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# 2017 CIS Benefits Enrollment & Eligibility Guide:

- Benefit Eligibility
- Who Can I Cover?
- When Can I Make a Change to My Coverage?
- Loss of Coverage & Continuation Rights



This document defines who is considered an eligible dependent and allowed to be enrolled on your coverage. This document also explains the different types of IRS-qualified family status changes that may allow you to make a change to your coverage during the year.

### **When Am I Eligible for Insurance?**

You must enroll for benefits online within 31 days from your benefits effective date or during the annual open enrollment period. As long as you enroll within these time periods, benefits will be effective the first of the month following the waiting period established by your employer (e.g., First After Date of Hire, First After 1 Month, etc.), or on the first day of the new plan year. Supplemental Employee/Spouse Life insurance, if applicable, may be effective at a later date, depending on the carrier's approval date.

### **What Are My Options for Enrollment?**

Your options are based on the choices made by your employer. If medical insurance is offered, you may opt out of coverage if you have other group coverage (e.g., coverage through a spouse's plan). You must elect the opt out option online and you will be required to provide proof of the other coverage to your employer.

There is also an option to waive coverage, which lets you decline coverage, even if you don't have other group coverage. If your employer offers dental and you don't want it, you can waive dental. If your employer offers medical and you don't want it, you can waive medical. However, waiving medical automatically waives you from dental as well.

If offered dental insurance, you have three options:

- Waive dental coverage
- Enroll in employee only coverage
- Enroll in employee plus child, children or family coverage. If enrolling dependents on dental, they must match the dependents enrolled on the medical plan (unless "opted out" of medical).
  - If opting out of medical coverage but enrolling in dental coverage and covering any dependents, all eligible dependents must be enrolled.

If you opt out or waive medical or dental coverage, you are still required to be covered by employer-paid life and/or disability coverage if it is offered through CIS.

### **Who Can I Cover on My Insurance?**

The following individuals are considered eligible dependents and can be enrolled on your coverage.

1. A legally-married spouse.
2. A same-sex domestic partner who filed a Certificate of Registered Domestic Partnership. *Employees who cover a domestic partner will be charged an imputed value amount.*
3. Child(ren) under the age of 26 who are:
  - The natural child of the employee, spouse or domestic partner;
  - The adopted child of, or child placed for adoption with, the employee, spouse or domestic partner, provided that the child is adopted or placed for adoption prior to attaining age 18;

- A child for whom the employee, spouse or domestic partner has obtained court-ordered legal guardianship or custody prior to attaining age 18;
- A child for whom the employee is obligated to provide benefits pursuant to a qualified medical child support order (QMCSO).

Children don't have to reside with you or be attending college to be eligible to be covered. If coverage is continued, it cannot be terminated mid-year unless the child experiences an IRS-qualified status change (see below).

4. An unmarried child over the age of 26 who has been continuously covered and is incapable of self-support due to a physical, mental or developmental disability that occurred before the child's 26<sup>th</sup> birthday and for whom a handicapped dependent certification form has been received and approved by the insurer or administrator.

Please note that CIS has the right to conduct a dependent audit at any time.

### **When Can I Make a Change to My Coverage?**

Changes to your elections are not allowed during the year unless you experience one of the IRS-qualified family status changes listed below. All changes (except Healthcare or Dependent Care FSA changes) will be completed online at [www.cisbenefits.org](http://www.cisbenefits.org). Mid-year changes for the Healthcare/Dependent Care FSA must be made by completing a hard copy enrollment form and submitting it to your employer or CIS. A description of each event, allowed changes and supporting documentation requirements are listed in the table below. Changes requiring documentation will not be approved until the appropriate documentation has been received.

IRS-Qualified Family Status Changes include:

1. Birth/Adoption
2. Court-Appointed Legal Guardianship or Custody
3. Qualified Medical Child Support Order
4. New Spouse
5. New Domestic Partner
6. Divorce/Legal Separation
7. Dissolution/Termination of Domestic Partnership
8. Employee Gains Other Coverage
9. Dependent Gains Other Coverage
10. Employee Loses Other Coverage
11. Dependent Loses Other Coverage
12. Death of a Dependent
13. Increase/Decrease in Cost of Dependent Care

