myCalPERS Health Enrollment Supplement

Student Guide

December 7, 2024



Introduction

This guide contains additional health enrollment transactions that you may process in myCalPERS. For step actions on more common transactions, refer to the <u>myCalPERS Health</u> <u>Enrollment (PDF)</u> student guide.

For confirming employee-submitted transactions in myCalPERS, refer to the <u>myCalPERS Health</u> <u>Transaction Verification student guide (PDF)</u>.

Disclaimer

Business partner and participant information has been masked in this procedure guide.

System Access

If you are unable to process these scenarios, contact your agency's system access administrator to update your myCalPERS access.

Training Opportunities

Prior to taking a myCalPERS training, new users should review the <u>Introduction to myCalPERS</u> for <u>Business Partners (PDF)</u> student guide and take a health Business Rules class. Business Rules summarize the laws defined by the California Public Employees' Retirement Law (PERL).

Contents

- Unit 1: Affidavit of Parent-Child Relationship (HBD-40) Page 3
- Unit 2: Direct Payment Authorization (CalPERS-1008) Page 7
- Unit 3: Group Continuation Coverage/COBRA (HBD-85) Page17
- Unit 4: Non-PERS and CalSTRS Profile and Appointment Changes for Public Agency & School Employees – Page 26
- Unit 5: Health Benefits Into Retirement for Public Agency & School Employees Page 30
- Unit 6: Dental Benefits Into Retirement for State Employees Page 36
- Unit 7: Discontinue Health Benefits Before Retirement Page 39
- CalPERS Resources Page 41
- CalPERS Contacts Page 43

Unit 1: Affidavit of Parent-Child Relationship (HBD-40)

In this unit, you will learn how to recertify a parent-child relationship and how to verify a parent-child relationship expiration date. The employee must provide a new HBD-40 and supporting documents for each dependent in a parent-child relationship.

For steps on adding a parent-child relationship dependent, refer to the <u>myCalPERS Health</u> <u>Enrollment (PDF)</u> student guide, unit 1, Scenario 2: Add Dependent.

Expiration Date

If the parent-child relationship dependent is not recertified before the first of the month of the subscriber's birthday, then the system will automatically delete the dependent from the health benefits effective the first of the month following the subscriber's birthday.

Health Reports

- Parent-Child Relationship Dependent With Expiring Certification Report
- Employer Health Enrollee Report-Ext includes a Parent-Child Relationship Certification End Date column for all dependents in a parent-child relationship

Timeframes

90 Days

Recertify no earlier than 90 days before the parent-child relationship certification renewal date.

30 days

- If recertification is not completed at least 30 days before the parent-child relationship certification renewal date, the system will apply a termination date.
- If you approve the employee's recertification after the system applies a termination with a future date, you can rescind the termination, then recertify the dependent.
- If the termination date has recently passed and you approve the recertification, you must contact CalPERS to request a rescission, then recertify the dependent.

Contents

- Scenario 1: Recertify a Dependent in a Parent-Child Relationship Page 4
- Scenario 2: Review Parent-Child Relationship and Certification Expiration Date Page 6

Scenario 1: Recertify a Dependent in a Parent-Child Relationship

Step Actions (13 Steps)

Add Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment
from the Method drop-down list.

Home	Profile	Reporting	Person Informat	ion Education	n Other Organizations	
Manage	Reports	Billing and	ng and Payments Payroll Schedule C		Out-of-Class Validation	Memb
Common Tasks 🛛 🔹			e: City Name		CalPERS ID: 9876543	3210
Menu		•	\odot			
Organization Search 🛛 🛈 Create or Edit Report						
Adjustment Reports		rts Meth	od:* Add or Edit H	lealth Enrollmen	t 🗸 C	ontinue

Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4 Complete the Person Search section.

🔊 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID: CalPERS ID:
Search Return

Step 5 Select the **Search** button.

Step 6 Are you recertifying more than 30 days prior to the first of the month of the subscriber's birthday (dependent hasn't been deleted)?

Yes: Continue to step 7.

No: Rescind the deletion before recertifying the dependent. For step actions, refer to the <u>myCalPERS Health Enrollment (PDF)</u> student guide, Unit 2: Rescission.

Recertify Parent Child Relationship

Step 7 Complete the Health Event Information section.

Event Date: 1st of the month following the subscriber's birth date.

O Health Event Information	
Health Event Type:*	Recertify Dependent V
Health Event Reason:*	Recertification of Parent-Child Relationship
Event Date:*	
Received Date:*	
	View Effective Date

Save & Continue Cancel Clear Return

Step 8 Select the **View Effective Date** button at bottom right.

Step 9 Select the **Save & Continue** button.

Step 10Within the Parent-Child Relationship Certification section, select the CertifyDependent check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
FIONA PHAM	07/31/2021	Certify Dependent

Step 11 Select the **disclaimer** check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
Kitty Kooper	03/31/2025	Certify Dependent
	appointed and qualified representative of the agency, wed the above affidavit, supporting documentation, a	/department. and verified the identity of the subscriber submitting this affidavit.
I retained c dependent i		form(s) and all supporting documents to enroll/recertify the eligibility of the employee's

Step 12 Select the **Save & Continue** button.

