

2026 Eligibility Guide for the Wood County Employee Health Benefits Plan

Coverage/Process	Eligibility Details - Review SPD for full details	Type of Coverage				Report Timeframe	Effective Date	Forms Required within 30 days of QE - Universal Application (UA) required for all contract changes
		M	RX	V	D			
Full-time ACA	<ul style="list-style-type: none"> - 30 hours per week or more - Measured monthly until the end of stability period - Benefits offered upon completion of waiting period 	M/RX	V	D	L	w/i first 30 days	FDM following 30 days eligibility	<ul style="list-style-type: none"> - Spouse (primary) + Dependent (20-23) certification if applicable - Confidential Wellness Screening for Employee & Spouse (primary or secondary): Required w/i 30 days - Benefit Eligible Checklist: All Boxes/Lines Completed + Signed - Wellness Waiver
Part-time: Reasonably expected not to be Full-time (Variable Hour or Seasonal)	<ul style="list-style-type: none"> - Delayed Offer - Not Full-time ACA at time of hire. - Eligibility determined following the completion of 26 full pay periods. - Works less than 30 hours per week 	M/RX	V	D	L	IMP = 12 months to measure average hours worked per week.	See Other Info	<ul style="list-style-type: none"> - Non Benefit Eligible Insurance Checklist - Marketplace Notice - IMP & Admin period can't extend beyond 13 months from hire date plus number of days from the hire date to month-end.
Seasonal: Six months or less per year, same employment time each year.	<ul style="list-style-type: none"> - Delayed Offer - Break in service of 13 weeks between seasonal work - not expected to be Full Time 	M/RX	V	D	L			- Non Benefit Eligible Insurance Checklist
Enrollee Continued Eligibility	Monthly: 130 hours of service per mo. Standard: one hour of service per mo.	M/RX	V	D	L		FDM in which loss eligibility	Loss of eligibility = termination of benefits. COBRA offered. May self-pay full premium if approved leave w/o pay non-FMLA, 5 day notification prior to month of coverage is provided
Spouse as Primary Lawful spouse- based on spouse's annual adjusted gross income	<ul style="list-style-type: none"> - Tier 1: Less than \$33,500 - Tier 2: \$33,500 to \$63,200 - Tier 3: Greater than \$63,200 - Spousal Premium applies for tier 2, tier 3 spouse not eligible for coverage 	M/RX	V	D		w/i 30 days of event Submit paperwork as soon as you get it	Date of Marriage FDM following QE	<ul style="list-style-type: none"> - Spouse Wellness Screening: Required for all benefits - Spousal Certification Process: Full Tax Return + Certification Forms Required - Spousal Income Verification
Spouse as Secondary	<ul style="list-style-type: none"> - Lawful spouse - DOL prohibits COB w/ HDP + HSA - No Secondary Vision 	M/RX		D		w/i 30 days of event	FDM following QE	<ul style="list-style-type: none"> - Primary Coverage Information - Wellness Screening (for any type of coverage)
Spouse/Dependent eligible for Medicare	<ul style="list-style-type: none"> - Spouses 65 or older - Spouses/Dependents disabled 	M/RX				w/i 30 days of event	Date enrolled in Medicare	<ul style="list-style-type: none"> - OBRA form - Review for Primary/Secondary details. * If Plan is selected as primary, Medicare becomes secondary. * If Medicare is selected primary, Plan terms FDM following
Dependent - Birth to 26 (Federal Requirement).	<ul style="list-style-type: none"> - Eligible until the end of the month in which dependent turns 26. * If disabled, check SPD for details 	M/RX				w/i 30 days of event or 60 days depending on event	Date of birth FDM following QE date of birth or adoption date	<ul style="list-style-type: none"> - Adoption Documentation (if applicable) - Medicaid/CHIP (if applicable) - QMCSO (birth to 18) (if applicable) - OBRA Form if child is disabled (if applicable)
Dependent - 26th Birthdate	aged out - no longer eligible	M/RX					FDM following birthdate	- COBRA Personnel Action Form
Dependent - birth to 19 - Review SPD for eligibility details	<ul style="list-style-type: none"> - Eligible until the end of the year in which dependent turns 19 - QMCSO or Disabled 		V	D		w/i 30 days of event w/i 60 days of event	Date of birth Marriage FDM Following QE	- QMCSO = FDM following receipt
Dependent - 19 to 23 (Jan 1 following 19th birthday through end of calendar year in which turn 23)	<ul style="list-style-type: none"> - FT Student/Meets Eligibility Rules - Must continue FT between semesters/quarters and go back FT 		V	D		w/i 30 days of event	FDM Following QE	<ul style="list-style-type: none"> - Dependent Certification - Must meet ALL Eligibility Rules - FT Student to PT Student, Graduation, or Resign from College = Report Immediately
Dependent as Secondary	- No Secondary Vision	M/RX	V	D		w/i 30 days of event	FDM following QE	- UA with primary coverage information
Birth to 19	- No Secondary Vision	M/RX	V	D		w/i 30 days of event	FDM following QE	- UA with primary coverage information
19 to 23	- No Secondary Vision	M/RX	V	D		w/i 30 days of event	FDM following QE	- UA with primary coverage information - Dependent Certification
23 to 26	- No Secondary Vision	M/RX	V	D		w/i 30 days of event	FDM following QE	- UA with primary coverage information
Disabled Dependent	Meets eligibility rules. Must be declared prior to reaching limiting age, check plan document for details	M/RX	V	D		w/i 60 days of enrollment or following limiting age		- Court Order and Social Security Disability Determination

