

| FORMER ACES REASON CODE | my CalPERS HEALTH REASON DESCRIPTION | EVENT DATE | EFFECTIVE DATE METHOD | Subscriber Notice | Employer Notice | Carrier Notice | Pay Entity Notice |
|--|--|---|--|-------------------|-----------------|----------------|-------------------|
| | | | | | | | |
| NEW ENROLLMENT | | | | | | | |
| 100 | Time Base & Tenure | Date of appointment | HIPAA | Yes | Yes | Yes | Yes |
| 101 | Late or Loss of Coverage (Emp) | Date other coverage ends | HIPAA | Yes | Yes | Yes | Yes |
| 102 | Reinstatement | Date of appointment | HIPAA | Yes | Yes | Yes | Yes |
| 103 | Military - New Enrollment | Date employee returns to work | HIPAA | Yes | Yes | Yes | Yes |
| 106 | Time Base, Tenure, Hours (State ER Only) | July 1 or January 1 | Permanent Intermittent | Yes | Yes | Yes | Yes |
| 107 | Off Pay eligible PI (State ER Only) | Date of return to pay status | Permanent Intermittent | Yes | Yes | Yes | Yes |
| 108 | Enroll Own right Employees | Date dependent coverage terminates | HIPAA | Yes | Yes | Yes | Yes |
| 111 | Off Pay during O/E (State ER Only) | Date of return to pay status | 1st of month or Normal OE Effective Date | Yes | Yes | Yes | Yes |
| 119 | Pending Retirement | Date of separation | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 123 | Layoff: Enroll Direct Pay | Date of layoff | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 129 | Special Enrollment Employees | User provided | Special Enrollment Effective Date | Yes | Yes | Yes | Yes |
| 145 | Surv Benefits Paid by ER (State ER Only) | Date of member's death | 1st of month following event date | Yes | Yes | Yes | No |
| 153 | BU 06 PI Cadet New Enroll (State ER Only) | Date of appointment | HIPAA | Yes | Yes | Yes | Yes |
| 160 | Return from Off Pay Status (State ER Only) | Date of return to pay status | 1st of month following event date | Yes | Yes | Yes | Yes |
| 167 | Re-employment | Date of appointment | HIPAA | Yes | Yes | Yes | Yes |
| 169 | Pending Retirement - Deferred Retirees | Date of separation | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| NEW ENROLLMENT FOR NEW CONTRACTING PUBLIC AGENCY (PA) | | | | | | | |
| 112 | Retirement | Date of retirement | HIPAA for Retirement | Yes | Yes | Yes | Yes |
| 115 | New contracting employee | Date of contract | HIPAA for New contracting | Yes | Yes | Yes | Yes |
| 116 | New contracting retiree | Date of contract | HIPAA for New contracting | Yes | Yes | Yes | Yes |
| 117 | New contracting survivor | Date of contract | HIPAA for New contracting | Yes | Yes | Yes | Yes |
| 118 | New Contracting LOA | Date of contract | Event Date | Yes | Yes | Yes | Yes |
| 146 | Re-enroll SES/PA FFPO Survivor | Date of member's death | 1st of the month following 120 Days After Event Date | Yes | Yes | Yes | Yes |
| 148 | Enroll < half time Emp | Date of appointment | HIPAA | Yes | Yes | Yes | Yes |
| 149 | STRS Survivor No Allowance | Date of member's death | 1st of month following received date | Yes | Yes | Yes | Yes |
| 150 | NC EE Enroll < half time Emp | Date of Contract | HIPAA for New contracting | Yes | Yes | Yes | Yes |
| 163 | New contracting Survivor without Benefits | Date of contract | HIPAA for New contracting | Yes | Yes | Yes | Yes |
| OPEN ENROLLMENT | | | | | | | |
| 104 | Open Enrollment Employees New Enrollment | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 170 | OE Enroll < half time Emp New Enrollment (PA/School ER Only) | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 206 | Open Enrollment Add Dep | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 320 | Open Enrollment Delete Dependent | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 400 | Open Enrollment Change Health Plan | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 503 | Enrolled into Flex Elect (State ER Only) | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| 530 | OE Cancel Coverage | Date within Open Enrollment period | Normal OE effective date | Yes | Yes | Yes | Yes |
| COBRA New Enrollment | | | | | | | |
| 131 | COBRA Reduction in Hours | Date of when hours reduced | 1st of 2nd month following event date | Yes | Yes | Yes | No |
| 132 | COBRA Loss of Employment | Date of when employment terminates | 1st of 2nd month following event date | Yes | Yes | Yes | No |
| 133 | COBRA Div/Sep/Mv from Household | Date of divorce, separation, or move from household | 1st of month following event date | Yes | Yes | Yes | No |
| 134 | COBRA Death of Employee | Date of death | 1st of month following event date | Yes | Yes | Yes | No |
| 135 | COBRA Dep Cont-Sub on Medicare | Date of Subscriber's 65th birthday | 1st of month following event date | Yes | Yes | Yes | No |
| 136 | COBRA Loss of Dependent Status | Date dependent loses dependent status | 1st of month following event date | Yes | Yes | Yes | No |
| 139 | COBRA New Contract Agency Sub (PA/School ER Only) | Date of new contract | Event Date | Yes | Yes | Yes | No |
| 140 | COBRA New Contract Agency Dep (PA/School ER Only) | Date of new contract | Event Date | Yes | Yes | Yes | No |
| ADD DEPENDENT | | | | | | | |
| 200 | Birth/placement | Date of birth, date of adoption or placement for adoption | 1st of month following event date | Yes | Yes | Yes | Yes |
| 201 | Marriage | Date of marriage | HIPAA | Yes | Yes | Yes | Yes |
| 202 | Custody | Date dependent is acquired | HIPAA | Yes | Yes | Yes | Yes |
| 203 | Economically dependent | Date of legal custody or date dependent is acquired | HIPAA | Yes | Yes | Yes | Yes |
| 204 | Loss of Coverage | Date other coverage terminates | HIPAA | Yes | Yes | Yes | Yes |
| 205 | Return from Military Leave | Date of return from Military leave | HIPAA | Yes | Yes | Yes | Yes |
| 207 | Off pay Open Enrollment | Date of return to pay status | 1st of month or Normal OE Effective Date | Yes | Yes | Yes | Yes |
| 208 | Court Order | Date court order received | 1st of month following received date | Yes | Yes | Yes | Yes |
| 210 | Medically Disabled | Date of 26th birthday | 1st of month following event date | Yes | Yes | Yes | Yes |
| 213 | Special Enrollment Dependent | User provided | Special Enrollment Effective Date | Yes | Yes | Yes | Yes |
| 215 | Domestic Partner Add | Date of registration of domestic partnership | HIPAA | Yes | Yes | Yes | Yes |
| 216 | Domestic Partner Child Add | Date of registration of domestic partnership | HIPAA | Yes | Yes | Yes | Yes |
| DELETE DEPENDENT | | | | | | | |
| 300 | Death of Dependent | Date of death | 1st of month following event date | Yes | Yes | Yes | Yes |
| 301 | 23 year old delete | Date of dependent's 23rd birth date | 1st of month following event date | Yes | Yes | Yes | Yes |
| 302 | Divorce | Date of divorce | 1st of month following event date | Yes | Yes | Yes | Yes |
| 304 | Enroll Own Right Dependent | Day before effective date of enrollment | 1st of month following event date | Yes | Yes | Yes | Yes |
| 305 | No longer certifiable | Date determined no longer disabled | 1st of month following event date | Yes | Yes | Yes | Yes |
| 306 | Ineligible dependent | Date of ineligibility as a dependent | 1st of month following event date | Yes | Yes | Yes | Yes |
| 307 | Gains other coverage | Date other coverage begins | 1st of month following received date | Yes | Yes | Yes | Yes |
| 308 | Legal separation | Date of legal separation | 1st of month following received date | Yes | Yes | Yes | Yes |
| 309 | Military - Del Dependent | Date of military leave | 1st of month following received date | Yes | Yes | Yes | Yes |
| 310 | Loss economic dependence | Date dependent loses eligibility | 1st of month following received date | Yes | Yes | Yes | Yes |
| 311 | Optional Delete | Date of request | 1st of month following received date | Yes | Yes | Yes | Yes |
| 312 | Change of custody | Date custody changes | 1st of month following received date | Yes | Yes | Yes | Yes |
| 313 | Vacates household | Date of move | 1st of month following received date | Yes | Yes | Yes | Yes |
| 318 | Domestic Partner Term | Date partnership terminates | 1st of month following event date | Yes | Yes | Yes | Yes |
| 319 | Domestic Partner Child Term | Date partnership terminates | 1st of month following received date | Yes | Yes | Yes | Yes |
| 324 | 26 year old delete | Date of dependent's 26th birth date | 1st of month following event date | Yes | Yes | Yes | Yes |
| CHANGE HEALTH PLAN | | | | | | | |
| 401 | Off Pay during Open Enrollment | Date of return to pay status | 1st of month or Normal OE Effective Date | Yes | Yes | Yes | Yes |
| 402 | Move | Date of move | 1st of month following received date | Yes | Yes | Yes | Yes |
| 403 | Association membership | Date of membership | 1st of month following received date | Yes | Yes | Yes | Yes |
| 404 | Out of association plan | Date of Primary Subscriber loses membership | 1st of month following event date | Yes | Yes | Yes | Yes |
| 405 | Special Enrollment - Change Health Plan | User provided | Special Enrollment Effective Date | Yes | Yes | Yes | Yes |
| 412 | Change Plan due to Eligibility ZIP Code Change | Date of request | 1st of the month following received date | Yes | Yes | Yes | Yes |

