

# Eligibility Grid for Employers

## Guidelines for Employees and Dependents

Late Enrollees are NOT eligible for coverage until the next open enrollment period. If enrolling outside the open enrollment period, enrollee must have a qualifying event to be eligible.

Use this grid as a quick reference guide when you submit an application to Baylor Scott & White Health Plan (BSWHP). Start by locating your application type (first column). The grid will tell you the effective date and the appropriate forms needed to enroll an employee.

**Important Note:** Outside of annual open enrollment and/or qualifying special enrollment periods, employees must meet the employer's established waiting period before coverage for employee or dependents will be effective.

APPLICATION TYPE	
<b>New Employee</b>	<p><b>Application Period:</b> Signed &amp; received by BSWHP within 31 days before/after effective date.</p> <p><b>Effective Date:</b> In accordance with employer's waiting period.</p> <p><b>Forms Needed:</b> Signed application with date of employment noted.</p>
<b>Existing Employee at Open Enrollment</b>	<p><b>Application Period:</b> Signed &amp; received by BSWHP within 31 days before/after anniversary date of Group.</p> <p><b>Effective Date:</b> Employer Group's anniversary date. Employee must have completed the new hire waiting period.</p> <p><b>Forms Needed:</b> Signed application with date of employment noted.</p>
<b>Part-time Employee going to Full-Time</b>	<p><b>Application Period:</b> Signed and received within 31 days of changing to full-time.</p> <p><b>Effective Date:</b> 1st of month after receipt of application.</p> <p><b>Forms Needed:</b> Signed application with date of PT to FT noted.</p>
<b>Existing Employee with loss of other coverage OR existing enrollee adding spouse and/or dependents due to loss of other coverage</b>	<p><b>Application Period:</b> Signed and received by BSWHP within 31 days of the termination date of the other coverage.</p> <p><b>Effective Date:</b> Effective 1st of month after receipt of applications. <i>(Exceptions may be made for groups with cafeteria plans, based on their written eligibility guidelines.)</i></p> <p><b>Forms Needed:</b> Signed application form; declination form (or other proof) indicating BSWHP coverage wasn't elected due to other coverage; proof of term date of other coverage.</p>

<p><b>Existing employee, who previously declined coverage, who has newborn child, newly adopted child, or new spouse</b></p>	<p><b>Application Period:</b> Signed and received by BSWHP within 31 days after the birth of child, adoption of child, or marriage, as applicable.</p> <p><b>Effective Date:</b> <b>If newborn child or newly adopted child</b>, effective on the date of birth or date of adoption. <b>If new spouse</b>, effective 1st of the month after application received by BSWHP. <i>(Note: Only employee, spouse and applicable newborn or adopted child may be added at this time.)</i></p> <p><b>Forms Needed:</b> <b>Child:</b> Signed application form with proof of adoption or birth as applicable. Notification must be sent from parent/guardian or employer to add the newborn within 31 days of birth. <b>Marriage:</b> Signed application form with proof of marriage. To add a common-law spouse, employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. <i>(Note: Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.)</i></p>
<p><b>Existing subscriber adding newborn child</b></p>	<p><b>Application Period:</b> Signed and received by BSWHP within 31 days of newborn child's date of birth.</p> <p><b>Effective Date:</b> Effective on the newborn child's date of birth. <i>(Note: Only spouse and applicable newborn or adopted child may be added at this time. Spouse will be effective 1st of the month after application received by BSWHP.)</i></p> <p><b>Forms Needed:</b> Signed application form. (Note: may be required to provide proof of child's eligibility.) Notification must be sent from parent/ guardian or employer to add the newborn within 31 days of birth.</p>
<p><b>Existing subscriber adding new spouse and/or children (other than newborn or newly adopted child)</b></p>	<p><b>Application Period:</b> Signed and received by BSWHP within 31 days of the date of marriage, or acquisition of child.</p> <p><b>Effective Date:</b> Effective 1<sup>st</sup> day of the month after application is received by BSWHP.</p> <p><b>Forms Needed:</b> Signed application form, with date of marriage, etc. indicated (may be required to provide proof). To add a Common-Law Spouse, the employee must provide a 'Declaration of Informal Marriage' as proof of common-law marriage. Either the date of the certificate or the date indicated as the date of marriage will be the 'event date' to begin the 31 days.</p>

