

Making Benefit Changes Outside of the Open Enrollment Period

| YOU HAVE THE OPPORTUNITY TO CHANGE YOUR BENEFITS IF . . . | HEALTH PLAN | DENTAL PLAN (Traditional & Medallion) | HEALTH FLEXIBLE SPENDING ACCOUNT (FSA) ^{1, 8, 10} | DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) ^{1, 8, 10} | EFFECTIVE DATE |
|--|---|---|---|--|--|
| You get married . . . | <p>You may enroll or add coverage for your spouse and any newly eligible dependents. You also may change coverage to another Plan option.²</p> <p>You may discontinue coverage for yourself and any dependents that gain coverage under your spouse's plan.³</p> | <p>You may enroll or add coverage for your spouse and any newly eligible dependents. You may also change coverage to another Plan option.</p> <p>You may discontinue coverage for yourself and any dependents that gain coverage under your spouse's plan.</p> | <p>You may enroll or increase election; may decrease election if become covered under spouse's plan.⁴</p> | <p>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.⁴</p> | Date of event |
| Your domestic partner becomes eligible for benefits^{5, 6} . . . | <p>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.</p> <p>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.³</p> | <p>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.</p> <p>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.</p> | <p>You cannot make any changes.</p> | <p>You cannot make any changes.</p> | Date of event |
| You get divorced or legally separated¹⁰ or your marriage is annulled . . . | <p>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.³</p> <p>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.²</p> | <p>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.</p> <p>You may enroll or add coverage for yourself or any eligible dependents that are no longer covered under your former spouse's plan. You may also change coverage to another Plan option.</p> | <p>You may enroll or increase election if losing coverage under spouse's health plan; may drop or decrease election.⁴</p> | <p>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.</p> | <p>Date of event (Plan coverage terminates as of the date of event for any former spouse or dependent that becomes ineligible.)</p> <p>Adding/removing eligible dependents: Date of event</p> |
| You end a domestic partnership⁵ . . . | <p>You must discontinue coverage for your former domestic partner and any dependents that become ineligible (e.g., stepchildren or partners' children).</p> <p>You may enroll if you lost coverage under your former domestic partner's plan. You may add coverage for any eligible dependents that are no longer eligible for coverage under your former domestic partner's plan or for whom you are required to provide coverage pursuant to a Qualified Medical Child Support Order.</p> <p>If your domestic partner (or his or her child) was your tax dependent, then you also may change coverage to another Plan option.²</p> | <p>You must discontinue coverage for your former domestic partner and any dependents that become ineligible (e.g., partner's children).</p> <p>You may enroll if you lost coverage under your former domestic partner's plan. You may add coverage for any eligible dependents that are no longer eligible for coverage under your former domestic partner's plan or for whom you are required to provide coverage pursuant to a Qualified Medical Child Support Order.</p> <p>If your domestic partner (or his or her child) was your tax dependent, then you also may change coverage to another Plan option.</p> | <p>You may drop or decrease your 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 domestic partnership.⁴</p> | <p>You may enroll or increase election if event increases 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).</p> <p>You may drop or decrease your election if your domestic partner and any dependents cease to be a qualified dependent for the Dependent Care FSA as a result of the domestic partnership.</p> | <p>Date of event (Any claims incurred on or after the date of ineligibility by the domestic partner will not be paid by the plan.)</p> <p>Adding/removing eligible dependents: Date of event</p> |
| Your eligible dependent passes away . . . | <p>You must drop the deceased from coverage.</p> <p>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.²</p> | <p>You must drop the deceased from coverage.</p> <p>You may enroll or add coverage for yourself or any eligible dependents that are no longer covered under the deceased's plan. You also may change coverage to another Plan option.</p> | <p>You may enroll or increase election if you lose coverage under a spouse's plan.</p> <p>You may drop or decrease election if the deceased was an eligible dependent for the Health Care FSA.⁴</p> | <p>You may enroll or increase election if event increases dependent care expenses or triggers eligibility or if you lose coverage under a spouse's plan.</p> <p>You may drop or decrease election if event changes dependent eligibility (e.g., 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).</p> | Date of event |

