



# Special Notices for Oklahoma City Firefighters VEBA Trust Benefits

## **CHIP Notice: Children's Health Insurance Program**

### New Special Enrollment Period for Health Coverage

Eligible employees and their dependents may enroll in their company's health coverage at time of hire, during open enrollment or when they experience a qualifying event such as marriage, birth of a child or loss of other coverage.

Effective April 1, 2009, the group health plans provided by your company will include two additional special enrollment opportunities. These two new qualifying events are when:

1. The employee or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
2. The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

An employee must request this special enrollment within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. Thirty-day notice is required for all other special enrollments.

## **Michelle's Law - Student Medical Leave of Absence**

Michelle's Law allows coverage to continue under the Plan for a dependent who is unable to attend school as a result of a medically necessary leave of absence, provided that:

- The dependent is enrolled under the Plan on the basis of being a student at postsecondary educational institution; and
- The dependent was covered under the Plan immediately before the first day of medically necessary leave of absence; and
- The dependent child's treating physician provides to the Plan a written certification stating that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Coverage may be continued under the Plan until the date that is earlier of:

- One year after the first day of medically necessary leave of absence; or
- The date on which such coverage would otherwise terminate under the terms of the Plan.

## **Mental Health Parity**

The Act revised the definition of "mental health benefits" to now include substance use disorder benefits. The Act also requires group health plans to apply the same beneficiary financial requirements to mental health or substance use disorder benefits as they apply for medical and surgical benefits, including limits on deductibles, copayments and out-of-pocket expenses. Plan administrators are further required to make the criteria for "medical necessity" determinations with respect to mental health and substance use disorder benefits available to plan participants, beneficiaries or providers upon request. The Act also extends this parity requirement to inpatient and outpatient services, whether in-network or out-of-network, and to emergency care services.