



Qualified Status Changes

What is a Qualifying Status Change (QSC) Event?

After the regular annual enrollment period, an employee may change their coverage(s) only under limited conditions. When an employee experiences a QSC, a change request must be made within a specified time period for consideration. A change request, including enrollment, cessation, plan type or tier change under the Flexible Benefits Program must be completed no later than 30 calendar days after the qualifying event. Changes must be made within 30 calendar days following the event, except for 1) birth/adoption or death (which is 90 calendar days) and 2) Changes in eligibility for PeachCare or Medicaid (which is 60 calendar days).

QSCs allowed under Internal Revenue Code (IRC), Section 125

Internal Revenue Code prohibits changing any coverage elections, or enrolling in, or canceling any coverage under the Flexible Benefits Program outside of Annual Enrollment. However, rules do permit changes in certain limited circumstances when the request is on account of and corresponds with the qualifying status change event. Some events include, but are not limited to, the following:

- marriage or divorce;
- birth or adoption of a child;
- death of a spouse or child;
- a covered child's loss of health benefits due to the child's attainment of majority or marriage; or
- termination of a spouse's employment.

Qualified Status Changes become effective on the first of the month following the date the change is reported, regardless of the actual QSC date, with the exception of birth/adoption. Birth/adoption is effective on the date of the event.

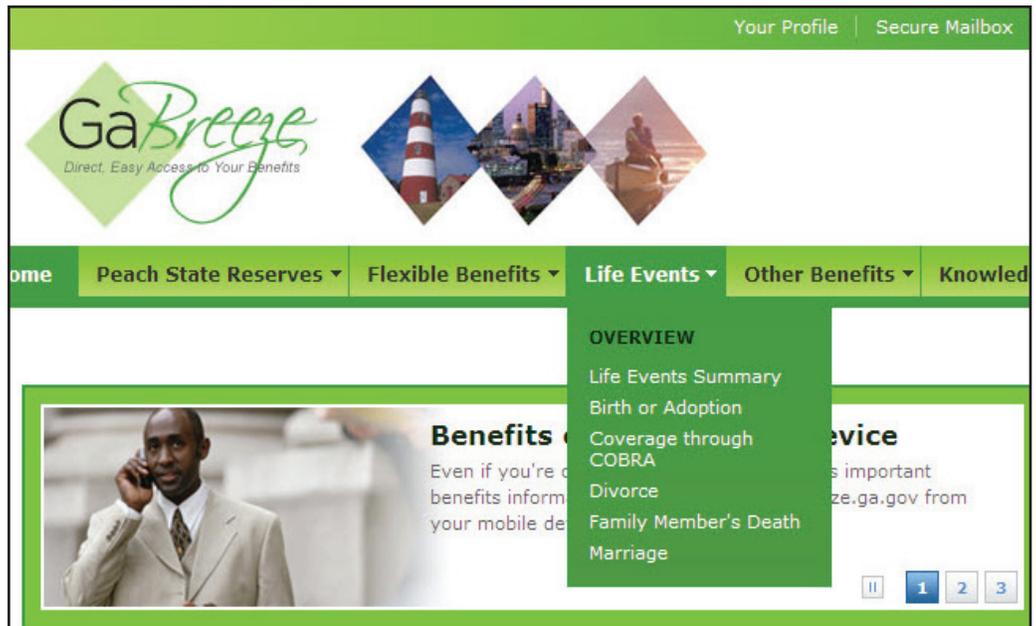
Making a QSC Request

- Some QSCs can be made through GaBreeze online at www.gabreeze.ga.gov; or
- By contacting the Benefits Call Center at 1.877.342.7339.
- Changes must be made within 30 calendar days following the event, except for 1) birth/adoption or death (which is 90 calendar days) and 2) Changes in eligibility for PeachCare or Medicaid (which is 60 calendar days).
- There will be no changes or refunds allowed if a timely change is not made.
- Participants should contact GaBreeze with questions.

A Qualifying Status Change (QSC) Event is also sometimes referred to as:

- Life event
- Life change
- Status change

NOTE: Only certain life events can be made online. If an employee experiences an event not listed on the web site, they should contact the Call Center for more information on allowable changes and updating their benefit selections.



