



Qualified Status Change (QSC) Matrix

A Qualified Status Change is a change in work or family status that allows limited mid-year changes to benefit plans that effect eligibility for coverage. These changes are allowed outside of the annual open enrollment period.

(a) Gain Spouse or Domestic Partner by marriage or meets Domestic Partner Eligibility
Employee may enroll newly eligible spouse/Domestic Partner and dependent children. Employee may waive coverage. Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system. Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents. No plan changes, plan additions or plan deletions allowed.
(b) Loss of Spouse or Domestic Partner by divorce, annulment, death or termination of Domestic Partnership
Employee must cancel elections for ineligible dependents, spouse or Domestic Partner. Employee may enroll and add eligible dependents who lost other group coverage. Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents. No plan changes or plan deletions allowed; plan additions allowed.
(c) Gain Dependent by birth, placement for/or adoption, affidavit of dependency or Domestic Partner's children (by affidavit of domestic partnership)
Employee may enroll newly eligible dependents. Employee may waive coverage. Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system. Employee may remove dependents who become eligible under spouse's plan. A biological newborn's effective date is the moment of birth through the first 31 days of life. An adopted child's effective date is from the date of decree or placement for adoption through the first 31 days. Note: The enrollment must be submitted within the first 60 days for coverage to continue. Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents. No plan changes, plan additions or plan deletions allowed.



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(d) Employee starts new employment and gains eligibility
<p>Employee may enroll in plans and add eligible dependents.</p> <p>Employee may waive coverage.</p> <p>Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system.</p>
(e) Employee experiences a change in employment status which affects eligibility
<p>Provided that eligibility was gained the employee may enroll and add new dependents.</p> <p>Employee may waive coverage.</p> <p>Employee may opt out only if proof of other group coverage is provided to the educational entity for input into the myOEBB system.</p> <p>Employee may remove individuals or add previously eligible individuals.</p> <p>Employee may change to other recognized group plans under OEBB.</p>
(f) Employee ends employment or other change in employment status resulting in a loss of eligibility under their employer's plan
<p>Election for employee, spouse, domestic partner or dependent who loses eligibility under the plan ends.</p>
(g) Spouse/Domestic Partner starts new employment or other change in employment status which affects eligibility
<p>Provided that eligibility was gained under spouse/domestic partner's employer group plan, employee may opt out.</p> <p>Employee may enroll from opt out if other group coverage is lost.</p> <p>Employee may waive coverage.</p> <p>Employee may remove individuals who gain other coverage or add previously eligible individuals.</p> <p>Plan additions allowed only; no plan changes or plan deletions allowed.</p>



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(h) Termination of Spouse/ Domestic Partner's employment or other change in employment status which results in a loss of eligibility under their employer's plan
<p>Employee may enroll for employee, spouse/domestic partner or eligible dependents who lose eligibility under spouse/domestic partner's employer's plan.</p> <p>Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents.</p> <p>Plan additions allowed only; no plan changes allowed.</p>
(i) Event by which dependent satisfies eligibility requirements under OEBB plans (for a list of requirements see OAR 111-010-0015)
<p>Employee may enroll eligible dependent.</p> <p>Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents.</p> <p>No plan changes, plan additions or plan deletions allowed.</p>
(j) Event by which dependent ceases to satisfy eligibility requirements under OEBB plans (for a list of requirements see OAR 111-010-0015)
<p>Employee must remove ineligible dependent(s).</p> <p>No plan changes, plan additions or plan deletions allowed.</p>
(k) Move causes loss of eligibility (employee moves out of HMO service area)
<p>Provided that eligibility was lost, employee must cancel election to the HMO plan. Employee may make new election in another plan offered by the educational entity.</p> <p>Plan changes allowed only; no plan additions allowed.</p>



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(l) Reinstatement of Coverage

The Reinstatement QSC must be used in only the following scenarios:

Military (USERRA) - reinstating coverage for military personnel in compliance with USERRA.

Former eligible employee continued coverage under COBRA, therefore the educational entity can reinstate coverage upon the employee's return; employee did not experience a break in coverage.

Educational entity terminated coverage in error, there is no lapse in coverage and coverage can be reinstated.

(m) Changes in cost or coverage do not constitute a Qualified Status Change. All changes resulting from a change in cost or coverage must be made during Open Enrollment.

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(n) Related laws or court orders

- Qualified Medical Child Support Order: Changes are determined by the applicable law or court order.
- Medicare laws
- Family Health Insurance Assistance Program (FHIAP)
- HIPPA Special Enrollment Rights: A HIPPA special enrollment event is also a Qualified Status Change. Under HIPPA, health plans are required to provide special enrollment opportunities for certain eligible individuals. The effective date is determined by HIPPA regulations.

Special enrollment for loss of other group health coverage. If employee or eligible dependents are enrolled under another group health plan and lose coverage under the plan, they are eligible for the OEBB plan retroactive to the first of the month in which coverage terminates.

Employee may elect coverage for employee, spouse/domestic partner or dependent who has lost other group coverage.

No plan changes, plan additions or plan deletions allowed.

Special enrollment for gain of new dependent by marriage, birth, adoption, or placement for adoption. Coverage arising as a result of birth, adoptions or placement for adoption must be retroactive to the date of the event for the first 31 days. Note: The enrollment must be submitted within the first 60 days for coverage to continue. Coverage due to marriage is effective the first of the month following the receipt of enrollment forms or the event, whichever is later.

Employee may elect coverage for employee, spouse/domestic partner, or dependent.

Election of coverage may also be extended to previously eligible (but not yet enrolled) dependents.