

Changes to PEEHIP Coverage Allowed Outside of Open Enrollment

There are certain circumstances which allow a member to change his or her PEEHIP Coverage(s) outside of the annual Open Enrollment period. These circumstances are explained below. Click on the desired link to view the applicable information.

Qualifying life events:

- [Adoption of a child](#)
- [Birth of a child](#)
- [Legal custody of a child](#)
- [Marriage of a subscriber](#)

Loss of Other Group Insurance Coverage:

- [Loss of Other Group Health Insurance Coverage due to change in employment status, including layoff](#)
- [Loss of Other Group Health Insurance Coverage due to divorce, annulment, or legal separation](#)

Other Circumstances:

- [Death of member or dependent](#)
- [Dependent age 19 or older changing student status](#)
- [Divorce/Annulment/Legal Separation](#)
- [Marriage of dependent child](#)

Adoption of a Child	
Options	Actions
Member must already be enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none"> ▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add a legally adopted child and other eligible dependents to your hospital medical plan ▪ May add legally adopted child and other eligible dependents to your <u>family</u> hospital medical plan 	<p>Must enroll within 45 days of the legal adoption and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of legal adoption papers <p>*NOTE: Coverage for your child will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Member must already be enrolled in PEEHIP optional coverage plans:	
<ul style="list-style-type: none"> ▪ May change your optional coverage plan(s) from <u>single</u> to <u>family</u> coverage and add a legally adopted child and other eligible dependents to your optional coverage plan(s) ▪ May add legally adopted child and other eligible dependents to your <u>family</u> optional coverage plan(s) 	<p>Must enroll within 45 days of the legal adoption and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of legal adoption papers <p>*NOTE: Coverage for your child will be held</p>

	in “pending” status until the proper documentation is received and approved by PEEHIP.
Coverage Begins: Member chooses the effective date to be either the date of the adoption or the first day of the month following the date of adoption.	
Waiting Period: There will be a 270 day waiting period for pre-existing conditions for any dependents added to coverage except for an adopted child with coverage effective the date of the adoption.	
NOTE: Member is responsible for premiums due resulting in a change from single to family coverage.	
FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.	

Birth of a Child	
Options	Actions
Member must already be enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none"> ▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add newborn and other eligible dependents to your hospital medical plan ▪ May add newborn and other eligible dependents to your <u>family</u> hospital medical plan 	<p>Must enroll within 45 days of the newborn’s date of birth and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of Birth Certificate or Certificate of Live Birth <p>*NOTE: Coverage for your child will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Member must already be enrolled in PEEHIP optional coverage plans:	
<ul style="list-style-type: none"> ▪ May change your optional coverage plan(s) from <u>single</u> to <u>family</u> coverage and add newborn and other eligible dependents to your optional coverage plan(s) ▪ May add newborn and other eligible dependents to your <u>family</u> optional coverage plan(s) 	<p>Must enroll within 45 days of the newborn’s date of birth and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of Birth Certificate or Certificate of Live Birth <p>*NOTE: Coverage for your child will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Coverage Begins: Member chooses the effective date to be either the newborn’s date of birth or the first day of the month following the date of birth.	
Waiting Period: There will be a 270 day waiting period for pre-existing conditions for any	

dependents added to coverage except for a newborn with coverage effective the date of birth.

NOTE: Member is responsible for premiums due resulting in a change from single to family coverage.

FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.

