

Qualifying Changes in Status

The Internal Revenue Code requires plans that provide the tax-exempt premium to prohibit changes in the employee's deduction during the plan year unless there is a qualifying change in status. The chart below indicates those changes that employees are allowed to make which are consistent with a qualifying change in status.

| EMPLOYEE – Qualifying Changes in Status | | | | | | | | | |
|--|---------------------------------------|------------------------------------|--------------------------|--------------------|-----------------------------------|------------------------------|--|-----------------------|--------------------------------|
| Changes affecting the Employee | Corresponding HEALTH & DENTAL Options | | | | | | | | |
| | Opt Out of Health & Dental Coverage | Enroll or Re-Enroll in the Program | Add Newly Acquired Child | Add Existing Child | Add Spouse or Civil Union Partner | Terminate Dependent Coverage | Terminate Spouse or Civil Union Partner Coverage | Change Health Carrier | Waive Health & Dental Coverage |
| Adjudicated Child: Employee financially responsible | | | X | | | | | | |
| Adoption (or placement for adoption) | | X | X | X | X | | | | |
| Birth | | X | X | X | X | | | | |
| Custody awarded and requires dependent coverage (court ordered) | | X | X | | | | | | |
| Custody loss (court ordered)/Court Order expires | | | | | | X | | | |
| Divorce/Legal Separation/Annulment/Dissolution of Civil Union | | X | | X | | X | X | | |
| Eligibility: Employee becomes eligible for non-State group insurance coverage | O | | | | | | | | P |
| Eligibility: Employee loses eligibility of non-State group insurance coverage (for other than nonpayment of premium) | | X | | X | X | | | | |
| Employment Status: Full-time to Part-time (≥50%) | | | | | | X | X | | P |
| Employment Status: Layoff | O | | | | | X | X | | |
| Employment Status: Part-time participating to Full-time | O | | | | | | | | |
| Employment Status: Part-time waiving coverage, or working <50%, to Full-time | O | A | | X | X | | | | |
| Initial enrollment – within 30 days | O | A | | X | X | | | | P |
| Leave of Absence: Employee entering nonpay status | O | | | | | X | X | | P |
| Leave of Absence: Employee entering nonpay status responsible for 100% | O | | | | | X | X | | X |
| Leave of Absence: Employee returns to work from nonpay status | O | X | | X | X | | | | P |
| Marriage or Civil Union Partnership | O | X | X | X | X | | | | P |
| Medicaid or Medicare eligibility gained | O | | | | | X | X | | P |
| Medicaid or Medicare eligibility loss | | X | | X | X | | | | |
| Military Leave of Absence | | | | | | X | X | X | X |
| Military Leave of Absence: Employee returns to work | | X | | X | X | | | X | |
| Premium increase 30% or greater: Employee's non-State health insurance | | X | | X | X | | | | |
| Premium increase 30% or greater: Employee's STATE health insurance | | | | | | X | X | | P |
| Residence/Work location: Employee's county changes* | | | | | | | | X | |

X = Eligible changes for all employees. P = Eligible changes for Part-time employees. O = Eligible changes for Full-time employees. A = Enrollment will be automatic. **Newly Acquired Child** = A child for which the employee gained custody within the previous 60-day period, such as a new stepchild, adopted child, adjudicated child or a child for which the employee gained court-ordered guardianship.

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 or a child for which the employee is guardian.

* Change allowed if health carrier unavailable in new location.

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.