

Rules for Benefit Changes During the Plan Year

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualified status change or qualify for a “special enrollment”. If you qualify for a mid-year benefit change, you may be required to submit proof of the change or evidence of prior coverage. With regard to qualified status changes, domestic partners and children of domestic partners will be treated similarly to spouses and dependent children, respectively, to the extent permitted by law.

Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child
- Change in work schedule, including increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment that affects eligibility for benefits
- Change in child’s dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- Change in your place of residence or worksite, including a change that affects the accessibility of network providers
- Change in your or your spouse’s or dependent’s health coverage attributable to your spouse’s or dependent’s employment
- Change in individual’s eligibility for Medicare or Medicaid
- A loss of group health coverage sponsored by a governmental or educational institution, including a state children’s health insurance program under the Social Security Act, the Indian health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan. (You may not change an election to your health Flexible Spending Account as a result of a loss of group health coverage sponsored by a governmental or educational institution.)
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child
- An event that is a “special enrollment” event under the **Health Insurance Portability and Accountability Act (HIPAA)** including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- An event that is allowed under the **Children’s Health Insurance Program (CHIP) Reauthorization Act**. Under provisions of the Act, employees have 60 days after the following events to request enrollment:
 - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal) or CHIP (known as Healthy Families in California)
 - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP
- A change in dependent care provider. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to you, as defined in Internal Revenue Code Section 152(a)(1) through (8).

Two rules apply to making changes to your benefit during the year:

- Any change you make must be consistent with the change in status, AND
- You must notify the Benefits Division and make the change within days after the date the event occurs (unless otherwise noted above).

You are responsible for notifying the Benefits Division of your dependent(s) that become ineligible as a result of divorce or becoming an overage dependent of the plan with 30 days of the event.