<p><b>Existing employee adding newborn grandchild</b></p>	<p><b>Application Period:</b> <b>Effective Date:</b> <b>Forms Needed:</b></p>	<p>Signed and received by BSWHP within 31 days of newborn grandchild's date of birth.</p> <p>Effective on the newborn grandchild's date of birth (Employee must have completed the new hire waiting period.)</p> <p>Signed application form; Grandchild Affidavit may be required to provide additional proof.</p>
<p><b>Existing employee adding grandchild other than a newborn</b></p>	<p><b>Application Period:</b> <b>Effective Date:</b> <b>Forms Needed:</b></p>	<p>Signed and received by BSWHP within 31 days of grandchild coming to reside with employee.</p> <p>Effective 1st of the month after receipt of application by BSWHP.</p> <p>Signed application form and grandchild affidavit (may be required to provide additional proof).</p>
<p><b>Existing employee with court order to provide medical coverage to child/children</b></p>	<p><b>Application Period:</b> <b>Effective Date:</b> <b>Forms Needed:</b></p>	<p>Signed and received by BSWHP within 31 days after receipt of order by employer.</p> <p>The date order is received by employer, or BSWHP, whichever is earliest. Employee must have completed the new hire waiting period. Only employee &amp; MSO dependent can be added.</p> <p>Signed application. Court order, National Medical Support order, or letter from Attorney General's office. Legal department is responsible for review/ approval.</p>
<p><b>Existing employee with court order to provide medical coverage to spouse</b></p>	<p><b>Application Period:</b> <b>Effective Date:</b> <b>Forms Needed:</b></p>	<p>Signed and received by BSWHP within 31 days after issuance of the order.</p> <p>The 1<sup>st</sup> day of the month after the order &amp; application is received. (Employee must have completed the new hire waiting period.)</p> <p>Signed application Court order. Legal department is responsible for review/ approval. (Must be legal spouse.)</p>
<p><b>Existing employee adding newly adopted child</b></p>	<p><b>Application Period:</b> <b>Effective Date:</b> <b>Forms Needed:</b></p>	<p>Signed and received by BSWHP within 31 days of adoption, or date adoption proceedings began.</p> <p>Date of adoption or date the subscriber became a party to a lawsuit for adoption. (Employee must have completed the new hire waiting period.)</p> <p>Signed application, lawsuit for adoption, or adoption.</p>

<b>Employee returning from Military Leave</b> <i>(Must have been covered by BSWHP prior to leave)</i>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Signed & received by BSWHP within 31 days of returning to work.  Date employee returned to work.  Signed application w/date of return noted. Refer to separate "USERRA" policy for further information.
<b>Employee returning to work after absence of less than 1 year</b> <i>(Must have been covered by BSWHP prior to termination date)</i>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Signed & received by BSWHP within 31 days before/after effective date.  In accordance with employer's waiting period – or – date of rehire, if employer has written policy allowing waiver of waiting period.  Signed application with date of rehire noted.
<b>Employee returning from LOA (non-military), at an employer who does not allow coverage during LOA</b> <i>(Must have been covered by BSWHP prior to leave)</i>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Signed & received by BSWHP within 31 days of returning to work.  1st of month after employee returns to work.  Signed application w/date of return noted.
<b>New group to BSWHP</b>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Signed & received by BSWHP within 31 days before/after contract effective date.  Effective date is contract start date. Employee must have completed new hire waiting period (unless company has written policy stating new hire waiting period waived for new policy).  Signed app with date of employment noted.
<b>Active EE moved to SeniorCare (SC). Spouse becomes own policyholder. If active EE retires, and group doesn't cover retirees, spouse loses coverage through group. COBRA/ COC should be offered to spouse.</b>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Must comply with State COC or Federal COBRA for time frame on submitting application or update COBRA/ COC administrator.  Effective 1st of the month following event.  Signed application or notification from COBRA/ COC administrator.
<b>Existing Subscriber removes a spouse due to divorce</b>	<b>Application Period:</b>  <b>Effective Date:</b>  <b>Forms Needed:</b>	Signed & received by BSWHP by end of month of event.  Due to SB51, end of the month of notification.  Signed application indicating date of divorce.