

# Enrollment Procedures

## Member Online Services (MOS)

*(Active and Retired Members)*

### Information Needed to Enroll Online

1. Your Personal Identification (PID) Number  
If you do not know your PID number, you can request a PID letter online.  
**You will need your PID to create a User ID and Password.**
2. Last 5 digits of your Social Security number
3. Email address
4. Social Security numbers and dates of birth for each dependent being enrolled in coverage
5. Additional health insurance information under which you and your dependents are covered
6. Credit card, debit card, or e-check to make first premium payment at time of enrollment

### Register as a First Time User

- ◆ Go to [www.rsa-al.gov](http://www.rsa-al.gov) and click “MOS Login” located at the top of the web page.
- ◆ Register as a first time user OR login with your User ID and Password that you created when registering.
- ◆ If you do not remember your User ID and/or Password, you can “Reset Account”.
- ◆ RSA mails new employees a Personal Identification Number (PID). If you do not have your PID, request a PID letter through MOS and one will be mailed to you.
- ◆ Click “Enroll or Change Coverages” from the PEEHIP menu on the left of your screen.
- ◆ Click “New Enrollment” (available for new employees for 30 days from their hire date), or “Open Enrollment” (available during the Open Enrollment period), or “Qualifying Life Event” (to add a newly acquired dependent within 45 days of the qualifying life event).
- ◆ Follow the on-screen prompts to enroll or change PEEHIP coverages.

**If you do not receive a confirmation page, your enrollment or changes was not successful.**

### View/Update Coverage and Information *(year round)*

- ◆ View Current Coverage
- ◆ View and/or Update Contact Information (address, phone number, email and marital status)
- ◆ View Confirmation Page History and Other Important Documents from PEEHIP
- ◆ Update Marital Status
- ◆ Update Member and/or Spouse Tobacco Status
- ◆ Add or Update Other (non-PEEHIP) Insurance Coverage Information
- ◆ Update Retiree Employment Information (only members who retired on or after October 1, 2005)

### Enroll, Change or Cancel Coverage *(During Open Enrollment: July 1 - September 10)*

- ◆ Enroll, Change or Cancel your Hospital Medical Plan or your Optional Coverage Plans (Cancer, Dental, Indemnity and Vision)
- ◆ Add or Update Other (non-PEEHIP) Health Insurance Coverage Information (COB)
- ◆ Enroll or Re-enroll in Flexible Spending Accounts (not available to retirees)
- ◆ Add or Update Retiree Employment Information
- ◆ Update Member and/or Spouse’s Tobacco Usage Status
- ◆ Add Dependent(s) to Coverage such as a child or spouse
- ◆ Cancel Dependent(s) from Coverage

### Qualifying Life Event (QLE) Special Enrollment

Coverage for new dependents can be added for the following Qualifying Life Events (QLE) for an effective date of the date of the event or the 1st of the month following the date of the event:

- ◆ Adoption of a Child or Placement of Adoption for a Child
- ◆ Birth of a Child
- ◆ Legal Custody of a Child
- ◆ Marriage of a Subscriber

**Changes must be submitted within 45 days of the QLE.**

### **New Employee Link**

To elect family hospital medical or optional coverage to begin 60 days from the date of hire, a **NEW ENROLLMENT AND STATUS CHANGE** form must be submitted within 30 days of the date of hire requesting family coverage to begin 60 days from the date of hire.

### **Open Enrollment Link**

The Open Enrollment link to enroll online is available beginning July 1 and remains available through the **entire** online Open Enrollment period ending September 10.

### **Employees Who Do Not Enroll in PEEHIP Hospital Medical Coverage**

Employees who do not enroll in a PEEHIP Hospital Medical plan can enroll in the PEEHIP Supplemental Medical Plan **OR** the four (4) Optional Coverage Plans at no premium cost for single or family coverage. **Note:** Spouses who are independently eligible for PEEHIP coverage cannot be covered on a PEEHIP Hospital Medical plan and enroll in the PEEHIP Supplemental Medical Plan or the Optional Coverage Plans at no cost. If they enroll in any Optional Coverage Plans, they will be charged the respective premium(s).

### **Employees without Computer Access**

If a member does not have access to a computer or the Internet, enrollments and/or changes can be made by submitting a **NEW ENROLLMENT AND STATUS CHANGE** form to PEEHIP. Refer to the **Forms** section of this handbook for a **NEW ENROLLMENT AND STATUS CHANGE** form or one can be obtained upon request by calling Member Services at 877.517.0020.