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		M/RX	V	D	L			
Qualifying Event - Provide Spousal/Dependent Certifications if needed	Birth/Adoption	M/RX	V	D		w/i 30 days of event	Date of Event	- Birth Certificate/Adoption Court Order - S-F see Contract Changes/ Add only Sp's & Newly acquired Dep. (no other deps)
	Marriage/Divorce	M/RX	V	D		w/i 30 days of event	Date of Event	- Marriage: UA + Marriage License; S-F see Contract Changes/ Add Sp's + Deps - Divorce: Decree, UA, and COBRA form; F-S see Contract Changes
	Death	M/RX	V	D	L	w/i 30 days of event	Date of Event	- Employee Death Certificate, UA, COBRA form (if any dependents) - F-S see Contract Changes
	Employee loss of other coverage	M/RX	V	D		w/i 30 days of event	FDM following event	- Written Verification of loss w/ effective Date and types of coverage(s) loss - Add Emp/Sp's/Deps who lost other coverage
	Dependent loss of other coverage	M/RX	V	D		w/i 30 days of event	FDM following event	- Written Verification of loss w/ effective Date and types of coverage(s) loss - S-F; Add Sp's & Deps who lost other coverage
	Gaining/Losing dependent status	M/RX	V	D		w/i 30 days of event	FDM following event	- Losing Dependent Status: UA + COBRA form; Drop Dep / F-S - Gaining Dependent Status: UA+ Dependent Certification; Add Dep / S-F
	Employee gain other coverage	M/RX	V	D		w/i 30 days of event	FDM following event	- Drop Emp/Sp's/Deps who gain other coverage - Written Verification of gain w/ effective Date and types of coverage(s) gained
	Dependent gain other coverage	M/RX	V	D		w/i 30 days of event	FDM following event	- Written Verification of gain w/ effective Date and types of coverage(s) gained - F-S; Remove Dep gaining coverage
	Exhaustion of COBRA Coverage	M/RX	V	D		w/i 30 days of event	FDM following event	- Written Verification of loss w/ effective Date and types of coverage(s) loss
Annual Eligibility Certification Certificates eligibility for future Plan Year If no change in eligibility	Employee	M/RX	V	D	L	Oct - Dec	Following Calendar Year	- Individual Enrollment Verification
	Spousal Primary	M/RX	V	D		9/1 to 9/30	Following Calendar Year	- Spousal Certification + Income Verification
	OBRA - Over 65 or Disabled	M/RX	V	D			Month before turning 65	- OBRA Form; once per lifetime unless changes occur
	Student 19 - 23		V	D		9/1 to 9/30	Following Calendar Year	- Dependent (Student) Certification - FT Student to PT Student, Graduation, or Resign from College = Report Immediately
Open Election - No QE Required	Enroll, Change or Terminate	M/RX	V	D	L	11/15 to 12/15	1/1 following year	- UA with required forms for certain coverages
Other Changes	Address Change	M/RX	V	D	L	w/i 30 days of event	Date of Event	
	Name Change	M/RX	V	D	L	w/i 30 days of event	Date of Event	- Social Security Card
	Termination	M/RX	V	D		w/i 30 days of event	FDM Following QE (Retro)	- COBRA Personnel Action Report
	Military Leave/Reinstatement	M/RX	V	D	L	w/i 30 days of event	Reinstatement Date	- 30 days of continuous military leave
	Life Beneficiary				L	w/i 30 days of event	Date application signed	
Funding Changes								
Approved FMLA w/o pay	self pay of pay ded - 30 day grace	M/RX	V	D				- Check for Self pay (due LDM, prior to coverage) - 15 day notice of term
Approved Leave of Absence	requires 5 day prior notice - self pay total rate	M/RX	V	D	L			- Check for Self pay (due LDM prior to coverage) - Failure to pay no COBRA/reinstate FDM upon return if eligible
Failure to Pay Premium - Monthly Employee	loss of benefits	M/RX	V	D	L			- UA to Term - Reinstate upon Open Election/No COBRA
Failure to Pay Premium - Ongoing Employee	loss of benefits for remainder of stability period	M/RX	V	D	L			- UA to Term - Reinstate upon QE/required to pay all retroactive premiums back to date of failure to pay termination.

- Eligibility rules in Subscriber Booklet & Summary Plan Description apply to all Coverage/Process.

- Additional Verification may be requested by the Plan at any time. No person may be covered as an Employee and Dependent.

- Children are only covered as a Dependent of one Wood County employee.

ABBREVIATIONS	
DOB = Date of Birth	w/i = within
FDM = First Day of the Month	DOL = Department of Labor
LDM = Last Day of the Month	HPD = High Deductible Plan
QE = Qualifying Event	HSA = Health Savings Account
QMCSCO = Qualified Med Child Support Order	FT = Full Time
SPD = Summary Plan Description	ACA = Affordable Care Act
w/o = without	UA = Universal Application
Emp = Employee	Sp's = Spouse
Dep = Dependents	PT = Part Time

Standard Measurement Period (SMP): 10/5/25 - 10/3/26. Eligibility will be determined 10/4/26 - 12/31/26. Stability Period 2027
Initial Measurement Period (IMP): New Part-Time employees hired after 10/6/2024, eligibility will be determined after 26 full pay periods
Monthly Measurement Period (MMP): New enrollee hired on or after 10/6/24 will be measured monthly to determine if they worked 130 hours to remain eligible.
Measurement Period: counting hours of service to determine eligibility
Administrative Period: to determine and communicate eligibility
Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible

2024 Eligibility Guide for the Wood County Employee Health Benefits Plan

* Universal Application is required for all contract changes & other required forms as listed below. Life Insurance mandatory.