Step 13 Select the first link in the health transaction confirmation to verify the transaction updated correctly.

Health Transaction Confirmation

The transaction successfully processed.

Print the health transaction confirmation.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

<u>Return to home page.</u>

Scenario 2: Review Parent-Child Relationship and Certification Expiration Date

Verify the parent-child certification expiration date for the dependent.

Step Actions (8 Steps)

Step 2	Complete the Person Sea	arch sectio	n.		
	Home Profile Reporting P				
		erson Informa	tion Education Other Organ	izations	
	Person Search				
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.				
	SSN / Federal or Individual Tax ID:				
	CalPERS ID:				
	Search Return				
Step 3	Select the Search button.				
Step 4	Select the Health Enrollr	nent local	navigation link.		
Step 5	Select the CalPERS Empl	oyment lir	ık.		
	Summary Health Enrollment				
	Common Tasks 🔕 💿 selec	t Health Accou	int		
	Menu 🖸	Account	Qualifying	Qualifying	
	Premium Search Tool	Employment	Participant Name JOE JONES	CalPERS ID 0123456789	
	Health Ac	count Summar	Υ		
Step 6	Within the Covered Pers	ons Summ	ary section, is the depe	endent listed?	
	Yes: Continue to step 7.				
	No: Within the Covered Persons Summary section, select the View More				
	Actions link to display th	e full list o	f dependents.		
	① Covered Persons Summary			View More Actions»	
	Below are your covered persons for health. Select the name of a covered person to view detail				
	Name JOE JONES SUEZENGKY MODERWELL	Date of Birth 05/02/1958 10/18/1965	Dependent Type Certified Self NA Spouse No	Medical Dental Vision Basic No No Basic No No	
Step 7	Select the name link for	the depen	dent that has a parent-	child relationship.	
Step 8	Confirm the Parent-Child	l Relations	hip Certification Expira	tion date is updated.	
	Health Coverage Information Parent-Child Relationship Certification Expiration Date: Medical Coverage: Enrolled in Medical Since: Medical Coverage Type: Medical COBRA Start Date: Medical COBRA End Date:	Yes 06/01/2017	Dental Coverage: No Enrolled in Dental Since: Dental COBRA Start Date: Dental COBRA End Date:	Vision Coverage: No Enrolled in Vision Since: Vision COBRA Start Date: Vision COBRA End Date:	

Unit 2: Direct Payment Authorization (CalPERS-1008)

In this unit, you will learn how to continue a subscriber's health benefits with direct pay. Direct pay is voluntary, and the subscriber is responsible for paying the full monthly premium directly to their health plan. Some examples of when someone may elect to go on direct pay:

- An employee on an unpaid leave of absence
- An enrolled state permanent intermittent or part-time employee has no earnings for one or more months
- A permanently separated employee is pending retirement

Contents

- Scenario 1: Direct Pay for an Employee Page 8
- Scenario 2: Direct Pay for a Retiring Employee Page 12

Scenario 1: Direct Pay for an Employee

Your employee is going on an unpaid leave and has elected to go on direct pay.

System Logic

- Most leave of absences will automatically cancel health benefits the first day of the second month after their last day on payroll before their leave begins.
- Family Medical Leave and Maternity/Paternity Leave do not change the employee's health coverage or employer deductions. Change Premium Payment Method health event type and Chg to deduct-FMLA-Batch health event reason will display in the health enrollment history.
- For cancelled health benefits, rescind the cancellation prior to processing a direct pay.
- For direct pay employees, if the end leave date is entered prior to the Change Premium Payment Method is processed, the Chg to deduct-Return to Work will not automatically update when the employee returns to work.

All Agencies-Return to Work

Update the employee's appointment to reflect the end of their leave. After their return from leave is reflected in myCalPERS and the employee was:

• On direct pay: myCalPERS will change the subscriber from direct pay to standard deduction. **Note:** If your employee's premium payment method isn't automatically changed from direct pay to a standard deduction, process the change.

Health Event Type: Change Premium Payment Method

Health Event Reason: Chg to deduct-Return to Work

• Not on direct pay (health benefits is cancelled): After the employee submits an HBD-12 to enroll, process their re-enrollment.

Health Event Type: New Enrollment Health Event Reason: Return from Off Pay Status

Step Actions (29 Steps)

Leave of Absence

Step 1 Has the leave of absence event been processed?

Yes: Employee's appointment has a leave of absence.

• Skip to step 9.

No: Employee's appointment does not reflect a leave of absence.

- Public agencies, schools, and non-central state agencies, go to step 2.
- Central-state agencies, enter the leave in PIMS, wait 1-2 days for the leave and cancellation to update myCalPERS, then skip to step 9.

