

## County of Sonoma- Human Resources Department

### A Summary of the most Common Change of Status Events and the Mid-Year Enrollment Changes Allowed for Retirees Under a Health Plan (Medical and Dental)

This chart is only a summary of some of the permitted health plan changes and is **not** all inclusive.

If you experience the following Event...	You may make the following change(s)* within 31 days of the Event...	<b>YOU MAY NOT make these types of changes...</b>
<b>Life / Family Events</b>		
Marriage or Commencement of Domestic Partnership (DP)	<ul style="list-style-type: none"> <li>Enroll in or waive coverage for your new spouse/DP and other newly eligible dependents<sup>1</sup></li> <li>Waive coverage for newly eligible dependents if your coverage is also waived<sup>1</sup></li> <li>Change health plans</li> </ul>	<ul style="list-style-type: none"> <li>Waive health coverage for yourself and previously eligible children<sup>1</sup></li> <li>Enroll if not already enrolled</li> </ul>
Divorce or Termination of Domestic Partnership (DP)	<ul style="list-style-type: none"> <li>Cancel coverage for your spouse/DP</li> <li>Enroll yourself and your dependent children if you or they were previously enrolled in your spouse/DP's plan and only if a signed waiver is on file</li> <li>Cancel coverage for dependent children<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> </ul>
Gain a child due to birth or adoption	<ul style="list-style-type: none"> <li>Enroll in or waive coverage for the newly eligible dependent<sup>1</sup> <ul style="list-style-type: none"> <li>Adoption placement papers are required as proof</li> </ul> </li> <li>Change health plans</li> </ul>	
Previously ineligible child requires coverage due to a QMCSO	<ul style="list-style-type: none"> <li>Add child named on QMCSO to your health coverage (enroll yourself, if eligible and waiver is on file)</li> <li>Change health plans, when options are available if necessary to accommodate the child named on the QMCSO</li> </ul>	<ul style="list-style-type: none"> <li>Make any other changes, except as required by the QMCSO</li> </ul>
Loss of a child's eligibility (e.g., child reaches the maximum age for coverage)	<ul style="list-style-type: none"> <li>Drop the child who lost eligibility from your health coverage</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> </ul>
Death of a dependent (spouse or child)	<ul style="list-style-type: none"> <li>Drop the dependent from your health coverage</li> <li>Enroll in health coverage if the event resulted in the loss of other group coverage and if a waiver is in place</li> <li>Change medical plans</li> </ul>	
Retiree has become entitled to Medicare	<ul style="list-style-type: none"> <li>Change medical plans</li> <li>Last opportunity to enroll yourself, spouse, and dependent children, if previously waived. Eligibility for coverage will be permanently canceled if no enrollment within 60 days of Medicare eligibility</li> </ul>	
Spouse or Dependent has become entitled to (or lost entitlement to) Medicaid or Medicare	<ul style="list-style-type: none"> <li>Cancel coverage for the person who became entitled to Medicare or Medicaid</li> <li>Add the person who lost Medicare/Medicaid entitlement, if eligible and previously waived</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li></li> </ul>
Change of home address outside of plan service area	<ul style="list-style-type: none"> <li>Change health plans if you are enrolled in a medical or dental HMO and move out of their service area</li> </ul>	
Death of retiree	<ul style="list-style-type: none"> <li>Eligible dependents must enroll at the time of the event or permanently lose eligibility</li> </ul>	<ul style="list-style-type: none"> <li>Surviving dependents cannot continue to waive coverage</li> </ul>
<b>Employment Status Events</b>		
You retire, transferring from active benefits to retiree benefits	<ul style="list-style-type: none"> <li>Change medical plans</li> <li>Enroll in a retiree dental plan</li> <li>Waive coverage for self and/or dependents covered on your plan at the time of retirement provided they have other group coverage (One time option)</li> <li>Enroll dependents who are currently enrolled or listed as waived on your active employee medical coverage</li> </ul>	<ul style="list-style-type: none"> <li>Add dependents to retiree medical plan not already enrolled in active employee medical</li> </ul>
Spouse obtains health benefits in another group health plan	<ul style="list-style-type: none"> <li>Cancel coverage for spouse</li> </ul>	<ul style="list-style-type: none"> <li>Change health plans</li> <li>Waive health coverage<sup>1</sup></li> </ul>
Spouse loses employment or otherwise loses coverage for health benefits in another group health plan (Proof of loss of other coverage is required)	<ul style="list-style-type: none"> <li>Enroll your spouse in your health plan, if previously waived due to other group coverage</li> <li>Enroll your spouse, yourself, and/or eligible dependent children in your medical plan if previously waived due to previous coverage under your spouse's group plan</li> <li>Change medical plans</li> </ul>	

