### Making Benefit Changes Outside of the Open Enrollment Period

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Health Plan</th>
<th>Dental Plan (Traditional &amp; Medallion)</th>
<th>Health Flexible Spending Account (FSA)</th>
<th>Dependent Care Flexible Spending Account (FSA)</th>
<th>Effective Date</th>
</tr>
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</table>
| **You get married...** | You may enroll or add coverage for your spouse and any newly eligible dependents. You also may change coverage to another Plan option and/or change your Third-Party Administrator.  
You may discontinue coverage for yourself and any dependents that gain coverage under your spouse’s plan. | You may enroll or add coverage for your spouse and any newly eligible dependents. You may also change coverage to another Plan option.  
You may discontinue coverage for yourself and any dependents that gain coverage under your spouse’s plan. | You may enroll or increase election; may decrease election if become covered under spouse’s plan.  
You may enroll or increase election if the marriage increases dependent care expenses, may drop or decrease election if the marriage lowers expenses, or can be covered under spouse’s plan. | Date of event |
| **Your domestic partner becomes eligible for benefits** | You may add coverage for your domestic partner and any newly eligible dependents to your current plan option on an after-tax basis if you are already enrolled for coverage.  
You may discontinue coverage for any dependents who were receiving coverage on an after-tax basis that gain coverage under your domestic partner’s plan. | You may add coverage for your domestic partner and any newly eligible dependents to your current plan option on an after-tax basis if you are already enrolled for coverage.  
You may discontinue coverage for any dependents who were receiving coverage on an after-tax basis that gain coverage under your domestic partner’s plan. | You cannot make any changes.  
You cannot make any changes. | Date of event |
| **You get divorced or legally separated, or your marriage is annulled...** | You must discontinue coverage for your former spouse and any dependents that become ineligible (e.g., stepchildren), and you may remove any dependents that will be added to your former spouse’s plan.  
You may enroll or add coverage for yourself or any eligible dependents that are no longer covered under your former spouse’s plan.  
You also may change coverage to another Plan option and/or change your Third-Party Administrator. | You must discontinue coverage for your former spouse and any dependents that become ineligible (e.g., stepchildren), and you may remove any dependents that will be added to your former spouse’s plan.  
You may enroll or add coverage for yourself or any eligible dependents that are no longer covered under your former spouse’s plan.  
You also may change coverage to another Plan option. | You may enroll or increase election if losing coverage under spouse’s health plan; may drop or decrease election.  
You may enroll or increase election if event increases dependent care expenses or triggers eligibility or if you lose coverage under spouse’s Dependent Care FSA; may drop or decrease election if event changes dependent eligibility (e.g., if child now resides with ex-spouse) or lowers dependent care expenses. | Date of event |
| **You end a domestic partnership** | You must discontinue coverage for your former domestic partner and any dependents that become ineligible (e.g., stepchildren) or lowers dependent care expenses as a result of the end of the domestic partnership.  
You may enroll or change coverage as a result of the end of the domestic partnership.  
You may also change coverage to another Plan option and/or change your Third-Party Administrator. | You must discontinue coverage for your former domestic partner and any dependents that become ineligible (e.g., partner’s children).  
You may enroll or change coverage as a result of the end of the domestic partnership.  
You may also change coverage to another Plan option. | You may drop or decrease election if your domestic partner and any dependents cease to be a qualified dependent for the Health Care FSA as a result of the end of the domestic partnership.  
You may drop or decrease election if event changes dependent care expenses (e.g., if you have to enroll your child in day care as a result of the loss of child care provided by your former domestic partner).  
You may drop or decrease election if your domestic partner and any dependents cease to be a qualified dependent for the Dependent Care FSA as a result of the end of the domestic partnership. | Date of event |
| **Your eligible dependent passes away...** | You must drop the deceased from coverage.  
You may enroll or add coverage for yourself or any eligible surviving dependents that are no longer covered under the deceased’s plan. You also may change coverage to another Plan option and/or change your Third-Party Administrator. | You must drop the deceased from coverage.  
You may enroll or add coverage for yourself or any eligible surviving dependents that are no longer covered under the deceased’s plan. You also may change coverage to another Plan option. | You may enroll or increase election if event increases dependent care expenses or triggers eligibility or if you lose custody of stepchild) or lowers dependent care expenses (e.g., if same-spouse or domestic partner was a tax dependent requiring dependent care services for self). | Date of event |