Public Agencies, Schools, and Non-Central State Agencies: Process the Leave of Absence

Public Age	ncies, Schools, and Non-Central State Agencies: Process the Leave of Absence		
Step 2	Select the Person Information global navigation tab.		
Step 3	Complete the Person Search.		
Step 4	Select the Search button.		
Step 5	Within the Appointment History section, select the Employer link that is for the employee's active appointment. • Appointment History Add New • Employer • Division • Appointment Type • Regular • Regular • City Name • Regular • City Name • City		
Step 6	Within the Appointment Event History section, select the Add New button.		
Step 7	Complete the Appointment Event Details section.		
Step 8	Select the Save button.		
Rescind the	e Health Cancellation		
Step 9	Select the Reporting global navigation tab.		
Step 10	Within the Create or Edit Report section, select Add or Edit Health Enrollment from the Method drop-down list. Home Profile Reporting Person Information Education Other Organizations Manage Reports Billing and Payments Payroll Schedule Out-of-Class Validation Memb Common Tasks Name: City Name CalPERS ID: 9876543210 Menu Organization Search Adjustment Reports		
Ctop 11	Adjustment Reports Method:* Add or Edit Health Enrollment Continue		

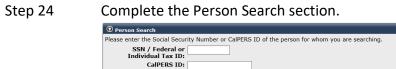
Step 11 Select the **Continue** button.

Search for the Subscriber

Complete the Person Search section.			
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching. SSN / Federal or Individual Tax ID: CalPERS ID: Search Return			
Select the Search button.			
Within the Demographics Information section, select the Rescind an Existing			
Transaction link.			
Within the Health Enrollment History section, select the radio button associated to the future health event to be rescinded.			
Rescrind Effective Date Health Event Type Health Event Reason Name Health Benefit Type Status Appointment ID Create Date Change Date Image: Organ Coverage Off Pay Status Cancel Elle E Edwards Medical Future 495100 06/06/2024 01:23:20 PM 06/06/2024 01:23:20 PM			
In the upper left, select the Rescind button.			
At the bottom, complete the Rescission Confirmation section.			
Rescission Confirmation Reason for Rescission:* Subscriber Request Rescinding cancellation to put on direct pay. Save and Continue 			
Select the Save and Continue button.			
From the Health Event Information section, select the Save & Continue button.			
Select the Add another transaction for this subscriber link, then skip to step 26.			
irect Pay			
Select the Reporting global navigation tab.			
Within the Create or Edit Report section, select Add or Edit Health Enrollment from the Method drop-down list. Home Profile Reporting Person Information Education Other Organizations Manage Reports Billing and Payments Payroll Schedule Out-of-Class Validation Member Common Tasks Name: City Name CalPERS ID: 9876543210 Menu O Organization Search Adjustment Reports Add or Edit Report Method:* Add or Edit Health Enrollment Continue			

Step 23 Select the **Continue** button.

Search for the Subscriber



Step 25 Select the **Search** button.

Search Return

Input Health Event Information

Step 26 Complete the Health Event Information section.

• Health Event Information		
Health Event Type:*	Change Premium Payment Method 🗸	
Health Event Reason:*	×	
Event Date:*		
Received Date:*		
		View Effective Date

Save & Continue Cancel Clear Return

Step 27 Select the **View Effective Date** button at bottom right.

Step 28 Select the **Save & Continue** button.

Step 29 Select one of the four option links in the health transaction confirmation.

Health Transaction Confirmation

The transaction successfully processed.

Print the health transaction confirmation.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

Return to home page.

Scenario 2: Direct Pay for a Retiring Employee

Your separated employee has elected direct pay because their retirement payments will be delayed. They will make direct payments for their full premium to their health plan, so they will show covered. After they start receiving their retirement payments, they can contact their health plan for reimbursement of their direct payments.

Step Actions (45 Steps)

Permanent Separation

Step 1

Has the permanent separation event been added to the appointment?

Yes: Skip to step 9.

No: Permanently separate the employee:

- Public agencies, schools, and non-central state agencies, go to step 2.
- Central-state agencies will enter the separation in PIMS, wait 1-2 days for the permanent separation to update myCalPERS, then skip to step 9.

Public Agencies, Schools, and Non-Central State Agencies Process the Permanent SeparationStep 2Select the Person Information global navigation tab.

Step 3 Complete the Person Search.

Step 4 Select the **Search** button.

Step 5 Within the Appointment History section, select the **Employer** link that is for the employee's active appointment.

• Appointment History Add New			
Employer	Division	Appointment Type	
City Name		Regular	

Step 6 Within the Appointment Event History section, select the **Add New** button.

Step 7 Complete the Appointment Event Details section.

Appointment	: Event Details	
		Permanent Separation V
	Event Date:*	
	Separation Reason:*	~
Save Clear	Contact Us CalPERS Website Privac	Layoff Death Other Retirement Resigned Termination with Cause

Step 8 Select the **Save** button.

Process the Direct Pay

Step 9	Select the Reporting global navigation tab.				
Step 10	Within the Create or Edit Report section, select Add or Edit Health Enrollment				
from the Method drop-down list.					
	Home Profile Reporting Person Information Education Other Organizations				
	Manage Reports Billing and Payments Payroll Schedule Out-of-Class Validation Member				
	Common Tasks O Name: City Name CalPERS ID: 9876543210				
	Menu 💿				
	Organization Search Or Create or Edit Report				
	Adjustment Reports Add or Edit Health Enrollment Continue				

Step 11 Select the **Continue** button.

Search for the Subscriber

Step 12 Complete the Person Search section.

