

# Qualifying Changes in Status

(Whenever the term 'Spouse' is indicated on this page it also includes a Civil Union Partner.)

SPOUSE – Qualifying Changes in Status									
	Corresponding HEALTH & DENTAL Options								
Changes affecting the Spouse	Employee May Opt Out of Program	Employee may Enroll or Re-Enroll in the Program	Add Newly Acquired Child	Add Existing Child	Add Spouse	Terminate Dependent Coverage	Terminate Spouse Coverage	Change Health Carrier	Waive Health/ Dental Coverage
Coordination of spouse's open enrollment period *	O	X		X	X	X	X		P
Death of spouse		X		X			X		
Eligibility: Spouse loses eligibility for group insurance coverage		X		X	X				
Eligibility: Spouse now provided with group insurance coverage	O					X	X		P
Employment Status: Spouse gains employment	O					X	X		P
Employment Status: Spouse loses employment		X		X	X				
LOA: Spouse enters nonpay status				X	X				
LOA: Spouse returns to work from nonpay status						X	X		
Medicare eligibility: Spouse gains							X		
Medicare eligibility: Spouse loses					X				
Premium of spouse's employer increases 30% or greater, or spouse's employer significantly decreases coverage		X		X	X				
Residence/Work location: Spouse's county changes**								X	

\* The employee's request to change coverage must be consistent with, and on account of, the spouse's election change.

\*\* Only applies to members enrolled in an HMO whose HMO plan is not available in their new county.

DEPENDENT (other than Spouse) – Qualifying Changes in Status									
	Corresponding HEALTH & DENTAL Options								
Changes affecting a Dependent (other than a Spouse)	Employee May Opt Out of Program	Employee may Enroll or Re-Enroll in the Program	Add Newly Acquired Child	Add Existing Child	Add Spouse	Terminate Dependent Coverage	Terminate Spouse Coverage	Change Health Carrier	Waive Health/ Dental Coverage
Death of Dependent						X			
Eligibility: Dependent becomes eligible for State group coverage				X					
Eligibility: Dependent loses eligibility for non-State group coverage				X					
Eligibility: Dependent now eligible for non-State group coverage						X			
LOA: Dependent enters nonpay status				X					
LOA: Dependent returns to work from nonpay status						X			
Medicare eligibility: Dependent gains						X			
Medicare eligibility: Dependent loses				X					
Residence/Work location: Dependent's county changes*								X	

X = Eligible changes for all employees.

P = Eligible changes for Part-time employees.

O = Eligible changes for Full-time employees.

Existing Child = A child for which the employee had custody prior to the previous 60-day period, such as a natural or adopted child, adjudicated child, stepchild, child of a civil union partner or a child for which the employee is guardian.

\*Only applies to members enrolled in an HMO whose HMO plan is not available in their new county.