

Changing Your Coverage

Am I Permitted To Make Mid-Year Election Changes?

A partial list of permitted changes appear on the following page. Election changes must be consistent with the event. Mid-year changes from one health plan to another, are not permitted.

Under some circumstances, your employer's plan(s) and the IRS may permit you to make a mid-year election change or vary a salary reduction amount, depending on the qualifying event (QE) and requested change. The benefit addition or deletion must have a direct relationship to the QE. For example, if your spouse and child were covered for medical and dental coverage only, through your spouse's employer, and your spouse terminated employment (therefore losing eligibility for continued group coverage), you may add your spouse and/or child to the County's medical and/or dental plan within 45 days of the loss of health insurance eligibility. However, you cannot enroll in or increase your healthcare or dependent care spending account, since your spouse was not enrolled for such benefits through the former employer at the time of termination.

How Do I Make A Change To My Health Plan Mid-Year?

To make a change, complete and submit the Benefits Change in Status (CIS) form to your Department Personnel Representative (DPR) within 45 days (60 days to add newborns) of a qualifying event (QE). These forms may be obtained online at www.miamidade.gov/humanresources/benefits.asp. Documentation supporting the loss or gain of insurance coverage is required. Do not delay submission of the forms while you gather your documentation. Simply forward the forms to your DPR and present your documentation as soon as it becomes available.

Upon the approval and processing of your election change request, your existing elections will be stopped or modified (as appropriate). Generally, mid-year pre-tax election changes can only be made prospectively, no earlier than the beginning of the pay period after your election change request was received by the Benefits Administration Unit, unless otherwise provided by law. Qualifying changes to add dependents become effective the first pay period following receipt of a timely request, except as indicated below:

- Newly acquired Spouse/Domestic Partner/Dependent Child – Coverage effective as of first of the month following receipt of documentation.
- Newborn Child(ren) – Coverage is effective as of the date of birth.
- Adopted Child – Coverage is effective on the date of adoption, or the date child is placed in the home, whichever is earlier.
- Dependents who are losing other coverage – If documentation is received prior to the end of the coverage, then coverage will be effective the day following the end of coverage. Regardless of where the effective date falls in the pay cycle, there will be no prorating of premiums.

Payroll changes to add a newborn are processed in accordance with Florida Statute 641.31(9). If the CIS form is received by Benefits Administration within 31 days from birth, the premium is waived for the first 31 days. If the CIS form is received after the first 31 days, but within 60 days of the qualifying event (birth, adoption/placement for adoption), the new premium will be charged retroactive to the qualifying event.

Status changes to delete a dependent, other than those events specified in this paragraph, become effective the first day of the

pay period following receipt by the Benefits Administration Unit. The exception is divorce/dissolution of domestic partnership. In these cases, dependents coverage is terminated retroactive to the date of divorce, or date of dissolution of domestic partnership.

CIS Premium Changes

The Benefits Administration Unit (BAU) will process a change in premium effective the later of (1) the beginning of the pay period in which coverage effective date falls or (2) the beginning of the pay period following timely receipt of your CIS request. The full premium is charged for the affected pay period, regardless of the number of days you (or your dependent) had coverage. The payroll deduction will not be prorated based on the number of days coverage was active in the affected pay period.

Payroll changes to add a newborn are processed in accordance with Florida Statute 641.31(9). If the CIS form is received by Benefits Administration within 31 days from birth, the premium is waived for the first 31 days. If the CIS form is received after the first 31 days, but within 60 days of the qualifying event (birth, adoption/placement for adoption), the new premium will be charged retroactive to the qualifying event.

If a request to delete an ineligible dependent is received after the 45-day deadline, the dependent's coverage will be cancelled, but the dependent premium payroll deduction will continue through the end of the plan year, with no premium refunds issued.

Opt-Out of Medical Coverage

Employees may opt-out of County-provided medical coverage during Open Enrollment. If you decline coverage, you cannot re-apply until the next open enrollment, unless you experience a family status or HIPAA qualifying event.

Cancelling Plan Participation After Open Enrollment

After Open Enrollment, you may cancel any post tax benefit plan (Group Legal, Short-Term, or Long-Term Disability Plans) without a penalty. If you cancel a pre-tax benefit plan subject to the Internal Revenue Code (IRC) Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium (if any) for the remainder of the year. Also, cancelling your medical plan will not eliminate the required base salary contribution towards the County's cost of healthcare.

All plan cancellations requests must be submitted to your DPR in writing and will be processed prospectively (next pay period from date request is received).

How Do I Make An FSA change?

You can change your Flexible Spending Account (FSA) election(s), or vary the salary reduction amounts you have selected during the plan year, only under limited circumstances. A partial list of permitted qualifying events appear on the following page. For example: if you get divorced, an IRS special consistency rule allows you to lower or cancel your Healthcare FSA coverage for the individual involved. The Benefits Administration Unit of the Internal Services Department will review on a uniform and consistent basis, the facts and circumstances of each properly completed and timely submitted mid-plan year election change form.

Changing Your Coverage

What are the IRS Special Consistency Rules governing Changes in Status?

