

## SPECIAL ENROLLMENT RIGHTS NOTICE

### OSU/A&M System Health Plans

If you are declining enrollment for yourself or your dependents (including your spouse) because of other group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes, but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (for example, divorce, cessation of dependent status, death of an employee, termination of employment, or reduction in the number of hours of employment).
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failure to return from a Family and Medical Leave Act (FMLA) leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within **30 days after your or your dependent's other coverage ends** (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days of the date you or your dependent(s) lose such coverage**. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment within **60 days after the date Medicaid or CHIP determine eligibility for the subsidy**.

In addition, if you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. You must request enrollment within **30 days after** the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

OSU / A&M Benefits

405-744-5449

[osu-benefits@okstate.edu](mailto:osu-benefits@okstate.edu)

*This notice applies to healthcare coverages subject to the HIPAA portability rules.*