

**BOARD OF PENSIONS  
ADMINISTRATIVE RULES**

<b>Section:</b>	2 (Enrollment)	<b>Subject:</b>	REENROLLMENT IN MEDICAL PLAN COVERAGE
<b>Rule Number:</b>	202		
<b>Reference:</b>		<b>Resource:</b>	<b>Benefits</b>
<a href="#">Article XIII, Section 13.3</a>		<b>Original Date:</b>	3/91
<a href="#">Administrative Rule 201</a>		<b>Revision Date:</b>	6/95, 3/98, <b>4/00,</b>

**Reinstating a Member's Benefits**

If a member terminates from the Plan and reapplies for membership after a year or more, the Board will ask for a Creditable Coverage Certificate. If the certificate is not provided, a one-year limit will be set on the appropriate individual's medical benefit for any pre-existing conditions. **(If Plan membership is being reestablished within a year of termination, no application will be required but proof of prior coverage is still required.)**

**Exception:**

A member and his or her dependents will not have to provide a proof of creditable coverage if the member has subscribed for continuation of medical coverage during the break. No limits based on pre-existing conditions will be set. If the member had continuous coverage, but did not subscribe for spouse/child(ren), the appropriate limits will be placed for any individual not continuously covered. If no creditable coverage was established prior to plan re-enrollment a preexisting condition may apply. **(SEE ADMINISTRATIVE RULE 201)**

**Retiree who Returns to Active Service**

The policy outlined above also applies to retired members who return to active service after more than one year. If there has not been continuous medical coverage, a completed membership application and proof of creditable coverage will be required. If there has been continuous medical coverage (Continuation and/or Medicare Supplement) for all involved, an application will still be required, but the Board will not require proof of creditable coverage.

### **New Member who was covered as a Spouse or Dependent immediately prior to Enrollment**

If a new member was previously covered as a spouse or dependent of another Plan member immediately prior to his/her enrollment in the Plan, proof of creditable coverage is not required and no limit will be placed on that individual's benefit.

#### **Example 1:**

A dependent child is now enrolling in the Plan and was covered as a dependent or subscriber up to the date of new enrollment. No creditable coverage information will be required for dependent child. Proof of creditable coverage will be required for spouse and/or children to this new plan member.

#### **Example 2:**

An ex-spouse subscribed for continuation of medical until he/she enrolled as an active member. No creditable coverage information will be required. Dependent children, if any, will not have limits imposed since coverage was continuous (either through the original member or through subscription).

### **Re-Enrolling a Member who was covered as a Spouse during an Inactive Period**

If a re-enrolling member was continuously covered as a spouse of another Plan member while he/she was inactive in the Plan does not need to provide proof of creditable coverage.