



## Eligibility Criteria –for Health Plans (Medical/Vision and Dental) for Plan Year 2021

### EMPLOYEE

You are eligible to enroll for the HEWT health plans (medical/vision and dental) if:

1. You are a regular full-time or part-time employee of a sponsoring company of the HEWT, and
  2. You are in a job category to which these benefits are offered, and
  3. You have a regular work schedule of at least 20 hours per week
- \* Temporary and hourly employees are not eligible/MSA MBP are not eligible

### DEPENDENTS

Your eligible dependents include:

- Your legal spouse, as recognized by Washington State law, unless he or she is currently enrolled in one of the HEWT medical/vision and/or dental plans.
- Your domestic partner, as recognized by Washington State (one partner must be at least 62 years old).
- Your eligible children are: natural children, legally adopted children, stepchildren, and other children where the employee or spouse has legal guardianship, custody, or conservatorship evidenced by a court order.

### OTHER ELIGIBILITY RULES

- **Under no circumstances** can dependent children be added or reinstated after age **26** for medical coverage.
- **Under no circumstances** can dependent children be added or reinstated after age **23** in the Delta Dental of Washington Dental Service Plan, or age **26** in the Willamette Dental Plan.
- No person can be covered more than once in a HEWT medical/vision or dental plan. For example, an individual cannot enroll as an employee, retiree, or a Displaced Worker Medical Benefit Program (DWMB) or Consolidated Omnibus Budget Reconciliation Act (COBRA) participant, and also be covered as a dependent of another HEWT employee, retiree, DWMB or COBRA participant.

### WHEN CAN YOU ENROLL?

Eligible employees and their dependents can enroll:

- During the annual benefits enrollment effective January 1 of the following calendar year
- At the time the employee is hired, to be effective the date of hire; or
- Within 31 days of first becoming eligible, due to a qualifying life event (e.g., change in marital status, birth, adoption, custody, etc.), or effective the date of the event



## QUALIFYING LIFE EVENT(S)

**Benefit updates and enrollment changes must be made within 31 days of a qualifying life event (change in marital status, birth, adoption, custody, loss of coverage).** It is extremely important you contact HEWT Benefits Administration to submit notification and appropriate documentation. Your dependents are covered from the date they join your family, however, you must formally enroll them within 31 days of the life event to ensure proper coverage.

## HOW TO SUBMIT A CHANGE

**On-Site:** Access the Current Benefits web page, available on Employee Self-Service. Click on the appropriate add/delete link, complete and submit the e-form.

**Off-Site:** For assistance or submittal from off-site, contact Benefits Administration as listed at the end of this document.

## DISQUALIFICATION FOR BENEFITS

Your eligibility to participate in the applicable Plans will end:

- In accordance with the terms of the applicable *Summary Plan Description (SPD)*
- When the Plan is discontinued or terminated
- When you fail to make any required contribution
- When you are no longer working in an eligible class; (if you are no longer in an eligible class as a result of a reduction of force, your medical coverage may continue until the end of the payroll period in which you are no longer in an eligible class)
- For an enrolled dependent, when he or she no longer meets the requirements to remain an eligible dependent
- As a result of material misrepresentation, fraud, or omission of information in order to obtain coverage for a participant or others

## COBRA COVERAGE

Continued health coverage may be available under provisions of COBRA to employees, dependents, and former spouses who lose group coverage for reasons including termination or death of the employee, loss of eligibility by a dependent child, or divorce. In the case of divorce and loss of dependent eligibility, COBRA continuation coverage can continue up to 36 months as long as he or she continues to be eligible and pays the required premium.

However, to be eligible for COBRA continuation coverage, the employee, or qualified beneficiary that is losing coverage, must notify the HEWT Plan Administrator within 60 days of the employee's divorce, or an enrolled dependent's loss of eligibility as an enrolled dependent.



### LIMITING AGE FOR DEPENDENT CHILDREN

Your children, under age 26, are eligible, unless in the active military service. The coverage for an adult child will run through the month they reach their 26<sup>th</sup> birthday

#### Dependent children under Willamette Dental:

- Your children, under age 26 are eligible, unless in the active military service. The coverage for an adult child will cease when they reach their 26<sup>th</sup> birthday

#### Dependent children under Delta Dental:

- Your unmarried children up to age 23 are eligible. The coverage for an adult child will cease when they reach their 23<sup>rd</sup> birthday. Children between age 19 and 23 are eligible if you provide over 50 percent of their support and maintenance, provided they are not:
  - a) in the active military service, or
  - b) employed full-time, or
  - c) eligible for any other group dental benefits through their employer

#### Dependent Coverage beyond Limiting Age for Disabled Children:

Your disabled children may continue coverage if **medically certified as disabled** (contact HEWT Benefits Administration for instructions) just prior (60 days) to the limiting ages as listed above. A disabled child is defined as:

1. the child is not able to be self-supporting due to disability, and
2. the child is principally dependent on the employee for support, and
3. the child was covered as a dependent prior to limiting age
4. proof of the child's condition and dependence is submitted prior to *limiting age*

The HEWT may require that the disabled child be examined by a physician chosen by and at the cost to the HEWT. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If proof is not provided of the child's incapacity and dependency within 30 days of request, coverage for the child may end.

**It is the sole responsibility of the employee to verify current dependent eligibility (including disabled children) at Annual Enrollment.** Any change in eligibility status as previously noted must be reported to HEWT Benefits Administration immediately. Periodic verification may be required. Failure to provide verification will result in immediate termination of dependent coverage retroactive to latest date verified.

#### Special rules apply to children who lose state medical coverage:

- Children who lose state medical coverage may be enrolled within 60 days of loss of coverage, however, claim reimbursement may be delayed until enrollment is completed.

#### Special rules apply to newborn or adopted children:

- A newborn or adopted newborn dependent is automatically covered for 21 days following birth, however, claim reimbursement may be delayed until enrollment is completed.



- A newborn or adopted child may be enrolled retroactively within 60 days following date of birth or placement for adoption, however, claim reimbursement may be delayed until enrollment is completed.

Should an **ineligible dependent's** coverage need to be cancelled retroactively based on the date the event occurred, the employee may be held responsible for any paid services for the ineligible dependent.

*The above reflects rules for eligibility for HEWT health plans effective 1/1/2021 Eligibility rules comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). **Plan coverage provisions, contribution rates and eligibility requirements are subject to change.** These eligibility provisions may be different from the certificate of coverage. In those cases, the above rules apply.*

## CONTACT INFORMATION

HEWT Benefits Administration Helpline (509) 376-6962

Email [Benefits-HEWT](mailto:Benefits-HEWT) (on-site)

[Benefits-HEWT@ri.gov](mailto:Benefits-HEWT@ri.gov) (off-site)