

New Hire Insurance Information

Effective Date of Coverage for New Hires and Transfers

The effective date of coverage for new hires whose employment begins on the first of the month will be the first day of the following month. If employment begins on the second day of the month or later, coverage is effective the first day of the next month after 30 days of employment. An employee who transfers employment should complete a transfer form within 30 days.

Example:

If employment begins: **September 1**

Coverage begins: **October 1**

If employment begins: **September 2 -30**

Coverage begins: **November 1**

Who is Eligible for Coverage?

You can enroll in the Office of Group Benefits program if you are a full-time employee of a participating agency or school board (as defined by a participant employer in accordance with state law). No person working on a temporary appointment is considered a full-time employee.

DEPENDENTS

The following persons can be enrolled as dependents:

A. Your legal spouse.

B. Your children until attainment of age 26. Effective July 1, 2011, OGB health plans cover dependents until attainment of age 26 regardless of student, marital or tax status.

The term children include the following:

1. Natural or legally adopted children of you or your spouse.
2. Children who have been placed with your family for adoption (by agency adoption contract or by irrevocable act of surrender for private adoption).
3. Other children for whom you have been granted guardianship or legal custody up to age 18.

4. Grandchildren for whom you do not have legal custody or guardianship, whose parent is your covered dependent.

Reminder

You must provide appropriate documents via the Human Resources office for OGB to verify eligibility of all covered dependents.

Military Reserve Members

Certain provisions have been made for military reserve members. If you are on active military duty, consult your Plan Document for specific eligibility criteria and required documentation.

Dependent Verification

All active plan members must provide certified copies of documents verifying their legal relationship to each dependent to be covered within 30 days of the date of application for coverage. Retirees must send copies of the certified documents. Otherwise, pre-existing condition limitations may apply for dependents age 19 and older.

The plan will accept a birth letter or birth card as verification for newborns for up to 6 months to allow time to get the birth certificate. If the birth certificate has not been received by OGB at the end of six months, benefits for that dependent child will be terminated.

Over-Age Dependents (Continued Coverage)

A covered child who is or becomes incapable of self-sustaining employment is eligible to continue coverage as an overage dependent if OGB receives required medical documents verifying his or her incapacity before he or she reaches age 26.

Do You Have a Pre-Existing Condition (PEC)?

Employees and dependents age 19 and older are subject to a pre-existing condition limitation.

- Under the pre-existing condition limitation, **no benefits are payable during the first 12 months** following enrollment in connection with any disease, illness, accident, or injury diagnosed or treated during the six months immediately prior to the **enrollment date**. Pregnancy is not considered a pre-existing condition.
- You must complete an **enrollment form** and provide certified copies of required documents within 30 days after acquiring each new dependent (by birth, adoption, marriage or otherwise). If you fail to do so, your dependent may be subject to the pre-existing condition limitation.
- **You may be exempt** from all or part of the pre-existing condition limitation if you were continuously covered under another health plan within 63 days prior to the enrollment date of your coverage in this program.

- Effective July 1, 2011, plan members and dependents under age 19 are exempt from pre-existing condition limitations.

Overdue Applicants (also referred to as Late Applicants)

The effective date of coverage for overdue applicants whose **forms are received** prior to the 15th of the month will be the first day of the month following the date of receipt by OGB of all required forms. The effective date of coverage for overdue applicants whose **forms are received** on or after the 15th of the month will be the first day of the second month following receipt.

Remember:

You must complete an enrollment form and provide certified copies of required documents within 30 days after acquiring each new dependent (by birth, adoption, marriage or otherwise). If you fail to do so, your dependent may be subject to the pre-existing condition limitation.

Retirees cannot obtain coverage as overdue applicants. Dependents of retirees, however, can obtain coverage as overdue applicants. Overdue applicants are employees who apply for coverage more than 30 days after starting employment or dependents who are not added within 30 days of becoming eligible.

Please click the following link for further information about Office of Group Benefits plans, Helpful Information Books, provider directories and more:

https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/OGB_PUBLICATIONS