ACA: Affordable Care Act

Measurement period: for counting hours of service to determine eligibility. Administrative Period: to determine and communicate eligibility. Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible.

Standard Measurement Period (SMP): 10/8/23 to 10/5/24. Eligibility will be determined 10/6/24 to 12/31/24. Stability Period: 2025 Calendar Year

Initial Measurement Period (IMP): New Part-time employees hired after 10/9/23, eligibility will be determined following completion of 26 full pay periods.

Monthly Measurement Period (MMP): New enrollees 12/1/22 to 12/31/23 will be measured Monthly to determine if they worked 130 to remain eligible.

Coverage/Process	Eligibility Details ^	Type of Coverage H & P V D L	Additional Required Forms *	Report Timeframe	Effective Date	Other Info		
Full-time ACA	Scheduled to work 30 hours per week Measured mthly until completion of full standard measurement period. Benefits offered upon completion of waiting period.	H & P V D L	Confidential Wellness Screening is required within 30 days of becoming eligible.	w/i first 30 days	FDM following 30 days	Eff FDM following completion of 30 days as full-time. Annual Eligibility determined during Standard Measurement Period (SMP). Eligibility for new FT employees who have not yet completed a SMP is determined on a monthly basis until SMP completed.		
Part-time: Reasonably expected not to be Full-time (Variable Hour or Seasonal)	Delayed Offer Not Full-time ACA at time of hire. Eligibility determined following the completion of 26 full pay periods. If benefit eligible coverage is offered as above.*	H & P V D L	If determined eligible: See Full-Time ACA	IMP = 12 months to measure average hours worked per week.	See Other Info	Reasonably expected to work on average less than 30 hours of service per week. If determined eligible during IMP benefits offered & enroll FDM following Administrative Period. IMP & Admin Period can't extend beyond 13 months from hire date plus number of days from the hire date to month-end.		
Seasonal: Six months or less per year, same employment time each year.	Delayed Offer	H & P V D L				Reasonably expected not to be Full Time Break in service of 13 weeks between seasonal work		
Enrollee Continued Eligibility	Monthly: 130 hours of service per mo. Standard: one hour of service per mo.	H & P V D L	COBRA Personnel Action Report if loss of eligibility		FDM in which loss eligibility	Loss of eligibility = termination of benefits. COBRA offer. May self-pay full premium if approved leave w/o pay non-FMLA, if 5 day notification prior to month of coverage is provided		
Spouse as Primary	Lawful spouse - Based on spouse's annual adjusted gross income 1. Less than \$33,500 2. \$33,500 to \$63,200 3. Greater than \$63,200	H & P V D	Spousal Cert.	w/i 30 days of event	Date of Marriage	No legal separation		
			Spousal Income Verification		FDM following QE	Spousal Premium applies for #2, no eligibility for #3		
			Tax Return			Reduction in income may request spousal waiver (exception) within 30 days of event		
			Wellness Screening			Submit as soon as received, prior to report if necessary.		
Spouse as Secondary	Lawful spouse	H & P D	Primary coverage info Wellness Screening	w/i 30 days of event	FDM following QE	No secondary Vision DOL prohibits coord of benefits with HDP that has a HSA		
Spouse/Child eligible for Medicare	Spouses 65 or older or Spouses/Dependents disabled	H & P	OBRA form	w/i 30 days of event	Date enrolled in Medicare	If Medicare selected primary, Plan FDM following If Plan selected primary, Medicare becomes secondary		
Child - Birth to 26 (through 26 birthday) (Federal Requirement)	Biological son/daughter, or adopted	H & P		w/i 30 days of event	Date of birth, marriage	Not conditioned on student, marital, residence, financial dependency or coverage by other parent QMCSO = FDM following receipt		
		H & P	Adoption Doc	w/i 30 days of event				
	Ages 19- 26	H & P	Dependent Cert	w/i 30 days of event	FDM following QE or DOB, or adoption date			
		H & P	Medicaid/CHIP	w/i 30 days of event				
		H & P V D	QMCSO (birth to 18)	w/i 60 days of event				
Child - 26 Birthdate	aged out - no longer eligible	H & P	QMCSO	w/i 30 days of event	FDM following birthdate			
Child - birth to 19 (through end of calendar year in which they turn 19)	Natural, legally/placed adopted if: unmarried, not employed on regular full-time basis, and dependent on covered employee/spouse for more than 50% support and tax exemption (section 152 IRC)	V D	QMCSO	w/i 30 days of event	date of birth, marriage FDM following QE	QMCSO = FDM following receipt		
				w/i 30 days of event				
	Stepchild or legal guardianship of employee/spouse if: all of above, live > 50% year with employee, wholly dependent financially on employee QMCSO or Disabled							
				Medicaid/CHIP				
Child - 19 to 23 (Jan 1 following 19th birthday through end of calendar year in which turn 23)	Same as above	V D	Dependent Certification Student Certification	w/i 30 days of event	FDM Following QE	Continued coverage between semesters/quarters if return the next semester/quarter		
	Full time student							

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Measurement period: for counting hours of service to determine eligibility. Administrative Period: to determine and communicate eligibility. Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible.

Standard Measurement Period (SMP): 10/8/23 to 10/5/24. Eligibility will be determined 10/6/24 to 12/31/24. Stability Period: 2025 Calendar Year

Initial Measurement Period (IMP): New Part-time employees hired after 10/9/23, eligibility will be determined following completion of 26 full pay periods.

Monthly Measurement Period (MMP): New enrollees 12/1/22 to 12/31/23 will be measured Monthly to determine if they worked 130 to remain eligible.

