



Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights Notice

HIPAA offers protections to workers and families. The law provides additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events. HIPAA also prohibits discrimination against employees and their dependents based on any health factors they may have, including prior medical conditions, previous claims experience, and genetic information.

What is Special Enrollment?

Special enrollment allows individuals who previously declined health coverage to enroll for coverage. Special enrollment rights arise regardless of the plan's open enrollment period. There are two types of special enrollment: 1) loss of eligibility for other coverage and 2) upon certain life events.

Loss of eligibility for other coverage means:

- an employee and/or their dependents lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or lose premium assistance under those programs, or
- an employee and/or their dependents lose coverage under another employer plan or lose subsidies under another plan. Generally, this is a spouse's plan.

Upon certain life events means:

- a new spouse or domestic partner,
- a new dependent through marriage,
- a birth,
- an adoption or placement for adoption, or
- a divorce or legal separation.

How long do I have to request a special enrollment?

It depends on what triggers your right to special enrollment. The employee or dependent must request enrollment within 30 days after losing eligibility for coverage or after a marriage, birth, adoption, or placement for adoption.

The employee or dependent must request enrollment within 60 days of the loss of coverage under a state CHIP or Medicaid program or the determination of eligibility for premium assistance under

those programs.

After I request special enrollment, how long will I wait for coverage?

It depends on what triggers your right to special enrollment. Those taking advantage of special enrollment because of a birth, adoption, or placement for adoption begin coverage no later than the day of the event. For special enrollment due to marriage or loss of eligibility for other coverage, your new coverage will begin on the first day of the first month after the plan receives the enrollment request. If the plan receives the request on January 3rd, for example, coverage would begin on February 1st.

What coverage will I get when I take advantage of a special enrollment opportunity?

Special enrollees must be offered the same benefits that would be available if you enrolled for the first time. Special enrollees cannot be required to pay more for the same coverage than other individuals who enrolled when first eligible for the plan.

Can my new group health plan deny me benefits because I have a preexisting condition?

While HIPAA previously provided limits on preexisting condition exclusions, protections under the Affordable Care Act (ACA) prohibit group health plans from imposing any preexisting condition exclusion. Under this protection, a plan generally cannot limit or deny benefits relating to a health condition that was present before your enrollment date in the plan.

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Contact PEBP's Member Services Unit (MSU) at 775-684-7000, 702-486-3100, or 1-800-326-5496 M-F 8:00 am to 5:00, excluding holidays, if you should have any questions.

Special Enrollments may be initiated by visiting your PEBP portal at the following:
<https://epebp.nevadabenefits.org/account/login/MustAuthLogin?target=%2f#/login>