👽 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID:
CalPERS ID:
Search Return

Step 13 Select the **Search** button.

Input Health Event Information

Step 14 Complete the Health Event Information section.

👽 Health Event Information				
Health Event Type:*	New Enrollment	•	~	
Health Event Reason:*	Pending Retirement			~
Event Date:*	Last day with agency			
Received Date:*				

Save & Continue Cancel Clear Return

Step 15Select the View Effective Date button at bottom right, and verify the effective
date is the same date their coverage ended.

Step 16 Select the **Save & Continue** button.

Update Subscriber Details

Step 17 Update the Maintain Address Details section if needed.

😨 Maintain A	ddress Details		
	Address Type:*	Mailing Address 🗸	
	Care Of:		
	Address:*	1234 Q St.	
	Country:*	United States	
	City:*	Antioch	
	State:*	California	~
		Contra Costa	
	ZIP Code:*	94531 -	

Step 18 **Optional:** If you populate the Maintain Communication Details section, select the **Primary** radio button so the phone number and/or email address displays on the subscriber's Profile page.

😨 Maintain Communicati	on Details			
Primary	Phone Type	Phone Number	Extension	International
	Work 🗸			
	Email:			

Step 19 Complete the Appointment Details section:

- Medical Group: For public agencies and schools, choose the subscriber's medical group based on your agency's health contract.
- Affiliated Association: Select if they are a dues-paying member.

• Appointment Deta	ils			
Employer:	City Name		CalPERS ID (Employer):	9876543210
Division:	×		(Linpio) ci ji	
Original Hire Date:*				
Appointment ID: Separation Date:			Retirement Date:	
Additional Details				
Position Title:		Appointment Status:		
CBU:			Other	
Begin Date:		End Date:	PERS STRS	
Medical V Group:*		Affiliated Association:	California Association of High	way Patrolmen (CAHP) Officers Association (CCPOA)
				conters Association (CCPOA)

Step 20 Select the **Save & Continue** button.

Step 21 Did you update the address?

Yes: Select the correct **Entered Address** or **U.S. Postal Service Matches** radio button.

🕽 Confirm Address	
We have validated your address against U.S. postal records and have provided an alternate choice according to these results. Please choose the address you wish to use or select the Cancel button to return to the address page to chang your entry.	
Entered Address: O 400 P St., Sacramento, CA 95814	
U.S. Postal Service Matches: 400 P ST, SACRAMENTO, CA 95814-5345 	

No: Skip to step 24.

Step 22 Select the **Confirm** button.

Step 23 Select the Save & Continue button

Add Dependents

Step 24 Is the employee enrolling dependents?

Yes: Select the Add New button.

Covered Person List Add New				
Review the covered person list. To enroll a dependent, select the Add New button. Otherwise, select the Save & Continue button				
Name	Date of Birth	Relationship	Medical	
JOE JONES	03/02/1984	Self	Basic	

Save & Continue Cancel Return

No: Skip to step 41.

Step 25Is the dependent listed in the Existing Relationships Eligible for Health section?Yes: Select the dependent's radio button.

	les. Select the depende			
	Existing Relationships Eligible for Healt	h Add New		
	Select a dependent below. If a dependent i		Deletion et le	84 - 45 - 1
	Name Jones, Joey	Date of Birth 07/30/2015	Relationship Child	Medical No
	O Jones, Jill	11/03/1983	Spouse	No
	Jones, Jake	11/17/2017	Child	No
	Continue Cancel Return			
	No: Skip to step 28.			
Step 26	Select the Continue but	ton.		
Step 27	Skip to step 29.			
Step 28	Select the Add New but	ton.		
	Existing Relationships Eligible for Healt	Add New		
	Select a dependent below. If a dependent i			
	No societo found	Name Date of Birth	Relationship	Medical
	No results found.			
	Continue Cancel Return			
Step 29	Complete or undate the	Person Details section if	necessary You may	undate if
Step 25				
	the dependent is not an	active employee at a PE	RS-contracting agend	cy.
Step 30	Does the dependent have the same address as your employee?			
•	Yes: Skip to step 34.			
	No: Deselect the Addres	s is the same as Primary	Subscriber check bo	х.
	O Address Details			
		e Primany Subscriber		
	Address is the same a			
	Address I	/pe:* Mailing Address V	_	
Step 31	Complete the Address D	etails section.		
Step 32	Select the Save & Conti	ոսe button.		
Step 33	Select the Confirm butto	on.		
Step 34	Select the Save & Conti	nue button.		

Step 35Is this dependent in a parent-child relationship?Yes: Select the Maintain Certification link.

O Dependent Information			
Parent-Child Relationship Information			
	Certification Submitted: No	Maintain Certification	
😨 Benefit Type			
Benefit Type	Enroliment	Change Enrollment?	
Medical	No	\checkmark	

Save & Continue Cancel Clear

No: Skip to step 40.

Step 36 Select the **Certify Dependent** check box.

Step 37	Select the disclaimer check box.	

