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| CHANDLER arizona<br><br>**ADMINISTRATIVE REGULATION** | **ORIGINATION DATE:**<br>January 1, 2017<br>**DATE REVIEWED/REVISED:**<br>July 1, 2022<br>**NUMBER:**<br>CC Reg. CM-53<br>(Formerly ASD-34)<br>**DPR:**<br>City Manager |

# BENEFIT PLAN MID-YEAR/SPECIAL ENROLLMENT CHANGES

## I. PURPOSE

A. To establish a policy for City of Chandler Benefit Plans Mid-Year/Special Enrollment changes.

## II. RESPONSIBILITY

A. Human Resources shall ensure compliance with this Administrative Regulation for all affected Employees/Retirees.

B. Affected Employees/Retirees shall follow this Administrative Regulation as well as any other Administrative Regulation that pertains to benefits eligibility, enrollment, or requirements under the benefit plans.

C. For purposes of this Administrative Regulation the term "Employee" will also mean Elected Official.

## III. DEFINITIONS

A. See Administrative Regulation CM-56 – City of Chandler Benefits Plans – Definitions and Required Notices.

## IV. PROCEDURES

### A. MID YEAR CHANGES:

The City of Chandler sponsors a Section 125 Plan allowing the pre-taxing of

certain Employee benefits. Section 125 Plans must comply with Internal Revenue Service (IRS) regulations related to mid-year changes. IRS regulations require that health Plan elections remain in effect throughout the Plan Year (from January 1 through December 31). Changes may occur during the year if there is a permissible Mid-Year Change Event (as permitted by the IRS and adopted by the City) affecting benefit needs or a Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment opportunity. Eligible Employees, Retirees and Dependents may be given the right to change their benefit elections mid-year by providing written notice to the City of Chandler Human Resources Department of a qualified mid-year Change Event within thirty-one (31) calendar days of the qualified event.

B. **ONLY THE FOLLOWING CHANGE EVENTS ARE PERMITTED UNDER THIS PLAN:**

1. Status Changes:

   a. Change in Employee's legal marital status, including gaining a Spouse through marriage, or losing a Spouse through divorce, annulment or death;

   b. Change in number of Employee's Dependents, including gaining a child through birth, adoption, or placement for adoption, or losing a child, such as through death;

   c. Change in the Employee, the Employee's Spouse's or the Employee's Dependent Child's employment status or work schedule IF it impairs (or creates) the Employee, the Employee's Spouse's or the Employee's Dependent Children's eligibility for benefits, including the start or termination of employment, an increase or decrease in hours of employment (including a switch in part-time and full-time employment), a strike or lock-out, the start of or return from an unpaid leave of absence that is either required by law (such as Family Medical Leave Act (FMLA) and military leave or other leave permitted by the employer), or a change of work-site;

   d. Change in Dependent status that satisfies or ceases to satisfy the Plan's eligibility requirements, including changes due to attainment of age, or a change affecting a requirement described under the definition of Eligible

Dependent. See Administrative Regulation CM-56 City of Chandler Benefits Plans-Definitions and Required Notices;

e. Change of residence or worksite that allows or impairs the Employee, the Employee's Spouse or the Employee's Dependent Child's eligibility for benefits;

f. Change required under the terms of a Qualified Medical Child Support Order (QMCSO), including a change necessary to add the child as a covered Dependent as specified in the order, or to cancel coverage for the child if the order requires the Employee's former Spouse to provide that coverage;

g. Change consistent with the right to Special Enrollment as described in Section E of this document;

h. Change consistent with entitlement to (or loss of eligibility for) Medicare or Medicaid affecting the Employee, the Employee's Spouse or Dependent Child (except for coverage solely under the program for distribution of pediatric vaccines), including prospective cancellation of coverage of the person entitled to Medicare/Medicaid following such entitlement or prospective reinstatement or election of coverage following loss of eligibility for Medicare/Medicaid;

i. Reduction of Hours. An Employee who was expected to average at least thirty (30) hours of service per week may prospectively drop group health Plan coverage mid-year if the Employee's status changes so that the Employee is expected to average <u>less than</u> thirty (30) hours of service, even if the reduction of hours does not result in loss of eligibility for the Plan. The mid-year change must correspond to the Employee's intended enrollment (and the intended enrollment of any related individuals whose coverage is being dropped) in other Minimum Essential Coverage (MEC). The new MEC must be effective no later than the first day of the second month following the month in which the original coverage is dropped. For example, other Minimum Essential Coverage could mean intended enrollment in the Health Insurance Marketplace coverage, Minimum Essential Coverage through the spouse's group health Plan, to change to a different medical Plan option of the Employee's own employer or to

enroll in Medicaid/CHIP.