**Notes:**

**Dropping Eligible Dependents:**

Dependents dropped from coverage have limited or no re-enrollment rights. Review Article 16 of the Salary Resolution carefully before dropping coverage for eligible spouse and/or dependents.

**Waiving Coverage (when covered by other insurance):**

Medical coverage can be waived only at the time of retirement or within 31 days of initial eligibility for newly eligible dependents. Re-enrollment is limited. Read Article 16 and the waiver language on the Retiree Benefits Enrollment and Change Form carefully before waiving coverage.

**Medicare Enrollment Requirements:**

Medicare requirement: Medicare eligible retirees and/or Medicare eligible dependents must complete and sign enrollment paperwork the month prior to the effective date of the Medicare eligibility and provide a copy of their Medicare card(s) demonstrating enrollment in Medicare Part A and B.

**Continuation Rights through COBRA:**

**Non-Medicare retirees**, spouses/domestic partners, and dependents who lose coverage will be offered the option for continuation coverage through COBRA for medical only. Continuation coverage through COBRA is not available for retiree dental plans.

**Medicare eligible retirees**, spouses/domestic partners, and dependents who lose coverage are NOT eligible for medical insurance continuation coverage through COBRA.

**Permanently Cancel All Coverage:**

You may permanently cancel coverage at any time. However you will give up all reenrollment rights. Read Article 16 of the Salary Resolution carefully before cancelling coverage.

<b>Effective Dates</b> -The above benefit election changes are effective as follows:
Canceling Coverage: Effective date of change is generally the <b>last day of the month after the event</b> that allowed the change. E.g., Spouse obtains other group coverage on the 1 <sup>st</sup> of the month. Coverage for spouse ends on the last day of the prior month.
Adding newly eligible dependent: Effective date of change is generally the <b>first of the month following or coinciding with the event</b> that allowed the change. E.g., Married on 1 <sup>st</sup> of the month. Coverage for new spouse is effective on the 1 <sup>st</sup> of the same month. Married on the 2 <sup>nd</sup> of the month. Coverage for new spouse is effective on the 1 <sup>st</sup> of the following month.
New Retirees: Effective on the <b>1<sup>st</sup> of the month following or coinciding with the date of retirement</b> . E.g., Retired July 1st. Employee coverage ends June 30 <sup>th</sup> , retiree coverage is effective on July 1st. Retired July 9th. Employee coverage ends July 31 <sup>st</sup> , retiree coverage is effective August 1st.
<b>Exception:</b>
Birth/Adoption: Effective on the <b>1<sup>st</sup> of the month following date of birth/adoption</b> . Medical plans will cover a newborn under the subscriber's coverage from date of birth through the end of the birth month. Submit paperwork to Human Resources early and no later than 31 days from the date of birth to ensure medical coverage for the child.

All rules above apply equally to IRS qualified and non-qualified dependents for consistency and ease of administration.

**Contact Information:** County of Sonoma, Human Resources Benefits Unit, 707-565-2900, [benefits@sonoma-county.org](mailto:benefits@sonoma-county.org)

<sup>1</sup> Waiving retiree medical for a newly eligible dependent is a one-time only option at the time of the enrollment of the newly eligible dependent

<sup>2</sup> Eligible dependents not covered when the retiree is covered are not eligible for re-enrollment at any time in the future, not even upon the loss of other group coverage, per Salary Resolution.