

## CHANGES IN STATUS/QUALIFYING EVENTS MATRIX

Employees may generally make changes to their benefit elections during applicable open enrollment periods, subject to any eligibility requirements. Changes made outside of open enrollment must comply with state and federal law, as well as the State of Ohio's plan.

The following matrix of qualifying events is intended to provide employees and their dependents with information about the events that may authorize, and in some cases require, a change to an employee's benefit elections, as well as information about the changes that may be made based on those events. *This information is not intended to be exhaustive of all possible events, but is illustrative of the more common situations employees and their dependents face.* Questions, including those about eligibility, changes in status, changes that must be made, and the deadlines within which changes must be made, should be directed to the employee's agency human resources office.

Employees are eligible for medical coverage the first of the month after their date of hire. Employees are eligible for dental and vision coverage after one year of continuous State service. Eligibility requirements can be found at: [das.ohio.gov/eligibilityrequirements](http://das.ohio.gov/eligibilityrequirements)

**PLEASE NOTE: You must notify your agency within 31 days of the change in status/qualifying event by submitting a Benefit Enrollment and Change Form (ADM 4717) and provide proof for any dependents you are adding to or removing from coverage.**

## CHANGES IN STATUS (FOR EMPLOYEE)

### A. Change in Legal Marital Status:

Action/Event	Medical	Dental/Vision
<b>1. Employee gains spouse</b> <ul style="list-style-type: none"> <li>• Marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children.</li> <li>• Employee may cancel coverage if covered under new spouse's plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll in coverage for self, newly eligible spouse, and any eligible dependent children.</li> <li>• Employee may cancel coverage if covered under new spouse's plan.</li> </ul>
<b>2. Employee loses spouse</b> <ul style="list-style-type: none"> <li>• Divorce</li> <li>• Legal Separation</li> <li>• Annulment</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Employee must remove spouse and any ineligible dependents.</li> <li>• Employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee must remove spouse and any ineligible dependents.</li> <li>• If eligible, employee may enroll self and any eligible dependents if no longer eligible under the spouse's plan.</li> </ul>

### B. Change in Number of Eligible Dependents:

Action/Event	Medical	Dental/Vision
<b>3. Employee gains dependent(s)</b> <ul style="list-style-type: none"> <li>• Birth</li> <li>• Adoption</li> <li>• Placement for adoption</li> <li>• Legal guardianship</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.</li> </ul>	<ul style="list-style-type: none"> <li>• If eligible, employee may enroll for coverage and enroll newly acquired dependent, and any other eligible dependent(s) not previously covered.</li> </ul>
<b>4. Employee loses dependent(s)</b> <ul style="list-style-type: none"> <li>• Death</li> <li>• Legal guardianship ends</li> </ul>	<ul style="list-style-type: none"> <li>• Employee must remove the affected dependent only.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee must remove the affected dependent only.</li> </ul>

**C. Change in Employment Status of Employee That Affects Eligibility**

Action/Event	Medical	Dental/Vision
<b>5. Commencement of employment or other change in employment status.<sup>1</sup></b> <ul style="list-style-type: none"> <li>• Commence employment<sup>2</sup> (medical)</li> <li>• Employee reaches 1 year of continuous service (dental/vision)</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll self and any eligible dependents.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll self and any eligible dependents.</li> </ul>
<b>6. Change in Employment Status</b> <ul style="list-style-type: none"> <li>• Approved Extended Leave of Absence (No-pay)</li> </ul>	<ul style="list-style-type: none"> <li>• Employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee can drop coverage for self and covered dependents. Employee may re-enroll for coverage upon return from leave.</li> </ul>