Coverage/Process	Eligibility Details ^	Type of Coverage H & P V D L	Additional Required Forms *	Report Timeframe	Effective Date	Other Info
Child as Secondary Birth to 19		H & P D	Primary coverage info	w/i 30 days of event	FDM following QE	No secondary Vision
		H & P D	Primary coverage info	w/i 30 days of event	FDM following QE	No secondary Vision
19 to 23		H & P D	Dep/Student Certification	w/i 30 days of event	FDM following QE	No secondary Vision
23 to 26 Disabled Child		H & P	Dependent Certification	w/i 30 days of event	FDM following QE	No secondary Vision
	Meets eligibility rules. Must be declared prior to reaching limiting age	H & P V D	Court Order	w/i 60 days of enrollment or following limiting age		
Qualifying Event	Birth/Adoption	H & P V D	Adoption Ct Order	w/i 30 days of event	Date of Event	S-F see Contract Changes/Add. Only + Sps & newly acquired Dep. (no other Dep.)
	Marriage/Divorce	H & P V D	COBRA Form/Decree	w/i 30 days of event	Date of Event	S-F/F-S see Contract Changes/Ad Sps & Deps
	Death	H & P V D L	employee death cert	w/i 30 days of event	Date of Event	F-S see Contract Changes
	Employee loss of other coverage	H & P V D	Written verification of loss	w/i 30 days of event	FDM following event	Add Emp/Sps/Dep who lost other coverage w/ coverages lost
	Dependent loss of other coverage	H & P V D	Written verification of loss	w/i 30 days of event	FDM following event	S-F/Add Sps & Deps who lose other coverage
	Cessation of dependent status	H & P V D	COBRA	w/i 30 days of event	FDM following event	F-S /Drop Dep
	Employee gain other coverage	H & P V D	Written Verification	w/i 30 days of event	FDM following event	Drop Emp/Sps/Dep who gains other coverage
	Dependent gain other coverage	H & P V D	Written Verification	w/i 30 days of event	FDM following event	F-S = FDM/COB Chg-Date of Event/Remove Dep gaining coverage
	Exhaustion of COBRA Coverage	H & P V D	Written Verification	w/i 30 days of event	FDM following event	
Results of Qualifying Event	Eligibility Changes +/-	H & P V D		w/i 30 days of event	FDM following event	dep graduates/enrolls/Pri-Sec or Sec-Pri, etc.
	Eligibility Changes +/-	H & P V D	Written Verification	w/i 30 days of event	Date of Event	Pri-Sec or Sec-Pri, etc. see contract change
	Contract Change +/-	H & P V D		w/i 30 days of event	FDM following event	New/Term/F-S/S-F
	Employment +/-	H & P V D		w/i 30 days of event	FDM following event	gain/loss of employment for EE/Sps/Dep
Annual Eligibility Certification	Employee	H & P V D L	Employee Certification	Oct - Dec	Following Calendar Year	
	Spousal Primary	H & P V D	Spousal Cert & Income	8/15 to 9/15	Following Calendar Year	Reduction in income may request spousal exception (hardship) if application received by posted date
			Verification - green			
	OBRA - Over 65 or Disabled	H & P V D	OBRA	8/15 to 9/15		Once per lifetime unless changes
	Student 19 - 23	V D	Student Certification	8/15 to 9/15	Following Calendar Year	Changes require mid-year notification
Open Election	Dependent 18 - 26	H & P V D	Dependent Certification	8/15 to 9/15	Following Calendar Year	Changes require mid-year notification
	Enroll, Change or Terminate	H & P V D L	Required forms based on requested coverage	11/15 to 12/15	1/1 following year	No QE required
Other Changes	Address Change	H & P V D L		w/i 30 days of event	Date of Event	
	Name Change	H & P V D L		w/i 30 days of event	Date of Event	
	Termination	H & P V D	COBRA Personal Action	w/i 30 days of event	FDM Following QE	Retro FDM if mthly measurement does not meet 130 hr per mth
	Military Leave/Reinstatement	H & P V D L		w/i 30 days of event	Reinstatement Date	30 days of continuous military leave
	Life Beneficiary		L	w/i 30 days of event	Date application signed	
Contract Changes	Birth/Adoption S-F	H & P V D	Adoption Ct Order	w/i 30 days of event	FDM Following QE	
	Marriage/Divorce S-F/F-S	H & P V D	COBRA Form/Decree	w/i 30 days of event	FDM Following QE	
	Employee gain other coverage	H & P V D	Written Verification	w/i 30 days of event	FDM Following QE	Dropping WC coverage(s)
	Dependent gain other coverage F-S	H & P V D	Written Verification	w/i 30 days of event	FDM Following QE	
Funding Changes						
	self pay of pay ded - 30 day grace	H & P V D	15 day notice of term			PD due LDM prior to month of coverage
	requires 5 day prior notice	H & P V D L				Failure to pay no COBRA/reinstate FDM upon return if eligible
	self pay full cost					
	loss of benefits	H & P V D L	Term App			Reinstate upon Open Election/new hire/No COBRA
Failure to Pay Premium	loss of benefits for remainder of stability period	H & P V D L	Term App			Reinstate upon QE/Required to pay all retroactive premiums
						back to date of failure to pay termination.

Eligibility rules in Subscriber Booklet & Summary Plan Description apply to all Coverage/Process. Additional Verification may be requested by the Plan at any time. No person may be covered as an employee and Dependent. Children are only covered as a

Dependent of one employee. Abbreviations - DOB = date of birth/FDM = first day of the month/LDM = last day of the month/Pri-Sec = Primary to Secondary & Secondary to Primary/QE = Qualifying Event/QMCSO = Qualified Med. Child Support Order

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Standard Measurement Period (SMP): 10/11/20 to 10/9/21. Eligibility will be determined 10/10/21 to 12/31/21. Stability Period: 2022 Calendar Year

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Monthly Measurement Period (MMP): New enrollees 12/1/20 to 12/31/21 will be measured Monthly to determine if they worked 130 to remain eligible.

