

# Eligibility Criteria



## PLAN YEAR

The Plan year will begin on January 1 and end on December 31 each year. In the fall, you will have the opportunity to change your medical, dental and FSA elections for the upcoming plan year.

## ELIGIBILITY

Regular full-time employees who work a minimum of 40 hours per week and regular part-time employees who are regularly scheduled to work 20 hours or more per week are eligible to participate in the MSA benefit plans.

Eligibility begins on your first day of work or when you first become eligible and ends immediately on termination or when you are no longer eligible.

## DEPENDENT COVERAGE

In addition to electing coverage for yourself, you can elect to cover eligible dependents. For medical and dental plans, your eligible dependents include your legal spouse or registered domestic partner. In addition, eligible children for medical includes married or unmarried children through the end of the month they turn 26. Eligible dependents for dental are unmarried children to age 26. For Supplemental Life & Personal Accident Insurance, dependents include your legal spouse, domestic partner and children up to age 19 (up to age 25 if full-time student).

## CHANGING YOUR BENEFITS

The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefit elections once a year. As such, your health care benefit choices are binding until the next open enrollment. The following special circumstances are the ONLY reasons you may change your benefits during the plan year:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan
- A significant change in your or your spouse's health coverage attributable to your spouse's employment
- Death of a spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare, Medicaid, or a state Children's Health Insurance Program (CHIP) during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances often referred to as "Qualifying Life Events" or life event changes, will allow you to make changes at any time during the year in which they occur. For any allowable change, you must notify Human Resources of the event and provide the requested documents within 31 days of the event to avoid a lapse in coverage. Changes that are requested due to a "change of mind" or financial hardship without a Qualifying Life Event, are not allowed until the next annual open enrollment period.