

# ALLEGANY CATTARAUGUS SCHOOLS HEALTH PLAN

## Open Enrollment

The Health Plan includes both medical and prescription drug coverage. The elections you make during the Health Plan Open Enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a Qualifying Life Event (status change) occurs.

For purposes of health coverage, you will be deemed to have a Status Change if:

- Your marital status changes through marriage, death of your spouse, divorce, legal separation, or annulment.
- Your number of dependents changes through birth; adoption, placement for adoption, or death of a dependent.
- You, your spouse, or dependents terminate or begin employment.
- Your dependent is no longer eligible due to attainment of age, i.e., dependent child turns age 26.
- You, your spouse, or dependents experience an increase or reduction in hours of employment.
- Gain or loss of eligibility under a plan offered by your employer or your spouse's employer; and
- A change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

You must complete, date, and sign a new Health Plan enrollment or change of status form within 31 days from the Status Change to make a change. Contact the school district office representative as soon as you qualify for a Status Change to ensure all the documents are signed and submitted within 31 days from the qualifying event.

### **Pre-Tax Benefits: IRS Code Section 125**

Your school benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pre-tax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck.

### **Change in Status**

If an employee experiences an approved life event throughout the year, he/she may be permitted to make changes to his/her benefit elections, subject to plan rules. The employee must submit permitted benefits changes within 31 days of a qualifying life event.

Failure to submit the enrollment form and Life Event documentation timely will nullify their request for enrollment and they will not be permitted to make change(s) until the next open enrollment.

The summary of events that allow an employee to make benefit changes and instructions for processing his/her life event changes are below:

**Family Status Change**

| <b>Event</b>   | <b>Action Required</b>   | <b>Results if Action Not Taken</b>   |
|--|--|--|
| <b>New Hire:</b>   | Make elections within 31 days of hire date. Enrollment form is required.   | You and your dependents are not eligible until next annual Open Enrollment.  |
| <b>Marriage:</b>   | Add your new spouse to your elections within 31 days of the marriage date. A copy of the marriage certificate must be presented.   | Your spouse is not eligible until next annual Open Enrollment.   |
| <b>*Divorce:</b>   | Remove the former spouse within 31 days of the divorce. A copy of the divorce decree must be presented.  | Benefits are not available for the divorced spouse and will be recouped if paid erroneously.   |
| <b>Birth or adoption of a child:</b>   | Enroll the new dependent in your elections within 31 days of the birth or adoption, even if you already have family coverage. A copy of the birth certificate must be presented. Once you receive your child's Social Security Number be sure to update your enrollment information. | The new dependent will not be covered on your health plan back to the date of birth. If an enrollment form is submitted after the 31 days, the new dependent will be effective as of the date enrollment form is received. |
| <b>Death of a Spouse or Dependent:</b>   | Remove the spouse or dependent from within 31 days from the date of death. Death certificate must be submitted.  | You could pay a higher premium than required and you may be overpaying for coverage.   |
| <b>Your spouse gains or loses employment that provides health benefits:</b>  | Add or drop health benefits from your elections within 31 days of the event date. A letter from the employer or health plan must be presented.   | You need to wait until the next annual Open Enrollment period to make any change.  |
| <b>Loss of coverage with a spouse:</b>   | Change your elections within 31 days from the loss of coverage. A letter from the employer must be provided.   | You will be unable to enroll in the benefits until the next Open Enrollment period.  |
| <b>Changing from full-time to part-time employment (without benefits) or from part-time to full-time employment (with benefits).</b> | Change your elections within 31 days from the employment status change to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.  | Benefits may or may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the annual Open Enrollment period.  |

**Documentation is needed to validate a change in family status event.**

\*If the Divorce Decree requires you to provide healthcare coverage for your former spouse, the former spouse will need to elect COBRA continuation coverage and the COBRA premiums must be paid. The former spouse must be terminated from your group coverage and a COBRA election is required to continue the former spouse's healthcare coverage.

**If you have a Change in Family Status event, please promptly notify your school district office representative.**

### **Who Is Eligible:**

1. A regularly scheduled employee of a school that participates in the Allegany Cattaraugus Schools Health Plan, as determined by the individual school, or
2. A retiree that meets the retirement requirements as determined by the individual participating school.

### **Eligibility**

Your eligible dependents include\*:

- A spouse to whom you are legally married.
- A dependent child from birth to age 26. Coverage will terminate the day of the dependent's 26<sup>th</sup> birthday. Coverage may be extended past the age of 26 for disabled dependents. Dependent children can include natural and adopted children and stepchildren. Under New York State law there are additional provisions for dependent children to extend coverage through age 29.

If you do not have eligible dependents at the time of the initial enrollment but acquire eligible dependents later, you must enroll dependents, including newborns, by properly completing and returning the enrollment form to your employer within 31 days of the date they become an eligible dependent.

For a complete description of eligible dependents refer to the Allegany Cattaraugus Schools Health Plan Summary Plan Description. A copy of the Summary Plan Description may be obtained by contacting the school district office representative or the Plan Administrator at 716-376-8350.

\*Coverage for eligible dependents generally begins on the same day your coverage is effective. Note, if you cover an individual who is NOT an eligible dependent, this is considered fraud. Claims may be reprocessed and become your responsibility.

\*If the employee or the employee's dependent has performed an act that constitutes fraud or the employee has made an intentional misrepresentation in writing on his or her enrollment application, or to obtain coverage for a service, coverage will terminate immediately upon written notice of termination by the plan. If termination is a result of the employee's action, coverage will terminate for the employee and dependents. If termination is the result of the dependent's action, coverage will terminate for the dependent.

All eligible employees will be notified of the Open Enrollment period by their school employer. If there are no changes that apply to your coverage for the new plan year you do not have to complete a new enrollment form or status change form. If there are changes to your health plan enrollment, you **MUST** contact your school district office representative and complete and submit a new enrollment or change of status form by the Open Enrollment deadline provided by your school. Examples of changes are:

- ✓ Change of name or address for either you or your dependents
- ✓ Add or terminate a dependent
- ✓ Choose to Opt Out of health coverage for the upcoming plan year