2. Plan Coverage/Cost Changes:

   a. Automatic Change in the Cost of Coverage. If the cost of a qualified benefits Plan increases or decreases during the Plan year, and under the terms of the Plan Employees are required to make a corresponding change in their payments, the Plan may, on a reasonable and consistent basis, automatically make a prospective increase or decrease in the affected Employees' elective contribution for the Plan;

   b. Significant Change in the Cost of Coverage. If the cost charged to an Employee for a benefit package significantly increases or significantly decreases during the Plan year, the Plan may permit the Employee to make a corresponding change in election under the Plan. In such a case, the Employee may start coverage in the Plan option with the decreased cost; or, revoke coverage in the Plan option with an increased cost and elect, on a prospective basis, coverage under another Plan option providing similar coverage, if one is available, or drop the coverage if no other such Plan option is available;

   c. Significant curtailment without loss of coverage. If the Employee or Employee's Spouse or Dependent child has a significant curtailment of coverage under a Plan during the Plan year that is not a loss of coverage, the Plan may permit the Employee who has been participating in the Plan to revoke their election for that coverage and elect to receive, on a prospective basis, coverage under another benefit package option providing similar coverage, or to drop coverage if no similar benefit package option is available. Coverage is significantly curtailed only if there is an overall reduction in coverage provided to participants under the Plan so as to constitute reduced coverage to participants generally;

   d. Addition or elimination of a benefit package option providing similar coverage. If during a Plan Year, the Plan adds a new benefit package option or other coverage option (or eliminates an existing benefit package option or other coverage option) the Participant may elect the newly-added option (or elect another option if an option has been eliminated) prospectively and make corresponding election changes with

respect to other benefit package options providing similar coverage;

e. Addition or significant improvement of any Plan option under the employer's Health Care Programs or the Spouse's employer's health care plans or programs. In such a case, a Participant may revoke coverage in the current Plan and either elect, on a prospective basis, coverage under a new or improved Plan option;

f. Change in coverage under another employer's Plan or program that permits Participants to make an election change that would be permitted by these mid-year changes, or that permits Participants to make an election for a period of coverage that is different from the Plan Year of this Plan (e.g. Spouse's employer coverage has different open enrollment/Plan year). In such a case, a Participant may elect, on a prospective basis, the same change in coverage under this Plan that was available under the other Plan.

C. **RULES FOR MID-YEAR CHANGES:**

Coverage changes associated with a mid-year/special enrollment change of status opportunity must be prospective (in the future) in accordance with IRS rules, except for a newborn or adopted child as noted below.

Under the City's Plan, changes are effective on the first day of the month following the date of the mid-year change event, provided the eligible individual is properly enrolled.

1. Any change must be determined by the City to be necessary, appropriate to and consistent with the change in status; *(For example, if mid-year, the Employee and Spouse deliver a newborn child they can add that child to this Plan but it would be inconsistent with a birth event to drop the Spouse from coverage at this time);* and

2. The Employee or Retiree must notify the Plan, in writing, within **thirty-one (31) calendar days** of the change in status. Failure to notify Human Resources, in writing, within thirty-one (31) calendar days of the change in status will be considered inconsistent with the change in status event and will result in the denial of the request. The next opportunity for enrollment, disenrollment or Plan changes will be the next Annual/Open Enrollment

period. (You have **sixty** (**60) days** from the loss of eligibility for Medicaid or CHIP to request to enroll in this Plan). See Section E of this regulation: Special Enrollment;

3. NOTE: The Employee or Retiree must notify Human Resources, in writing, within the required thirty-one (31) calendar days of the change in status, regardless of whether the required documentation to support the change has been provided;

4. If you have a permissible change in status, you are only allowed to make changes to your coverage that is consistent with the change of status event. Generally, only coverage for the individual who has lost eligibility as a result of a change of status (or who has gained eligibility elsewhere and actually enrolled for that coverage) can be added or dropped mid-year from this Plan. Proof of the change of status event will be required;

5. If you will be adding an individual to the Plan, **coverage changes associated with a mid-year change of status opportunity must be prospective in accordance with IRS rules, except for a newborn or adopted child as noted below.** Under the City's Plan, mid-year changes are effective on the first day of the month following the date of the mid-year change event, provided the eligible individual is properly enrolled.
   **When a mid-year change is requested timely there are exceptions to the IRS requirement to add a Dependent prospectively:**

   a. Newborns, are effective on the date of birth; and

   b. Children adopted or placed for adoption, are effective on the date of adoption or placement for adoption.