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| UPDATE ENROLLMENT | | | | | | | |
| 480 | Change Eligibility ZIP Code - Employer | Date of request | 1st of month following received date | Yes | Yes | Yes | No |
| 481 | Cancel Eligibility ZIP Code - Employer | Date of request | 1st of month following received date | Yes | Yes | Yes | No |
| 904 | Change Medical Group (PA/School ER Only) | User defined | 1st of month following event date | No | No | No | No |
| 905 | Update Demographics | Date of request | Event Date | No | No | No | No |
| CHANGE PREMIUM PAYMENT METHOD | | | | | | | |
| 704 | LOA | Date of leave of absence | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 705 | Worker Comp/Claim Pending | Date of date of comp/claim pending | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 706 | PI/ off pay (State ER Only) | Date PI employee Off pay status | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 707 | Suspension | Date of suspension | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 708 | CSU Inactive (State ER Only) | Date of CSU Inactive | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 709 | Insufficient earnings | Date of insufficient earnings | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 710 | Pending NDI | Date of Participant goes on NDI | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 712 | Chg to deduct-Return to Work | Date of return to work | 1st of month following event date | Yes | Yes | Yes | No |
| 715 | Chg to deduct-FMLA | Event is date on FMLA | 1st of month following event date | Yes | Yes | Yes | No |
| 716 | Chg to deduct-Retirement (PA/School ER Only) | Event is date of retirement | 1st of month following event date | Yes | Yes | Yes | No |
| DEPENDENT ADDRESS CHANGE | | | | | | | |
| 900 | Address Update | User provided | Event Date | No | No | Yes | No |
| CANCEL COVERAGE | | | | | | | |
| 500 | Insufficient Hours (State ER Only) | Date is end of control period (June 30th or December 31st) | Permanent Intermittent | Yes | Yes | Yes | Yes |
| 501 | Change in appt. outside b/u (State ER Only) | Date of change in appointment | 1st of month following event date | Yes | Yes | Yes | Yes |
| 502 | Time base/tenure chg (State ER Only) | Date status changes | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 505 | Subscriber request | Date of request | 1st of month following received date | Yes | Yes | Yes | Yes |
| 507 | Appeal denied | Date of appeal denied | 1st of month following event date | Yes | Yes | Yes | Yes |
| 515 | Cancel: Perm Separation | Date of permanent separation | 1st of 2nd month following event date | Yes | Yes | Yes | No |
| 516 | Layoff Cancel | Date of layoff | 1st of 2nd month following event date | Yes | Yes | Yes | No |
| 526 | Subscriber Death | Date of death | 1st of month following event date | Yes | Yes | Yes | No |
| 529 | Cancel; PA/Sch Site Chg (State ER Only) | Date of PA/School site change | 1st of 2nd month following event date | Yes | Yes | Yes | No |
| 533 | Off Pay Status Cancel | Date of off pay status | 1st of 2nd month following event date | Yes | Yes | Yes | Yes |
| 534 | Military Leave | Date of military leave | 1st of month following event date | Yes | Yes | Yes | Yes |
| 535 | Reinstatement (Non-PERS) (PA/School ER Only) | Date of reinstatement | 1st of month following event date | Yes | Yes | Yes | Yes |
| 536 | Subscriber Request - COBRA | Date of request | 1st of month following received date | Yes | Yes | Yes | No |
| 838 | Update CBU Benefits (PA/School ER Only) | Date of change in appointment | 1st of month following event date | Yes | Yes | Yes | No |