**1. Birth/Adoption**

Employees have 31 days from the date of birth or adoption to enroll a new child; health care coverage is effective the date of birth/adoption. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life <sup>1</sup></b>	<b>Flexible Spending Account <sup>2</sup></b>	<b>Documentation</b>
<i>Enroll child, self and eligible dependent(s) in coverage</i>	<i>Enroll or increase coverage (subject to medical underwriting); enroll in supplemental spouse or dependent life</i>	<i>Enroll/increase healthcare election</i>	<i>Copy of adoption papers</i>

**2. Court-Appointed Legal Guardianship or Custody**

Employees have 31 days from the date of a court-ordered Legal Guardianship or Custody to enroll a new child; health care coverage is effective the first of the month following the date the court order was signed. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life</b>	<b>Flexible Spending Account<sup>2</sup></b>	<b>Documentation</b>
<i>Enroll child</i>	<i>No changes allowed</i>	<i>Enroll/increase healthcare</i>	<i>Copy of court order</i>

**3. Qualified Medical Child Support Order (QMCSO)**

Employers will be notified when an employee is required to provide coverage due to a court order; health care coverage will be effective the first of the month following the date the order was signed. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life</b>	<b>Flexible Spending Account</b>	<b>Documentation</b>
<i>Enroll child</i>	<i>No changes allowed</i>	<i>No changes allowed</i>	<i>Copy of QMCSO</i>

**4. New Spouse**

Employees have 31 days from the date of marriage to enroll a new spouse; health care coverage will be effective the date of marriage. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life <sup>1</sup></b>	<b>Flexible Spending Account <sup>2</sup></b>	<b>Documentation</b>
<i>Enroll spouse, self and eligible dependent(s) in coverage</i>	<i>Increase coverage for self (subject to medical underwriting); enroll spouse in supplemental spouse life and/or dependent life</i>	<i>Enroll/increase healthcare election</i>	<i>Copy of marriage certificate/license</i>

<sup>1</sup>Effective the first of the month following 30 days from the date of the approval.

<sup>2</sup>Effective the first of the month following the date the FSA Enrollment Form is signed.

**5. New Domestic Partner**

Employees have 31 days from the date of registration to enroll a new domestic partner; health care coverage will be effective the first of the month following the date the requirements for a domestic partnership have been met. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life <sup>1</sup></b>	<b>Flexible Spending Account</b>	<b>Documentation</b>
<i>Enroll domestic partner, self and eligible dependent(s) in coverage</i>	<i>Increase coverage for self (subject to medical underwriting); enroll domestic partner in supplemental spouse life and/or dependent life</i>	<i>No changes allowed; medical expenses for domestic partners are not typically eligible for reimbursement</i>	<i>Oregon Certificate of Registered Domestic Partnership</i>

**6. Divorce/Legal Separation**

Employees have 60 days from the date of a final divorce/legal separation to report the event; health care coverage terminates the end of the month following the date of divorce. Failure to report this event in a timely manner will result in loss of continuation rights. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life <sup>1</sup></b>	<b>Flexible Spending Account <sup>2</sup></b>	<b>Documentation</b>
<i>Drop spouse and step-child(ren)</i>	<i>Decrease coverage for self; supplemental spouse life and/or dependent life is terminated</i>	<i>Enroll/Increase healthcare election due to loss of coverage; decrease election (cannot decrease if annual election has been reimbursed)</i>	<i>Copy of divorce decree (first page and last page) or other documentation showing date of divorce and judge's signature</i>

**7. Dissolution of Domestic Partnership**

Employees have 60 days from the date of the event to report a final dissolution of domestic partnership; health care coverage terminates the end of the month following the date of dissolution. Failure to report this event in a timely manner will result in loss of continuation rights. The following changes can be made:

<b>Medical/Dental/Vision</b>	<b>Supplemental Life <sup>1</sup></b>	<b>Flexible Spending Account <sup>2</sup></b>	<b>Documentation</b>
<i>Drop domestic partner and child(ren) of domestic partner</i>	<i>Decrease coverage for self; supplemental spouse life and/or dependent life is terminated</i>	<i>Enroll/Increase healthcare election due to loss of coverage</i>	<i>Copy of dissolution</i>

<sup>1</sup>Effective the first of the month following 30 days from the date of the approval.

<sup>2</sup>Effective the first of the month following the date the FSA Enrollment Form is signed.

