

## Enrollment Outside of Open Enrollment

### Employees Hired After October 1

New employees hired after October 1 are required to serve a 270-day waiting period on pre-existing conditions unless proof of previous coverage is received and approved by PEEHIP. These employees may enroll only on their date of employment or the first day of the month following their date of employment.

New employees may add family coverage on their date of employment or within 60 days of employment. All enrollment forms or online enrollment must be completed within 30 days of member's date of employment or the employee is only eligible to enroll in single Hospital Medical coverage effective the date the form is completed.

New employees enrolled in Optional Plans outside of Open Enrollment are required to retain the coverage(s) for at least one year or until the next Open Enrollment period.

Employees who are employed less than full-time and are enrolled in only Optional Plans cannot add the Hospital Medical Plan outside of the Open Enrollment period if they become full-time.

### Loss of Coverage

#### *Involuntary Loss*

Employees whose spouse or other dependent has an involuntary loss of Hospital Medical coverage are allowed to add family coverage to their existing Hospital Medical plan within 45 days of the loss of coverage. The member must send documentation from the employer in which coverage was lost stating the reason for the loss of coverage. In addition, the letter must provide the employment and termination date as well as the date the insurance coverage ended.

Members and/or dependent(s) who are age 19 or older are required to serve a 270-day waiting period on pre-existing conditions unless proof of previous coverage is received and approved by PEEHIP. If PEEHIP is not notified within 45 days, the member and/or the dependent(s) are required to wait and enroll

October 1. Employees are only allowed to enroll in the **Hospital Medical Plan** when there has been a **loss of coverage**. The member cannot enroll in dental or vision coverage outside of Open Enrollment even if it was part of the plan in which they lost coverage.

Examples of involuntary loss situations:

- ◆ Layoffs
- ◆ Company discontinuing insurance coverage completely
- ◆ Company changing insurance carriers (not just a change in benefits and premiums) and no longer offering the previous carrier. This does not apply to a self-insured plan that is only changing insurance administrators.
- ◆ Spouse being fired
- ◆ Divorce

Examples of loss of Hospital Medical coverage that are **not considered** involuntary:

- ◆ Loss of coverage due to employment strike
- ◆ Voluntary resignation or voluntary change in employment
- ◆ Change in benefits or premiums with the insurance plan

### *Voluntary Loss*

The Health Insurance Portability and Accountability Act (HIPAA) does allow special enrollment periods when a member or dependent loses other Hospital Medical insurance coverage in certain cases. The employee has 45 days to request special enrollment when there has been a voluntary loss of other coverage. HIPAA is explained in more detail in the HIPAA section of this Member Handbook.

**An employee is eligible to drop any of the Optional Plans when he or she enrolls in Hospital Medical coverage due to a loss of previous coverage if he or she has had the Optional Plan(s) for at least one year.**

When enrolling in Hospital Medical coverage, the member must complete a [HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION](#) and attach a letter from the employer through which coverage was lost stating the reason for the loss of coverage. In addition, the letter must provide the employment and termination date as well as the date the insurance coverage ended.

If loss of coverage is due to divorce, the member must indicate this on the form and give the exact date of divorce. If adding family coverage, the member must complete a [HEALTH INSURANCE AND OPTIONAL STATUS CHANGE](#) form and provide the necessary information on dependents. The member is eligible to enroll in only the **Hospital Medical Plan** under HIPAA.

The member cannot enroll in dental or vision coverage outside of Open Enrollment even if it was a part of the plan in which they lost coverage outside of the Open Enrollment period.