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**Note:**
- Effective Date: Date of event (Any claims incurred on or after the date of ineligibility by the domestic partner will not be paid by the plan.)
- Adding/removing eligible dependents: Date of event
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<tr>
<th><strong>YOU HAVE THE OPPORTUNITY TO CHANGE YOUR BENEFITS IF . . .</strong></th>
<th><strong>HEALTH PLAN</strong>&lt;sup&gt;1&lt;/sup&gt;</th>
<th><strong>DENTAL PLAN</strong>&lt;sup&gt;2&lt;/sup&gt; (Traditional &amp; Medallion)</th>
<th><strong>HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)</strong>&lt;sup&gt;3, 4&lt;/sup&gt;</th>
<th><strong>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)</strong>&lt;sup&gt;4&lt;/sup&gt;</th>
<th><strong>EFFECTIVE DATE</strong></th>
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<tbody>
<tr>
<td>You have a new child (by birth, adoption, or placement for adoption) . . .</td>
<td>You may enroll or add coverage for your spouse or domestic partner and any newly eligible dependents.</td>
<td>You may enroll or add coverage for your spouse or domestic partner and any newly eligible dependents.</td>
<td>You may enroll or increase election.</td>
<td>You may enroll or increase election if event increases dependent care expenses; may drop or decrease election if event changes eligibility or decreases expenses (e.g., if spouse stops working to care for other children in day care).</td>
<td>Health and Dental: Date of birth/adoption/placement for adoption of the new child. Enrollment or changes with respect to other dependents will be effective the date of event. FSA: Date of event</td>
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<tr>
<td>Your dependent is no longer eligible for benefits under the University Plan (e.g., child reached the age at which coverage is no longer available) . . .</td>
<td>You must discontinue coverage for your ineligible spouse, domestic partner, or dependent.</td>
<td>You must discontinue coverage for your ineligible spouse, domestic partner or dependent.</td>
<td>You may drop or decrease election if the spouse, domestic partner, or dependent was an eligible dependent for the Health Care FSA.</td>
<td>You may drop or decrease election if event requires you to provide coverage.</td>
<td>Date of event (Plan coverage terminates as of the date of ineligibility. Children turning 26 continue coverage through the end of the calendar month.)</td>
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<td>You experience a change in employment status that impacted your eligibility for benefits (e.g., retirement, commencing or returning from a leave of absence in excess of 30 days, termination of employment, transfer to the University from another affiliated employer) . . .</td>
<td>If you have become newly eligible: You may enroll for coverage.</td>
<td>If you have become newly eligible: You may enroll for coverage.</td>
<td>If you have become newly eligible: You may enroll for coverage.</td>
<td>If you have become newly eligible: You may enroll in a Health Care FSA or Dependent Care FSA.</td>
<td>Newly eligible: Date of event</td>
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<td>Your eligible dependent experiences a qualifying change in employment status due to a qualified, HIPAA special enrollment right, significant cost increase or curtailment of coverage, etc.) . . .</td>
<td>You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office.</td>
<td>You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office.</td>
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<td>You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office.</td>
<td>Date of event</td>
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<tr>
<td>You become enrolled as an adult child under your parent’s employer’s group health plan during an annual Open Enrollment period, HIPAA special enrollment period, or as a result of your parent experiencing a qualifying election change event under his or her own employer’s Cafeteria Plan . . .</td>
<td>No change permitted.</td>
<td>No change permitted.</td>
<td>No change permitted.</td>
<td>No change permitted.</td>
<td>Date of event</td>
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<tr>
<td>You experience a significant change in the cost of dependent care and the cost change is imposed by a dependent care provider who is not your relative . . .</td>
<td>You may discontinue coverage.</td>
<td>No change permitted.</td>
<td>No change permitted.</td>
<td>You may enroll or increase election if the cost significantly increases.</td>
<td>Date of event</td>
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<td>You or your former spouse is required to provide coverage for a dependent by legal judgment or court order (e.g., Qualified Medical Child Support Order) . . .</td>
<td>You may enroll and add coverage for your eligible dependent if the order requires you to provide coverage. You also may change coverage to another Plan option and/or change your Third-Party Administrator.</td>
<td>You may enroll and add coverage for your eligible dependent if the order requires you to provide coverage. You also may change coverage to another Plan option.</td>
<td>You may enroll or increase election if the order requires you to provide coverage.</td>
<td>You cannot make any changes to your Dependent Care FSA.</td>
<td>Date required by court order or date order is determined by Plan Administrator to be qualified, whichever is later.</td>
