

# Plan enrollment and eligibility

## Which employees are eligible for Providence Health Plan group coverage?

An eligible employee is permanently employed and paid a salary or wage by the employer. On-call, temporary, substitute and seasonal employees are not eligible. Employees also must meet the eligibility and enrollment criteria and requirements specified in the group contract.

## Enrollment period

During each contract year, we will partner with you for an annual open enrollment period. The effective date of coverage for new members enrolling during the open enrollment period is the beginning of the contract year for which they enroll. The specific dates of the open enrollment period and contract effective date are included in your group contract.

## Special enrollment periods

If an employee has declined enrollment as a subscriber or for an eligible family dependent or spouse during a previous enrollment period, he or she still may be eligible to enroll during a “special enrollment period” provided that a request be made within thirty days of the qualifying event. Eligible circumstances include loss of other coverage, new dependents (including marriages, adoptions and births) and court orders to provide coverage to a spouse or minor child.

## Effective date

The effective date of coverage will follow the completion of the eligibility waiting period as stated in your group contract. If the subscriber is a late enrollee, as defined in your group contract, the subscriber may enroll during the next occurring open enrollment period. There may be special provisions applicable for the late enrollment. If so, they are described in your group contract in detail.

## Dependent eligibility

Eligible dependents include people for whom the eligible employee or employee’s spouse provided more than 50 percent of the person’s support during the most recent calendar year. Eligible dependents include:

- The eligible employee’s legal spouse or same-sex domestic partner
- The eligible employee’s unmarried, biological child, stepchild or legally adopted child
- A grandchild for whom the eligible employee or employee’s spouse provides at least 50 percent support
- A child for whom the eligible employee or employee’s spouse is a legal guardian and provides at least 50 percent support
- A child placed with the employee or employee’s spouse for the purpose of adoption

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- A child for whom the employee or employee's spouse is required to provide medical care under a Qualified Medical Child Support Order, as defined by federal law

Specific terms of dependent eligibility vary by employer group. Please refer to your Group Contract for specific eligibility information.

### **Eligible dependents are also covered:**

- When the eligible employee is required by court order to provide health insurance coverage;
- When the eligible employee is under legal obligation to support or contribute to the ongoing support of the child and there is no court order to the contrary; or
- When enrolled in regular full-time attendance at an accredited or similarly recognized secondary school, trade school, college or university. (The dependent child must be enrolled for sufficient course credits to maintain full-time status as defined by that school.)

## **Dependent enrollment**

Newborn or adopted children who meet the requirements and definition described in the group contract are eligible for coverage from the date of birth or placement for the purpose of adoption. Enrollment and payment of any necessary additional premium must occur within 60 days from birth or placement.

A new spouse is eligible for coverage on the first day of the calendar month following our receipt of the enrollment request, or on an earlier date as agreed to by Providence Health Plan.

**NOTE:** Dependents not enrolled at the time of eligibility may have to wait until the next open enrollment period to enroll in Providence Health Plan as an eligible dependent.

## **Leave of absence and layoffs**

A subscriber on an employer-approved leave of absence may retain group coverage as though actively at work for a period as stated in the group contract, at the employer's option or as mandated by the Family and Medical Leave Act or Uniformed Services Employment and Reemployment Rights Act. A subscriber who has been laid off and rehired must complete an enrollment application to be covered under the group contract.

## **Changes in eligibility**

Changes in eligibility must be reported to Providence Health Plan as indicated below.

1. Name and address changes should be reported to Providence Health Plan at the time of the change or as soon as is reasonably possible. This may be done by a telephone call to the Customer Service Team or via our Web site.
2. Enrollment of a new spouse requires the completion of an enrollment form.
3. A dependent who becomes ineligible after reaching a limiting age may qualify for COBRA continuation coverage or a Portability Plan.
4. A legal name change requires the completion of an enrollment form.