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MEMORANDUM #038-13HR

TO: Agency Administrators
FROM: Carolyn Horwich, J.D., Director of Human Resources
THROUGH: Rip Colvin, Executive Director
SUBJECT: Qualifying Status Change Event Matrix
DATE: November 25, 2013

The Department of Management Services has recently issued an updated Qualifying Status Change Event Matrix. The primary change to the Matrix is that it now includes, and provides guidance regarding, OPS/Variable Hour employees.

The Matrix is attached for your review.

Please do not hesitate to submit questions to benefits@justiceadmin.org or Jamie Johnson at Jamie.Johnson@justiceadmin.org or (850)488-2415, ext. 292.

Thank you.

Attachment

Definition ¹	Documentation REQUIRED Where Noted ²	Health and Supplemental Plans	Basic ³ and Optional ⁴ Life	MRA/LPMRA ⁴	DCRA
A. Change in Subscriber's Legal Marital Status					
Marriage					
1. The legal union between one man and one woman as husband and wife; see Section 741.212(3), Florida Statutes. 60-day QSC window ⁵	Copy of marriage license and birth certificates if adding children or stepchildren	Subscriber may enroll or increase coverage for newly eligible spouse and any eligible dependents	Basic – subscriber may enroll or cancel Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may enroll or increase election for newly-eligible spouse and dependents	Subscriber may enroll or increase election to accommodate newly-eligible dependents or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost because new spouse does not work
Loss of Spouse					
2. Legal divorce	REQUIRED: copy of final judgment that defines insurance coverage or divorce decree REQUIRED: court ordered custody is required to cover the dependents made ineligible by the divorce	Subscriber must remove spouse and other dependents made ineligible by the event and may decrease election if no other covered dependents, but cannot cancel	Basic – subscriber may enroll or cancel Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved; may enroll or increase election	Subscriber may enroll or increase election to accommodate newly eligible dependents or decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account if eligibility is lost (e.g., because dependents now reside with ex-spouse)
3. Death of spouse	REQUIRED: copy of death certificate before any changes can be made REQUIRED: court ordered custody is required to cover the dependents made ineligible by the death	Subscriber must remove spouse and other dependents made ineligible by the event and may decrease election if no other covered dependents, but cannot cancel	Basic – subscriber may enroll or cancel Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved; may enroll or increase election	Subscriber may enroll or increase election to accommodate newly eligible dependents

¹ All allowable election changes must be consistent with the qualifying event, based on a gain or loss of eligibility.

² Subscribers may be required to submit documentation to People First. The effective date of any election is prospective, unless otherwise noted.

³ Enrollment is automatic for full-time FTE employees upon hire; part-time FTE may choose to enroll and pay a pro-rated premium; OPS employees may choose to enroll and pay the full monthly premium.

⁴ OPS employees are not eligible to participate.

⁵ Qualifying Status Change (QSC) window is the period of time to provide required documentation and make allowable changes to benefits, as defined by the IRS. All QSC windows are 60 days from and including the event unless otherwise specified.

