



CHANGING YOUR HEALTH INSURANCE ELECTIONS



You may elect new benefits each year. Keep in mind that your choices are in effect for the entire calendar year, and can only be changed during the year if you have a *qualified status change*. Qualified status changes include:

Legal marital status. Events that change your legal marital status such as marriage, the death of a spouse, divorce and annulment.

Domestic partnership. Entering into or dissolving a domestic partnership.

Number of dependents. Events that change the number of your dependents such as birth, death, adoption and placement for adoption of a child.

Employment status. The following events that change your, your spouse's or dependent's employment status:

- A termination or commencement of employment;
- A strike or lockout;
- A commencement of or return from an unpaid leave of absence; or
- A change in a worksite.

This category also includes a change in your employment status or the employment status of a dependent, in which you or your dependent become (or cease to be) eligible for coverage under a plan.

Dependent's eligibility for coverage. Events that cause your dependent to satisfy or cease to satisfy eligibility requirements for coverage such as attainment of a certain age, change in dependent status or change in employment.

Residence. A change in your, your spouse's or dependent's residence.

Special rule for court-ordered health coverage of child. A judgment, decree or order resulting from a divorce, legal separation, annulment or change in legal custody (including a qualified medical child support order) that requires you to provide coverage for your child. You may also cancel coverage for the child if the order requires your spouse, former spouse or another individual to provide coverage for the child.

Special rule for Medicare or Medicaid entitlement. You may be able to make a prospective election change to cancel or reduce coverage under the Plan if you, your spouse or dependent who is enrolled in the Plan becomes entitled to Medicare or Medicaid coverage or if you lose premium assistance from your state under the Children's Health Insurance Program. Conversely, if you, your spouse, or dependent loses eligibility for Medicare or Medicaid coverage or become eligible

for premium assistance from your state under the Children's Health Insurance Program, you may make a prospective election to commence or increase coverage under the Plan.

Dependent care – cost changes. You may change your election for your dependent care flexible spending account in the event of a cost change, but only if your dependent care provider is *not your relative*, as defined in the Internal Revenue Code.

Dependent care – coverage changes. You may change your election for your dependent care flexible spending account when your dependent care provider is replaced by another.

The occurrence of a special enrollment period under HIPAA. For example, you may change your election if you lose coverage under another plan.

Other special circumstances. Other special circumstances that may permit you to change your elections include cost and coverage changes to a health plan, such as a significant change in your health coverage or your spouse's coverage. You may also elect changes to correspond with your spouse's open enrollment period.

Please Note:

- Changes in benefit elections must correspond with the qualified status change that affects eligibility for coverage under the Plan.
- Depending upon your qualified status change, you may revoke or decrease your elections for medical, dental, vision, prescription drugs, additional term life and AD&D insurance, dependent life insurance and the dependent care flexible spending account. However, you may only increase your pay reduction election to the health care flexible spending account.
- A qualified status change does not permit you to revoke the mandatory basic benefits.

Active Employee – If you have a qualified status change or experience one of the circumstances described above, you must submit the proper forms and supporting documentation to verify the event to the OHR Health Insurance Team within 60 days of the event occurring. Changes in group insurance elections will be effective on the day the completed forms and supporting documentation are submitted to the OHR Health Insurance Team within the 60 day timeframe. If the qualified status change is the birth, adoption or placement for adoption of a child, any group insurance elections will be retroactive to the child's date of birth, date of placement for adoption or date of adoption if the completed forms and supporting documentation are submitted to OHR Health Insurance Team within the 60 day timeframe. If you submit the completed forms and supporting documentation for the birth, adoption or placement for adoption of a newborn (6 months of age or less) outside the 60 day time frame, the effective date of coverage will be the date the completed forms and supporting documentation are submitted. If the child is older than 6 months and you are outside the 60 day time frame, you must wait until the next enrollment period to add the child. Any adjustments to your pay deductions and/or pay reductions applicable to your election change will commence on a non-pro rated basis as soon as practicable, without regard to the pay period. If you do not make the proper notification within 60 days, you must wait until the next enrollment period to make any election changes.

Retiree – If you have a qualified status change or experience one of the circumstances described above, you must submit the proper forms and supporting documentation to verify the event to the OHR Health Insurance Team within 60 days of the event. If the qualified status change is the birth, adoption or placement for adoption of a child, any group insurance elections will be retroactive to the child's date of birth, date of placement for adoption or date of adoption. If you submit the completed forms and supporting documentation for the birth, adoption or placement for adoption of a newborn (6 months of age or less) outside the 60 day time frame, the effective date of coverage will be the date the completed forms and supporting documentation are submitted. If the child is older than 6 months and you are outside the 60 day time frame, you must wait until the next enrollment period to add the child. Other qualified status change elections will be effective on the first day of the month following submission to the OHR Health Insurance Team provided the submission is received and processed by the 10th day of the month (or the last business day before the 10th of the month if the 10th falls on a weekend or holiday). If the OHR Health Insurance Team receives the forms after the 10th of the month, the effective date of the qualified status change will start on the first day of the second month.

It is recommended that you notify OHR Health Insurance Team promptly as a qualified status change could change your level of enrollment and your monthly premium.

Any adjustments to your premiums applicable to your qualified status change will commence on the effective date of the qualified status change (e.g., the first day of the month following notification if proper notice given before the 10th day of the month). If you do not make the proper notification within 60 days, you must wait until the next enrollment period to make any election changes.

Missed Allocations

You are responsible for your share of the costs associated with your benefit elections. Should there be insufficient funds to execute your authorized pro-rata pay reductions and/or payroll deductions, OHR will authorize collection of the missed allocations from future pay checks during the plan year. If you had your compensation reduced as a result of a qualified status change or do not have enough compensation to pay for the elected benefits, you will be contacted by OHR and given the opportunity to reduce your authorized reductions and/or deductions. If no response is received and the missed allocations cannot be collected for any reason during the plan year, coverage under the affected plan or plans will be canceled.

If you have 2 jobs with Montgomery County Government, premiums for group insurance coverage will only be deducted from your primary job assignment.

If you are a 10 month employee, you will be billed for the 2 months of premiums missed while you are not working in your primary job assignment. If payment is not made during these 2 months, premiums will be deducted from your pay upon your return to work. If you are a full scope temporary employee and fail to timely pay your premiums, your coverage will be terminated.

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