</tr>
<tr>
<td>EFFECTIVE DATE</td>
<td>HEALTH PLAN</td>
<td>DENTAL PLAN (Traditional &amp; Medallion)</td>
<td>HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)</td>
<td>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)</td>
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<tr>
<td>You, your current or former spouse (or his or her child) who is a tax dependent, or current domestic partner (or his or her child) who is a tax dependent, or your child changes coverage from another employer’s plan during the other employer’s open enrollment period that is different than the University’s Open Enrollment period . . .</td>
<td>You may enroll or add coverage for your affected spouse, domestic partner, and eligible dependents who lose coverage under the other plan. You also may change coverage to another Plan option and/or change your Third-Party Administrator. You may discontinue coverage for you and any dependents that gain coverage through the other employer’s plan.</td>
<td>You may enroll or add coverage for your affected spouse, domestic partner, and eligible dependents who lose coverage under the other plan. You also may change coverage to another Plan option.</td>
<td>You may not make any changes to your Health Care FSA.</td>
<td>You may increase your contribution amount if your spouse decreases coverage. If your spouse increases coverage, you may decrease your coverage.</td>
<td></td>
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</tbody>
</table>
| Your current domestic partner (or his or her child) who is not a tax dependent, changes coverage from another employer’s plan during their employer’s open enrollment period that is different than the University’s Open Enrollment period . . . | You may add coverage for your affected domestic partner and eligible dependents on an after-tax basis. You may discontinue coverage for any dependents who were receiving University coverage on an after-tax basis that gain coverage through the other employer’s plan. | You may add coverage for your affected domestic partner and eligible dependents on an after-tax basis. You may discontinue coverage for yourself and any dependents that gain coverage through the other employer’s plan. | No change allowed. | No change allowed. | Date of event  
| You or your eligible dependents lose eligibility for other employer group health plan coverage, governmental health insurance, or non-governmental health insurance through no fault of your own, exhaust COBRA coverage, or another employer ceases contributions toward health insurance for you or your eligible dependents . . . | You may enroll for coverage for your affected domestic partner and eligible dependents. You may change coverage to another Plan option and/or change your Third-Party Administrator. | You may enroll for coverage for your self, your spouse, your domestic partner or your children who were affected. You also may change coverage to another Plan option. | You may enroll or increase elections to reflect loss of eligibility for other Health Care FSA. | You may enroll or increase election if you or your spouse or tax dependent loses eligibility for other employer’s Dependent Care FSA. You may drop or decrease election to reflect loss of eligibility for coverage (e.g., if spouse stops working). | Date of event  
| You start or return from an FMLA or military leave . . . | If you start an FMLA or military leave, you may cancel your coverage. Upon returning from an FMLA or military leave, you may reinstate your prior coverage. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event. | If you start an FMLA or military leave, you may cancel your coverage. Upon returning from an FMLA or military leave, you may reinstate your prior coverage. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event. | If you have a Health Care FSA at the start of an FMLA or military leave, you may cancel your Health Care FSA. If you are returning from an FMLA or military leave and had a Health Care FSA, you may reinstate your prior election amount. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event. | If you have a Dependent Care FSA at the start of an FMLA or military leave, you may cancel your Dependent Care FSA if your FMLA leave will exceed two weeks (this is not required for military leaves). If you are returning from an FMLA or military leave and had a Dependent Care FSA, you may reinstate your prior election amount. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event. | Date of event  
| You or your eligible dependents enroll in Medicaid or Medicare . . . | Cancel or reduce coverage for individual who enrolled in Medicaid or Medicare. | Cancel or reduce coverage for individual who enrolled in Medicaid or Medicare. | You may drop or decrease election if the affected individual was an eligible dependent for the Health Care FSA. | No change is permitted. | Date of event  
| You or your eligible dependents lose entitlement to Medicaid or a state children’s health insurance program . . . | Enroll or increase coverage for yourself, your spouse, your domestic partner, or your children (whomever lost the entitlement). You also may change coverage to another Plan option and/or change your Third-Party Administrator. | Enroll or increase coverage for yourself, your spouse, your domestic partner, or your children (whomever lost the entitlement). | No change is permitted. | No change is permitted. | Date of event  