Coverage/Process	Eligibility Details ^	Type of Coverage H & P V D L	Additional Required Forms *	Report Timeframe	Effective Date	Other Info
Full-time ACA	Scheduled to work 30 hours per week Measured mthly until completion of full standard measurement period. Benefits offered upon completion of waiting period.	H & P V D L	Confidential Wellness Screening is required within 30 days of becoming eligible.	w/i first 30 days	FDM following 30 days	Eff FDM following completion of 30 days as full-time. Annual Eligibility determined during Standard Measurement Period (SMP). Eligibility for new FT employees who have not yet completed a SMP is determined on a monthly basis until SMP completed.
Part-time: Reasonably expected not to be Full-time (Variable Hour or Seasonal)	Delayed Offer Not Full-time ACA at time of hire. Eligibility determined following the completion of 26 full pay periods. If benefit eligible coverage is offered as above.*	H & P V D L	If determined eligible: See Full-Time ACA	IMP = 12 months to measure average hours worked per week.	See Other Info	Reasonably expected to work on average less than 30 hours of service per week. If determined eligible during IMP benefits offered & enroll FDM following Administrative Period. IMP & Admin Period can't extend beyond 13 months from hire date plus number of days from the hire date to month-end.
Seasonal: Six months or less per year, same employment time each year.	Delayed Offer	H & P V D L				Reasonably expected not to be Full Time Break in service of 13 weeks between seasonal work
Enrollee Continued Eligibility	Monthly: 130 hours of service per mo. Standard: one hour of service per mo.	H & P V D L	COBRA Personnel Action Report if loss of eligibility		FDM in which loss eligibility	Loss of eligibility = termination of benefits. COBRA offer. May self-pay full premium if approved leave w/o pay non-FMLA, if 5 day notification prior to month of coverage is provided
Spouse as Primary	Lawful spouse - Based on spouse's annual adjusted gross income 1. Less than \$26,700 2. \$26,700 to \$58,400 3. Greater than \$58,400	H & P V D	Spousal Cert. Spousal Income Verification Tax Return Wellness Screening	w/i 30 days of event	Date of Marriage FDM following QE	No legal separation Spousal Premium applies for #2, no eligibility for #3
Spouse as Secondary	Lawful spouse	H & P D	Primary coverage info Wellness Screening	w/i 30 days of event	FDM following QE	No secondary Vision DOL prohibits coord of benefits with HDP that has a HSA
Spouse Primary Exception	Reduction in income that places spouse in new income category	H & P V D	Spousal Cert. Spousal Income Verification Tax Return, Exception App Proof of Income, Pay Stubs Letter from Employer	w/i 30 days of event If approved report any change in income w/i 30 days	FDM following QE FDM following change	Must report income in following Annual Certification Process per policy
Spouse/Dependent eligible for Medicare	Spouses 65 or older or Spouses/Dependents disabled	H & P	OBRA form	w/i 30 days of event	Date enrolled in Medicare	If Medicare selected primary, Plan FDM following If Plan selected primary, Medicare becomes secondary
Dependent - Birth to 26 (through 26 birthday) (Federal Requirement)	Biological son/daughter, or adopted	H & P		w/i 30 days of event	Date of birth, marriage	Not conditioned on student, marital, residence, financial dependency or coverage by other parent QMCSO = FDM following receipt
	Ages 19- 26	H & P	Adoption Doc Dependent Cert	w/i 30 days of event	FDM following QE or DOB, or adoption date	
		H & P	Medicaid/CHIP	w/i 30 days of event		
		H & P V D	QMCSO (birth to 18)	w/i 60 days of event		
	aged out - no longer eligible	H & P	COBRA Personnel Action Form	w/i 30 days of event	FDM following birthdate	
Dependent - 26 Birthdate						