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
B. Change in Number of Subscriber's Eligible Dependents					
Dependent Gains Eligibility					
4. Birth of child, an adoption or placement in the home for purposes of adoption in compliance with applicable state and federal laws	Copy of birth certificate, copy of marriage license and birth certificates if adding other eligible dependents REQUIRED: adoption papers or legal documentation before any changes can be made	Subscriber may enroll or increase coverage retroactive to the first of the month for birth. Other eligible dependents may be added the first of the month following the month the newborn is enrolled	Basic – subscriber may enroll or cancel Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may enroll or increase election for newly eligible dependents	Subscriber may enroll or increase election to accommodate newly eligible dependents and any other eligible dependents who were not previously covered
Dependent Loses Eligibility					
5. Dependent no longer meets eligibility requirements (e.g., end of the month in which dependent turns 13 for DCRA or end of the calendar year in which dependent turns 26 for other family plans)	Based on the event; e.g., affidavit, letter from employer, etc.	Subscriber must remove the ineligible dependent and may decrease election only if no other covered dependents, but cannot cancel	Basic – N/A Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Subscriber may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
6. Death of dependent	REQUIRED: copy of death certificate before any changes can be made	Subscriber may decrease election if no other covered dependents, but cannot cancel	Basic – N/A Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Subscriber may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account
Placement, Judgments, Decrees or Orders					
7. Court order that requires coverage for the subscriber's child, for legal guardianship, or for foster child in compliance with applicable state law,	REQUIRED: official document from the courts or other authorized authority before any changes can be made	Subscriber may enroll or increase coverage	Basic – subscriber may enroll or cancel Optional – subscriber may enroll, cancel, increase or decrease	Subscriber may increase election for newly eligible dependent	Subscriber may enroll or increase election to accommodate court ordered eligible dependent
8. Court order that requires subscriber's ex-spouse to provide coverage for the child or that allows subscriber to cancel coverage for the child	REQUIRED: official document from the courts or other authorized authority before any changes can be made	Subscriber may decrease election if no other covered dependents, but cannot cancel	Basic – subscriber may cancel Optional – subscriber may cancel or decrease	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved	Subscriber may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
9. National Medical Support Order	REQUIRED: official document from a governmental entity	May only change health, dental or vision	N/A	N/A	N/A
C. Change in Employment Status of Subscriber, Spouse or Dependent that Affects Eligibility					
Commencement of Employment or Other Change in Employment Status that Triggers Eligibility					
10. FTE New Hire	PAR ⁶ Copy of marriage license and birth certificates if adding children or stepchildren	Subscriber may enroll and add eligible dependents	Basic – full-time subscriber automatically enrolled; part-time subscriber may enroll and pay prorated premium Optional – subscriber may enroll	Subscriber may enroll	Subscriber may enroll
11. OPS/Variable Hour New Hire reasonably expected to work 30 hours or more per week in all positions upon hire The earliest effective date of coverage will be the first day of the third month following and including the month of hire; however, a full month's payroll deduction is required for supplemental, basic life and DCRA.	PAR Copy of marriage license and birth certificates if adding children or stepchildren	Subscriber may enroll and add eligible dependents Employee must pass subsequent measurement periods ⁷ to continue coverage beyond 12 months.	Basic – subscriber may enroll and pay monthly premium Employee must pass subsequent measurement periods to continue coverage beyond 12 months. Optional – not eligible	Not eligible	Subscriber may enroll Employee must pass subsequent measurement periods to continue coverage beyond 12 months.
12. OPS Employment Status Change – within the New Hire Measurement Period, the employee's expected work hours increase to 30 hours or more or is employed in an additional position and the combined expected work hours equal	PAR Copy of marriage license and birth certificates if adding children or stepchildren	Subscriber may enroll and add eligible dependents Employee must pass subsequent measurement periods to continue coverage beyond 12 months.	Basic – subscriber may enroll and pay monthly premium Employee must pass subsequent measurement periods to continue coverage beyond 12 months.	Not eligible	Subscriber may enroll Employee must pass subsequent measurement periods to continue coverage beyond 12 months.

⁶ Personnel Action Request – completed by the human resource office

⁷ A 12-month period during which an OPS employee's average weekly hours worked will be measured to determine eligibility for coverage.

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
<p>30 hours or more</p> <p>The earliest effective date of coverage will be the earlier of the first day of the third month following and including the status change or the first day of the second month following the New Hire Measurement Period.</p>			Optional – not eligible		
<p>13. OPS works 30 or more hours on average per week during a 12-month measurement period</p> <p>The earliest effective date of coverage will be the first of the second month that follows the New Hire Measurement Period; however, a full month's payroll deduction is required for supplemental, basic life and DCRA.</p> <p>The effective date of coverage based on the Open Enrollment Measurement Period will always be January 1 of the year following Open Enrollment.</p>	<p>Work hours recorded in the People First system in a 12-month Measurement Period:</p> <ul style="list-style-type: none"> • New Hire – begins the first of the month following the hire date • Open Enrollment – October 3 of previous year through October 2 of current year 	<p>Subscriber may enroll and add eligible dependents</p> <p>Employee must pass subsequent measurement periods to continue coverage beyond 12 months.</p>	<p>Basic – subscriber may enroll and pay monthly premium</p> <p>Employee must pass subsequent measurement periods to continue coverage beyond 12 months.</p> <p>Optional – not eligible</p>	Not eligible	<p>Subscriber may enroll</p> <p>Employee must pass subsequent measurement periods to continue coverage beyond 12 months.</p>
<p>14. OPS moves to an FTE position</p>	PAR	<p>If enrolled as an OPS employee, elections continue</p> <p>If not enrolled as OPS, treated as new hire (# 10)</p>	<p>Basic – full-time FTE automatically enrolled part-time FTE may elect coverage</p> <p>Optional – subscriber may enroll</p>	Subscriber may enroll	<p>If enrolled as an OPS employee, election continues</p> <p>If not enrolled as OPS, treated as new hire (# 10)</p>
<p>15. FTE Termination (last day worked) and rehire or return from LWOP within one full calendar month</p>	PAR	Same elections continue	Same elections continue	Same elections continue	Same elections continue