### 8. Employee Gains Other Coverage

Employees have 31 days to report a gain and provide proof of other coverage for self; health care coverage terminates the end of the month prior to the effective date of new coverage. “Coverage” includes other employer group coverage through spouse/domestic partner, Medicare, or eligibility for federal or state assistance programs. Policies purchased individually or through an Insurance Exchange program do not qualify as group coverage. The following changes can be made:

Medical/Dental/Vision	Supplemental Life	Flexible Spending Account <sup>2</sup>	Documentation
<i>Drop self</i>	<i>No changes allowed</i>	<i>Decrease healthcare if other coverage is gained</i>	<i>Documentation showing effective date of other coverage and name of covered individual(s)</i>

### 9. Dependent Gains Other Coverage

Employees have 31 days to report a gain and provide proof of other coverage for dependent(s); health care coverage terminates the end of the month prior to the effective date of new coverage. “Coverage” includes other employer group coverage, Medicare, or eligibility for federal or state assistance programs. Policies purchased individually or through an Insurance Exchange program do not qualify as group coverage. The following changes can be made:

Medical/Dental/Vision	Supplemental Life	Flexible Spending Account <sup>2</sup>	Documentation
<i>Drop dependent(s) who gained coverage</i>	<i>No changes allowed</i>	<i>Decrease healthcare if other coverage is gained</i>	<i>Documentation showing effective date of other coverage and name of covered individual(s)</i>

### 10. Employee Loses Other Coverage

Employees have 31 days to report and submit appropriate documentation of an involuntary loss of other employer group coverage for self. Health care coverage is effective the first of the month following the date of loss. “Coverage” includes only other employer group coverage or termination of federal or state assistance programs. The following changes can be made:

Medical/Dental/Vision	Supplemental Life	Flexible Spending Account <sup>2</sup>	Documentation
<i>Enroll self</i>	<i>No changes allowed</i>	<i>No changes allowed</i>	<i>Documentation showing date of loss of other coverage and name of covered individual(s)</i>

<sup>2</sup>Effective the first of the month following the date the FSA Enrollment Form is signed.

### 11. Dependent Loses Other Coverage

Employees have 31 days to report and submit appropriate documentation of an involuntary loss of other employer group coverage for their dependents; if appropriate documentation is submitted within the 31-day period, health care coverage is effective the first of the month following the date of loss. “Coverage” includes only other employer group coverage or termination of federal or state assistance programs. The following changes can be made:

Medical/Dental/Vision	Supplemental Life	Flexible Spending Account <sup>2</sup>	Documentation
<i>Enroll dependent(s) who lost coverage</i>	<i>No changes allowed</i>	<i>No changes allowed</i>	<i>Documentation showing date of loss of other coverage and name of covered individual(s)</i>

### 12. Death of a Dependent

Upon notification of a dependent’s death, coverage will be terminated at the end of the month for the dependent. The following changes can be made:

Medical/Dental/Vision	Supplemental Life <sup>1</sup>	Flexible Spending Account <sup>2</sup>	Documentation
<i>Drop dependent</i>	<i>Decrease coverage for self; supplemental spouse life and/or dependent life is terminated</i>	<i>Enroll/increase/decrease healthcare election (cannot decrease if annual election has been reimbursed)</i>	<i>No documentation is required</i>

### 13. Increase/Decrease in Cost of Dependent Care

Employees have 31 days to request a change in their dependent care FSA elections due to increase/decrease in cost. The election change has to be consistent with the event. The following changes can be made:

Medical/Dental/Vision	Supplemental Life	Flexible Spending Account <sup>2</sup>	Documentation
<i>No changes allowed</i>	<i>No changes allowed</i>	<i>Increase/decrease dependent care due to cost change</i>	<i>Completed FSA Enrollment Change form</i>

<sup>1</sup>Effective the first of the month following 30 days from the date of the approval.

<sup>2</sup>Effective the first of the month following the date the FSA Enrollment Form is signed.

### Events Impacting Supplemental Life

There are currently limited situations where a spouse can have more supplemental life in effect than the employee. Options are limited for employees in this situation who experience an event allowing an election change. The employee can only enroll in an amount equal to the spouse’s amount, or both the employee and spouse have to apply for the same increased amounts.

## **Special Enrollment Rights**

There are certain situations when you may enroll yourself and/or your eligible dependents, even though you didn't do so when first eligible, and you do not have to wait for an annual enrollment period.

