

Eligibility & Enrollment

Who is Eligible for Benefits?

Employees

All full-time and part-time employees working a minimum of 0.5 Full Time Equivalency (FTE) may choose to enroll in any combination of benefits. New hires will have 60 days from their date of hire to enroll in benefits. Benefits will become effective on the first of the month following receipt of enrollment form and dependent verification.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents under the Medical/Prescription, Dental, Vision, Supplemental Life, and Personal Accident Insurance plans.

Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony
- Dependent Children: You or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminated at the end of the month in which they turn 26.
- Acceptable dependent verification includes a marriage certificate, birth certificates, signed federal tax return, court orders, and adoption papers.

Making Changes

You will not be able to make changes to your election outside of Open Enrollment unless you, your spouse, or your dependent children experience an IRS defined qualified life event. **A completed election form along with documentation supporting the change and dependent verification (if applicable) must be submitted to Office of Benefits, Leaves, and Retirement within 30 days of the qualifying life event in order to make a change to your benefit elections.**

Qualifying Life Events include:

- Loss or gain of coverage due to marriage or divorce
- Birth, adoption, or gain of legal custody of a child
- Loss or gain of non-BCPS coverage by your spouse or dependent children
- Loss or gain of coverage due to a change in employment status
- Increase or reduction in FTE status
- Loss of dependent child status (dependent has reached age 26)
- Eligibility for Medicare
- Loss or gain of eligibility for coverage under Medicaid or Children's Health Insurance Plan*

**Employees or dependents will have 60 days in which to enroll or terminate benefits due to a loss or gain of coverage under Medicaid or CHIP*

Please note: BCPS is not required to continue to provide insurance benefits for any BCPS employee unable to pay the employee's required share of any benefit premiums. Failure to remit premium payments in a timely fashion will result in the loss of the applicable benefit coverage.

COBRA

Continuation of Coverage

Eligibility

Once you are enrolled in medical/prescription, dental, and/or vision plans you and your eligible dependents have the right to continue these coverages under COBRA following the loss of coverage for any reason other than gross misconduct.

Enrollment

Individuals will have 60 days following the loss of coverage in which to elect to continue their coverage. The effective date of coverage will be retroactive to the date immediately following the loss of coverage.

- 18 consecutive months following a loss of coverage due to termination of employment, or a reduction in hours resulting in loss of eligibility
- 36 consecutive months following a loss of coverage due to death, divorce, or loss of dependent eligibility

Cost

Individuals who elect to continue their benefits under COBRA will remit the payment for their first month of premium along with their election form to BCPS. Payment should be a check or money order made payable to Benefit Strategies, LLC. Subsequent payments will be made directly to Benefit Strategies, LLC by check, money order, ACH.

Failure to make timely payments will result in termination of coverage. COBRA benefits which are terminated for non-payment of premium are not eligible for reinstatement.