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox	
Kitty Kooper	03/31/2025	Certify Dependent	
🔽 * I am a duly an	pointed and qualified representative of the agency/depa	artment	
I have reviewed the above affidavit, supporting documentation, and verified the identity of the subscriber submitting this affidavit.			
I retained copies of the subscriber's health and dental enrollment form(s) and all supporting documents to enroll/recertify the eligibility of the employee's dependent in a PCR.			
Based on the review of the documentation and information provided I recommend enrolling/recertifying this dependent in a PCR based or provided and documentation attached [per CCR §599.500(o)].		recommend enrolling/recertifying this dependent in a PCR based on the information	

- Step 38 Select the **Save & Continue** button.
- Step 39 Below the Dependent Information section, select the **Save & Continue** button.

Do they have additional dependents?

Yes: Return to step 24.

No: Continue to step 41.

Step 41 Select the **Save & Continue** button.

Select Health Plan

Step 40

Step 42	Select the medical plan radio button.
---------	--

💿 Me	lical Plan Selections		
	Plan Name	Party	Premium
Ο	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68
0	Health Net SmartCare - Region 1	Self/B and 1/B	2001.04

Step 43 Enter a medical provider(s) if the employee indicated a primary care physician.

Name	Dependent Type	Medical Provider
Jane Jones	Self	
Jill Jones	Natural Born Child	2

Step 44 Select the **Save & Continue** button.

Step 45 Select one of the four option links in the health transaction confirmation.

Unit 3: Group Continuation Coverage/COBRA (HBD-85)

In this unit, you will learn how to continue subscriber and dependent(s) health benefits with Consolidated Omnibus Budget Reconciliation Act (COBRA). When an employee is cancelled or a dependent is deleted, a confirmation is sent to them with the HBD-85 and COBRA information. If electing COBRA, the form would be completed and returned to your agency for processing.

COBRA is voluntary. The subscriber is responsible for paying the full monthly premium plus 2% administrative fee directly to their health plan.

Some examples of when an employee or dependent involuntarily loses coverage and may elect COBRA:

- An employee resigns and permanently separates
- A former dependent has been deleted due to divorce
- A child turned 26
- A state permanent-intermittent employee didn't work enough hours in the control periods
- An employee's appointment changes to a reduced time base

Contents

- Scenario 1: New COBRA Enrollment for an Employee Page 18
- Scenario 2: New COBRA Enrollment for a Former Dependent Page 22

Scenario 1: New COBRA Enrollment for an Employee

Your former employee's health benefits have been cancelled due to permanent separation, and they have elected to enroll in COBRA to continue their health benefits.

Step Actions (32 Steps)

Add the COBRA Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment
from the Method drop-down list.

Home Profile	Repo	orting	Person Ir	nformation	Education	n O	ther Organizations	
Manage Reports	Billin	ig and	Payments	Payroll So	chedule (Out-of	f-Class Validation	Memb
Common Tasks	٥	Nam	e: City Nar	ne		Call	PERS ID: 9876543	3210
Menu	\bigcirc	_						
Organization Sea	rch			dit Report				
Adjustment Repo	rts	Meth	od:* Add	or Edit Health	h Enrollmen	t	✓ Co	ontinue

Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4	Complete the Person Search section with the COBRA enrollee's information.
	• Person Search
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
	SSN / Federal or Individual Tax ID: CalPERS ID:
	Search Return
Step 5	Select the Search button.
Input Heal	th Event Information
Step 6	Complete the Health Event Information section.

	O Health Event Information
	Health Event Type:* COBRA New Enrollment
	Health Event Reason:*
	Event Date:*
	Received Date:*
	View Effective Date
	Save & Continue Cancel Clear Return
Step 7	Select the View Effective Date button at bottom right, and verify the effective
	date is the same date their coverage ended.

Step 8 Select the **Save & Continue** button.

Update Subscriber Details

Step 9 Complete the Maintain Address Details section if you need to update the subscriber's physical address.

😨 Maintain Address Details	
Address Type:*	Mailing Address 🗸
Care Of:	
Address:*	123 A St.
Country:*	United States
City:*	ANTIOCH
State:*	California
	Contra Costa
ZIP Code:*	94531 -

Step 10**Optional:** If you populate the Maintain Communication Details section, select
the **Primary** radio button for the phone number and/or email address.

😨 Maintain Communicati	on Details			
Primary	Phone Type	Phone Number	Extension	International
0	Work 🗸			
0	Email:			

Step 11 Complete the Appointment Details section.

- Medical Group: Select for a public agency or school employee.
- Affiliated Association: Select if the employee is a dues-paying member.

Employer: Division:	Agency Name		CalPERS ID (Employer): 12629438
Original Hire Date:*	06/12/2010		
Appointment ID:	91618622		
Separation Date:			
Additional Details			
Position Title:			Appointment Status: Active
CBU:			Retirement Program:* PERS ~
Begin Date: 06/12/2	010		End Date:
Medical Group:*		~	Affiliated Association:

Step 12 Select the **Save & Continue** button.

Add Dependents

Step 13 Is the subscriber enrolling dependents?

Yes: Select the Add New button.

Covered Person List Add New			
Review the covered person list. To enrol Otherwise, select the Save & Continue	I a dependent, select the Add New button. button		
Name	Date of Birth	Relationship	Medical
JOE JONES	03/02/1984	Self	Basic

Save & Continue Cancel Return

No: Skip to step 28.