6. A child is eligible for coverage on the date of birth, date of adoption or placed for adoption only if properly enrolled as explained below:

   a. If one of the child's parents is enrolled in a City-sponsored medical Plan, then a newborn or adopted child will be covered under the City's health Plan from the date of birth, adoption or placement for adoption provided the employee/retiree notifies the plan within thirty-one (31) days following the birth, adoption or placement for adoption. To cover

the child the Employee or Retiree must request enrollment within thirty-one (31) days of the date of birth and properly enroll the child by submitting the appropriate Mid-Year change request to the City's Human Resources division. In the event the notification does not occur within thirty-one (31) days, the coverage will be terminated retroactively to the date of birth. The Employee/Retiree should NOT wait until they have the required documentation to notify the plan of their intent to enroll the child in the City's coverage.

b. If one of the child's parents are **not currently enrolled** in a City-sponsored medical Plan at the time of the birth or adoption, then a newborn or adopted child will be covered back to the date of birth or date of adoption or placement for adoption only if the Employee notifies Human Resources, in writing, of the Employees intent to enroll in the City's Plan, within the required thirty-one (31) calendar days of the birth or adoption, regardless of whether the required documentation to support the change has been received.

Contact the Plan Administrator to receive an adoption packet.

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D. **THE FOLLOWING CHART SUMMARIZES SOME OF THE MORE COMMON MID YEAR CHANGE SITUATIONS:**

**A Brief Summary of Common Change of Status Events and the Mid-Year Enrollment Changes Allowed Under the Medical Plan**

Mid-year changes are only those permitted in accordance with Section 125 of the Internal Revenue Code. Generally, proof of the change of status event will be required. This chart is only a summary of some of the permitted medical Plan changes and is not all inclusive. For all permitted changes, please refer to Section 5.4 of the City of Chandler's Section 125 Flexible Benefit Plan (Cafeteria Plan) document.

| **Qualifying Event…** | **Change must be requested within thirty-one (31) days of the Event.** | **YOU MAY NOT make these types of changes…** |
|---|---|---|
| ***Family Events*** | | |
| Marriage | • Enroll self, if applicable<br>• Enroll new Spouse and other eligible Dependents<br>• Drop health coverage (to enroll in Spouse's Plan)<br>• Change health plans | • Drop health coverage and not enroll in Spouse's Plan |
| Divorce | • Remove Spouse and spouse's Dependents from health coverage Spouse and Spouse's Dependents will be offered COBRA<br>• Enroll self (and children, if applicable) if Employee or Retiree was previously enrolled in Spouse's Plan | • Change health plans<br>• Drop health coverage for Employee or any other covered individual |
| Gain a child due to birth or adoption | • Enroll Employee, if applicable<br>• Enroll the eligible child and any other eligible Dependents<br>• Change health plans | • Drop health coverage for Employee or any other covered individuals |
| Child requires coverage due to a Qualified Medical Child Support Order (QMCSO) | • Add child named on QMCSO to Employee or Retiree health coverage (or enroll self, if applicable and not already enrolled)<br>• Change health plans | • Make any other changes, except as required by the QMCSO |
| Loss of a Dependent's eligibility (*e.g.,* child reaches the maximum age for coverage) | • Remove the Dependent from Employee or Retiree health coverage<br>• Dependent will be offered COBRA | • Change health plans<br>• Drop health coverage for Employee or any other covered individuals |

| **Qualifying Event…** | **Change must be requested within thirty-one (31) days of the Event.** | **YOU MAY <u>NOT</u> make these types of changes…** |
|---|---|---|
| Death of a Dependent (Spouse or child) | • Remove the Dependent from Employee health coverage | • Drop health coverage for Employee or any other covered individuals.<br>• Change health plans |
| Covered person has become entitled to (or lost entitlement to) Medicaid or Medicare | • Drop coverage for the person who became entitled to Medicare or Medicaid.<br>• Add the person who lost Medicare/Medicaid entitlement. | • Drop health coverage for Employee or any other covered individuals<br>• Change health plans |
| ***Employment Status Events*** | | |
| Spouse becomes eligible for health benefits in another group health plan | • Remove Spouse from Employee's health coverage, with proof of Spouse's other new Plan coverage<br>• Remove children from Employee's health coverage, with proof of children's other new Plan coverage<br>• Drop coverage for Employee only with proof that Spouse added Employee to the Spouse's new group health Plan | • Change health plans<br>• Add any eligible Dependents to Employee health coverage<br>• Change health plans, when other options are available |
| Spouse loses employment or otherwise becomes ineligible for health benefits in another plan | • Enroll Spouse and, if applicable, eligible children in health plan<br>• Change health plans<br>• Enroll Employee in a health plan if previously not enrolled because the Employee or Retiree was covered under Spouse's Plan | • Drop health coverage for self or any other covered Dependents |
| Employee or Retiree lose employment or otherwise become ineligible for health benefits | • Enroll in Employee or Retiree Spouse's Plan, if available<br>• Elect temporary COBRA coverage for the Qualified Beneficiaries (Employee and Employee's covered Dependents) | |
| ***Proof of a status change will be required to make a corresponding change in coverage/enrollment.*** | | |
| ***REMINDER:*** *COBRA Continuation coverage rights will be forfeited if the Employee fails to notify the City within sixty (60) days of the date of loss of coverage for a divorce or the date a child loses eligibility.* | | |

