

# Measurement Matrix



	New Hire Measurement Period (NHMP)	Open Enrollment Measurement Period (OEMP)
Definition	The period of 12 consecutive months for which hours of services are measured to determine eligibility for coverage.	
Who is measured?	<p>OPS employees expected to work less than 30 hours per week at the point of initial hire.</p> <p><b>Note:</b> OPS employees expected to work 30 hours or more on average per week do <i>not</i> have an IMP. They are only measured during OEMP after they have worked for a full 12-month OEMP.</p> <p><b>Example:</b> OPS employee hired February 2022 is expected to work 30 hours or more per week on average. He elects coverage, which begins, at the earliest March 2022 and continues through December 2023. He is measured at the 2022 OEMP for coverage effective in 2023.</p>	<ul style="list-style-type: none"> <li>All OPS employees who were employed on or before the first day of the measurement period and have not had a break in service as of the last day of the measurement period</li> </ul>
When are they measured?	Starting the first day of the month following the initial hire date and ending the last day of the twelfth month of continuous employment.	October 3 through the following October 2 each year
What is measured?	<p>Employees of academic institutions are credited with up to 501 hours for academic breaks. Academic breaks must be recorded in People First (PAR or file, as applicable).</p> <p>If recorded in People First, the following unpaid leave types do <b>not</b> count against the average: FMLA (PAR), military leave (PAR) and jury duty (timesheet).</p>	
What coverage is available?	For OPS employees: health, basic life, dental, vision, supplemental plans, health care FSA, limited purpose FSA and dependent care FSA	

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<p>When does coverage begin?</p>	<p>See the QSC Matrix for new hire and qualifying event effective dates.</p> <p>For OPS employees who are measured for MP and meet 30-hour eligibility requirement, the earliest effective date is as follows:</p> <ul style="list-style-type: none"><li>• Health insurance – the first day of the month that follows the IMP</li><li>• Health care FSA and limited purpose FSA – the first day of the month that follows the IMP</li><li>• Dependent care FSA – the date of election</li><li>• All other plans – the first day of the month following the IMP and receipt of underwriting approval, if required.</li></ul>	<p>January 1 of the plan year following the open enrollment measurement</p>
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When does coverage end?	For OPS employees who maintain eligibility: coverage ends when they cancel elections during open enrollment or when they experience a qualifying status change (QSC) event (see QSC Event Matrix) that results in ineligibility for the program.	For OPS employees who do not meet the 30-hour per week average requirement: coverage ends Dec. 31 of the OEMP calendar year.
What is the associated stability period?	<p>Gains eligibility at end of IMP:</p> <ul style="list-style-type: none"> <li>• If measured at the END of the IMP and initial period end is between 01/31/Y2 and 09/30/Y2                             <ul style="list-style-type: none"> <li>○ Stability period is through 12/31/Y2</li> <li>○ OE measurement is in Y2 for Y3 eligibility</li> </ul> </li> <li>• If measured at the END of the IMP and initial period end is between 10/31/Y2 and 12/31/Y2                             <ul style="list-style-type: none"> <li>○ Stability period is through 12/31/Y3</li> <li>○ OE measurement is in Y3 for Y4 eligibility</li> </ul> </li> </ul>	<p>Examples assume eligible during initial period, regardless of WHEN eligibility is gained in the period (eligible upon hire or experiences an employment status change):</p> <ul style="list-style-type: none"> <li>• If hired between 01/01/y1 – 09/30/Y1                             <ul style="list-style-type: none"> <li>○ Eligibility is through 12/31/Y2</li> <li>○ OE measurement is in Y2, for Y3 eligibility</li> </ul> </li> <li>• If hired between 10/01/Y1 – 12/31/Y1                             <ul style="list-style-type: none"> <li>○ Eligibility is through 12/31/Y3</li> <li>○ OE measurement is in Y3 for Y4 eligibility</li> </ul> </li> </ul> <p>Once measured for OE, the OE measurement drives the next plan year, each year, unless the employee has a qualified break in service in which case, they fall back to the initial measurement period rules.</p>
Special circumstances?	The IMP does not change if employees to be measured are subsequently hired by additional agencies, unless there is a Break in Service.	
How does the Break in Service work?	<p>After a Break in Service, the employee is treated as a new hire upon reemployment. A Break in Service occurs when:</p> <ul style="list-style-type: none"> <li>• OPS employees experience termination of employment that lasts at least 13 consecutive weeks (26 weeks for employees of educational organizations); or a break between four weeks and 13 weeks (26 weeks for employees of educational organizations) if the period of service prior to the break is less than the period of the break.</li> </ul>	