Step 14	Select the dependent's radio button.
---------	--------------------------------------

Step 15 Select the **Continue** button.

Step 16Complete or update the Person Details section. You may change the section if
the dependent is not an active employee at a PERS-contracting agency.

Step 17 Is the dependent's address the same as the subscriber's address?

Yes: Skip to step 21.

No: Deselect the Address is the same as Primary Subscriber check box.

Address Details
 Address is the same as Primary Subscriber
 Address Type:* Mailing Address

- Step 18 Complete the Address Details section.
- Step 19 Select the **Save & Continue** button.
- Step 20 Select the **Confirm** button.
- Step 21 Select the **Save & Continue** button.
- Step 22 Is this dependent in a parent-child relationship?

Yes: Select the Maintain Certification link.

Parent-Child Relation		tain Certification
😨 Benefit Type	F = = 11 = = = +	
Benefit Type Benefit Type	Enrollment	Change Enrollment?

Save & Continue Cancel Clear

No: Skip to step 27.

Step 23 Select the **Certify Dependent** check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
FIONA PHAM	07/31/2021	Certify Dependent

Step 24 Select the **disclaimer** check box.

Step 25

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkboy
FIONA PHAM	07/31/2021	Z Certify Dependent
✓ I recognize thi further unders	s affidavit is a legally binding document. I accept full re- tand the provision of California Government Code 2008	sponsibility to notify my employer or CalPERS of any 5, which states in part:
Select the Sav	e & Continue button.	

Step 26Below the Dependent Information section, select the Save & Continue button.Step 27Is the employee adding more dependents?
Yes: Return to step 13.
No: Continue to step 28.Step 28Select the Save & Continue button.

Select Health Plan

Step 29 Select the **medical plan** radio button.

OMedical Plan Selections				
	Plan Name	Party	Premium	COBRA Premium
0	Anthem Blue Cross Select HMO - Region 1	Self/B and 1/B	1737.96	1772.72
0	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68	2417.07
0	Health Net SmartCare - Region 1	Self/B and 1/B	2001.04	2041.06
С	Kaiser Permanente California - Region 1	Self/B and 1/B	1536.98	1567.72
О	PERS Care - Region 1	Self/B and 1/B	2266.28	2311.61
0	PERS Choice - Region 1	Self/B and 1/B	1722.36	1756.81
С	PERS Select - Region 1	Self/B and 1/B	1040.58	1061.39

Step 30	Complete Medical Provider field(s) if employee provided physician name(s).
Step 31	Select the Save & Continue button.

Step 32 Select one of the four option links in the health transaction confirmation.

Health Transaction Confirmation

The transaction successfully processed.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

<u>Return to home page.</u>

Scenario 2: New COBRA Enrollment for a Former Dependent

Your employee's ex-spouse and stepchild were deleted from health benefits due to divorce and have elected to enroll in COBRA to continue their health benefits.

Step Actions (38 Steps)

Add the COBRA Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment
from the Method drop-down list.

Home Profile	Reportin	g Person In	formation	Education	Other Organization	s
Manage Reports	Billing ar	nd Payments	Payroll So	hedule O	ut-of-Class Validation	Memb
Common Tasks	🙆 Na	me: City Nar	ne		CalPERS ID: 987654	13210
Menu	•					
Organization Sea		Create or E				
Adjustment Repo	rts Me	thod:* Add	or Edit Health	n Enrollment	✓ (Continue

Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4 Complete the Person Search section with the COBRA enrollee's information. Image: Step 5 Person Search Please enter the Social Security Number or CalPERS ID of the person for whom you are searching. Step 5 Select the Search button. Input Health Event Information Step 6 Complete the Health Event Information section

Step 0	complete the realth Event information section.					
	O Health Event Information					
	Health Event Type:* COBRA New Enrollment					
	Health Event Reason:*					
	Event Date:*					
	Received Date:*					
	View Effective Date					
	Save & Continue Cancel Clear Return					
Step 7	Select the View Effective Date button at bottom right to ensure the effective	-				
	date is the same date their coverage ended.					
Step 8	Select the Save & Continue button.					

Update Subscriber Details

Step 9 Complete the Maintain Address Details section if you need to update the subscriber's physical address or to choose the employer's ZIP code for eligibility if actively working.

🖸 ма	intain Address Details		
	Address Type:*	Physical Address 🗸	Note: If a DO Box is used for the mailing
	Care Of:		Note: If a PO Box is used for the mailing address, the subscriber must have a physical
	Address:*		address, the subscriber must have a physical address unless they are using their employer
			ZIP code for health eligibility.
			Zir code for neukir engibility.
	Country:*		
	City:*		
	Province/Territory:*		
	Postal Code:*		
NOTE		r requested to use their Employer ZIP code for lealth Eligibility Address will create a Change E	Health Eligibility. ligibility ZIP transaction in conjunction with the enrollment transaction

Step 10 **Optional:** If you populate the Maintain Communication Details section, select the **Primary** radio button for the phone number and/or email address.

🕑 Maintain Communication Details				
Primary	Phone Type	Phone Number	Extension	International
0	Work 🗸			
0	Email:			

Step 11 In the Qualifying Information section, choose the **Select** link.