## E. **SPECIAL ENROLLMENT OPPORTUNITY**

The requirement, in accordance with HIPAA, on group health plans to provide special enrollment periods during which individuals who previously declined health coverage for themselves and their Dependents may be allowed to enroll, if otherwise eligible, (regardless of any open enrollment period).

1. Newly Acquired Spouse and/or Dependent Child(ren) (a Special enrollment):

   a. If the Employee is enrolled for coverage under this Plan and acquires a Spouse by marriage or acquire any Dependent Child(ren) by birth, adoption or placement for adoption or marriage, the Employee may request enrollment for the Employee's new Spouse and/or any Dependent Child(ren) no later than thirty-one (31) days after the date of marriage, birth, adoption or placement for adoption. (Note: A child is "Placed for Adoption" with the Employee on the date the Employee first becomes legally obligated to provide full or partial support of the child whom the Employee plans to adopt);

   b. If the Employee is eligible for coverage but not enrolled for coverage under this Plan and acquires a Spouse by marriage or acquire any Dependent Child(ren) by birth, adoption or placement for adoption or marriage, the Employee may request enrollment as an Employee and the Employee's new Spouse and/or any Dependent Child(ren) no later than thirty-one (31) days after the date of marriage, birth, adoption, or placement for adoption. If the Employee is not already enrolled for coverage, the Employee must request enrollment as an Employee in order to enroll a new Dependent;

   c. If the Employee did not enroll the Employee's Spouse for coverage within thirty-one (31) days of the date on which the Employee's spouse became eligible for coverage under this Plan, and if the Employee subsequently acquires a Dependent Child(ren) by birth, adoption or placement for adoption or marriage, and the Employee is eligible for coverage, the Employee may request enrollment for the Employee's Spouse and/or new Dependent Child(ren) and/or any Dependent Child(ren) no later than thirty-one (31) days after the date of the Employee's new Dependent Child(ren)'s birth, adoption or placement for adoption. If the Employee is not already enrolled for coverage, the Employee must request enrollment

as an Employee in order to enroll a new Dependent;

d. This Special Enrollment for birth, adoption and marriage also applies to a Retiree who is covered under this Plan. However, a Retiree who declines coverage at retirement and later acquires a new Dependent will not be entitled to special enrollment under this Plan, and neither will the Retiree's Dependents.

2. Loss of Other Coverage:

a. If the Employee did not request enrollment under this Plan for the Employee, the Employee's Spouse and/or any Dependent Child(ren) within thirty-one (31) days after the date on which coverage under the Plan was previously offered because of health care coverage under another group health plan or health insurance policy (including COBRA Continuation Coverage, certain types of individual health insurance, Medicare, or other public program) and the Employee, the Employee's Spouse and/or any Dependent Child(ren) lose coverage under that other group health plan or health insurance policy; and the Employee is eligible for coverage under this Plan, the Employee may request enrollment for the Employee and the Employee's Spouse and/or any Dependent Child(ren) within thirty-one (31) days after the termination of coverage under that other group health plan or health insurance policy if that other coverage terminated because of:

i. Loss of eligibility for that coverage including loss resulting from legal separation, divorce, death, voluntary or involuntary termination of employment or reduction in hours (but does not include loss due to failure of Employee to pay premiums on a timely basis or termination of the other coverage for cause); or

ii. Termination of employer contributions toward that other coverage (an employer's reduction but not cessation of contributions does not trigger a special enrollment right); or

iii. The health insurance that was provided under COBRA Continuation Coverage, and such COBRA coverage was "exhausted;" or

iv. Moving out of an HMO service area if HMO coverage terminated for that reason and, for group coverage, no other option is available

under the other plan; or

v. The other plan ceasing to offer coverage to a group of similarly situated individuals; or

vi. The loss of Dependent status under the other plan's terms; or

vii. The termination of a benefit package option under the other plan, unless substitute coverage offered.