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Coverage/Process	Eligibility Details ^	Type of Coverage H & P V D L	Additional Required Forms *	Report Timeframe	Effective Date	Other Info
Dependent - birth to 19 (through end of calendar year in which they turn 19)	Natural, legally/placed adopted if: unmarried, not employed on regular full-time basis, and dependent on covered employee/spouse for more than 50% support and tax exemption (section 152 IRC)	V D	QMCSD	w/i 30 days of event	date of birth, marriage	QMCSD = FDM following receipt
	Stepchild or legal guardianship of employee/spouse if: all of above, live > 50% year with employee, wholly dependent financially on employee			w/i 30 days of event	FDM following QE	
	QMCSD or Disabled			Medicaid/CHIP	w/i 60 days of event	
Dependent - 19 to 23 (Jan 1 following 19th birthday through end of calendar year in which turn 23)	Same as above	V D	Dependent Certification Student Certification	w/i 30 days of event	FDM Following QE	Continued coverage between semesters/quarters if return the next semester/quarter
	Full time student					
Dependent as Secondary Birth to 19		H & P D	Primary coverage info	w/i 30 days of event	FDM following QE	No secondary Vision
		H & P D	Primary coverage info	w/i 30 days of event	FDM following QE	No secondary Vision
		H & P D	Dep/Student Certification	w/i 30 days of event	FDM following QE	No secondary Vision
19 to 23		H & P D	Dependent Certification	w/i 30 days of event	FDM following QE	No secondary Vision
		H & P D	Dependent Certification	w/i 30 days of event	FDM following QE	No secondary Vision
		H & P D	Court Order	w/i 60 days of enrollment or following limiting age		
Disabled Dependent	Meets eligibility rules. Must be declared prior to reaching limiting age	H & P V D				
		H & P V D	Adoption Ct Order	w/i 30 days of event	Date of Event	S-F see Contract Changes/Add. Only + Sp's & newly acquired Dep. (no other Dep.)
		H & P V D	COBRA Form/Decree	w/i 30 days of event	Date of Event	S-F/S see Contract Changes/Add Sp's & Deps
		H & P V D L	employee death cert	w/i 30 days of event	Date of Event	F-S see Contract Changes
		H & P V D	Written verification of loss	w/i 30 days of event	FDM following event	Add Emp/Sp's/Deps who lost other coverage w/ coverages lost
		H & P V D	Written verification of loss	w/i 30 days of event	FDM following event	S-F/Add Sp's & Deps who lose other coverage
		H & P V D	COBRA	w/i 30 days of event	FDM following event	F-S /Drop Dep
		H & P V D	Witten Verification	w/i 30 days of event	FDM following event	Drop Emp/Sp's/Dep who gains other coverage
Qualifying Event	Employee gain other coverage	H & P V D	Witten Verification	w/i 30 days of event	FDM following event	F-S = FDM/COB Chg-Date of Event/Remove Dep gaining coverage
	Dependent gain other coverage	H & P V D	Witten Verification	w/i 30 days of event	FDM following event	
	Exhaustion of COBRA Coverage	H & P V D	Witten Verification	w/i 30 days of event	FDM following event	
	Birth/Adoption	H & P V D		w/i 30 days of event	FDM following event	
	Marriage/Divorce	H & P V D		w/i 30 days of event	Date of Event	
	Death	H & P V D L		w/i 30 days of event	Date of Event	
	Employee loss of other coverage	H & P V D		w/i 30 days of event	FDM following event	
	Dependent loss of other coverage	H & P V D		w/i 30 days of event	FDM following event	
Results of Qualifying Event	Cessation of dependent status	H & P V D		w/i 30 days of event	FDM following event	
	Employee gain other coverage	H & P V D		w/i 30 days of event	FDM following event	
	Dependent gain other coverage	H & P V D		w/i 30 days of event	FDM following event	
	Exhaustion of COBRA Coverage	H & P V D		w/i 30 days of event	FDM following event	
Annual Eligibility Certification	Eligibility Changes +/-	H & P V D		w/i 30 days of event	FDM following event	dep graduates/enrolls/Pri-Sec or Sec-Pri, etc.
	Eligibility Changes +/-	H & P V D	Written Verification	w/i 30 days of event	Date of Event	Pri-Sec or Sec-Pri, etc. see contract change
	Contract Change +/-	H & P V D		w/i 30 days of event	FDM following event	New/Term/F-S/S-F
	Employment +/-	H & P V D		w/i 30 days of event	FDM following event	gain/loss of employment for EE/Sp/Dep
Annual Eligibility Certification Certificates eligibility for future Plan Year If no change in eligibility	Employee	H & P V D L	Employee Certification	Oct - Dec	Following Calendar Year	
	Spousal Primary	H & P V D	Spousal Cert & Income Verification - green	8/15 to 9/15	Following Calendar Year	Reduction in income may request spousal exception (hardship) if application received by posted date
	OBRA - Over 65 or Disabled					
	Student 19 - 23	V D	Student Certification	8/15 to 9/15	Following Calendar Year	Changes require mid-year notification
	Dependent 18 - 26	H & P V D	Dependent Certification	8/15 to 9/15	Following Calendar Year	Changes require mid-year notification
Open Election	Enroll, Change or Terminate	H & P V D L	Required forms based on requested coverage	11/15 to 12/15	1/1 following year	No QE required
Other Changes	Address Change	H & P V D L		w/i 30 days of event	Date of Event	
	Name Change	H & P V D L		w/i 30 days of event	Date of Event	
	Termination	H & P V D	COBRA Personal Action	w/i 30 days of event	FDM Following QE	Retro FDM if mthly measurement does not meet 130 hr per mth
	Military Leave/Reinstatement	H & P V D L		w/i 30 days of event	Reinstatement Date	30 days of continuous military leave
	Life Beneficiary	L		w/i 30 days of event	Date application signed	
Contract Changes	Birth/Adoption S-F	H & P V D	Adoption Ct Order	w/i 30 days of event	FDM Following QE	
	Marriage/Divorce S-F/S-F-S	H & P V D	COBRA Form/Decree	w/i 30 days of event	FDM Following QE	
	Employee gain other coverage	H & P V D	Witten Verification	w/i 30 days of event	FDM Following QE	Dropping WC coverage(s)
	Dependent gain other coverage F-S	H & P V D	Witten Verification	w/i 30 days of event	FDM Following QE	
Funding Changes						
	Approved FMLA w/o pay					
	self pay of pay ded - 30 day grace	H & P V D	15 day notice of term			PD due LDM prior to month of coverage
Approved Leave of Absence	requires 5 day prior notice	H & P V D L				Failure to pay no COBRA/reinstate FDM upon return if eligible

2022 Eligibility Guide for the Wood County Employee Health Benefits Plan

* Universal Application is required for all contract changes & other required forms as listed below. Life Insurance mandatory.

ACA: Affordable Care Act

Measurement period: for counting hours of service to determine eligibility. Administrative Period: to determine and communicate eligibility. Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible.

Standard Measurement Period (SMP): 10/11/20 to 10/9/21. Eligibility will be determined 10/10/21 to 12/31/21. Stability Period: 2022 Calendar Year

Initial Measurement Period (IMP): New Part-time employees hired after 10/12/20, eligibility will be determined following completion of 26 full pay periods.