1. Check with UnitedHealthcare to determine which elections are required.  
2. Check with UnitedHealthcare to determine which elections are required.  
3. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event. If you have a Dependent Care FSA at the start of an FMLA or military leave, you may cancel your Dependent Care FSA if your FMLA leave will exceed two weeks (this is not required for military leaves). If you are returning from an FMLA or military leave and had a Dependent Care FSA, you may reinstate your prior election amount. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event.  
5. If you have a Health Care FSA at the start of an FMLA or military leave, you may cancel your Health Care FSA. If you are returning from an FMLA or military leave and had a Health Care FSA, you may reinstate your prior election amount. If you have experienced another election change event while on leave or have been on leave in excess of 30 days, you may make an election change in accordance with the rules for that event.
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<tbody>
<tr>
<td>You or your eligible dependents become eligible for a state premium assistance from Medicaid or a state children’s health insurance program...</td>
<td>Enroll or increase coverage for yourself, your spouse, your domestic partner or your children (whomever gained the entitlement). You may also change coverage to another Plan option and/or change your Third-Party Administrator.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>Date of event</td>
</tr>
<tr>
<td>You or your eligible dependents enroll in or lose coverage in a Qualified Health Plan (QHP) through a public health insurance exchange/marketplace...</td>
<td>You may cancel coverage for the individual(s) who enrolled in (or intend(s) to enroll in) QHP coverage. QHP coverage must be effective immediately following cancellation of University Health Plan coverage.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>N/A</td>
</tr>
<tr>
<td>You experience a significant cost change in the premium for medical coverage...</td>
<td>Cost Increase: You may change coverage to another plan option or discontinue coverage if you elect coverage through another employer’s plan.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>No change is permitted.</td>
<td>Date of event</td>
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1. Any request to change an FSA must be consistent with the qualifying event as noted on pages 11 and 12. (e.g., if you have a Health Care FSA, you may increase or decrease your contribution if you have a loss of coverage under your spouse’s or former spouse’s plan. If you have a Dependent Care FSA, you may increase or decrease your contribution if your qualifying event results in a change in your dependent care expenses.) Please see page 27 “Submitting Claims for Children” and page 22 “Important: Regulation For Domestic Partners and FSA/HSAs Reimbursements.”

