

INSTRUCTIONS FOR NEW EMPLOYEES REGARDING BENEFIT ENROLLMENT

The information contained in this folder is regarding State of Indiana employee benefits. This includes medical, dental, vision, life insurance, health savings account and flexible spending account information for you and any eligible dependents. To view additional information related to the plans, such as plan summaries, Certificates of Coverage (COC) or doctor/dentist participation, please visit our website at: <https://www.in.gov/spd/benefits>.

After reviewing the information, please make sure to log onto PeopleSoft and complete your benefit enrollment through Self-Service Benefits. Per the State's contracts with the carriers, **elections must be made and submitted no later than the Monday following the pay period in which you were hired.** If your benefits are not submitted by the deadline, you will have to wait until the next open enrollment period to enroll in benefits. If you have any questions about your enrollment deadline, please feel free to contact the State Personnel Benefits Hotline.

If you have a disabled dependent over age 26, you will need to contact the State Personnel Benefits Hotline prior to your benefits enrollment deadline so that you can be assisted in completing your benefits enrollment. Upon contacting the Benefits Division, Anthem will be notified and will initiate the eligibility review process.

Dependents of eligible employees may be covered under the State of Indiana employee benefit plans. In order for dependents to be covered, the employee must be covered.

(1) "Dependent" means:

- (a) Spouse of an employee;
- (b) Any children, step-children, foster children, legally adopted children of the employee or spouse, or children who reside in the employee's home:
 - i) for whom the employee or spouse has been:
 - (I) appointed legal guardian or
 - (II) awarded legal custody by a court, or
 - ii.) in an I.C. 31-19-7-1 approved placement for purposes of adoption, under the age of twenty-six (26).

In the event a child:

- i.) was defined as a "dependent", prior to age 19, and
- ii.) meets the following disability criteria, prior to age 19:
 - (I) is incapable of self-sustaining employment by reason of mental or physical disability,
 - (II) resides with the employee at least six (6) months of the year, and
 - (III) receives 50% of his or her financial support from the parent

such child's eligibility for coverage shall continue if satisfactory evidence of such disability and dependency is received by Contractor in accordance with Contractor's disabled dependent certification and recertification procedures. Eligibility for coverage of the "Dependent" will continue until the employee discontinues his coverage or the disability no longer exists. A Dependent child of the employee who attained age 19 while covered under another Health Care policy and met the disability criteria specified above, is an eligible Dependent for enrollment so long as no break in Coverage longer than sixty-three (63) days has occurred immediately prior to enrollment. Proof of disability and prior coverage will be required. The plan requires periodic documentation from a physician after the child's attainment of the limiting age.

Please Note: Anthem will administer the disabled dependent verification process. You must contact the Benefits Hotline within 31 days after a disabled dependent turns 26 to ensure that there is no lapse in coverage. Failure to contact the Benefits hotline timely will result in automatic removal. To be eligible to enroll your dependent(s) as part of your Open Enrollment event, you must contact the Benefits Hotline during Open Enrollment and Anthem must certify that your dependent(s) meets the definition of a disabled dependent.

Once you have completed your benefits enrollment through Self-Service Benefits, you will need to print a Benefit Confirmation Statement. The Benefit Confirmation Statement is a verification of the selections you have made. Please review the statement and make sure all the information is correct.

DESCRIPTION OF SPECIAL ENROLLMENT RIGHTS (QUALIFYING EVENTS)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in a state-sponsored benefit plan if you or your dependents experience a qualifying event that results in the loss of eligibility for other health insurance or group health plan coverage. However, you must request enrollment within **30 days** after the qualifying event.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, or similar change, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the event.

To request special enrollment or obtain more information about qualifying events, please contact the State Personnel Benefits Hotline at 317-232-1167 or 877-248-0007 (for calls outside the 317 area code).