

**BOARD OF PENSIONS
ADMINISTRATIVE RULES**

Section: 2 (ENROLLMENT)	Subject: Medical Plan Spouse/Dependent Coverage Waiver
Rule Number: 206	
Reference: Article XIII, Sec. 13.2	Resource: Healthcare Original Date: 6/2009

TRADITIONAL PROGRAM WAIVER FOR ELIGIBLE SPOUSE AND DEPENDENT CHILDREN

Effective October 1, 2009, Section 13.2 of the Medical Plan was amended to provide a Plan Member with the right to apply for a waiver of coverage for his or her Eligible Spouse and/or Dependent Children if such dependent beneficiary has comparable coverage under another employer or military services-related group health care plan.

This rule explains the terms and conditions of the optional waiver and the re-enrollment rights and requirements.

COMPARABLE COVERAGE

The optional waiver is available if the Spouse or Dependent Child(ren) who is automatically covered under the Traditional Program or under the ABP Program if the employer is paying 100% of family coverage and has other comparable employer group or military services medical coverage in effect. The Plan provides that the Board, in its sole discretion, shall determine whether the other medical coverage is comparable to the Medical Plan.

To determine the comparability of the coverage, the Plan will need to know whether the other plan meets the following criteria:

- The plan covers all medically necessary care including, without limitation, routine primary care, inpatient hospitalization, ambulatory surgery, diagnostic testing and emergency services throughout the United States, inpatient and outpatient psychiatric care, substance abuse and chemical dependency treatment and out-patient prescription drugs.
- The maximum benefit coverage is at least [\$1,000,000] per lifetime.
- The plan covers pre-existing conditions provided that there is not a gap in coverage in excess of 63 days.

- The employer or the military medical program pays at least 50% of the cost of the coverage, exclusive of deductibles and copayments.

WAIVER APPLICATION

To receive a waiver, a Member must file a waiver application form [MS-31] with the Board, together with a copy of the summary plan description or other official description of the benefits coverage, proof of coverage and any other documentation that the Board may request.

If the waiver is accepted by the Board, the waiver will become effective the first of the month following the receipt of ALL required documentation.

The Board will not grant a retroactive waiver.

DURATION OF WAIVER

Unless a Member re-enrolls the Spouse or eligible Dependent Child(ren) during an open enrollment period, the waiver shall remain in effect until such time as the medical coverage is no longer available for the Member's Spouse and/or eligible Dependent Child(ren) due to a qualifying life change event or termination of the other medical coverage by the employer or loss of employment and the Member re-enrolls the Spouse or Dependent Children into the Board's Medical Plan Traditional Program or ABP Program if the employer is paying 100% of family coverage.

RE-ENROLLMENT

ANNUAL ENROLLMENT PERIOD

A Member may re-enroll a Spouse or eligible Dependent Child(ren) for Medical Plan Traditional Program coverage during an annual open enrollment period. The reenrollment shall be effective as of January 1st of the new Plan Year.

LOSS OF OTHER COVERAGE

A Member may re-enroll a Spouse or eligible Dependent Child(ren) for Medical Plan Traditional Program coverage upon loss of the other coverage. The Member must apply to the Board for reinstatement of the Spouse's or Dependent Child(ren)'s coverage under the Traditional Program within sixty – three days of the date that the other coverage terminated. The coverage will become effective on the day after the member lost coverage as long as the required documentation is received within the 63 days following the loss of coverage. No pre-existing condition exclusion will apply as long as the re-enrollment application is received by the Board within 63 days of the dependent's loss of coverage.

If the Member applies to re-enroll a Spouse or Dependent Child(ren) due to a loss of coverage in that Plan Year, but fails to apply within the 63 days following the termination of other coverage, the application may be granted with an effective date of the first of the month following receipt of ALL required documentation, but the Spouse or Dependent Child(ren) may be subject to the Plan's pre-existing condition exclusion.

IMPACT ON DUES

Neither a Member's application for a waiver nor a re-enrollment in the Medical Plan will have any impact on the dues to be paid by the church or employing organization. The Medical Plan dues to be paid by a

church or employing organization shall not be reduced if a Member elects to opt-out of coverage for a Spouse or Dependent Child(ren).

OPTIONAL COVERAGE

The dependents who have been waived out of the Medical Plan will still be eligible for the Optional Coverage (i.e. Dental, Supplemental Death) that the member is enrolled in.

RESERVATION OF RIGHTS

The Board, in its sole discretion, may adopt more specific requirements for the waiver and reenrollment in an administrative rule.