2. If you enroll for coverage under the YOUR HSA-Eligible Plan as the result of a qualifying event, you may be eligible to contribute to an HSA. However, the HSA contribution maximums (see page 26) are prorated if you will be covered by the YOUR HSA-Eligible Plan for less than 12 months of the current calendar year. Please see page 27 “Submitting Claims for Children” and page 22 “Important: Regulation For Domestic Partners and FSA/HSAs Reimbursements.”

3. Please be aware that a change in Third-Party Administrator (TPA) may result in administrative complications. You will need to notify your provider(s) of your TPA change to ensure that claims will be processed in a timely manner. Any prior approvals and precertifications will need to be reestablished with your new TPA. Out-of-pocket expenses may not be automatically reimbursed from your FSA through Automatic Claims Transfer (ACT) and may require manual claims submissions.

4. If you terminate coverage under the YOUR HSA-Eligible Plan as the result of a qualifying event, any contributions you make to your HSA via payroll deduction will stop on the effective date.

5. When changing due to a qualifying event, the FSA annual election cannot be reduced below the amount of payroll contribution already deduction or claims submitted for the calendar year if it would result in a negative balance, and the change must be consistent with the qualifying event. See pages 11 and 12.

6. For rules regarding the eligibility of a domestic partner and/or their dependents, please refer to the “Domestic Partner Agreement Form” at www.rochester.edu/totawards (go to Quick Links section and select Most Requested Forms), or you may request a copy from the UR Office of Total Rewards by phone (585) 275-2084 or email (totawards.rochester.edu). In order to add a qualified domestic partner for coverage, the Application for Domestic Partnership form, along with a completed Benefits Program Qualifying Event Change form, must be submitted to and approved by the UR Office of Total Rewards.

7. If the dependent that experiences a change in their employment event with their own employer is not eligible for pre-tax benefits when covered as a dependent through the University (e.g., your domestic partner who is not your tax dependent), then the election change options are even more restrictive under federal tax law. In that circumstance, you can only make election changes with respect to other dependents who are also not eligible for pre-tax benefits; you cannot make any election changes with respect to your own coverage or coverage for your dependents who are eligible for pre-tax benefits.

8. If you fail to provide support documentation within the time frame after a leave of absence, your employee may lose coverage at the time of re-employment and be required to re-qualify during the initial open enrollment period. Failure to provide support documentation within the time frame may result in your coverage being reinstated during a separate open enrollment period.

9. A newly elected Health Care FSA or Dependent Care FSA will be effective the first day of the pay period following the date the enrollment form is submitted (if submitted before any applicable administrative processing deadline), or the date of hire, appointment, or change to eligible status, whichever is later. A newly elected Health Savings Account will be effective the first day of the pay period following the date the account is established, the first day of the pay period following the date the enrollment form is submitted (if submitted before any applicable administrative processing deadline), the date of the appointment or change to eligible status, or the date of the calendar month following or coinciding with the effective date of YOUR HSA-Eligible Plan coverage, whichever is latest.

10. Non-Medicare-eligible retirees or non-Medicare-eligible dependents of retirees who lose or drop QHP coverage may add University Health Care Plan coverage. Current employees and their dependents are not permitted to make such changes.

11. The Third-Party Administrator cannot be changed as a result of a qualifying event.

NOTE: All page references above refer to the 2020 Health Program Guide. This Guide summarizes the University of Rochester’s Health Care Plans, Dental Plans, Lifestyle Management Plan, Employee Assistance Program, and Flexible Spending Accounts effective January 1, 2020. The University reserves the right to modify, amend, or terminate the plans at any time, including actions that may affect coverage, cost-sharing, or covered benefits, as well as benefits that are provided to current and future retirees.

You can only enroll in or change your Health Care Plan options and FSA contributions, or add eligible dependents to your Health Care Plans and/or Dental Plan, during the year if you experience a change that is considered a qualifying event. Changes due to a qualifying event must be received within 60 days. Support documentation is also required except in the cases of birth, adoption, or placement for adoption for health plan benefits.

Benefit-eligible employees rehired within 30 days or less after termination, or who return to work within 30 days or less after commencing a leave of absence (except in the case of FMLA or USERRA leave), shall automatically be reinstated in his or her pre-termination (or pre-leave) elections unless another qualifying event permits a change. If an individual terminates employment with an affiliate of the University that does not participate in the Plan (for example, Highland Hospital), and is hired by the University within 30 days or less, then the employee will be able to enroll and make new elections in this Plan due to the change in worksite, but those election changes will be prospective only (i.e., coverage will not be retroactive to the date of hire).

For more information, visit www.rochester.edu/working/hr/benefits/health.