

When Can You Change Your Benefits...

UPMC employees have an opportunity once a year in the fall during Open Enrollment to make changes to their benefit elections. These elections are effective Jan. 1, and remain in effect for the entire calendar year.

However, there are some exceptions known as “qualified status change” events which involve a change to your family or job that may allow you to make certain changes to your benefit elections before the next Open Enrollment.

The changes you make to your coverage must be consistent with the change in status. Enclosed is a brief summary of events and how to process your changes. Review the Overview section of the Health and Welfare Summary Plan Description (SPD) on Infonet at <http://benefits.infonet.upmc> for additional details.



Changes in Status

UPMC

UPMC is an equal opportunity employer. UPMC policy prohibits discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or veteran status. Further, UPMC will continue to support and promote equal employment opportunity, human dignity, and racial, ethnic, and cultural diversity. This policy applies to admissions, employment, and access to and treatment in UPMC programs and activities. This commitment is made by UPMC in accordance with federal, state, and/or local laws and regulations.

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UPMC

What happens if?

- you get married or divorced
- you have a baby or adopt a child
- a spouse or dependent dies
- a child is placed with you for legal guardianship
- you have satisfied the 12 month domestic partnership* requirements and submitted a complete affidavit to the Employee Service Center (ESC)
- you lose coverage through a spouse
- your age 19 to 25 dependent is no longer a full-time student

These qualified status changes may provide an opportunity for you to change your benefits provided through UPMC. It is important that you take action within 30 days of your event to protect your right to make the necessary updates to your benefits.

The most frequent status changes that occur can be processed online:

- birth
- marriage
- divorce
- adoption

How to process online:

Log on to My HUB through Infonet at <http://infonet.upmc.com>, click on the Human Resources tab, then click on View Benefits Information under My Benefits, and select the appropriate benefits transaction. Follow the instructions and provide necessary documentation (marriage certificate, divorce decree, domestic partner affidavit) within 30 days of the event date. If after 30 days, but before 60 days, contact the ESC to initiate the change.

You will not be able to make changes after 60 days from the event and you will not be able to make a change until the next Open Enrollment period (in the fall).

How to process all other events:

You should call the Employee Service Center within 30 days of the status change event. Certain changes require proof of the event, such as a letter from your spouse's employer detailing your coverage loss. You will be instructed if your situation requires documentation, and any additional items you are required to complete via My HUB. You must notify UPMC within 60 days of the event or you will not be able to make a change until the annual Open Enrollment period.

Effective date of coverage:

Your benefit elections will be effective the first of the month following the date when the status change occurred, excluding birth or adoption. Birth and adoption elections will take effect on the date of birth or adoption.

Other Status Changes

Unmarried dependent child becomes eligible or ineligible for coverage:

- a son or daughter reaches the plan's eligibility age limit (25)
- becomes or ceases to be a full-time student (if between ages 19 and 25)
- gets married
- starts or ends court-ordered legal guardianship
- gain or loss of coverage or premium assistance under a Medicaid or State Children's Health Insurance Program (SCHIP)

Spouse or eligible domestic partner experiences:*

- change in coverage under another employer's plan
- coverage ceases or is materially changed

You, your spouse, or eligible domestic partner experiences:*

- certain changes in employment status
- change in home address that would affect the medical plan network service area
- significant change in cost or coverage (not applicable to health care flexible spending account)

When there is a change, log on to My HUB at <http://infonet.upmc.com> within 30 days. Questions? Call the Employee Service Center at 1-800-994-2752, option 3.

***UPMC Mercy eligible dependents**

UPMC Mercy is covered by Ethical and Religious Directives for Catholic Health Care Services. All benefit plans have been designed to comply with these directives. The definition of eligible dependents under UPMC's benefit plans for UPMC Mercy employees does not include domestic partners.

Frequently Asked Questions

What happens to my paycheck?

If your benefit elections are processed after the pay date that deductions are scheduled to begin, additional adjustments will be made in subsequent paychecks.

If I am not at work?

You are required to repay missed premiums while on a leave of absence. If you are on a leave of absence and not receiving a paycheck from UPMC, any owed benefit deductions for medical, dental, and life insurance coverage will build until you return. When you return, the amount owed will be spread over the number of pays you missed; if you missed three pays, for example, the missed deductions will be taken from the first three pays once you return to work. Outstanding PTO buy balance is repaid the first pay upon your return from leave and FSA deduction amounts are recalculated based on the number of remaining pays in the calendar year.

COBRA coverage

Dependents losing eligibility have the option to continue their coverage through COBRA, provided you have notified us within 30 days of this status change event by contacting the UPMC ESC at 1-800-994-2752, option 3. Failure to notify the ESC within 60 days may result in your dependent's forfeiture of COBRA rights. Dependents removed from coverage during Open Enrollment will not be offered COBRA continuation coverage.

Important Note:

Newborns are automatically covered on mother's insurance for the first 30 days only. You MUST add your newborn to your coverage within 60 days of birth or you will not be able to add your child until the next Open Enrollment period.