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| You have a new child (by birth, adoption, or placement for adoption) . . . | You may enroll or add coverage for your spouse or domestic partner and any newly eligible dependents. You also may change coverage to another Plan. ² If you and/or your eligible dependents gain coverage under a spouse's or domestic partner's plan, you may discontinue coverage for yourself and/or any affected dependents. ³ | You may enroll or add coverage for your spouse or domestic partner and any newly eligible dependents. You also may change coverage to another Plan option. If you and/or your eligible dependents gain coverage under a spouse's or domestic partner's plan, you may discontinue coverage for yourself and/or any affected dependents. | You may enroll or increase election. ⁴ | 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). | 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 |
| 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) . . . | You must discontinue coverage for your ineligible spouse, domestic partner, or dependent. | You must discontinue coverage for your ineligible spouse, domestic partner or dependent. | You may drop or decrease election if the spouse, domestic partner, or dependent was an eligible dependent for the Health Care FSA. ⁴ | You may drop or decrease election if the spouse, domestic partner, or dependent was an eligible dependent for the Dependent Care FSA. ⁴ | Date of event (Plan coverage terminates as of the date of ineligibility. Children turning 26 continue coverage through the end of the calendar month.) |
| 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) . . . | If you have become newly eligible: You may enroll for coverage. If you are no longer eligible: Your coverage is canceled effective on the last date of the pay period in which you lost eligibility. COBRA coverage may be available to you and your eligible dependents. If you retire, you may change or drop your medical coverage. If you continue coverage, your premiums will be paid on an after-tax basis. COBRA coverage may be available to you and your eligible dependents. | If you have become newly eligible: You may enroll for coverage. If you are no longer eligible: Your coverage is canceled effective on the last date of the pay period in which you lost eligibility. COBRA coverage may be available to you and your eligible dependents. If you retire, you may change or drop your dental coverage. If you continue coverage, your premiums will be paid on an after-tax basis. COBRA coverage may be available to you and your eligible dependents. | If you have become newly eligible: You may enroll in a Health Care FSA or Dependent Care FSA. If you are no longer eligible, your FSA participation stops as of the date of your change to an ineligible status. COBRA coverage may be available to you and your eligible dependents. You will have 90 days from the date you became ineligible to submit eligible expenses incurred prior to the FSA cancellation date. | If you have become newly eligible: You may enroll in a Health Care FSA or Dependent Care FSA. If you are no longer eligible, your FSA participation stops as of the date of your change to an ineligible status. You will have until April 30 following the end of the plan year to submit eligible expenses incurred during the Plan Year. The amount available for reimbursement is limited to the amount credited to your Dependent Care FSA, less any prior reimbursements. | Newly eligible: Date of event No longer eligible: Refer to previous appropriate column. |
| Your eligible dependent experiences a qualifying election change event under his or her own employer's cafeteria plan (e.g., change in employment status, HIPAA special enrollment right, significant cost increase or curtailment of coverage, etc.)⁸ . . . | You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office. | You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office. | You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office. | You may make corresponding changes permitted by Cafeteria Plan tax regulations, as determined by the Benefits Office. | Date of event |
| 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 . . . | You may discontinue coverage. | No change permitted. | No change permitted. | No change permitted. | Date of event |
| 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 . . . | No change permitted. | No change permitted. | No change permitted. | You may enroll or increase election if the cost significantly increases. You may drop or decrease election if the cost significantly decreases. | Date of event |
| 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) . . . | 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. ² If the order requires another individual to provide coverage (e.g., former spouse or child's other parent), you may drop coverage for the child. | 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. If the order requires another individual to provide coverage (e.g., former spouse or child's other parent), you may drop coverage for the child. | You may enroll or increase election if the order requires you to provide coverage. | You cannot make any changes to your Dependent Care FSA. | Date required by court order or date order is determined by Plan Administrator to be qualified, whichever is later. |