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	If a Break in Service does not occur and the employee was enrolled in benefits before termination, upon reemployment benefits will automatically reinstate. If the employee gained other benefits before reemployment, the employee must contact the service center within 60 days of hire to cancel reinstated benefits.	
Are there employment status changes?	See the QSC Matrix for a complete listing.  Specifically occurring during the IMP: the employee changes positions and work hours are expected to increase to an average of 30 hours or more per week. The effective date for health is the first day of the month following the status change or the first day of the second month following the IMP, whichever is earlier.	See the QSC Matrix for a complete listing.
How are employee contributions determined if an employee changes positions?	The employee contribution is determined by looking at the position the employee is moved to (e.g., SES/SMS, Career Service, OPS), regardless of the position held or contribution paid prior to the change in positions. <a href="#">MA 11-007</a> still applies.  Please note: An employee moving from an OPS eligible position to an FTE position, that did not elect coverage when eligible as an OPS employee, is not able to elect coverage when moving to an FTE position. The employee must elect coverage as an eligible OPS employee.	

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<p>What about retirees who return to work?</p>	<p>They are now active employees and therefore subject to measurement.</p> <p>Upon hire, if eligible for employee benefits, the People First system will automatically move retiree coverage to employee coverage. If the employee is Medicare-eligible and chooses one of the options below, the employee must contact the service center within 60 days of hire to make the change.</p> <p>Note regarding Medicare-eligible retirees: once Medicare retirees are reemployed and if they are eligible for state group health insurance, Medicare becomes the secondary payer. Under Medicare rules, <i>Medicare retirees are not allowed to continue retiree coverage as an employee.</i> Medicare retirees may either:</p> <ol style="list-style-type: none"> <li>1. Stay enrolled in employee health insurance to have primary coverage and pay the employee contribution. They will be able to continue coverage as a retiree upon termination; or</li> <li>2. Cancel retiree coverage and enroll in a Medigap supplement plan that coordinates with Medicare which will once again become primary. Medicare retirees who choose this option will not be allowed to re-enroll in state group health insurance upon termination of employment.</li> </ol>	
<p>What kinds of communications are sent to employees?</p>	<p>New Hire ID letter – gives employees their People First ID so that if they are eligible, they can make online elections; receiving this letter does <b>not</b> indicate eligibility.</p> <p>Benefits package – sent to employees if they are eligible for benefits as a new hire or after the Initial Measurement Period and includes the benefits statement, COBRA information and enrollment instructions.</p>	<p>Open Enrollment package – mailed to all eligible employees (based on eligibility as of 1/1 of the new plan year) to their mailing address in People First before annual Open Enrollment.</p>
<p>Underpayment Notices – up to three notices are sent during the coverage month that is underpaid.</p> <p>Emails – various reminders are sent to eligible employees who enter a notification email address in People First.</p> <p>Confirmation of Benefits – for employees who make changes to benefits, People First mails confirmation to their mailing address in People First or, if there is a notification email address, People First emails instructions for viewing online. The confirmation is also available anytime from the Quick Links section of the employee’s homepage in People First.</p> <p>Employee correspondence history is available in People First under Personal Information. Document IDs that begin with “E” are emails; all others are sent via the U.S. Postal Service.</p>		

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