

## Changes Permissible During Open Enrollment

### PEEHIP Hospital Medical, HMO Plan, Optional Plans, or PEEHIP Supplemental Plan

Single or family coverage enrollment:

- ◆ Add dependent coverage
- ◆ Add additional eligible dependents
- ◆ Transfer from one PEEHIP Hospital Medical Plan to another PEEHIP Hospital Medical Plan or an HMO Plan
- ◆ Transfer from PEEHIP Supplemental Plan to PEEHIP Hospital Medical Plan
- ◆ Apply for Federal Poverty Discount on hospital medical premiums
- ◆ Enroll in Flexible Spending Accounts for active members
- ◆ Add adult children under the age of 26

### Optional Plans (Cancer, Dental, Hospital Indemnity and Vision)

- ◆ The state allocation will pay in full for the four Optional Plans for a full-time active employee who is not enrolled in one of the Hospital Medical Plans.
- ◆ If an employee wants to apply the state allocation to the PEEHIP Hospital Medical Plan or the HMO Plan, he or she may purchase one or more Optional Plans. The cost is \$38/month for each plan. The monthly premium for family dental is \$45.
- ◆ Optional Plans must be all “Single” or all “Family” plans.
- ◆ The Optional Plans must be retained for the entire insurance year, i.e., through September 30.
- ◆ New employees employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of employment and cancel the plans October 1 of that same year.
- ◆ Members enrolled in family Optional Plan(s) cannot change to single Optional Plan(s) outside the Open Enrollment period unless all dependents become ineligible due to age, death or divorce.

### Waiting Periods

Waiting periods on pre-existing conditions will be waived under the following conditions:

- ◆ New retiree subscribers from non-participating units who join immediately upon retirement and have Hospital Medical coverage from the non-participating unit
- ◆ Subscribers of new units joining PEEHIP
- ◆ Subscribers of an HMO Plan who elect to transfer to PEEHIP Hospital Medical or PEEHIP Supplemental Plan coverage effective October 1 or vice versa
- ◆ Any non-subscriber of PEEHIP who elects to enroll in one of the PEEHIP Hospital Medical Plans or the HMO Plan during the Open Enrollment period for an October 1 effective date
- ◆ Dependent children under the age of 19