# Employee health benefits policy

This document outlines the policy for employee health benefits.

## Benefit Eligibility

Employees are eligible for health benefits if they have an appointment of more than six months (at least six months plus one day) and a time base of half-time or more.  Eligible employees have 60 calendar days from the date of appointment or a permitting event to enroll in a health plan, or during an Open Enrollment period. For questions about your eligibility, contact your department’s personnel office.

## Making Changes to Your Current Benefits

You may make changes to your benefits during Open Enrollment, usually during September and October of each year, or based on a permitting event outside of Open Enrollment.

You may not change your health benefits choice during the year unless you experience a permitting event.  You must apply for any changes or enrollments within 60 calendar days of the permitting event date.   For questions about permitting events, contact your department’s personnel office.

## Permitting events or qualifying life events

There are exceptions to the annual open enrollment period. These are called qualifying life events or permitting events and if you experience one or more of them, you can buy new coverage or change your existing coverage. Below is a list of the qualifying life events:

* Gaining a dependent or becoming a dependent through birth or adoption
* Getting married
* Applicant or dependent lost minimum essential coverage due to termination or change in employment status
* Cessation of an employer's contribution toward an employee or dependents coverage
* Death of the person through whom the applicant was covered
* Entitlement of benefits of the subscriber under Title XVIII of the Social Security Act (Medicare), resulting loss of coverage to the dependents
* Dependent child's loss of dependent status under the applicable requirements of a group plan, such as reaching age 26
* Loss of minimum essential coverage excluding the loss of termination due to failure to pay premiums or situations allowing rescission
* Gains a dependent or becomes a dependent through marriage or partnership
* Dependent is mandated to be covered pursuant to a valid state or federal court order
* Legal separation or divorce through whom the applicant was covered as a dependent