# Enrollment Documentation Required

(Active and Retired Members)

## General Information

Every member who enrolls dependent(s) in his or her PEEHIP coverage(s) is required to certify dependent eligibility to PEEHIP. Certification requires submission of appropriate documents to verify dependent eligibility. **Black out Social Security numbers, account numbers, income, or statement balances prior to sending your documents to PEEHIP.** Under no circumstances does PEEHIP solicit this type of information from members.

Documents must be mailed, emailed, or faxed to PEEHIP. Refer to the **Contact PEEHIP** information at the front of this guide. Enrollments cannot be processed without the appropriate documentation. **PEEHIP is not bound by court order to insure dependents who do not meet PEEHIP guidelines.**

To insure that enrollment deadlines are met, you should submit your enrollment even if all documents are not available to you at the time of enrollment.

## Spouse

A spouse is defined by Alabama law as a person to whom you are currently and legally married. Ex-spouses are not eligible dependents even if a member continues to pay for family coverage. The ex-spouse must be deleted from coverage effective the first day of the month following the date of divorce. Eligibility documents required for spouses are:

- ◆ Marriage certificate
- ◆ **AND one** of the following documents to show marriage is still current:
  - ◆ Current year's Federal Income Tax Return – include pages 1 & 2 of Forms 1040, 1040A, or page 1 of Form 1040EZ. **Your signature and date is required on your return.** If you were married and filed separately, you must also include a copy of your spouse's current year's Federal Income Tax Return. If you (and/or your spouse) filed electronically, a **signed** Form 8879 e-file Signature Authorization can be submitted in lieu of your signature on your return. **OR**
  - ◆ Current year Federal Income Tax Return transcript instead of the previously listed tax and income documents. To receive your transcript, visit <https://www.irs.gov/individuals/get-transcript> or call 800.908.9946.
  - ◆ Transcript of member's most current Federal Income Tax Return (1040, 1040A, or 1040EZ) listing the spouse
  - ◆ Current mortgage statement, home equity loan, or lease agreement listing both member and spouse
  - ◆ Current Property Tax documents listing both member and spouse
  - ◆ Automobile registration that is currently in effect listing both member and spouse
  - ◆ Current utility bill listing both member and spouse
  - ◆ Current utility bill listing spouse at the same address as the member

*"Current" is defined as within the last six months, and supporting documents must be dated within the last six months to qualify as appropriate documentation.*

## Separated Spouse

A separated spouse is defined as a legally separated spouse. Required document for separated spouse is:

- ◆ Notice of Legal Separation (court documents signed by a judge)

## Biological Child

A biological child is defined as a member's biological child who is under age 26. Required document for a biological child is:

- ◆ Birth certificate (issued by a state, county or vital records office)

## Foster Child

A foster child is defined as a child who is placed with a member by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. Required documents for foster children are:

- ◆ Placement Authorization signed by a judge **OR**
- ◆ Final Court Order with presiding judge's signature and seal

## Adopted Child

An adopted child is defined as a member's legally adopted child under age 26. Required documents for adopted children are:

- ◆ Certificate of Adoption or
- ◆ Papers from the adoption agency showing intent to adopt or
- ◆ Court documents signed by a judge showing the member has adopted the child or
- ◆ International adoption papers from country of adoption or
- ◆ Birth Certificate (issued by a state, county, or vital records office naming the adopted parents)

## Step Child

A step child is defined as a child under age 26 who is the natural offspring or adopted child of the covered member's spouse.

Required documents for step children are:

- ◆ Birth certificate of stepchild showing member's spouse's name **AND**
- ◆ Marriage certificate showing stepchild's biological parent is married to member

If the spouse is not covered under the PEEHIP plan, in addition to the above documents, you must submit proof that your marriage is still current. If a step child is added at a different time than the spouse (biological/custodial parent), a current second proof of marriage is required for the child to be enrolled. Refer to the **Spouse** category in this section for a list of acceptable documentation.

## Incapacitated Child

An incapacitated child is defined as an unmarried incapacitated child 26 years of age or older who:

- ◆ is permanently incapable of self-sustaining employment because of a physical or mental handicap,
- ◆ is chiefly dependent on the member for support, and
- ◆ was disabled prior to the time the child attained age 26, and the child had to be covered as a dependent on the member's PEEHIP policy before reaching the limiting age.

### Two Exceptions:

1. New member requests coverage of an incapacitated child over the age of 26 within 30 days of employment; or
2. Existing member requests coverage of an incapacitated child over the age of 26 within 45 days of the qualifying life event of loss of other hospital medical group coverage.