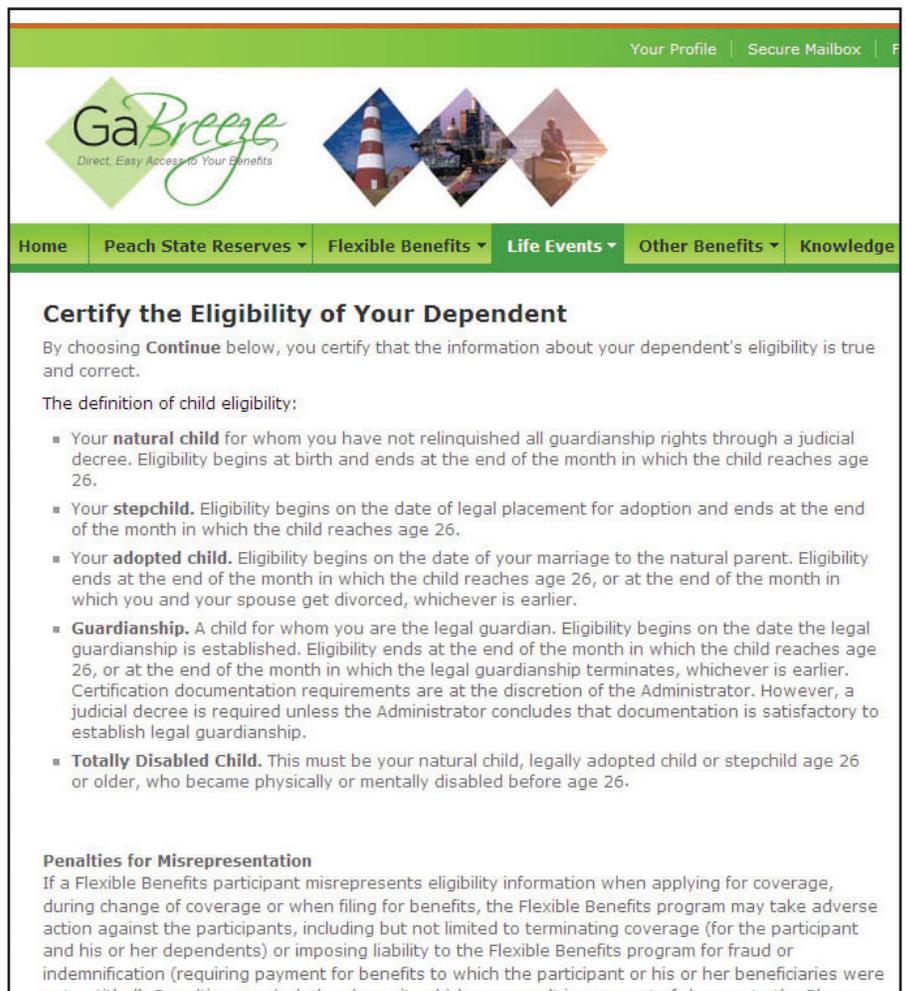
Children's Health Insurance Program Reauthorization Act (CHIPRA)

CHIPRA enrollment opportunities are offered when an employee or eligible dependent is covered under a Medicaid plan or state children's health insurance program ("CHIP"), and loses eligibility under that plan; or when they become eligible under a CHIP or Medicaid plan for premium assistance that could be used toward the cost of an employer plan.

NOTE: CHIPRA rights allow for a 60 calendar day deadline instead of the standard 30 day deadline for other special enrollment rights.

Eligibility Certification & Verification

When adding a dependent mid-year, an employee must certify the dependent's eligibility.



Did You Know?

The Flexible Benefits Program allows a QSC for employees going on, or returning from, FMLA or Military Leave. Making a QSC request under these circumstances can only be made through the GaBreeze Call Center. When the FMLA or MILITARY leave transaction is entered by the agency, GaBreeze issues a letter to the employee notifying them of the QSC offering as well as the 30 calendar day period for making their request.

Verification documents supporting QSC requests and newly added eligible dependents may be required. If eligibility verification is requested, supporting documentation must be provided within the specified timeframe which is 30 calendar days from the date of the request. If documents are not received within the 30-day period, coverage will be terminated and no refund given.

NOTE: The State Health Benefit Plan operates independent of the Flexible Benefits Program. As a result, an employee may receive a separate request for similar information for their health plan verification. The Flexible Benefits Program does, however, collaborate electronically with the health plan to obtain eligibility verification prior to making a separate request.



Need Help?

If you need help navigating the GaBreeze Employer Web site or have questions about any of the features described in this job aide, you can contact the DOAS Team at 1-888-968-0490, or 404-656-2730 if calling within the metro-Atlanta area, Monday through Friday, 8:00 a.m. to 4:30 p.m. Eastern Time.



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