Legal Custody of a Child

Options	Actions
Member must already be enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none"> ▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add legal custody child and other eligible dependents to your hospital medical plan ▪ May add legal custody child and other eligible dependents to your <u>family</u> hospital medical plan 	<p>Must enroll within 45 days of the legal custody and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of legal documents showing proof of legal custody, i.e. court order awarding legal custody. <p>*NOTE: Coverage for your child will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Member must already be enrolled in PEEHIP optional coverage plans:	
<ul style="list-style-type: none"> ▪ May change your optional coverage plan(s) from <u>single</u> to <u>family</u> coverage and add legal custody child and other eligible dependents to your optional coverage plan(s) ▪ May add legal custody child and other eligible dependents to your <u>family</u> optional coverage plan(s) 	<p>Must enroll within 45 days of the legal custody and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ *Copy of legal documents showing proof of legal custody, i.e. court order awarding legal custody. <p>*NOTE: Coverage for your child will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
<p>Coverage Begins: Member can choose the effective date to be either the date of legal custody or the first day of the month following the date of legal custody.</p>	
<p>Waiting Period: There will be a 270 day waiting period for pre-existing conditions for any dependents added to coverage unless proof of previous coverage (i.e. Certificate of Creditable Coverage) is received and approved by PEEHIP. The Certificate of Creditable Coverage will reduce the pre-existing condition exclusion period by the length of the total period of prior creditable coverage, provided there is not a break in coverage longer than 63 days.</p>	
<p>NOTE: Member is responsible for premiums due resulting in a change from single to family</p>	

coverage.

FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.

Marriage of Subscriber

Options	Actions
Member must already be enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none">▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add new spouse and other eligible dependents to your hospital medical plan▪ May add new spouse and other eligible dependents to your <u>family</u> hospital medical plan	<p>Must enroll within 45 days of the date of marriage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none">▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u>▪ *Copy of marriage certificate <p>*NOTE: Coverage for your new spouse will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Member must already be enrolled in PEEHIP optional coverage plans:	
<ul style="list-style-type: none">▪ May change your optional coverage plan(s) from <u>single</u> to <u>family</u> coverage and add new spouse and other eligible dependents to your optional coverage plan(s)▪ May add new spouse and other eligible dependents to your <u>family</u> optional coverage plan(s)	<p>Must enroll within 45 days of the date of marriage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none">▪ Enroll online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u>▪ *Copy of marriage certificate <p>*NOTE: Coverage for your new spouse will be held in “pending” status until the proper documentation is received and approved by PEEHIP.</p>
Coverage Begins: Member can choose the effective date to be either the date of marriage or the first day of the month following the date of marriage.	
Waiting Period: There will be a 270 day waiting period for pre-existing conditions for any dependents added to coverage unless proof of previous coverage (i.e. Certificate of Creditable Coverage) is received and approved by PEEHIP. The Certificate of Creditable Coverage will reduce the pre-existing condition exclusion period by the length of the total period of prior creditable coverage, provided there is not a break in coverage longer than 63 days.	
NOTE: Member is responsible for premiums due resulting in a change from single to family coverage.	
FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.	

Member or dependent loses Other Group Health Insurance Coverage – due to change in employment status, including layoff

Options	Actions
If member previously waived PEEHIP medical coverage:	
<ul style="list-style-type: none"> ▪ May enroll in the PEEHIP single hospital medical plan, OR ▪ May enroll in PEEHIP family hospital medical coverage <p>NOTE: Member CANNOT enroll in the Dental, Vision or other Optional Coverage Plans even if this coverage was part of the plan in which they lost coverage. Member must wait until the next Open Enrollment to enroll.</p>	<p>Must enroll within 45 days of loss of other health coverage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Enrollment Application</u> ▪ Letter from previous employer indicating reason for loss of coverage, the employment date and termination date, and the date of loss of coverage. ▪ Certificate of Creditable Coverage
If member is already enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none"> ▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add eligible dependents to your hospital medical plan ▪ May add eligible dependents to your <u>family</u> hospital medical plan <p>NOTE: Member <u>cannot</u> add dependents to optional coverage plan(s) (i.e. Dental, Cancer, Indemnity or Vision) for which member has single coverage. Must wait until the next Open Enrollment period to add eligible dependents. If the member has family coverage, eligible dependents can be added.</p>	<p>Must enroll within 45 days of loss of other health coverage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u> ▪ Letter from previous employer indicating reason for loss of coverage, the employment date and termination date, and the date of loss of coverage. ▪ Certificate of Creditable Coverage
Coverage Begins: Coverage begins the date of the loss of the other group health coverage.	
Waiting Period: A 270 day waiting period on pre-existing conditions is required when enrolling in coverage outside of Open Enrollment unless proof of previous coverage (i.e. Certificate of Creditable Coverage) is received and approved by PEEHIP. The Certificate of Creditable Coverage will reduce the pre-existing condition exclusion period by the length of the total period of prior creditable coverage, provided there is not a break in coverage longer than 63 days.	
NOTE: Member is responsible for premiums due resulting in new enrollment or change from single to family coverage.	
FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.	

