

# Enrollment Periods

**Employees may enroll, opt out or change benefit selections with supporting documentation during the following periods (see the ‘Documentation Requirements’ chart in this chapter):**

- ◆ Initial Enrollment
- ◆ Annual Benefit Choice Period
- ◆ Qualifying Change in Status (as permitted under the Internal Revenue Code)

## Initial Enrollment

A “new” employee is one who has not previously been enrolled in the State Employees Group Insurance Program (Program) or one who has had greater than a 10-day break in coverage (the 10-day break does not apply to coverage terminated due to nonpayment of premium). Employees with a break in employment status of less than 10 days experience no break in insurance coverage and are not considered a “new” employee, nor are they eligible for initial enrollment options. Preexisting condition limitations do not apply to coverage under the State plan.

Employees have 10 calendar days from their initial employment date to make health, dental, vision, life and dependent coverage elections. All employees, including part-time employees, who fail to make benefit elections within the 10-day initial enrollment period will automatically be enrolled in the Quality Care Health Plan (QCHP) and the Quality Care Dental Plan (QCDP) with no dependent coverage, and will be provided with Basic Life coverage.

Employees eligible for the employer-paid portion of premiums must be enrolled as a member in their own right. When both an employee and his/her spouse, civil union partner or domestic partner are eligible as employees, each must be enrolled as a member in their own right. **Employees must provide their social security number (SSN) to enroll in the Program.**

**New employees have the following options:**

- ◆ Elect a health plan (includes prescription, behavioral health and vision coverage).
- ◆ Elect not to participate in the health plan. See the ‘Opt Out and Waiver of Coverage’ section in this chapter for details.
- ◆ Elect to participate or not to participate in the dental plan (enrollment in the health plan is required if electing the dental coverage).

- ◆ Enroll eligible dependents. Documentation, including social security numbers (SSNs), must be provided within 15 days of the employment date. Dependent coverage will not be allowed if the documentation is not provided within the 15-day period. Additional time is allotted to provide the SSN when adding newborns and newly-adopted children. See ‘Dependent Coverage’ later in this section for more information.
- ◆ Elect Member Optional Life insurance coverage up to 8 times the annual base salary; statement of health approval is required for increments of 5 to 8 times.
- ◆ Elect optional Spouse Life, Child Life or Accidental Death and Dismemberment (AD&D). Statement of health approval is not required during the Initial Enrollment Period.
- ◆ Enroll in the Flexible Spending Accounts (FSA) Program. Employees have 60 days from their hire date in which to enroll in an FSA.

**Effective Date of Coverage Due to Initial Enrollment:**

Employees scheduled to begin State employment on a day in which they are scheduled to work every available day in the pay period have an effective date of the first day of that pay period. Employees scheduled to begin State employment on a day in which they are not scheduled to work every available day in the pay period have an effective date of the first day they physically begin work. Dependent coverage is effective the same day as the employee’s coverage.

## Annual Benefit Choice Period

The Benefit Choice Period is normally held annually May 1st through May 31st. During this 31-day period, employees may change their coverage elections. Coverage elected during the annual Benefit Choice Period becomes effective July 1st. Elected coverage remains in effect throughout the entire plan year, unless the employee experiences a qualifying change in status or the Department institutes a special enrollment period which would allow the member to change their coverage elections.

Documentation is required when adding dependent coverage. See the ‘**Documentation Requirements – Adding Dependent Coverage**’ chart later in this chapter.

**Employees may make the following changes during the annual Benefit Choice Period:**

- ◆ Change health plans.
- ◆ Re-enroll in the Program if coverage is currently

# Enrollment Periods (cont.)

terminated due to nonpayment of premium (subject to eligibility criteria). **NOTE:** Any outstanding premiums plus the July premium must be paid before coverage will be reinstated.

- ◆ Re-enroll in the Program following an opt out or waiver of coverage.
- ◆ Elect not to participate in the health plan. See the 'Opt Out and Waiver of Coverage' section in this chapter for details.
- ◆ Add or drop dental coverage (enrollment in the health plan is required if electing the dental coverage).
- ◆ Add or drop dependent coverage. When adding coverage, documentation, including social security numbers (SSNs), must be provided within 10 days of the last day of the Benefit Choice Period. If the documentation is not provided within the 10-day period, the dependent coverage will not be added. See 'Dependent Coverage' later in this section for more information.
- ◆ Increase, decrease or terminate Member Optional Life insurance coverage; add or drop AD&D, Spouse Life or Child Life coverage. An approved statement of health is required to increase or add Member Optional Life, Spouse Life or Child Life coverage. A statement of health is not required to add or increase AD&D coverage.
- ◆ Enroll or re-enroll in the Flexible Spending Accounts (FSA) Program.

## **Effective Date of Coverage Due to the Annual Benefit Choice Period:**

All Benefit Choice health, dental and dependent coverage changes become effective July 1st. Life insurance coverage changes requiring a statement of health become effective July 1st if the approval date from the life insurance plan administrator is on or before July 1st. If the approval date is after July 1st, the effective date will be the statement of health approval date.

## **Qualifying Change in Status**

Pursuant to Section 125 of the Internal Revenue Code, premiums paid by the employee for health, dental and life insurance coverage are tax exempt. The tax exemption applies only to premiums that are payroll deducted on a pretax basis. The Internal Revenue Code requires plans that provide the tax-exempt premium to prohibit changes in the employee's election during the plan year unless there is a qualifying change in status. See the 'Qualifying Change in Status' chart for allowable election changes consistent with the event.

