

PERACare Enrollment Eligibility

The chart below summarizes the different times that a benefit recipient is eligible to enroll in PERACare, or add or change coverage. You may enroll or make changes within 30 days of the Enrollment Eligibility Events listed below.

ENROLLMENT ELIGIBILITY EVENTS	PROOF REQUIRED	WHO CAN BE ENROLLED OR ADDED	CHANGE(S) YOU CAN MAKE
When you are first eligible to enroll			
<ul style="list-style-type: none"> Within 30 days of the date of your first PERA benefit payment (as a retiree, cobeneficiary, or survivor benefit recipient) 	None for the benefit recipient*	Yourself, your spouse, and children*; your guardian (if benefit recipient is a child)	Enroll
Life events when you can enroll or change			
<ul style="list-style-type: none"> Marriage 	Copy of marriage certificate	Your new spouse	Add coverage for spouse
<ul style="list-style-type: none"> Birth or adoption of child(ren) 	Copy of birth certificate or adoption papers*	Your new child(ren)*	Add coverage for children
<ul style="list-style-type: none"> During PERA's annual open enrollment period (October 1–November 15 each year) 	None for the benefit recipient*	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, change plans
<ul style="list-style-type: none"> Moving out of your HMO's service area 	Address change notice to PERA	Yourself, your spouse, and children* (if they were covered under PERA's plan prior to move)	Change from HMO to another plan
<ul style="list-style-type: none"> Turning age 65 (you or your spouse) 	CPHC** and a copy of Medicare card(s)	Yourself, your spouse, and children*	Enroll, add coverage for spouse or children, change plans
<ul style="list-style-type: none"> Loss of other employer/group coverage, either your own or your spouse's 	CPHC** and a copy of HIPAA certificate or employer letter***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> Loss of individual coverage 	CPHC** and a copy of insurer's cancellation or market exit letter***	Yourself, your spouse, and children* (if they were covered in the plan)	Enroll yourself and your spouse and children (if they were covered in the plan)
<ul style="list-style-type: none"> Completion of COBRA coverage period (18, 29, or 36 months) 	CPHC** and a copy of HIPAA certificate or COBRA letter***	Yourself, your spouse, and children* (if they were covered in the employer's plan)	Enroll yourself and your spouse and children (if they were covered in the employer's plan)
<ul style="list-style-type: none"> Divorce 	CPHC**	Yourself (if you were covered by your former spouse's plan)	Enroll

* If children are being enrolled, proof of dependent status may be required.

** CPHC—PERA's *Certification of Previous Health Care Coverage* form.

*** Loss of coverage must be a non-voluntary event. If you remain eligible for coverage but choose not to pay premiums or select a new plan, you are not eligible to enroll in PERACare.