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
16. FTE termination (last day worked) and rehire or return from LWOP after one full calendar month	PAR	Subscriber may make new elections	Basic – subscriber automatically enrolled Optional – subscriber may enroll	Subscriber may enroll or continue election if personal payments made during termination; otherwise, may not enroll twice in same calendar year	May enroll
17. OPS return from termination within 26 weeks, if worked at least four weeks and the period of the termination was shorter than the period worked This event does not apply to academic calendar breaks in service (e.g., summer break).	PAR	<p>If enrolled at the time of termination, same elections automatically continue beginning the first of the month for which a full month's payroll deduction has been taken and continue through the remainder of the 12-month coverage period; however, subscriber may make new elections.</p> <p>If not enrolled at the time of termination but was eligible, may enroll and coverage will begin the first of the month for which a full month's payroll deduction has been taken and continue through the remainder of the 12-month coverage period.</p> <p>If not eligible at the time of leave or termination, not eligible through the remainder of the 12-month coverage period unless meets the criteria for QSC event #12.</p>			
18. OPS return from leave or termination after 26 weeks or the break in service was longer than the period worked	PAR	Treat as New Hire (QSC event #11).			
19. Return from layoff after one full calendar month	PAR	<p>If no break in coverage, benefits remain the same; subscriber may add eligible dependents and enroll in supplemental plans as new hire</p> <p>If break in coverage, treat as new hire</p>	Basic – subscriber automatically enrolled Optional – subscriber may enroll	Subscriber may enroll or continue election if personal payments made during termination; otherwise, may not enroll twice in same calendar year	May enroll
Termination of Employment or Other change in Employment Status that Causes Loss of Eligibility					
20. OPS employee does not work an average of 30 hours or more per week during the preceding 12-month measurement period	<p>Work hours recorded in the People First system in a 12-month Measurement Period:</p> <ul style="list-style-type: none"> • New Hire – begins the first of the month following the hire date • Open Enrollment – Oct 3 of previous year through Oct 2 of current year 	<p>Health insurance ends the last day of the 12th month of coverage. All other plans end at the same time as health insurance. COBRA offered for health, dental and vision if covered at time of ineligibility.</p>			

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
21. FTE to OPS eligible at the point of hire	PAR	If enrolled, coverage continues. If a one-day break in service occurs between appointments, employee treated as new hire (#11)	Basic – If enrolled, coverage continues. If a one-day break in service occurs between appointments, employee may cancel Optional – if enrolled, coverage automatically cancelled	Election ends or may continue by completing the “MRA Options When Employment Ends” form and submitting payment	If enrolled, coverage continues. If a one-day break in service occurs between appointments, employee may decrease the annual election to no less than the amount that has been contributed through payroll deduction as of the date the request is approved and end date the account.
22. Termination of subscriber’s employment, including retirement as a vested employee (see section 110.123(2)(g), F.S.)	PAR	All elections end	All elections end	Election ends	Election ends
Continuation options – if enrolled as an active employee		May continue health, dental and vision through COBRA Retirees may continue health as a retiree (31-day QSC window) and dental and vision through COBRA	May port optional life Retirees may change to retiree life insurance (31-day QSC window) but may not port optional life	May continue by completing the “MRA Options When Employment Ends” form and submitting payment	
23. Death of Subscriber	REQUIRED: Copy of death certificate within 60 days of the death or PAR	Termination of all plans	Plan terminates	Plan terminates	Plan terminates
Surviving spouse benefits	Enrollment within 31 days of receipt of notification of benefits (surviving spouse package)	Spouse has options to continue certain benefits after the death		Surviving spouse may file claims incurred up through the date of death or use balance from leave payout to continue through the end of the calendar year	
D. Change in Place of Residence of Employee, Spouse, or Dependent that Triggers a Loss of Eligibility					
24. Change in residence or work location that causes total loss of eligibility (subscriber or dependent moves outside HMO service area)	For subscriber: home or work county code change For dependent: school or other documentation proving change in address	Subscriber must work or reside in the HMO service area to make a new HMO election; otherwise, must change to the PPO	N/A	No change allowed, even if underlying health coverage change occurs	N/A – DCRA eligibility is not generally affected by place of residence

