



QUALIFYING LIFE EVENTS (QLES)

TYPE OF QUALIFYING LIFE EVENT	ENROLLMENT PERIOD	EFFECTIVE DATE	DOCUMENT REQUIRED
<b>Marriage</b>	Within 60 days after marriage	1st of month following receipt of enrollment	<ul style="list-style-type: none"> <li>• Marriage certificate</li> <li>• Marriage license</li> </ul>
<b>Birth</b>	Within 60 days of birth	Date of birth	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Hospital discharge papers</li> </ul>
<b>Adoption or placement of child in home</b>	Within 60 days after legal adoption or placement in home	Date of adoption or placement in home	<ul style="list-style-type: none"> <li>• Adoption papers</li> </ul>
<b>Legal guardianship or legal custody of child</b>	Within 60 days after court approval of legal guardianship/custody	<ul style="list-style-type: none"> <li>• Date of placement for adoption or placement in foster care</li> <li>• Date of legal guardianship or legal custody</li> </ul>	<ul style="list-style-type: none"> <li>• Legal guardianship/custody papers</li> </ul>
<b>Loss of minimum essential coverage (LOC)</b> Due to: <ul style="list-style-type: none"> <li>• Job loss</li> <li>• Divorce</li> <li>• Loss of eligibility for Medicaid/Children's Health Insurance Program (CHIP)</li> <li>• Expiration of COBRA or decertification of a health plan</li> <li>• Loss of eligible dependent status</li> <li>• Voluntary cancellation of coverage or loss of coverage due to non-payment of premium are not qualifying events</li> </ul>	Within 60 days before or after termination of other coverage	<ul style="list-style-type: none"> <li>• 1st of following month following selection of a new plan or the loss of coverage, whichever comes last.</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate of creditable coverage</li> <li>• Written notification from employer, insurer, Medicaid or CHIP that coverage is terminated/ing</li> <li>• Divorce or separation decree</li> </ul>
<b>Court Order</b>	Within 60 days after court's order to provide coverage		<ul style="list-style-type: none"> <li>• Court papers</li> </ul>
<b>Gaining citizenship, legal residency or national status in the U.S.</b> Permanent residency in South Carolina (SC) is also required	Within 60 days after naturalization Within 60 days after gaining legal residency/national status		<ul style="list-style-type: none"> <li>• Certificate of naturalization</li> <li>• Federal government-issued proof of legal residency and one of these:               <ul style="list-style-type: none"> <li>— Utility bill in member's name</li> <li>— SC driver's license</li> <li>— SC state-issued ID</li> <li>— Voter's registration</li> </ul> </li> </ul>
<b>Changing residence within SC</b> <ul style="list-style-type: none"> <li>• Effective 7/11/2016, all qualified individuals/enrollees/dependents must have had qualifying coverage for 1 or more days in the 60 days prior to the move, <u>and</u></li> <li>• Must be moving to a new county or zip code that offers different health plan options.</li> </ul>	Within 60 days <u>before or</u> after move	<ul style="list-style-type: none"> <li>• 1st of following month if enrollment is received on the 1st-15th of the month</li> <li>• 1st of second following month if enrollment is received on the 16th-31st of the month</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of prior coverage <u>and</u></li> <li>• Proof of prior and new residence with any combination of these:               <ul style="list-style-type: none"> <li>— Utility bills in member's name</li> <li>— SC driver's license</li> <li>— SC state-issued ID</li> <li>— Voter's registration</li> </ul> </li> </ul>
<b>Moving into SC</b> <ul style="list-style-type: none"> <li>• Effective 7/11/2016, all qualified individuals/enrollees/dependents must have had MEC for 1 or more days in the 60 days prior to the move (unless moving from a foreign country or U.S. territory)</li> </ul>			

The table depicts certain QLEs and their corresponding effective dates, assuming the individual selects a plan and makes timely premium payment. Special Enrollment Period (SEP) coverage effective dates depend on the type of event, the date of request for the SEP and the date of plan selection. BlueChoice® will require supporting documentation to validate enrollee eligibility for SEPs. BlueChoice HealthPlan is an independent licensee of the Blue Cross and Blue Shield Association.

If you've had a QLE and submitted your application, please submit your supporting documentation so we can validate your eligibility for an SEP. You can:

- **Email items to [BCHPIND@BlueChoiceSC.com](mailto:BCHPIND@BlueChoiceSC.com)**
- **Mail items to:**  
 BlueChoice HealthPlan  
 Attn.: MEMBERSHIP (AX-425)  
 P.O. BOX 6170  
 Columbia, SC 29260-9915

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-844-396-0188]。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건보함에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

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Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839 . (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

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Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de ce plan médical, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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