Monthly Measurement Period (MMP): New enrollees 12/1/20 to 12/31/21 will be measured Monthly to determine if they worked 130 to remain eligible.

Coverage/Process	Eligibility Details ^	Type of Coverage				Additional Required Forms *	Report Timeframe	Effective Date	Other Info
		H	&	P	V				
	self pay full cost								
Failure to Pay Premium	loss of benefits	H	&	P	V	D	L	Term App	Reinstate upon Open Election/new hire/No COBRA
Failure to Pay Premium	loss of benefits for remainder of stability period	H	&	P	V	D	L	Term App	Reinstate upon QE/Required to pay all retroactive premiums back to date of failure to pay termination.

Eligibility rules in Subscriber Booklet & Summary Plan Description apply to all Coverage/Process. Additional Verification may be requested by the Plan at any time. No person may be covered as an employee and Dependent. Children are only covered as a Dependent of one employee. Abbreviations - DOB = date of birth/FDM = first day of the month/LDM = last day of the month/Pri-Sec = Primary to Secondary & Secondary to Primary/QE = Qualifying Event/QMCSO = Qualified Med. Child Support Order

2019 Eligibility Guide for the Wood County Employee Health Benefits Plan

* Universal Application is required for all contract changes & other required forms as listed below. ACA: Affordable Care Act

Measurement period: for counting hours of service. Administrative Period: to determine and communicate eligibility. Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible.

Standard Measurement Period: 10/14/18-10/12/19. Eligibility will be determined 10/13/19 to 12/31/19. Stability Period: 2020 Calendar Year

Initial Measurement Period: New Employees hired after 10/14/18, eligibility will be determined following completion of 26 full pay periods.

Coverage/Process	Eligibility Details ^	Type of Coverage				Additional Required Forms *	Report Timeframe	Effective Date	Other Info		
		H	&	P	V						
Full-time ACA	Scheduled to work 30 hours per week Measured mthly until completion of full standard measurement period. Benefits offered upon completion of waiting period.	H	&	P	V	D	L	Confidential Wellness Screening	w/i first 30 days FDM following 30 days	Eff FDM following completion of 30 days as full-time Eligibility determined during Standard Measurement Period (SMP) Annually Eligibility for new FT employees who have not yet completed a SMP is determined on a monthly basis until SMP completed.	
Part-time: Reasonably expected not to be Full-time (Variable Hour or Seasonal)	Not Full-time ACA at time of hire. Eligibility determined following the completion of 26 full pay periods. If benefit eligible coverage is offered as above.*	H	&	P	V	D	L	If determined eligible: Confidential Wellness Screening is required within 30 days of becoming eligible.	12 months to measure average hours worked per week. 30 days to complete screening	Reasonably expected to work on average less than 30 hours of service per week. If determined eligible following measurement period must be enrolled FDM following admin period. Initial measurement & admin period can't extend beyond 13 months from hire date plus number of days from the hire date to month-end.	
Seasonal: Six months or less per year, same employment time each year.	Eligibility determined following the completion of 26 full pay periods. If benefit eligible coverage is offered as above.*	H	&	P	V	D	L	If determined eligible: Confidential Wellness Screening is required within 30 days of becoming eligible.	12 months to measure average hours worked per week. 30 days to complete screening	Reasonably expected not to be Full Time Eff w/i 90 days of determination	
Enrollee Continued Eligibility	30 hours of service per week during the Measurement Period	H	&	P	V	D	L		FDM following QE	May self-pay full premium if approved leave w/o pay non-FMLA, if 5 day notification prior to month of coverage is provided	
Spouse as Primary	Lawful spouse - Based on spouse's annual adjusted gross income 1. Less than \$26,700 2. \$26,700 to \$58,400 3. Greater than \$58,400	H	&	P	V	D		Spousal Cert.	w/i 30 days of event	Date of Marriage	
								Spousal Income Verification		No legal separation	
								Tax Return		Spousal Premium applies for #2, no eligibility for #3	
								Wellness Screening		Reduction in income may request spousal waiver (exception) within 30 days of event	
Spouse as Secondary	Lawful spouse	H	&	P	V	D		Primary coverage info Wellness Screening	w/i 30 days of event	FDM following QE	No secondary Vision
Spouse Primary Exception	Reduction in income that places spouse in new income category	H	&	P	V	D		Spousal Cert.	w/i 30 days of event	FDM following QE	Must report income in following Annual Certification Process per policy
								Spousal Income Verification		FDM following change	
								Exception App Tax Return, Pay Stubs, Letter from Employer	30 days		
Spouse eligible or becoming eligible for Medicare	65 or older or disabled	H	&	P	V	D		OBRA form	w/i 30 days of event	Date enrolled in Medicare	If Medicare primary Group Health Care Terms FDM following If Group Health Care primary, Medicare becomes secondary
Dependent - Birth to 26 (through 26 birthday) (Federal Requirement)	Biological son/daughter, or adopted	H	&	P	V	D			w/i 30 days of event	Date of birth, marriage	Not conditioned on student, marital, residence, financial dependency or coverage by other parent QMCSO = FDM following receipt
	Ages 19- 26	H	&	P	V	D		Dependent Cert	w/i 30 days of event	FDM following QE or DOB, or adoption date	
		H	&	P	V	D		Medicaid/CHIP	w/i 30 days of event		
		H	&	P	V	D		QMCSO (birth to 18)	w/i 60 days of event		
	aged out - no longer eligible	H	&	P	V	D			w/i 30 days of event		
Dependent - 26 Birthdate	aged out - no longer eligible	H	&	P	V	D		COBRA Personnel Action Form	w/i 30 days of event	FDM following birthdate	
Dependent - birth to 19 (through end of calendar year in which they turn 19)	Natural, legally/placed adopted if: unmarried, not employed on regular full-time basis, and dependent on covered employee/spouse for more than 50% support and tax exemption (section 152 IRC)	V	&	P	V	D		QMCSO	w/i 30 days of event	date of birth, marriage	QMCSO = FDM following receipt
									w/i 30 days of event	FDM following QE	

2019 Eligibility Guide for the Wood County Employee Health Benefits Plan

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Measurement period: for counting hours of service. Administrative Period: to determine and communicate eligibility. Stability Period: in which an employee is considered benefit-eligible or not benefit-eligible.

