

MID-YEAR PLAN CHANGE MATRIX APPENDIX A

Eligible employees experiencing a change in family or work status during the plan year have 30 days from the date of the event to make benefit plan changes or elections. The eligible employee may make only those elections that are consistent with the event. Unless otherwise noted, the effective date is the first of the month following receipt of the forms or event date, whichever is later.

1. Qualified Status Change (QSC) A change in family or work status that allows limited mid-year changes to benefit plans that effect eligibility for coverage.

(a) Change in En	a) Change in Employee's Legal Marital Status or Domestic Partnership Health Care FSA Dependent Care FSA Optional Benefits						
Event	Medical, Dental, & Vision	(HCFSA)	Dependent Care FSA (DCFSA)	Term Life, AD&D, Short & Long- Term Disability			
Gain Spouse/ Domestic Partner	Enroll newly eligible spouse/domestic partner and eligible dependents.	Enroll or increase.	Enroll or increase.	Employee may enroll, increase, decrease, or cancel coverage even when eligibility is			
Note: HIPAA special enrollment rights may also apply. Refer to 2(a)(B)	Under tag-along rule, election of coverage may also extend to previously eligible but not yet enrolled eligible dependents. Employee may opt-out or decline when added to a new spouse or domestic partner's plan. Remove individuals who gain other coverage. Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental)	Decrease if newly eligible under new spouse's health plan. No change allowed related to domestic partnership. Expenses for domestic partners are not covered unless the domestic partner qualifies as a dependent under IRS rules.	Decrease or cancel if spouse makes a DCFSA election under spouse's plan or spouse is disabled, full time student, or works a different shift. Cancel if spouse is not employed. No change allowed related to domestic partnership.	not affected. Employee is eligible for optional employee life up to \$100,000 (\$20,000 increments) if form is received within the 30-day window of the event date. An employee's enrolled domestic partner who changes status to spouse is not eligible for the spouse guarantee life insurance.			
Loss of Spouse/Domestic Partner (Divorce, annulment, death, or termination of domestic	Cancel elections for ineligible spouse or domestic partner and ineligible dependents. <u>Coverage ends</u> <u>the last day of the month in which the spouse or</u> <u>domestic partner is no longer eligible.</u> Enroll and add eligible dependents who lost other	Decrease. Enroll or increase election where coverage is lost under spouse's health plan.	Enroll or increase. Decrease (e.g., cost of child care decreases) or cancel coverage if eligibility is lost (e.g.,	Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Employee is eligible for optional employee life up to \$100,000 (\$20,000 increments) if			
partnership) Note: HIPAA	coverage. Enroll from opt-out if eligibility is lost under spouse/partner's plan.	No change allowed related to domestic partnership. Expenses	dependent now residing with spouse). No change allowed	form is received within the 30-day window of the event date. Optional spouse/domestic partner life			
special enrollment rights may also apply. Refer to 2(a)(A)	Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) eligible dependents. Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental)	for domestic partners are not covered unless the domestic partner qualifies as a dependent under IRS rules.	related to domestic partnership.	insurance must be canceled. If no remaining eligible dependents: Cancel Dependent Life Change AD&D for employee and dependents to employee only.			

(b) Change in the	Number of Employee's Dependents			
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long- Term Disability
Gain Dependent (Birth, placement for/or adoption, affidavit of dependency, domestic partner's children by affidavit of domestic partnership, grandchild by affidavit) Note: HIPAA special enrollment rights may also apply. Refer to 2(a)(B)	 Enroll newly eligible dependents. Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) dependents. If the dependent is tag-along due to newborn the tag-along individual is added prospectively. Opt-Out or decline if they become eligible under spouse/domestic partner's employer's plan or remove dependents who become eligible under spouse's plan. Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental) Biological newborn's/adopted child's coverage effective date is moment of birth/adoption or placement for adoption through the first 31 days of life. To continue coverage for the dependent the employee must submit a midyear change form adding the dependent. Employee must enroll dependent within 30 days of event date. 	Enroll or increase election. Cancel or decrease if newly eligible under spouse's health plan. No change allowed related to domestic partnership. Expenses for domestic partners are not covered unless the domestic partner qualifies as a dependent under IRS rules.	Enroll or increase to accommodate newly eligible dependents. Cancel if spouse stops working. No change allowed related to domestic partnership.	Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. Employee is eligible for optional employee life up to \$100,000 (\$20,000 increments) if form is received within the 30-day window of the event date.
Loss of Dependent	Cancel coverage for dependent that loses eligibility. <u>Coverage ends the last day of the month in which the</u> <u>dependent is no longer eligible.</u> Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental)	Decrease. No change allowed related to domestic partnership. Expenses for domestic partners are not covered unless the domestic partner qualifies as a dependent under IRS rules.	Decrease. Cancel enrollment if the dependent being removed is the last eligible dependent for dependent care FSA. No change allowed related to domestic partnership.	 Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected. If no remaining eligible dependents: Cancel Dependent Life Change AD&D for employee & dependents to employee only.

Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long-Term Disability
Change in Employment Status (e.g., PT to FT, FT to PT, return from specific leave, strike, lockout) A change from PT to FT or FT to PT must be a change in the HR system, not a change in work hours.	 Enroll and add eligible dependents if eligibility is gained for the plan. Opt-out with other coverage or decline. A transfer from one agency to a different agency or an agency to a university with no break in coverage and no HR position change does not allow changes to enrollments. Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental) 	Enroll when hired or return from leave.	Enroll Enroll, increase, decrease or cancel when change in work hours, or spouse works different shift.	Employee may enroll, increase decrease, or cancel coverage even when eligibility is not affected.
Change in Employment Status for Spouse/Domestic Partner (e.g., PT to FT, FT to PT, return from specific leave, strike, lockout)	Enroll and add eligible dependents if other coverage was lost. Provided that eligibility was gained under spouse/domestic partner's plan, employee may opt-out with enrollment in the other coverage or decline PEBB coverage. Remove individuals who gain other coverage. Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental)	Decrease or cancel election if employee gains eligibility under spouse's health coverage. Enroll or increase election to reflect loss of eligibility under spouse's health coverage. No change allowed related to domestic partnership. Expenses for domestic partners are not covered unless the domestic partner qualifies as a dependent under IRS rules.	Enroll or increase Decrease or cancel when need for dependent care is eliminated or decreases. Enroll, increase, decrease or cancel when change in work hours or spouse works different shift. No change allowed related to domestic partnership.	Employee may enroll, increase decrease, or cancel coverage even when eligibility is not affected.

(d) Termination of Emp	d) Termination of Employment of Employee, (or other change in Status) that Causes Loss of Eligibility.					
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long-Term Disability		
Employee ends employment or Other Change in Employment Status that causes loss of eligibility. (e.g., unpaid leave, strike)	Enrollment ends at the end of the month in which the employee ceases to meet eligibility.	Enrollment ends at the end of the month in which the employee ceases to meet eligibility. If there is a positive balance in the HCFSA account at the end of employment, member may continue under COBRA, however contributions will be post-tax.	Enrollment ends at the end of the month in which the employee ceases to meet eligibility.	Enrollment ends at the end of the month in which the employee ceases to meet eligibility. An employee on protected or unprotected LWOP may pay premiums for 12 months for optional life and AD&D. If eligibility is lost, the employee may continue life insurance coverage through portability.		
Termination and Return to work with a break in coverage but within 12 months	 Prior elections are automatically reinstated the first of the month following rehire date, except for FSAs, Commuter Accounts, and Long-Term Care coverage. Employee may make plan changes within 30 days of rehire date. Changes are prospective (first of the month following receipt of the form). 	Enroll	Enroll	 Prior elections automatically reinstated. An employee returning to work who ported their previous life insurance or enrolled in retiree life cannot be enrolled in active life insurance while the ported or retiree life is still current. Note: Option for retiree life is only available once when an employee retires. 		

(d) Termination of Emp	d) Termination of Employment by Spouse or Domestic Partner (or other change in Status) that Causes Loss of Eligibility.					
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long-Term Disability		
Termination of Spouse's	Enroll and add eligible dependents	Enroll or increase election to	Enroll or increase election if spouse or	Employee may enroll,		
or Domestic Partner's	who lose coverage under spouse's or	reflect loss of eligibility for	dependent loses eligibility for Dependent	increase, decrease, or cancel		
Employment (or other change in employment	domestic partner's plan.	health coverage.	Care FSA.	coverage even when eligibility is not affected.		
status resulting in a loss of	Under tag-along rule, election of		Employee may decrease or cancel election			
eligibility under their employer's plan)	coverage may also extend to previously eligible (but not yet	No change allowed related to domestic partnership.	to reflect loss of eligibility for coverage.			
	enrolled) eligible dependents.	Expenses for domestic partners are not covered	Cancel if spouse stops working.			
Note: HIPAA special enrollment rights may also apply. Refer to 2(a)(A)	Medical and dental coverage option changes are allowed if changing plan types. (e.g., Kaiser Permanente to Providence Statewide, Willamette Dental to Delta Dental)	unless the domestic partner qualifies as a dependent under IRS rules.	No change allowed related to domestic partnership.			

(e) Change in Place of	(e) Change in Place of Residence of Employee							
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long-Term Disability				
Move by the employee that causes a loss of eligibility for a health plan	Cancel or enroll if the change in employee's residence affects eligibility for coverage, for example moving out of a plan's service area. Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) eligible dependents. Note: When address changes are made online, the PEBB Benefit Management System will notify the employee of loss of eligibility and inform employee to select another plan by submitting appropriate forms to the agency/university.	No change allowed	No change allowed	Employee may enroll, increase, decrease, or cancel coverage even when eligibility is not affected.				