b. COBRA Continuation Coverage is "exhausted" if it ceases for any reason other than either the failure of the individual to pay the applicable COBRA premium on a timely basis, or for cause (such as making a fraudulent claim or an intentional misrepresentation of material fact in connection with that COBRA Continuation Coverage). Exhaustion of COBRA Continuation Coverage can also occur if the coverage ceases:

i. Due to the failure of the employer or other responsible entity to remit premiums on a timely basis;

ii. When the employer or other responsible entity terminates the health care plan and there is no other COBRA Continuation Coverage available to the individual;

iii. When the individual no longer resides, lives, or works in a service area of an HMO or similar program (whether or not by the choice of the individual) and there is no other COBRA Continuation Coverage available to the individual; or

iv. Because the eighteen (18) -month, twenty-nine (29)-month or thirty-six (36)-month (as applicable) period of COBRA Continuation Coverage has expired.

c. Proof of loss of coverage is required by this Plan.

This Special Enrollment for loss of coverage does NOT apply to a Retiree. Once a Retiree loses coverage under this Plan, there is no opportunity for the Retiree to re-enroll in the Plan. A Retiree who declines coverage at retirement and

later loses other coverage will not be entitled to special enrollment due to a loss of coverage and neither will the Retiree's Dependents.

3. Special Enrollment due to Medicaid or A State Children's Health Insurance Program (CHIP):

   a. When the Employee is eligible for benefits under a City sponsored health plan, the Employee and the Employee's eligible Dependents may also enroll in that Plan if the Employee (or the Employee's eligible Dependents):

   b. Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and the Employee (or the Employee's Dependents) lose eligibility for that coverage. However, the Employee must request enrollment in this Plan within sixty (60) days after the Medicaid or CHIP coverage ends. If an individual requests enrollment within sixty (60) days of the date of the Special Enrollment opportunity related to Medicaid or a State Children's Health Insurance Program (CHIP), coverage will become effective on the first day of the month following the date of the event that allowed this Special Enrollment opportunity; or

   c. Become eligible for a premium assistance program through Medicaid or CHIP. However, the Employee must request enrollment in this Plan within sixty (60) days after the Employee (or the Employee's Dependents) are determined to be eligible for such premium assistance.

4. Start of Coverage Following Special Enrollment:

   a. Coverage of an individual enrolling because of loss of other coverage or because of marriage: If the individual requests Special Enrollment within thirty-one (31) days of the date of the event that created the Special Enrollment opportunity, (except for a newborn and newly adopted child or on account of Medicaid or a State Children's Health Insurance Program (CHIP), (discussed in paragraph 4b) generally coverage will become effective on the first day of the month following the date the Plan receives the request for Special Enrollment;

   b. If the individual requests enrollment within sixty (60) days of the date of the Special Enrollment opportunity related to Medicaid or a State Children's

Health Insurance Program (CHIP), generally coverage will become effective on the first day of the month following the date of the event that allowed this Special Enrollment opportunity;

c. Coverage of a newborn or newly adopted newborn Dependent Child who is properly enrolled within thirty-one (31) days after birth will become effective as of the date of the child's birth;

d. Coverage of a newly adopted Dependent Child or Dependent Child Placed for Adoption who is properly enrolled more than thirty-one (31) days after birth, but within thirty-one (31) days after the child is adopted or placed for adoption, will become effective as of the date of the child's adoption or placement for adoption, whichever occurs first;

e. Individuals enrolled during Special Enrollment have the same opportunity to select Plan benefit options (when such options exist) at the same costs and the same enrollment requirements as are available to similarly situated Employees at Initial Enrollment;

f. If the Employee fails to request enrollment for the Employee and/or any of the Employee's Eligible Dependents within thirty-one (31) days (or as applicable sixty (60) days) after the date on which the Employee first becomes eligible for Special Enrollment, the Employee will not be able to enroll the Employee or the Employee's eligible Dependents until the next Open Enrollment period (if the Employee or the Employee's Dependents are still benefits-eligible).

### F. **BILLING**

Under the City's Plan, if a Dependent is added to the Plan, the Employee or Retiree will be billed for the entire month's premium regardless of the date the Dependent is effective for coverage in that month.

## V. RELATED FORMS

- Life Event Change Form

## VI. RELATED ADMINISTRATIVE REGULATIONS

- CM-56 Definitions and Required Notices
- CM-51 Proof of Dependent Status for City of Chandler Health Plans

**Attachments:** N/A

Rae Lynn Nielsen
Director of Human Resources

City Manager

7-1-2022
Effective Date