If approved for coverage, the child is not eligible to be covered on any other PEEHIP plans once he or she reaches the limiting age of 26 as an incapacitated child. Required documents for incapacitated children are:

- ◆ INCAPACITATED DEPENDENT form. Proof of the child's condition and dependence must have been submitted to PEEHIP within 45 days after the date the child would otherwise have ceased to be covered because of age.
- ◆ Proof of the required documents(s) for one of the dependent categories as noted above to show the child is your biological child, adopted, or stepchild **AND**
- ◆ Medicare card (if eligible)

## Other Child

Any other children, such as grandchildren, for example, must meet the same requirements as foster children and must be placed with you by decree or other order of a court of competent jurisdiction, for example, legal custody, legal guardianship.

Required documents for other children are:

- ◆ Placement Authorization signed by a judge **OR**
- ◆ Final Court Order with presiding judge's signature and seal

## Resources to Obtain Documents

- ◆ Birth Certificates and Marriage Certificates: [www.cdc.gov/nchs/w2w.htm](http://www.cdc.gov/nchs/w2w.htm) (click on your State for details)
- ◆ Children born outside the United States: [www.travel.state.gov/passport/faq/faq\\_1741.html](http://www.travel.state.gov/passport/faq/faq_1741.html).

# HIPAA Special Enrollment Outside of Open Enrollment

## *(Active and Retired Members)*

HIPAA requires group health plans to provide special enrollment periods during which certain individuals who previously declined health coverage are allowed to enroll. A special enrollee is not treated as a late enrollee.

### Examples of situations that qualify for special enrollment are:

- ◆ Person becomes a dependent through marriage
- ◆ Birth of a dependent child
- ◆ Adoption, placement of adoption, or legal custody of a child under the age of 18
- ◆ Loss of coverage due to divorce
- ◆ An individual with other insurance coverage loses that coverage
- ◆ Loss of coverage due to layoffs, employment strike, involuntary termination, voluntary resignation or voluntary change in employment
- ◆ Loss of coverage because dependent is fired
- ◆ Company discontinues insurance coverage completely, company changes insurance carriers and no longer offers previous carrier (not just a change in benefits and premiums). This does not apply to a self-insured plan that is only changing insurance administrators.
- ◆ Exhaustion of COBRA coverage

### These individuals are not required to wait until the Open Enrollment period to enroll in the Hospital Medical Plan but must submit the request for special enrollment within 45 days of each scenario.

This special enrollment period is available to employees and their dependents who meet certain requirements:

- ◆ The employee or dependent must otherwise be eligible for coverage under the terms of their plan.
- ◆ When the PEEHIP coverage was previously declined, the employee or dependent must have been covered under another group health plan or must have had other health insurance coverage.
- ◆ If the other coverage is COBRA, the special enrollment can only be requested after exhausting COBRA even if the employer pays the COBRA premiums for any length of time.
- ◆ If the other coverage is not COBRA, special enrollment can only be requested after losing eligibility for the other coverage or after cessation of employer contributions for the other coverage.

An individual **does not** have a special enrollment right if the individual loses the other coverage in certain situations.

### Examples of coverage loss situations that do not qualify for special enrollment:

- ◆ As a result of the individual's failure to pay premiums
- ◆ For cause – such as making a fraudulent claim
- ◆ If other coverage has an increase in premiums or a change in benefits
- ◆ If other coverage is changed to a Marketplace Exchange plan and employer continues to subsidize the premium
- ◆ Voluntarily removing an eligible dependent from another plan

**These examples do not qualify as a loss of coverage under the HIPAA Federal guidelines.**

### Enrolling Due to a Loss of Eligibility for Coverage

Members and their dependents are eligible for special enrollment if they are otherwise eligible for PEEHIP coverage and, at the time coverage under PEEHIP was previously offered, they had other health insurance coverage for which they lost eligibility.

When enrolling in a Hospital Medical plan due to a loss of coverage, the member must submit to PEEHIP a NEW ENROLLMENT AND STATUS CHANGE form **AND** documentation demonstrating loss of coverage eligibility, such as a letter on company letterhead from the employer through which coverage was lost indicating the reason for the loss of eligibility of coverage such as termination of employment, resignation, retirement with no insurance benefits, and the date coverage ended. Proof of loss of coverage must be submitted for each dependent who has lost coverage. Enrollment due to loss of coverage may not be done online through MOS.

