

PROPOSED REGULATORY ACTION BY CALPERS
Amend § 599.500 (o)
Title 2 of the California Code of Regulations (CCR)

§ 599.500. Definitions.

For the purposes of this subchapter:

- (a) Terms used in this subchapter that are defined by the Public Employees' Medical and Hospital Care Act (Title 2, Division 5, Part 5 (commencing with Section 22750) of the Government Code) shall have the meanings therein set forth.
- (b) "Employing office" means any office of the state or contracting agency to which jurisdiction and responsibility for health benefits action for the employee concerned have been delegated. For annuitants, whether or not the annuitant is also an employee, the Health Benefits Division of the Public Employees' Retirement System is the employing office.
- (c) "Payroll office" means either the office of the State Controller for agencies participating under the Uniform Payroll System, or the employing office for agencies not participating under the Uniform Payroll System, irrespective of whether or not salary warrants are issued by the State Controller.
- (d) "Time." Whenever in this subchapter a time is stated in which an act is to be done, the time is computed by excluding the first day and including the last day. If the last day is a holiday, it is also excluded.
- (e) "Annuity period" means the period for which a single installment of a retirement allowance or annuity is customarily paid for annuitants.
- (f) "Enroll" means to file with the employing office a properly completed Health Benefits Plan Enrollment Form electing to be enrolled in a health benefits plan.
- (g) "Enrolled" means to be enrolled in a health benefits plan approved by the Board under this subchapter.
- (h) "Register not to enroll" means to file with the employing office a properly completed Health Benefits Plan Enrollment Form electing not to be enrolled in a health benefits plan.
- (i) "Cancellation" is the act, by an enrolled employee or annuitant who is eligible to continue enrollment, of filing a Health Benefits Plan Enrollment Form, terminating enrollment in a health benefits plan.
- (j) "Administrative action" is the completion or approval, by the Health Benefits Division, of a Health Benefits Plan Enrollment Form terminating or changing the enrollment of an employee, annuitant, or family member in accordance with the provisions of this subchapter.
- (k) "Eligible" means eligible under the law and this subchapter to be enrolled.
- (l) "Retirement System" means the Public Employees' Retirement System, the State Teachers' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System, as the case may be, under which a retired person has acquired the status of "annuitant."
- (m) Tenses and Number. The present tense includes the past and future, and the future the present; the singular includes the plural and the plural the singular.
- (n) A "child," as described in Government Code section 22775, means an adopted, step, or recognized natural child until attainment of age 26, unless the child is disabled as described in section 599.500, subdivision (p).

(o) In addition to a "child" as described in Government Code section 22775, "family member" also includes any child for whom the employee or annuitant has assumed a parent-child relationship (PCR), in lieu of the relationship described in subdivision (n), as indicated by intentional assumption of parental status, or assumption of parental duties by the employee or annuitant, as certified by the employee or annuitant at the time of enrollment of the child, and annually thereafter up to the age of 26, unless the child is disabled as described in section 599.500, subdivision (p). This section should not be construed to include foster children.

Certification of the parent-child relationship by the employee or annuitant under this subsection shall be provided to the employing office and shall include:

(1) A CalPERS-issued "Affidavit of Parent-Child Relationship," ~~Rev. June 2015, which is hereby incorporated by reference,~~ signed by the employee or annuitant, ~~and the following:~~ The affidavit shall include all information required by this section. The affidavit shall set forth information required to certify the employee or annuitant has assumed the primary parental status or duties for the PCR dependent. The employee or annuitant shall provide identifying information for themselves and the PCR dependent, which shall include, full name, social security number, date of birth, the date the employee or annuitant assumed primary parental status or duties for the PCR dependent, the relationship to the PCR dependent and the PCR dependent's residential address.

(A) For a PCR dependent ~~under age 189~~ and under:

1. Unless otherwise specified in subparagraph F, A a copy of the first page of the employee or annuitant's federal or State income tax return from the previous tax year listing the child as a tax dependent. In lieu of a tax return, for a time not to exceed one tax filing year, and only during the child's initial enrollment as a PCR, the employee or annuitant may submit other documents that substantiate the child's financial dependence upon the employee or annuitant as set forth in subparagraphs (C) and (D).

(B) For a PCR dependent from age 19 up to age 26:

1. A copy of the first page of the employee or annuitant's federal or State income tax return from the previous tax year listing the child as a tax dependent; or

2. Documents that substantiate that the child is financially dependent upon the employee or annuitant provided that the child:

a. Either lives with the employee or annuitant for more than 50 percent of the time, or is a full-time student, and

b. Is dependent upon the employee or annuitant for more than 50 percent of the child's support as evidenced by documents described in subparagraphs (C) and (D).