Effective Date Method Description

HIPPA :
1st day of the month following the Received Date if within 60 days of the Event Date. If the Received Date is beyond the 60th day, the effective date is the 1st of the month following a 90 day waiting period from the Received Date (Permissive Event)

Permanent Intermittent:
State Permanent Intermittent Employees (Pis): 1st day of the month following the Received Date if within 60 days of the Event Date. If Received Date is beyond 60th day, the effective date is the 1st day of the month following 90 days from the Received Date

Special Enrollment Effective Date:
The received date is within the specified Special Enrollment timeframe

Normal OE Effective Date
Open Enrollment effective date is January 1 of the contract year

HIPPA for Retirement - State Members Only :
1st of the month following the Event Date if the Separation Date and the Event Date is less than one pay period and the Separation Date is between the 1st and the 10th of the Event Date month. The Effective Date is the 1st of the 2nd month following the Event Date if the difference between the Separation Date and the Event Date is less than one pay period and the Separation Date is after the 10th of the Event Date month.

HIPPA for Retirement - PA/School Members Only :
1st of the 2nd month following the Event Date if the Separation Date and the Event Date is less than one pay period . The Effective Date is the 1st of the month following the Received Date if the difference between the Separation Date and the Event Date is more than one pay period and the Separation Date and Event Date are less than 120 days apart.

HIPPA for New Contracting
1st of the month following the Received Date if within 60 days of the Contract Date. If Received Date is beyond the 60th day, the effective date is the 1st day of the month following a 90 day waiting period from the Received Date (Permissive Event)

Legend
Indicates New Health Event Reason in my|CalPERS.