When the loss of coverage is due to divorce, in addition to proof of loss of coverage, the member requesting coverage must submit to PEEHIP a NEW ENROLLMENT AND STATUS CHANGE form **AND** provide a copy of the divorce decree signed by a judge of a court of competent jurisdiction.

If PEEHIP is not notified within 45 days of the date of the loss of coverage, the member is required to wait and enroll during the Open Enrollment period (July 1 – August 31) with a coverage effective date of October 1. Members must wait until Open Enrollment to enroll in the Optional Coverage Plans. The member cannot enroll in dental or vision outside of Open Enrollment even if it was part of the plan in which they lost coverage. **A member is eligible to drop any of the Optional Coverage Plans when enrolling in a Hospital Medical plan due to a loss of other coverage if he/she had the Optional Coverage Plans for at least one year.**

### Cancelling or Changing Coverage Due to a Qualifying Life Event (QLE)

All active members pay their premiums using pre-tax dollars. Therefore, active members must have an IRS Qualifying Life Event (QLE) before they can be allowed to cancel their Hospital Medical plan, change the status of their coverage, or drop/add dependents outside of the Open Enrollment period.

**QLE change requests must be submitted to PEEHIP within 45 days after the date of the QLE. If a newborn is not added within 45 days of the date of birth for coverage to be effective the date of birth, claims incurred at the time of birth will not be paid.**

Qualifying Life Event (QLE)	Add/Remove	MOS
Adoption of Child	Add	✓
Birth of a Child* <i>*Birth is not a QLE to cancel coverage</i>	Add	✓
Commencement of spouse/dependent employment	Remove	
Death of spouse or dependent	Remove	
Divorce or annulment	Remove	
FMLA/LOA	Remove	
Legal custody of child	Add	✓
Marriage of the subscriber	Add	✓
Marriage of dependent child	Remove	
Medicaid and/or Medicare entitlement	Remove	
Spouse/dependent loss of eligibility for coverage	Add	
Spouse's employer has a different Open Enrollment period than PEEHIP's Open Enrollment* <i>*Does not apply to Medicare's Open Enrollment</i>	Remove	
Termination of spouse employment and loss of eligibility for insurance coverage	Add	
<b>Retirees can drop the first of the month</b>	Remove	

Members can remove their spouse from their PEEHIP Hospital Medical coverage during their spouse's Open Enrollment if the plan year for the other employer group coverage does not coincide with the PEEHIP plan year. This option is available as long as the other employer health plan is a cafeteria plan or qualified benefits plan. This does not apply to Medicare's Open Enrollment.

Members can use this QLE prospectively at any time during the year at such point that their spouse elects coverage under their employer group health plan with a different plan year than the PEEHIP plan year. This new QLE not only creates a path to remove a spouse as a dependent, but also allows members the option to remove all family coverage and change to single coverage or drop the PEEHIP Hospital Medical coverage altogether outside of the PEEHIP Open Enrollment. Timely notification and documentation demonstrating the spouse or dependent's eligibility for their employer group health plan must be provided to PEEHIP within 45 days from the effective date of the new plan year of their employer group health plan.

If all dependents on the policy are ineligible, the coverage will automatically change to an individual plan effective the first of the month following the cancellation of the last remaining dependent. Policies are only cancelled effective on the first day of the month and cannot be cancelled in the middle of the month.



### Changing Single to Family Coverage

Members enrolled in single Hospital Medical coverage who marry can request to change coverage to family adding their newly acquired dependents within 45 days of the date of marriage. Members can add all eligible dependents when changing to family coverage. Enroll online through MOS at <https://mso.rsa-al.gov> and mail a copy of the marriage certificate (and birth certificates, if applicable) to PEEHIP. The effective date of coverage can be the date of marriage or the first of the following month. A member who is only enrolled in the Optional Coverage Plans cannot enroll in the Hospital Medical plan due to a marriage or birth of a child. **Members will be required to make payment for the additional family premium at the time of enrollment.** Prior notification is not required. *However, if coverage is not added within 45 days of the date of marriage, the member must wait until the following Open Enrollment period.*

### Adding Dependents to Family Coverage

Members can add a new dependent(s) to existing family coverage through MOS at <https://mso.rsa-al.gov> within 45 days of acquiring the dependent(s) and mail a copy of the marriage certificate and/or birth certificate to PEEHIP. Prior notification is not required. *However, if coverage is not added within 45 days of the date the dependents are acquired, the member must wait until the following Open Enrollment period.*