	Qualifying Information CalPERS ID: Select SSN First Name:* Gender:* Date Of Birth:*		
Step 12	Complete the Person Search section with the employee's information.		
Step 13	Select the Search button.		
Step 14	After the employee's name displays, choose the Select button.		
Step 15	For public agencies and schools, in the Appointment Details section, populate the Medical Group field by selecting the employee's medical group. Medical Group:* ✓ 		
Step 16	Select the Save & Continue button.		

Add Dependents

Step 17 Is the subscriber enrolling dependents?

Yes: Select the Add New button.

Covered Person List Add New			
Review the covered person list. To enroll a Otherwise, select the Save & Continue bu			
Name	Date of Birth	Relationship	Medical
JOE JONES	03/02/1984	Self	Basic

Save & Continue Cancel Return

No: Skip to step 34.

Step 18 Is the dependent listed in the Existing Relationships Eligible for Health section?

Yes: Select the dependent's radio button

😨 Exi	🕑 Existing Relationships Eligible for Health 🗚 🗛 🗛				
Select	a dependent below. If a deper	dent is not listed, select the Add New button.			
	<u>Name</u>	Date of Birth	Relationship	Medical	
0	Jones, Joey	07/30/2015	Child	No	
\circ	Jones, Jill	11/03/1983	Spouse	No	
\circ	Jones, Jake	11/17/2017	Child	No	

Continue Cancel Return

No: Skip to step 20.

Step 19	Select the Continue button, then skip to step 21.	
Step 20	Select Add New button.	
Step 21	Complete or update the Person Details section. You may update if the dependent is not an active employee at a PERS-contracting agency.	
Step 22	Is the dependent's address the same as the subscriber?	
	Yes: Skip to step 27.	
	No: Deselect the Address is the same as Primary Subscriber check box.	
Step 23	Complete the Address Details section.	
Step 24	Select the Save & Continue button.	
Step 25	Verify the selected address or select the radio button for the correct address.	
Step 26	Select the Confirm button.	
Step 27	Select the Save & Continue button.	

Step 28 Is this dependent in a parent-child relationship?

	Yes: Select the	Maintain Certificatio	n link.				
	Dependent Information Parent-Child Relationshi						
			intain Certification				
	 Benefit Type Benefit Type 	Enrollment	Change Enrollment?				
	Medical	No	V				
	Save & Continue Cancel Clear						
	No: Skip to step	p 33.					
Step 29	Select the Cert	ify Dependent check b	oox.				
Step 30	Select the discl	aimer check box.					
	Name	Parent-Child Relationship Certification Expiration Da	ite	Certify Deper	ndent Checkbox		
	FIONA PHAM	07/31/2021		🗹 Certify Dep	endent		
			nt. I accept full responsibility to notif nment Code 20085, which states in p		CalPERS of any c		
Step 31	Select the Save	& Continue button.					
Step 32	Below the Dep	endent Information se	ection, select the Save	& Continu	e button.		
Step 33	Is there an add	itional dependent to a	add?				
	Yes: Return to step 17.						
	No: Continue t	o step 34.					
Step 34	Select the Save	& Continue button.					
Select He	alth Plan						
Step 35	Select the med	ical plan radio button					
	Medical Plan Selections Plan Name		Party	Premium	COBRA Premium		
	 Anthem Blue Cross Se 	lect HMO - Region 1 aditional HMO - Region 1	Self/B and 1/B Self/B and 1/B	2031.62 2608.00	2072.25 2660.16		
	_						
Step 36	Complete the N	Medical Provider field	s) if employee provide	ed physicia	n name(s).		
Step 37	Select the Save	e & Continue button.					
Step 38	Select one of the	ne four option links in	the health transaction	confirmat	ion.		
	Health Tran	saction Confirmation					
	The transact	ion successfully processed.					
	Print the heal	th transaction confirmation.					
	Add another tr	ansaction for this subscriber.					
	Process a new trans	saction for a different subscribe	<u>r.</u>				
	Retu	urn to home page.					

Unit 4: Non-PERS and CalSTRS Profile and Appointment Changes for Public Agency & School Employees

In this unit, you will learn how to make the following changes for a non-PERS or CalSTRS employee:

- Demographics: SSN, name, gender, and date of birth
- Communication: Phone number, email address, mailing address, and physical address
- Appointment: Begin and end a leave of absence and permanently separate

System Logic

You need the following access roles:

Business Partner Retirement Enrollment or **Business Partner Supplemental Income Plan** to update an employee name, Social Security number, date of birth, or gender.

Business Partner Appointment Management – Non-Pers and CalSTRS to update an address and appointment change, e.g., leave of absence, permanent separation, etc.

Contents

- Scenario 1: Maintain Demographic and Address Information Page 27
- Scenario 2: Maintain Appointment Information Page 28

Scenario 1: Maintain Demographic and Address Information

The Health Enrollment unit of the <u>Public Agency & Schools Health Benefits Guide (PDF)</u> provides a list of acceptable verification documents for processing a demographic change.

Step Actions (10 Steps)

Step 1 From the homepage, select the **Person Information** global navigation tab.