Member or dependent child loses Other Group Health Insurance Coverage - due to divorce, annulment, or legal separation

Options	Actions
If member previously waived PEEHIP medical coverage:	
<ul style="list-style-type: none"> ▪ May enroll in the PEEHIP single hospital medical plan, OR ▪ May enroll in PEEHIP family hospital medical coverage <p>NOTE: Member CANNOT enroll in the Dental, Vision or other Optional Coverage Plans even if this coverage was part of the plan in which they lost coverage. Member must wait until the next Open Enrollment to enroll.</p>	<p>Must enroll within 45 days of loss of other health coverage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Enrollment Application</u> ▪ Copy of court order for divorce, annulment, or legal separation ▪ Proof of loss of coverage ▪ Certificate of Creditable Coverage
If member is already enrolled in PEEHIP hospital medical coverage:	
<ul style="list-style-type: none"> ▪ May change from <u>single</u> to <u>family</u> hospital medical coverage and add eligible dependent children to your hospital medical plan ▪ May add eligible dependent children to your <u>family</u> hospital medical plan <p>NOTE: Member <u>cannot</u> add dependents to optional coverage plan(s) (i.e. Dental, Cancer, Indemnity or Vision) for which member has single coverage. Must wait until the next Open Enrollment period to add eligible dependents. If the member has family coverage, eligible dependents can be added.</p>	<p>Must enroll within 45 days of loss of other health coverage and submit the following forms and documentation to PEEHIP:</p> <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u> ▪ Copy of court order for divorce, annulment, or legal separation ▪ Proof of loss of coverage ▪ Certificate of Creditable Coverage
Coverage Begins: Coverage begins the date of the loss of the other group health coverage.	
Waiting Period: A 270 day waiting period on pre-existing conditions is required when enrolling in coverage outside of Open Enrollment unless proof of previous coverage (i.e. Certificate of Creditable Coverage) is received and approved by PEEHIP. The Certificate of Creditable Coverage will reduce the pre-existing condition exclusion period by the length of the total period of prior creditable coverage, provided there is not a break in coverage longer than 63 days.	
NOTE: Member is responsible for premiums due resulting in new enrollment or change from single to family coverage.	
FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.	

Death of Member or Dependent

Requirement	Actions
<ul style="list-style-type: none"> ▪ Coverage must be cancelled the first day of the month following the date of death 	<ul style="list-style-type: none"> ▪ Notify PEEHIP of the date of death ▪ Provide PEEHIP with a copy of the death certificate
Options	Actions
<ul style="list-style-type: none"> ▪ A covered spouse or other dependent may elect to continue the PEEHIP coverage enrolled in at the time of the member's death through the Surviving Dependent benefit or through COBRA 	Must submit the following form to PEEHIP in a timely manner: <ul style="list-style-type: none"> ▪ <u>Surviving Dependent Enrollment Application</u>, OR ▪ <u>COBRA Enrollment form</u> (coverage for up to 36 months)
<p>FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.</p>	

Dependent age 19 or older changing student status – dependent is now a full time student