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| <p>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 . . .</p> | <p>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.²</p> <p>You may discontinue coverage for yourself and any dependents that gain coverage through the other employer's plan.³</p> | <p>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.</p> <p>You may discontinue coverage for yourself and any dependents that gain coverage through the other employer's plan.</p> | <p>You may not make any changes to your Health Care FSA.</p> | <p>You may increase your contribution amount if your spouse decreases coverage. If your spouse increases coverage, you may decrease your coverage.⁴</p> | <p>Date of event</p> |
| <p>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 period⁷ . . .</p> | <p>You may add coverage for your affected domestic partner and eligible dependents on an after-tax basis.</p> <p>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.³</p> | <p>You may add coverage for your affected domestic partner and eligible dependents on an after-tax basis.</p> <p>You may discontinue coverage for yourself and any dependents that gain coverage through the other employer's plan.</p> | <p>No change allowed.</p> | <p>No change allowed.</p> | <p>Date of event</p> |
| <p>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 . . .</p> | <p>You may enroll for coverage for yourself, your spouse, your domestic partner or your children who were affected. You also may change coverage to another Plan option.²</p> | <p>You may enroll for coverage yourself, your spouse, your domestic partner or your children who were affected. You also may change coverage to another Plan option.</p> | <p>You may enroll or increase elections to reflect loss of eligibility for other Health Care FSA.</p> | <p>You may enroll or increase election if you or your spouse or tax dependent loses eligibility for other employer's Dependent Care FSA.</p> <p>You may drop or decrease election to reflect loss of eligibility for coverage (e.g., if spouse stops working).⁴</p> | <p>Date of event</p> |
| <p>You start or return from an FMLA or military leave . . .</p> | <p>If you start an FMLA or military leave, you may cancel your coverage.</p> <p>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.</p> | <p>If you start an FMLA or military leave, you may cancel your coverage.</p> <p>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.</p> | <p>If you have a Health Care FSA at the start of an FMLA or military leave, you may cancel your Health Care FSA.</p> <p>If you are returning from an FMLA or military leave and had a Health Care FSA, you may reinstate your prior election amount.^{4,7} 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.</p> | <p>If you have a Dependent Care FSA at the start of an FMLA or military leave, you may cancel your Dependent Care FSA.^{4,7} You must cancel your Dependent Care FSA if your FMLA leave will exceed two weeks (this is not required for military leaves).</p> <p>If you are returning from an FMLA or military leave and had a Dependent Care FSA, you may reinstate your prior election amount.⁵ 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.</p> | <p>Date of event</p> |
| <p>You or your eligible dependents enroll in Medicaid or Medicare . . .</p> | <p>Cancel or reduce coverage for individual who enrolled in Medicaid or Medicare.³</p> | <p>Cancel or reduce coverage for individual who enrolled in Medicaid or Medicare.³</p> | <p>You may drop or decrease election if the affected individual was an eligible dependent for the Health Care FSA.</p> | <p>No change is permitted.</p> | <p>Date of event</p> |
| <p>You or your eligible dependents lose entitlement to Medicaid or a state children's health insurance program . . .</p> | <p>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.²</p> | <p>Enroll or increase coverage for yourself, your spouse, your domestic partner, or your children (whichever lost the entitlement).</p> | <p>No change is permitted.</p> | <p>No change is permitted.</p> | <p>Date of event</p> |

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| You or your eligible dependents become eligible for a state premium assistance from Medicaid or a state children's health insurance program . . . | Enroll or increase coverage for yourself, your spouse, your children (whomever gained the entitlement). You also may change coverage to another Plan option. ² Note: While receiving premium assistance, enrollment in a high deductible health plan is prohibited. | No change is permitted. | No change is permitted. | No change is permitted. | Date of event |
| You or your eligible dependents enroll in or lose coverage in a Qualified Health Plan (QHP) through a public health insurance exchange/ marketplace . . . | 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. No change is permitted if you or your dependents lose QHP coverage. ⁹ | No change is permitted. | No change is permitted. | No change is permitted. | N/A |
| You experience a significant cost change in your University of Rochester medical plan premium . . . | Cost Increase: You may change coverage to another plan option or discontinue coverage if you elect coverage through another employer's plan. Cost Decrease: You may elect new coverage or change coverage to another plan. | No change is permitted. | No change is permitted. | No change is permitted. | Date of event |

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 26 "Submitting Claims for Children" and page 22 "Important: Regulation For Domestic Partners and FSA/HSA 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 25) 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 26 "Submitting Claims for Children" and page 22 "Important: Regulation For Domestic Partners and FSA/HSA Reimbursements."

3. 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.

4. 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.

5. For rules regarding the eligibility of a domestic partner and/or their dependents, please refer to the [University of Rochester Certification of Domestic Partner Status form](#) or you may request a copy from the UR Office of Total Rewards by email at totalrewards@rochester.edu. In order to add a qualified domestic partner for coverage, the Certification of Domestic Partnership Status form, along with a submitted Change Benefits event in myURHR Workday must be submitted to and approved by the UR Office of Total Rewards

6. If the dependent that experiences an election change 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.

7. If your account lapsed during your leave, you may elect coverage at the prior level or at a prorated level (the prorated level is your elected annual FSA contribution amount, adjusted for the period of time you were out, minus any reimbursements you have received year-to-date). In other words, you can elect to keep the same total annual contribution (per-pay-period deductions will be adjusted) or to keep the same per-pay-period deduction and reach a lower annual goal due to the time you were on leave.

8. 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 event is submitted in myURHR Workday (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 event is submitted in myURHR Workday (if submitted before any applicable administrative processing deadline), the date of the appointment or change to eligible status, or the first day of the calendar month following or coinciding with the effective date of YOUR HSA-Eligible Plan Coverage, whichever is latest.

9. 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 change.

10. You can remove or enroll in coverage due to legal separation, however legal separation spouses are eligible to stay on coverage until the divorce is finalized.

NOTE: All page references above refer to the [2026 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, 2026. 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 a 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 rochester.edu/human-resources