



When can I make a change to my coverage?

Premiums/Enrollments/Changes

The Elevanta Health Program has established a plan that allows the deductions for health care costs to be made on a pre-tax basis. This is a Flexible Benefits Plan and it effectively decreases your cost of the PPO plans, MEC plans, dental plans, vision plan, and supplemental life.

Making Coverage Changes During the Year

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified life event or you or your eligible dependents become eligible for coverage through special enrollment rules.

Qualifying life events include, but are not limited to:



Birth or adoption of an eligible child.



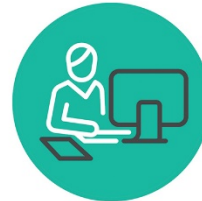
Gain or loss of dependent status: child reaches age limit for eligibility.



Marriage, divorce or legal separation.



Residence or workplace change that impacts your or your dependent's eligibility for coverage.



Employment status change: starting or ending employment, for you, your spouse or your children.



Death of a spouse or dependent.

If you experience a qualifying event, you must notify your employer in writing AND contact Elevanta Health within 30 days of the qualifying event and provide appropriate documentation. **For a more complete list of qualified life events and special enrollment rules, refer to the Summary Plan Description.**

Flexible Benefits Plan Guidelines

When you elect to participate in the PPO plans, MEC plans, dental plans, vision plan, and Supplemental Life plans you automatically elect to participate in the Flexible Benefits Plan.

Enrollment and changes for these plans are allowed at the following times only:

- Within 60 days from date of hire or date you moved into an eligible class.
- During the annual open enrollment period each year.
- When a change in the family status occurs—changes to insurance must be received by the Elevanta Health Service Center **within 30 days** of change in family status.



Flexible Benefits Plan Guidelines (continued)

Cafeteria 125 IRS qualifying event changes in family status:

- Marriage or divorce.
- Death of spouse or dependent.
- Birth or adoption of child.
- Termination or commencement of spousal health benefits.
- Going from part-time status to full time or from full-time status to part time.
- You or your spouse takes an unpaid Leave of Absence.

Any change in coverage that is due to a change in family status must be necessary or appropriate as a result of that change in family status.

When coverage ends

Medical, dental and vision coverage for you and your covered dependents normally ends on the date following:

- Termination of your employment for any reason.
- Loss of eligibility for you or your dependents.
- The end of the month of your dependent child's 26th birthday.
- The cessation of your contributions.
- Cancellation of coverage by the company.