If the employee or annuitant fails to provide the employing office any of the ~~above~~ required documents, the child shall not be enrolled, or if already enrolled, the employee or annuitant shall be given notice that all coverage of the child will be terminated ~~effective as~~ at midnight of the last day of the month following said notice.

(C) A minimum of one of the following primary PCR documents is required:

1. Current legal judgments or court documents showing the employee or annuitant's legal parental status or guardianship over the child.
2. School records listing the employee or annuitant as child's guardian or indicating common residency.
3. Child's driver's license, state identification, college records, or other verifiable documents showing common residency.
4. Rental or lease agreements.

5. Bank Statements or other financial documentation reflecting rent payment(s) for the child who does not reside with the employee or annuitant along with proof of payment made by the employee or annuitant.

(D) A combination of two or more secondary supporting PCR documents are required:

1. Tuition payment(s), car insurance, vehicle registration, credit card statements, or other billing statements along with proof of payments made by the employee or annuitant.
2. Joint or child's bank statement showing reoccurring deposits made by the employee or annuitant.
3. Medical and dental bills for the child along with proof of payment(s) made by the employee or annuitant.

(E) All supporting documents must have the child's name printed on them by the issuer and may not be older than 60 calendar days from the date of signature of the Affidavit of Parent-Child Relationship.

(F) Employees and annuitants that are not required to file an income tax return must submit three or more supporting documents as defined in subparagraphs (C) and (D). In addition, employees and annuitants not required to file an income tax return must provide confirmation from the Internal Revenue Service, Franchise Tax Board, certified public accountant, tax preparer or other tax professional indicating that a tax return is not required.

(p) "Disabled child," means a child, as described in Government Code section 22775 and section 599.500, subdivision (n) or (o), who at the time of attaining age 26, is incapable of self-support because of a physical or mental disability which existed continuously from a date prior to attainment of age 26 and who is enrolled pursuant to section 599.501, subdivisions (d) and (e), until termination of such incapacity.

(q) Meanings of terms related to Medicare are as follows:

"Medicare" means the Health Insurance For The Aged provided under Title XVIII of the Social Security Act; "Part A" means Hospital Insurance as defined in Title XVIII of the Social Security Act; and "Part B" means Medical Insurance as defined in Title XVIII of the Social Security Act.

(r) "Supplemental Plan" means a health benefits plan providing supplemental benefits for persons enrolled under Medicare Parts A and B.

(s) "Health benefit(s) plan," as defined in section 22777 of the Government Code, or "plan" includes any benefit design and premium rate structure offered by the Board to employees, annuitants, and family members through contracts with carriers or self-funded plans administered by the Board pursuant to Sections 22793, 22850 and 22853 of the Government Code. "Health benefit(s) plan" includes basic or supplemental plans.

(t) "Basic Plan" means a health benefit(s) plan providing benefits for employees, annuitants, and family members not enrolled in a supplemental plan.

(u) "Conversion plan" means a nongroup contract offered by the carrier as its standard individual membership plan.

(v) "Control Period" means a period from January 1 through June 30 or July 1 through December 31.

(w) "Alternative benefit plan" means a health benefits plan approved, or contracted for, by the Board exclusively for employees or annuitants of contracting agencies pursuant to Section 22850(f)(2) of the Government Code.

(x) "Risk adjustment" means an actuarial tool used to calibrate premiums paid to health benefits plans or carriers based on geographical differences in the cost of health care and the relative differences in the health risk characteristics of employees, annuitants, and family members enrolled in each plan. Risk adjustment establishes premiums, in part, by assuming an equal distribution of health risk among health benefits plans in order to avoid penalizing employees,

annuitants, and family members for enrolling in a health benefits plan with higher than average health risk characteristics.

(y) "Risk assessment" means an objective determination of whether an individual employee, annuitant, or family member or group of employees, annuitants, and family members represents a health risk that is reasonably close to the population average and, if not, of quantifying the relative deviation from the average.

(z) "Risk Adjusted Premium," means the actuarially calculated premium utilizing risk adjustment.

Note: Authority cited: Sections 22760, 22775, 22777, 22778, 22794, 22796, 22800, 22830, 22831, 22846, 22850, 22860 and 22864, Government Code. Reference: Sections 22750-22944, Government Code.