- 1. Loss of Dependent Eligibility** - If a change in your marital or employment status involves a decrease or cessation of your spouse's or dependent's eligibility requirements for coverage due to: your divorce, your spouse's or dependent's death or a dependent ceasing to satisfy eligibility requirements, you may decrease or cancel coverage only for the individual involved. You cannot decrease or cancel any other individual's coverage under these circumstances.
- 2. Gain of Coverage Eligibility Under Another Employer's Plan** — If you, your spouse or your dependent gains eligibility for coverage under another employer's plan as a result of a change in marital or employment status, you may cease or decrease that individual's coverage if that individual gains coverage, or has coverage increased under the other employer's plan.
- 3. Dependent Care Expenses** – You may change or terminate your Dependent Care FSA election when a Change in Status (CIS) event affects (i) eligibility for coverage under an employer's plan, or (ii) eligibility of dependent care expenses for the tax exclusion available under IRC § 129.

Appeals Process to Denied Change

If you have a request for a Change in Status denied, you have the right to appeal the decision by sending a written request within 30 days of the denial for review to Benefits Administration Unit. Your appeal must include:

- 1) A copy of the denied request, 2) The denial letter you received, 3) Why you think your request should not have been denied and 4) Any additional documents, information or comments you think may have a bearing on your appeal.

Your appeal will be reviewed and you will be notified of the results of this review within 30 business days from receipt of your appeal. In unusual cases, such as when appeals require additional documentation, the review may take longer than 30 business days. If your appeal is approved, additional processing time is required to modify your benefit elections.

Note: Appeals are approved only if the extenuating circumstances and supporting documentation are within the employer's, insurance provider's and IRS' regulations governing the plan.

Changing Your Coverage (Qualifying Events)

Mid-Year Permitted Changes In Status

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| Marital Status | A change in marital status includes marriage, death of a spouse, divorce or annulment (legal separation is not recognized in all states). |
| Change In Number of Dependents | A change in the number of dependents includes the following: birth, death, adoption and placement for adoption. You can add existing dependents not previously enrolled if the dependent gains eligibility as a result of a valid CIS event. The gain/loss must have a direct relationship to the qualifying event. |
| Change In Status of Employment Affecting Coverage Eligibility | Change in employment status of the employee, or a spouse or dependent of the employee, that affects the individual's eligibility under an employer's plan includes commencement or termination of employment. |
| Gain Or Loss of Dependents' Eligibility Status | An event that causes an employee's dependent to satisfy, or cease to satisfy, coverage requirements under an employer's plan. This may include change in age, employment or tax status. |
| Change In Residence* | A change in the place of residence of the employee, spouse or dependent that affects eligibility to be covered under an employer's plan includes moving out of an HMO service area. |
| Coverage And Cost Changes* | Your employer's plans may permit election changes due to cost or coverage changes. You may make a corresponding election change to your Dependent Care FSA benefit whenever you actually switch dependent care providers. However, if a relative (who is related by blood or marriage) provides custodial care for your eligible dependent, you cannot change your salary reduction amount solely on a desire to increase or decrease the amount being paid to that relative. |
| Open Enrollment Under Other Employer's Plan* | You may make an election change when your spouse or dependent makes an Open Enrollment Change in coverage under their employer's plan if they participate in their employer's plan and: <ul style="list-style-type: none"> • The other employer's plan has a different period of coverage (usually a plan year) or • The other employer's plan permits mid-plan year election changes under this event. |
| Judgment/Decree/Order† | If a judgment, decree or order from a divorce, legal separation (if recognized by state law), annulment or change in legal custody requires that you provide accident or health coverage for your dependent child (including a foster child who is your dependent), you may change your election to provide coverage for the dependent child. If the order requires that another individual (including your spouse and former spouse) covers the dependent child and provides coverage under that individual's plan, you may change your election to revoke coverage only for that dependent child and only if the other individual actually provides the coverage. |
| Medicare/Medicaid‡ | Gain or loss of Medicare/Medicaid coverage may trigger a permitted election change. |
| Health Insurance Portability And Accountability Act of 1996 (HIPAA) | If your employer's group health plan(s) are subject to HIPAA's special enrollment provision, the IRS regulations regarding HIPAA's special enrollment rights provide that an IRC § 125 cafeteria plan may permit you to change a salary reduction election to pay for the extra cost for group health coverage, on a pre-tax basis, effective retroactive to the date of the CIS event, if you enroll your new dependent within 45 days (60 days to add newborns) of one of the following CIS events: birth, adoption or placement for adoption. Note that a Medical Expense FSA is not subject to HIPAA's special enrollment provisions if it is funded solely by employee contributions. |
| Family And Medical Leave Act (FMLA) Leave of Absence | Election changes may be made under the special rules relating to changes in elections by employees taking FMLA leave. Contact your employer for additional information. |
| Unpaid Leave Of Absence | You may submit a completed Flexible Benefits Change in Status form and Insurance Status Change form within 45 days of being in a leave without pay status to temporarily cancel your health insurance coverage. Upon return to pay status (within 45 days), you must re-submit a completed Flexible Benefits Change in Status form and Insurance Status Change form to your DPR to reinstate coverage. |