Standard Measurement Period: 10/14/18-10/12/19. Eligibility will be determined 10/13/19 to 12/31/19. Stability Period: 2020 Calendar Year

Initial Measurement Period: New Employees hired after 10/14/18, eligibility will be determined following completion of 26 full pay periods.

Coverage/Process	Eligibility Details ^	Type of Coverage				Additional Required Forms *	Report Timeframe	Effective Date	Other Info
		H	&	P	V				
Dependent - 19 to 23 (Jan 1 following 19th birthday through end of calendar year in which turn 23)	Stepchild or legal guardianship of employee/spouse if: all of above, live > 50% year with employee, wholly dependent financially on employee					Medicaid/CHIP	w/i 60 days of event	FDM Following QE	Continued coverage between semesters/quarters if return the next semester/quarter
	QMCOS or Disabled								
Dependent as Secondary Birth to 19	Same as above	V	D			Dependent Certification	w/i 30 days of event	FDM following QE	No secondary Vision
	Full time student					Student Certification			
19 to 23		H & P	D			Dep/Student Certification	w/i 30 days of event	FDM following QE	No secondary Vision
23 to 26		H & P				Dependent Certification	w/i 30 days of event	FDM following QE	No secondary Vision
Qualifying Event	Birth/Adoption	H & P	V	D		Adoption Ct Order	w/i 30 days of event	Date of Event	S-F see Contract Changes/Add Sps only, not affected Dep & others
	Marriage/Divorce								
	Death	H & P	V	D	L	employee death cert	w/i 30 days of event	Date of Event	F-S see Contract Changes
	Employee loss of other coverage								
	Dependent loss of other coverage	H & P	V	D		Written verification of loss	w/i 30 days of event	FDM following event	Add Emp/Sps/Deps who lost other coverage
	Cessation of dependent status								
	Employee gain other coverage	H & P	V	D		Written verification	w/i 30 days of event	FDM following event	S-F/Add Sps & Deps who lose other coverage
	Dependent gain other coverage								
	Exhaustion of COBRA Coverage	H & P	V	D		Written Verification	w/i 30 days of event	FDM following event	F-S = FDM/COB Chg-Date of Event/Remove Dep gaining coverage
Results of Qualifying Event	Eligibility Changes +/-	H & P	V	D		Written Verification	w/i 30 days of event	FDM following event	dep graduates/enrolls/Pri-Sec or Sec-Pri, etc.
	Eligibility Changes +/-								
	Contract Change +/-	H & P	V	D			w/i 30 days of event	FDM following event	New/Term/F-S/S-F
	Employment +/-								
Annual Eligibility Certification	Employee	H & P	V	D	L	Employee Certification	Oct - Dec	Following Calendar Year	
	Spousal Primary								
	OBRA - Over 65 or Disabled	H & P	V	D		OBRA	8/15 to 9/15	Following Calendar Year	Reduction in income may request spousal exception (hardship) if application received by posted date
	Student 19 - 23								
	Dependent 18 - 26	H & P	V	D		Dependent Certification	8/15 to 9/15	Following Calendar Year	Changes require mid-year notification
Open Election	Enroll, Change or Terminate								
Other Changes	Address Change	H & P	V	D	L		w/i 30 days of event	Date of Event	
	Name Change								
	Termination	H & P	V	D		COBRA Personal Action	w/i 30 days of event	FDM Following QE	Retro FDM if mthly measurement does not meet 130 hr per mth
	Military Leave/Reinstatement								
	Life Beneficiary				L		w/i 30 days of event	Date application signed	
Contract Changes	Birth/Adoption S-F	H & P	V	D		Adoption Ct Order	w/i 30 days of event	FDM Following QE	
	Marriage/Divorce S-F/F-S								
	Employee gain other coverage	H & P	V	D		Written Verification	w/i 30 days of event	FDM Following QE	Dropping WC coverage(s)
	Dependent gain other coverage F-S								
Funding Changes									
	Approved FMLA w/o pay	self pay of pay ded - 30 day grace	H & P	V	D	15 day notice of term			PD due LDM prior to month of coverage
	Approved Leave of Absence								
	requires 5 day prior notice	H & P	V	D	L				Failure to pay no COBRA/reinstate FDM upon return if eligible
	self pay full cost								
Failure to Pay Premium	loss of benefits	H & P	V	D	L	Term App			Reinstate upon Open Election/new hire/No COBRA
	loss of benefits for remainder of stabili								
Failure to Pay Premium	period				L	Term App			Reinstate upon QE/Required to pay all retroactive premiums

Eligibility rules in Subscriber Booklet & Summary Plan Description apply to all Coverage/Process. Additional Verification may be requested by the Plan at any time. No person may be covered as an employee and Dependent. Children are only covered as a Dependent of one employee. Abbreviations - DOB = date of birth/FDM = first day of the month/LDM = last day of the month/Pri-Sec = Primary to Secondary & Secondary to Primary/QE = Qualifying Event/QMCOS = Qualified Med. Child Support Order