Options	Actions
<p>Member must already be enrolled in PEEHIP family hospital medical coverage:</p>	
<ul style="list-style-type: none"> ▪ May add newly eligible student dependent to your <u>family</u> hospital medical plan effective the first day of class <p>NOTE: Member must wait until next Open Enrollment to add student dependent if member only has <u>single</u> coverage.</p>	Must submit the following form and documentation to PEEHIP: <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u> ▪ Documentation from Registrar's office showing proof of full time student status
<p>Member must already be enrolled in PEEHIP family optional coverage plans:</p>	
<ul style="list-style-type: none"> ▪ May add newly eligible student dependent to your <u>family</u> optional coverage plan(s) effective the first day of class <p>NOTE: Member must wait until next Open Enrollment to add student dependent if member only has <u>single</u> coverage.</p>	Must submit the following form and documentation to PEEHIP: <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u> ▪ Documentation from Registrar's office showing proof of full time student status
<p>Coverage Begins: Effective date is the first day of class.</p>	
<p>Waiting Period: A 270 day waiting period on pre-existing conditions is required when enrolling in coverage outside of Open Enrollment unless proof of previous coverage (i.e. Certificate of Creditable Coverage) is received and approved by PEEHIP. The Certificate of Creditable Coverage will reduce the pre-existing condition exclusion period by the length of the total period of prior creditable coverage, provided there is not a break in coverage longer than 63 days.</p>	

**Dependent age 19 or older changing student status –
dependent is no longer a full time student**

Requirement	Actions
<ul style="list-style-type: none"> ▪ Dependent’s coverage must be cancelled the first day of the month following the last day of class. ▪ If student is graduating, coverage must be cancelled the first day of the month following the date of graduation. (NOTE: During the student’s <u>last</u> semester upon graduating, the student does not have to be full time.) 	<p>Must submit the following form to PEEHIP to report the change in student status and cancel the coverage:</p> <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u>
Options	Actions
<ul style="list-style-type: none"> ▪ May continue coverage through COBRA for up to 36 months 	<ul style="list-style-type: none"> ▪ Must request from PEEHIP a <u>COBRA Enrollment Application</u> and must enroll in COBRA within 60 days of losing coverage
<p>FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.</p>	

Divorce/Annulment/Legal Separation

Requirement	Actions
<ul style="list-style-type: none"> ▪ Ex-spouse’s coverage must be cancelled the first day of the month following the date of the divorce/annulment/legal separation. The legal date of divorce is the date signed by the judge. <p>NOTE: Step children must also be removed from coverage if member does not have legal custody.</p>	<p>Must notify PEEHIP to report the divorce/annulment/legal separation and cancel the coverage and provide documentation as follows:</p> <ul style="list-style-type: none"> ▪ Update your marital status online through Member Online Services, OR mail to PEEHIP the <u>Health Insurance and Optional Status Change form</u> ▪ Copy of the legal documents with the judge’s signature and date signed, i.e. final order pertaining to the divorce, annulment, or legal separation
Options	Actions
<ul style="list-style-type: none"> ▪ May continue coverage through COBRA for up to 36 months 	<ul style="list-style-type: none"> ▪ Must request from PEEHIP a <u>COBRA Enrollment Application</u> and must enroll in COBRA within 60 days of losing coverage
<p>FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.</p>	

Marriage of Dependent Child

Requirement	Actions
<ul style="list-style-type: none"> ▪ Coverage must be cancelled the first day of the month following the date of the marriage 	Must submit the following form and documentation to PEEHIP to report the marriage and cancel the coverage: <ul style="list-style-type: none"> ▪ <u>Health Insurance and Optional Status Change form</u> ▪ Copy of marriage certificate
Options	Actions
<ul style="list-style-type: none"> ▪ May continue coverage through COBRA for up to 36 months 	<ul style="list-style-type: none"> ▪ Must request from PEEHIP a <u>COBRA Enrollment Application</u> and must enroll in COBRA within 60 days of losing coverage
<p>FLEX Spending Account (FSA): Member may enroll in the Healthcare or Dependent Care flex accounts, or if already enrolled, may change your contributions for the remainder of the plan year.</p>	