Any request to change an election mid-year must be

consistent with the qualifying event the employee has experienced.

## **Qualifying change in status events include, but are not limited to:**

- ◆ Events that change an employee's legal relationship status, including marriage, civil union partnership, death of spouse or civil union partner, divorce, legal separation, civil union dissolution or annulment.
- ◆ Events that change an employee's number of dependents, including birth, death, adoption, placement for adoption or termination of a domestic partner relationship.
- ◆ Events that change the employment status of the employee, the employee's spouse or civil union partner, or the employee's dependent. Events include termination or commencement of employment, strike or lockout, commencement of, or return from, an unpaid leave of absence or change in worksite.
- ◆ Events that cause a dependent to satisfy or cease to satisfy eligibility requirements for coverage.
- ◆ A change of residential or work county for the employee, spouse, civil union partner or dependent or, a move to a foreign county by an eligible dependent. Employees experiencing a qualifying change in status have 60 days to change certain benefit selections.

Employees must submit proper supporting documentation to their Group Insurance Representative (GIR) within the 60-day period in order for the change to become effective. See 'Effective Date of Coverage Due to a Qualifying Change in Status' later in this section.

**See the 'Qualifying Changes in Status' chart in this chapter for a complete list of qualifying change in status events and corresponding options.**

## **Effective Date of Coverage Due to a Qualifying Change in Status:**

**Coverage election changes made due to a qualifying event are effective the later of:**

- ◆ The date the request for change was signed.
- ◆ The date the event occurred.

## **Qualifying Change in Status Effective Date Exceptions:**

- ◆ **Newborns, natural or adopted.** A child is considered a newborn if they are within 60 days of birth. If the request to add the child is made within 60 days of the birth, coverage may be retroactive to the date of birth.
- ◆ **Adopted children, other than newborn.** Requests to

# Enrollment Periods (cont.)

add an adopted child who is 60 days old or older will be effective the date of the placement of the child, the filing of the adoption petition or the entry of the adoption order provided that the request is received within 60 days of the placement of the child, filing of the adoption petition or the entry of the adoption order.

- ◆ **Flexible Spending Accounts.** Requests to elect or change an FSA become effective the first day of the pay period following the date the request for change was signed or the date of the qualifying event, whichever is later.

## Other Allowable Mid-year Changes

There are some coverage options that are taxable and therefore can be changed anytime during the year. Coverage options that can be changed any time during the plan year include:

- ◆ Changes in employee's life insurance coverage above \$50,000. Includes Basic Life and any Member Optional Life insurance coverage. An approved statement of health is required to add or increase coverage.
- ◆ Changes to Spouse Life or Child Life coverage. An approved statement of health is required to add coverage, unless the spouse, civil union partner or child is newly acquired, in which case a statement of health is not required.
- ◆ Changes to Accidental Death and Dismemberment (AD&D) coverage. A statement of health is not required to add or increase AD&D coverage.
- ◆ Adding or dropping dependents as long as the employee's dependent monthly contribution category remains 'Two or More Dependents'.

### Effective Date of Coverage for Other Allowable Mid-year Changes:

The effective date for adding or dropping dependents when the employee is in the 'Two or More Dependents' monthly contribution category is:

- ◆ The date the request for change was signed if the form was given to the GIR **within 15 days** of the employee signing the form, or
- ◆ The date the GIR received the form if the form was given to the GIR **after the 15-day period**.

The effective date of coverage when **adding or increasing** Member Optional Life, or when **adding** Spouse Life or Child Life, will be the statement of health approval date. The life plan administrator will send a copy of the statement

of health approval/denial letter to the individual who requested the change.

When **adding or increasing** AD&D coverage the effective date is the date the request was received.

When **terminating or decreasing** any Optional Life coverage outside the Benefit Choice Period, the effective date will be the date of the request. A future effective date may be requested as long as it is within 60 days of the current date.

## Dependent Coverage

### Enrolling Dependents

Dependents must be enrolled in the same health and dental plans as the employee. Employees electing to opt out or waive health plan coverage may enroll their dependents with life insurance coverage only.

When both parents\* are employees, either employee may elect to cover the dependents; however, the same dependent cannot be enrolled under both employees for the same type of coverage. For example, eligible dependents may be enrolled under one parent for health and dental coverage and enrolled under the other for life coverage.

**NOTE: Dependents whose coverage was terminated for nonpayment of premium under one parent cannot be enrolled under the other until all premiums due for that dependent are paid.**

Employees must complete the required enrollment forms to add dependent coverage. Forms are available on the Benefits website.

\* The term 'parent' includes a stepparent or a civil union partner of the child's parent.

### Documentation Requirements

Documentation, including the dependent's social security number (SSN), is always required to enroll dependents. Failure to provide the required documentation in the allotted time period will result in denial of dependent coverage. If denied, the eligible dependent may be added during the next Benefit Choice Period or upon the employee experiencing a qualifying change in status, as long as the documentation is provided in a timely manner.

An additional time period of 90 days is allotted to provide the SSN of newborns and adopted children; however, the election time frames still apply to request the addition of the dependent coverage. If the SSN is not provided within 90 days of the dependents's date of birth or adoption date, coverage will be terminated. Refer to the 'Documentation Requirements – Adding Dependent Coverage' chart later in this chapter for specific documentation requirements.