Plan

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses coverage under a group health care plan sponsored by a governmental institution. These include State-sponsored plans for children (including FAMIS), plans offered by Indian Tribal governments, and national plans offered by foreign governments.

## **Permitted Changes:**

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.

# **Lost Eligibility under Medicare or Medicaid**

These qualifying mid-year event election changes are permitted when you, your spouse, or your child loses eligibility under Medicare or Medicaid.

## **Permitted Changes:**

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.

# Marriage

## Changes Permitted:

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add your spouse and eligible family members.
- **Note:** Don't forget to remove family members or waive coverage if enrolled under your spouse's plan.

# Move Affecting Eligibility for Health Care Plan

These QME election changes are permitted when you, your spouse or your child's eligibility for a health care plan's service area changes. This usually happens when there is a permanent change of residence, but may also happen when there is a change in your work location. It applies primarily to HMO coverage.

## **Changes Permitted:**

- When you gain eligibility for HMO coverage, you may enroll or change your plan to the HMO.
- You may add eligible family members when they move into your HMO's service area.
- When you lose eligibility for HMO coverage, you must change your plan or waive coverage.

# Open Enrollment Period

This is your annual opportunity to review your options and enroll or make election changes.

## **Actions Permitted:**

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.
- You may remove family members. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).
- You may waive coverage.
- **Warning!** There are serious consequences for adding ineligible family members. You may be financially responsible for their claims, you may overpay premiums that cannot be refunded, and you may be excluded from health care coverage for up to three years.

# You begin or end Full-time employment

## Permitted Changes:

**Changes must be consistent with the employment change event and can include cost and coverage changes.**

- Change in Employee's Employment Status
- Begins/ends full-time employment
- Begins/ends leave without pay
- Begins/ends family medical leave
- Begins retirement

# Other Employer's Open Enrollment or Health Care Plan Change

These QME election changes are permitted when the coverage for you, your spouse, or your child under an employer's health care plan is changed and a corresponding change on your plan is desired.

## **Permitted Changes:**

- You may enroll or change your plan when a change is made under the other plan. HMO members are required to select a primary care physician.
- You may add eligible family members who are removed from the other plan.
- You may remove family members who enroll in the other plan. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).
- You may waive coverage if enrolled under the other plan.

# Spouse or Child Gains Eligibility under Their Employer's Plan

- You may change your plan. HMO members are required to select a primary care physician.
- You may remove family members who enroll in the other plan. Removed family members will receive a HIPAA Certificate of Group Health Care Coverage. They do not qualify for Extended Coverage (COBRA).
- You may waive coverage if enrolled in the other plan.
- If your child is the one with the employment status change, be sure to review “**Child Covered Under Your Plan Loses Eligibility**”.

# **Spouse or Child Lost Eligibility under Their Employer's Plan**

- You may enroll or change your plan. HMO members are required to select a primary care physician.
- You may add eligible family members.

# Documentation

- With exception of Court Orders to add or drop dependent children, TLC typically does not ask for documentation of QMEs.
- We strongly recommend that you obtain documentation for your records since any audit by IRS will be on your records, not ours.
- We reserve the right to audit for eligibility.