The following events may allow enrollment within 31 days of the date of the qualifying event:

- You and/or your eligible dependents lose coverage under another group or individual Health Benefit Plan due to one of the following:
  - An employer's contributions to that other plan are terminated; or
  - Exhaustion of federal COBRA or any state continuation.
- You involuntarily lose coverage under Medicare, CHAMPUS/Tricare, Indian Health Service or a publicly sponsored or subsidized health plan (other than the Children's Health Insurance Program (CHIP)).

The following event may allow enrollment within 60 days of the date of the event:

- You and/or your dependent(s) become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP).

Please contact CIS staff if any of these events happen so we can assist in determining eligibility for enrollment.

## **Leave of Absence**

Employees are entitled to many different types of leaves of absence, including family medical leave, military leave, domestic violence leave and non-medical leave with or without pay. Each type of leave is governed by state and/or federal regulations, and termination/reinstatement of coverage differs for each. Most forms of leave will allow employees to maintain their existing coverage for a limited period of time, but specific timelines must be followed. If coverage is terminated during a leave, employees may have the option to continue their coverage on a self-pay basis, such as medical and/or dental continuation through COBRA. Employees planning on a leave of absence, or are returning from a leave, need to discuss their options with their employer.

## **Loss of Coverage – Continuation Rights**

### **Medical/Vision/Dental Coverage**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires most group health plans to provide continuation of group health coverage when employment terminates.

COBRA requires continuation coverage be offered to covered employees, their spouses, their former spouses, and their dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination of employment, reduction in the number of hours per week making the employee ineligible for benefits, divorce or legal separation from a covered employee, and a child's loss of dependent status (turning 26 years of age).



The premium for continuation coverage is more expensive than the amount active employees pay for group health coverage. This is because employers pay part of the active employee's premium. With COBRA continuation coverage, the full cost, along with a 2% administrative fee, is typically passed on to the individual(s) electing coverage.

If the employer will be providing a premium subsidy, the COBRA continuee still MUST complete and return an application to CIS within the enrollment timeline.

While COBRA continuation coverage must be offered, it only lasts for a limited period of time (18, 29 or 36 months) based on the reason for termination. COBRA coverage can be terminated by the participant any time during the continuation period. The administrator, however, will terminate coverage due to non-payment of premium on a timely basis, or at the end of the continuation period. If an employee was offered medical and dental coverage as an active employee, he/she cannot continue dental only through COBRA continuation.

### **Alternatives to COBRA Continuation Coverage**

Under the Affordable Care Act (ACA), individuals who lose employer health insurance coverage now have the option to purchase health insurance benefits through an insurance exchange or directly through an insurance carrier, without the risk of being denied for pre-existing conditions. A local insurance agent can assist you in finding and purchasing health insurance coverage that will fit your needs.

### **Notice Procedures**

Upon notification of a termination by your employer, CIS will send a COBRA notice to the employee using the address on file. If you are moving to a new location, you will need to notify your employer or contact CIS. Employees are required to return the COBRA election form within 60 days of loss of coverage. Continuation coverage will be reinstated to the date active coverage was terminated, as there can be no break in coverage.

If terminating due to retirement, CIS will send both retiree information and COBRA information, as required by law. Most individuals will take retiree coverage because it can be continued up until Medicare eligibility, whereas COBRA can only be continued for a limited period of time. If retiree or COBRA continuation coverage is voluntarily terminated, the retiree or COBRA participant cannot re-enroll at a future date.

### **Life/Disability Coverage**

Life and disability insurance is not subject to COBRA. If you were covered under your employer's life and/or disability plan, or you elected supplemental life insurance, you may have the option to continue this coverage on a self-pay basis with the life insurance carrier. If you are interested in continuing this coverage, contact CIS Benefits at 855-763-3829.

## **Retiree Coverage**

You may be eligible to continue coverage as a retiree if:

- You are not Medicare eligible and
- You are receiving, or are eligible to receive retirement benefits under the Oregon Public Employees Retirement System or any other retirement system or plan applicable to officers and employees of the local government.

Employees must have been enrolled as an active employee in a CIS medical and/or dental plan at the time of retirement to qualify for continued coverage as a retiree. Retirees must enroll within 60 days of their date of retirement. If dependents were covered as of the date of retirement, coverage may also be continued for them.

If the employer will be providing a premium subsidy, the retiree still **MUST** complete and return an application to CIS within the enrollment timeline.

Eligibility for employees, spouses and/or dependents ends when they become eligible for Medicare due to age or disability. Eligibility for dependent children ends when the employee and spouse, if applicable, both become Medicare eligible.