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
E. Significant Cost Changes					
25. Premium increase or decrease to subscriber of at least \$20 per month as a result of change in pay plan (e.g., Career Service to SES), FTE (e.g., part-time to full-time), LWOP, FMLA, legislative premium mandates, Optional Life age banding, etc.	Reference optional life premium chart that shows age-banding requirements PAR showing FTE or classification or LWOP change System update	Cost decrease: subscriber may enroll or increase coverage level for health plan only Cost increase: subscriber may decrease or cancel coverage level for health plan only FMLA and LWOP may cancel all plans	Optional Life only Cost decrease: subscriber may increase corresponding election Cost increase: subscriber may decrease corresponding election	No change permitted	Election change may be made whenever there is a change in provider or a change in hours of dependent care; no change can be made when the cost change is imposed by a dependent care provider who is a relative of the subscriber
F. Curtailment of Subscriber's Benefit Package Option					
26. Significant reduction of subscriber's coverage (with or without loss of coverage) as a result of state or federal legislative change	DSGI must approve this QSC	Without Loss of Coverage: Subscriber may cancel election and make new election for similar coverage With Loss of Coverage: Subscriber may cancel election and make new election for similar coverage or cancel coverage if no similar benefit package option is available	N/A	N/A	N/A
G. Gain or Loss of Other Group Health Coverage					
27. Gain eligibility for other group coverage, e.g., change in dependent's employment status, dependent's open enrollment, Medicare ⁸ and Military Leave ⁹	As applicable, proof of other group coverage, letter from employer. PAR : For Military Leave, military orders sent to human resource office REQUIRED: Medicare card if due to disability or normal retirement age	Subscriber may cancel election for self and/or dependents if subscriber and dependents are added to other coverage	N/A	N/A	N/A

⁸ If enrolling in Capital Health Plan or Florida Health Care Plans, retirees must first contact the HMO to enroll in its Medicare Advantage plan.

⁹ Subscriber may continue or cancel within 60 days of commencement of leave and may re-enroll within 90 days of discharge.

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
28. Lose eligibility for other group coverage, including Medicare, Medicaid, Military Leave or as a result of change in spouse's employment status	PAR: For Military Leave, military orders sent to human resource office	Subscriber may enroll or increase coverage	N/A	N/A	N/A
29. Subscriber or dependent becomes eligible for government subsidized health coverage (60 day window from the date of eligibility or the effective date whichever is later)	Copy of the letter from the health provider	If no other covered dependents, subscriber may decrease election for subsidized dependents only, but cannot cancel	N/A	N/A	N/A
30. Dependent becomes ineligible for government subsidized health coverage	Copy of the letter from the health provider	Subscriber may increase election and add dependents who lost eligibility for subsidy	N/A	N/A	N/A
H. Other Allowable Changes					
31. Retirees, surviving spouses, COBRA and layoff subscribers may decrease the coverage level to individual at any time (a QSC event is required to increase the coverage level to family—see above) or cancel	N/A	Applies only to applicable plans under which the subscriber is currently covered.	Applies only to basic life coverage	N/A	N/A
32. Active employees enrolled in an HIHP who become eligible for Medicare	Age in People First system, Medicare card	Health only: subscriber may remain in HIHP without an HSA or may enroll in a Standard plan with the same company and decrease coverage due to significant cost increase as defined above	N/A	N/A	N/A
33. Employees enrolled in an HIHP are eligible for an HSA and may enroll or change their personal contribution at anytime	Two forms of identification (one must be photo ID), sent to Tallahassee State Bank, to open State of Florida HSA bank account	N/A	N/A	N/A	N/A

Definition	Documentation Required Where Noted	Health and Supplemental Plans	Basic and Optional Life	MRA/LPMRA	DCRA
34. Employees enrolled in a prepaid dental plan with no available dentist within a 30-mile radius of the home address (refer to PC 11-002)	Written verification from the dental plan	Dental plan subscriber may change to another dental plan accepting patients or may cancel if the only available option would be a significant cost increase as defined above	N/A	N/A	N/A
35. At the end of the calendar year in which dependents turn 26, over-age health insurance is available for an additional premium through the end of the calendar year in which they turn 30, provided they meet these eligibility requirements: <ul style="list-style-type: none"> • Unmarried, and • Have no dependents of their own, and • Dependent on subscriber for financial support, and • Live in Florida or attend school in another state, and • Not enrolled in other health insurance 	Same as other QSCs	Health only: may enroll if meets all eligibility requirements Must cancel if loses any eligibility requirement	N/A	N/A	N/A
36. Employees commence FMLA/FSWP or Military Leave	PAR	Subscriber may decrease election or cancel	Basic – subscriber may cancel Optional – subscriber may decrease election or cancel	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved and will not be allowed to re-enroll upon return to employment in the same calendar year	Subscriber may decrease annual election to no less than the amount contributed through payroll deduction as of the date the request is approved