Eligible employees experiencing a change in family or work status during the plan year have 30 days from the date of the event to make benefit plan changes or elections. The eligible employee may make only those elections that are consistent with the event. Unless otherwise noted, the effective date is the first of the month following receipt of the forms or event date, whichever is later.

2. HIPAA Special Enrollment Rights – A HIPAA special enrollment event is also a Mid-Year Plan Change. Under HIPAA, health

plans are required to provide special enrollment opportunities for certain eligible individuals. The effective date is determined by HIPAA regulations.

(a) HIPAA Special Enrollment Rights					
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long-Term Disability	
Special Enrollment for Loss of Health Coverage	Enroll and add eligible dependents who lose coverage.	No changes	No changes	No changes	
If employee or eligible dependents are enrolled under another group health plan and lose coverage under the plan, they are eligible for PEBB plans. If the form is received within 30 days of the event the enrollment is retroactive. If received after 30 days enrollment is prospective.	Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) dependents.				
Special Enrollment for Gain of	Enroll and add eligible dependents.	No changes	No changes	No changes	
New Dependent by Marriage, Birth, Adoption, or Placement for Adoption	Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) dependents. Biological newborn's/Adopted Child's coverage effective date is moment of birth/adoption or placement for adoption through the first 31 days of life. To continue coverage for the dependent the employee must submit a midyear change form adding the dependent. Employee must enroll dependent within 30 days of event date. Coverage due to marriage is prospective (effective the first of the month following receipt of forms).				

Eligible employees experiencing a change in family or work status during the plan year have 30 days from the date of the event to make benefit plan changes or elections. The eligible employee may make only those elections that are consistent with the event. Unless otherwise noted, the effective date is the first of the month following receipt of the forms or event date, whichever is later.

3. Gain or Loss Other Coverage – Employee or employee's dependent gains or loses other coverage that affects their eligibility.

(a) Gain or Loss of Other Cov	erage			
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits \Term Life, AD&D, Short & Long-Term Disability
Gain other group health coverage	Cancel coverage, opt-out or decline. Remove dependents who gain other coverage.	No changes	No changes	No changes
Loss of other group health coverage	Enroll Add eligible dependents who lost coverage. Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) eligible dependents.	No changes	No changes	No changes
Different Open Enrollment/Plan Year under spouse/domestic partner's employer plan	Corresponding changes can be made. (e.g. gain coverage through spouse/partner's plan, employee can opt-out or decline under PEBB or remove individuals who gain coverage)	No changes	Corresponding changes can be made.	Corresponding changes can be made.

Eligible employees experiencing a change in family or work status during the plan year have 30 days from the date of the event to make benefit plan changes or elections. The eligible employee may make only those elections that are consistent with the event. Unless otherwise noted, the effective date is the first of the month following receipt of the forms or event date, whichever is later.

4. Judgments, Decrees, or Orders

(a) Judgments, Decrees, or Orders (This change in election applies to an employee's eligible dependent child. This does not include divorce decrees or orders)

Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Optional Benefits Term Life, AD&D, Short & Long- Term Disability
Order that Requires Coverage for the Child of the employee, employee's spouse/domestic partner (NMSO)	Enroll the child to provide coverage. Enroll from opt-out or decline. Under tag-along rule, election of coverage may also extend to previously eligible (but not yet enrolled) dependents.	Enroll or increase No change allowed related to domestic partnership.	No changes	No changes
Order that Terminates coverage for the Child of the employee, employee's spouse/domestic partner	Cancel coverage for the child.	Decrease No change allowed related to domestic partnership.	No Changes	No Changes

Eligible employees experiencing a change in family or work status during the plan year have 30 days from the date of the event to make benefit plan changes or elections. The eligible employee may make only those elections that are consistent with the event. Unless otherwise noted, the effective date is the first of the month following receipt of the forms or event date, whichever is later.

	verage Change for Depend			Optional Benefits
Event	Medical, Dental & Vision	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)	Term Life, AD&D, Short & Long-Term Disability
Change in Dependent Care Provider Cost	No changes	No changes	Enroll or increase when change to new dependent care provider (relative or not) increases cost. Increase when dependent care provider (not a relative) increases the cost of care. Cancel or decrease when change to new dependent care	No changes
			provider (relative or not) decreases cost.	
Change in Dependent Care Provider Coverage	No changes	No changes	 Enroll or increase when the enrolled spouse's employer ceases offering dependent care FSA. Enroll or increase when spouse revokes DCFSA through their employer that has a different open enrollment period. Cancel or decrease when spouse enrolls in a new employer-sponsored DCFSA. Cancel or decrease when dependent care is reduced due to the child entering the school system for the first time. Increase when the salary of a household employee (not your relative) who provides dependent care services is increased. Decrease when spouse changes employment from a traditional full-time work setting to a self-employed arrangement (decreasing dependent care needs). 	No changes

5. Dependent Care FSA Change in Cost or Coverage – Changes apply to an employee's eligible dependent child's daycare.