**D. Special Enrollment Events**

Action/Event	Medical	Dental/Vision
<b>7. Loss Of Other Coverage</b> <ul style="list-style-type: none"> <li>• COBRA Coverage Exhausted Or Terminated</li> <li>• Lose Eligibility For Other Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may elect coverage for themselves, a spouse, or a dependent who has lost other coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may elect coverage for themselves, spouse, or dependent who has lost other coverage.</li> </ul>
<b>8. Loss of Medicaid or CHIP<sup>3</sup></b>	<ul style="list-style-type: none"> <li>• Employee may elect coverage for self or dependent who lost coverage.</li> </ul>	<ul style="list-style-type: none"> <li>• If eligible, employee may elect coverage for self or dependent who lost coverage.</li> </ul>
<b>9. Eligibility For Assistance under Medicaid or CHIP<sup>4</sup></b>	<ul style="list-style-type: none"> <li>• Employee may elect coverage for self or dependent.</li> </ul>	<ul style="list-style-type: none"> <li>• If eligible, employee may elect coverage for self or dependent.</li> </ul>

<sup>1</sup> The event must trigger a change in eligibility for coverage under the plan.

<sup>2</sup> If rehired within 31 days, prior elections will be reinstated. If rehired after 31 days of termination, employee may make new election for medical.

<sup>3</sup> Please check with Medicaid for enrollment requirements

<sup>4</sup> Please check with Medicaid for enrollment requirements

### E. Court Order

Action/Event	Medical	Dental/Vision
<b>10. Order That Requires Coverage for Child Under Employee's Plan.</b> <ul style="list-style-type: none"> <li>• Divorce</li> <li>• Legal Separation</li> <li>• Annulment</li> <li>• Change in legal custody</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may enroll child, or may enroll self and child to provide coverage for the child.</li> </ul>	<ul style="list-style-type: none"> <li>• If eligible, employee may enroll child, or may enroll self and child to provide coverage for the child.</li> </ul>
<b>11. Order That Requires Spouse, Former Spouse, or Other Individual to Provide Coverage for the Child.</b>	<ul style="list-style-type: none"> <li>• Employee may drop coverage for child.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may drop coverage for child.</li> </ul>

### F. FMLA and USERRA Leave

Action/Event	Medical	Dental/Vision
<b>12. Employee's Commencement Of FMLA or USERRA Leave</b>	<ul style="list-style-type: none"> <li>• Employee may stop election and make another election as provided under FMLA or USERRA</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may stop election and make another election as provided under FMLA or USERRA</li> </ul>
<b>13. Employee's Return From FMLA or USERRA Leave</b>	<ul style="list-style-type: none"> <li>• Employee may re-enroll if coverage terminated while on FMLA or USERRA leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may re-enroll if coverage terminated while on FMLA or USERRA leave.</li> </ul>

### G. Medicare or Medicaid

Action/Event	Medical	Dental/Vision
<b>14. Employee, Spouse, or Dependent Becomes Entitled to Medicare or Medicaid.</b>	<ul style="list-style-type: none"> <li>• Employee may drop coverage for self, spouse, or dependent(s), as applicable.</li> </ul>	<ul style="list-style-type: none"> <li>• Employee may drop coverage for self, spouse, or dependent(s), as applicable.</li> </ul>
<b>15. Employee, Spouse, or Dependent Loses eligibility for Medicare or Medicaid.</b>	<ul style="list-style-type: none"> <li>• Employee may enroll for self, spouse, or dependent(s) as applicable</li> </ul>	<ul style="list-style-type: none"> <li>• If eligible, Employee may enroll self, spouse, or dependent(s) as applicable</li> </ul>

## COST OR COVERAGE CHANGES

### H. Changes In Cost:

Action/Event	Medical	Dental/Vision
<p><b>16. Significant<sup>5</sup> Cost Changes - Increase/ Decrease</b></p> <ul style="list-style-type: none"> <li>Employee's work hours change from part-time to full-time, full-time to part-time or among part-time tiers.</li> </ul>	<ul style="list-style-type: none"> <li>If there is a significant cost increase, the employee may drop coverage for self and/or any covered dependents.</li> <li>If there is a significant cost decrease, the employee may elect coverage for self and any eligible dependents (even if the employee has not previously enrolled.)</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

### I. Change in Coverage Under Another Employer's Plan:

Action/Event	Medical	Dental/Vision
<p><b>17. Change In Coverage Under Another Employer's Plan<sup>6</sup></b></p> <ul style="list-style-type: none"> <li>Open Enrollment Under Other Employer's Plan</li> <li>Other Employer's Plan Increases Coverage</li> <li>Other Employer's Plan Decreases Coverage</li> <li>Other Employer's Plan Coverage Ceases</li> </ul>	<ul style="list-style-type: none"> <li>Employee may enroll spouse or dependents if spouse or dependents have dropped coverage under the other employer's plan and elected coverage under the State plan.</li> <li>Employee may change existing State coverage and enroll for coverage for self, spouse, or dependents if employee or spouse has elected coverage under other employer's plan.</li> <li>Employee may remove spouse or dependent(s) from coverage if spouse or dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the other employer's plan benefit year is different than the State's.)</li> </ul>	<ul style="list-style-type: none"> <li>If eligible, employee may enroll spouse or dependents if spouse or dependents have dropped coverage under the other employer's plan and elected coverage under the State plan.</li> <li>Employee may change existing State coverage and enroll for coverage for self, spouse, or dependents if employee or spouse has elected coverage under other employer's plan.</li> <li>Employee may remove spouse or dependent(s) from coverage if spouse or dependent(s) enrolls in the other employer's plan during its open enrollment period (only if the other employer's plan benefit year is different than the State's.)</li> </ul>

<sup>5</sup> The Plan Administrator shall, in its sole and absolute discretion, determine what constitutes a "significant" change

<sup>6</sup> Election change must be on account of and correspond with the change in coverage under the other employer's plan.

## CHANGES IN STATUS (FOR DEPENDENT)

### A. Change in Employment Status of Spouse or Dependent That Affects Eligibility:

Action/Event	Medical	Dental/Vision
<b>18. Commencement of employment or other change in employment status.<sup>7</sup></b>	<ul style="list-style-type: none"> <li>Employee may drop coverage if added to spouse's coverage.</li> <li>Employee may remove spouse or dependent from coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Employee may drop coverage if added to spouse's coverage.</li> <li>Employee may remove spouse or dependent from coverage.</li> </ul>
<b>19. Termination of Employment or Other Change in Employment Status.</b>	<ul style="list-style-type: none"> <li>Employee may enroll if previously covered under spouse's coverage.</li> <li>Employee may enroll spouse or dependent who loses eligibility.</li> </ul>	<ul style="list-style-type: none"> <li>If eligible, employee may enroll if previously covered under spouse's coverage.</li> <li>Employee may enroll spouse or dependent who loses eligibility.</li> </ul>

### B. Change in Eligibility Requirements for Dependent:

Action/Event	Medical	Dental/Vision
<b>20. Dependent Satisfies Eligibility Requirements Under The Plan</b>	<ul style="list-style-type: none"> <li>Employee may enroll affected dependent.</li> </ul>	<ul style="list-style-type: none"> <li>If eligible, employee may enroll affected dependent.</li> </ul>
<b>21. Dependent Ceases To Satisfy Eligibility Requirements Under The Plan.</b> <ul style="list-style-type: none"> <li>Attainment of specified age</li> <li>Change in student status<sup>8</sup></li> </ul>	<ul style="list-style-type: none"> <li>Employee must drop coverage for affected dependent.</li> </ul>	<ul style="list-style-type: none"> <li>Employee must drop coverage for affected dependent.</li> </ul>

### C. Eligibility Requirements for HB1 Child:<sup>9</sup>

<b>22. Dependent Satisfies Qualification Requirement of House Bill 1 Child (HB1 Child)</b>	<ul style="list-style-type: none"> <li>Employee may enroll affected HB1 Child.</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>23. Dependent Ceases To Meet HB1 Child Eligibility Requirements</b>	<ul style="list-style-type: none"> <li>Employee must drop coverage for affected HB1 Child.</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>

<sup>7</sup> Event must trigger a change in eligibility for coverage under the employer plan of the spouse or dependent.

<sup>8</sup> This is an event for Dental and Vision only; it is not a valid event for medical.

<sup>9</sup> HB1 eligibility requirements pertain to medical coverage only