Step 2	Complete the Person Search section.
	Home Profile Reporting Person Information Education Other Organizations
	• Person Search
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
	SSN / Federal or Individual Tax ID:
	CalPERS ID:
	Search Return

Step 3 Select the **Search** button.

Step 4 Do you want to correct the employee's demographic information?

Yes: Within the Summary section, select the Update Personal Information link.

🔊 Summary			
rofile			
			Update Personal Information
SSN:	xxx-xx-9999	CalPERS ID: 3904191219	
Name:	Nancy Nopers	Optional Member: No	
Date of Birth:	11/11/1961	Date of Death:	
Prior School Membership:	No	Prior School Membership Date:	
Membership Date:	04/02/2001	Retirement Date:	
Last Reporting Date:	08/05/2022		

No: Skip to step 8

- Step 6 Complete the Maintain Personal Information Details section.
- Step 7 Select the **Save** button.
- Step 8Do you want to update their communication information?Yes: Within the Communication sub-section, select the appropriate Update link.

Preferred Communication: Mail Primary Phone Number: (999) 888-7777	Update
Primary Email Address: employee@calpers.ca.gov	<u>Update</u>
Mailing Address: 400 Q ST. SACRAMENTO, CA 95811 Physical Address:	<u>Update</u> <u>Update</u>
No: You have completed this scenario.	

Step 10 Select the **Save** button.

Step 9

Scenario 2: Maintain Appointment Information

System Logic

- Leave of absences, except for FMLA or maternity/paternity leaves, will cancel health benefits.
- All permanent separations will cancel health benefits.
- **CalSTRS-Pending Retirement** separation reason is available when permanently separating a CalSTRS employee for retirement.

Leave of Absence

Begin Leave Event

- Event Date: At least one day after the last paid date with your agency.
- Health benefits cancellation date: Effective the first day of the second month after their last paid date. myCalPERS will use the day prior to the begin leave event date to determine the health cancellation event date.

End Leave Event

- Event Date: First day back to work.
- Active subscriber premiums will return to your agency's health statement if the employee was on a direct pay. Benefits resume the first of the month following their return to work.
- If health benefits were left cancelled due to a leave, after updating the end leave, re-enroll the subscriber and dependent(s) in the same health plan they had before the leave after the employee submits an HBD-12.

Permanent Separation

This event should be added when your employee's appointment is permanently separating, e.g., resigns, terminates, retires, etc.

- Event Date: Enter at least one day after the last day with your agency.
- Separation Reason: If your employee is permanently separating for retirement, select the following in the drop-down list for employees in these retirement systems:
 - Non-PERS: Retirement
 - CalSTRS: CalSTRS Pending Retirement
- Health benefits cancellation date: Effective the first day of the second month after their last day. myCalPERS will use the day prior to the permanent separation date for the cancel coverage event date.

Example of a permanent separation event date that is the first of the month:

- Permanent Separation Event Date: 04/01/2022
- Health Event Date: 03/31/2022
- Health Cancellation Date: 05/01/2022

Step Actions (7 Steps)

Add Appointment Event

Step 1 From the homepage, select the **Person Information** global navigation tab.

•	
Step 2	Complete the Person Search section.
Step 3	Select the Search button.
Step 4	Within the Appointment History section, select the appropriate employer link.
	O Appointment History Add New Employer Division Appointment Type City Name Regular
Step 5	Within the Appointment Event History section, select the Add New button.
	Orrect Event Delete View All Site Events Display Event Date View All Site Events Display 0 01/01/2016 New Appointment View Event Details Correct Event Delete View All Site Events Display
Step 6	Complete the Appointment Event Details section. Three examples of different events are listed below.
	Appointment Event Details Event:* Begin Leave
	Event Date:*
	Leave Type:*
	Save Clear
	• • • • • • • • • • • • • • • • • • •

👽 Appointment Event Details		
	Event:*	End Leave 🗸
	Event Date:*	

Save Clear

Appointment Event Details	
Event:*	Permanent Separation \checkmark
Event Date:*	
Separation Reason:*	×

Save Clear

Step 7 Select the **Save** button.

Unit 5: Health Benefits Into Retirement for Public Agency & School Employees

Public agency and school employers will learn the process to enroll a CalSTRS or non-PERS employee, one who never had CalPERS health benefits, in health benefits into retirement. You will also gain knowledge on how to continue non-PERS health benefits into retirement.

Employee Continuing Health Benefits

- For a **PERS** or **CaISTRS** employee, process a permanent separation. If they are enrolled in health and their last day of employment and retirement date are within 30 days of each other, health will automatically continue into retirement. For CaISTRS employees, refer to Unit 5: Non-PERS and CaISTRS Appointment Changes for step actions to process a permanent separation.
- For a **non-PERS** employee, process a permanent separation then process their health into retirement. Refer to scenario 2 within this unit.

Eligibility ZIP Code

If using a work ZIP code for health eligibility, upon retirement, the eligibility ZIP code will be changed to the subscriber's physical address (if no physical then mailing address will be used). The retiree will receive a letter noting this change. If their physical address is outside of the health plan service area, they will receive a letter stating they need to change plans.

Contents

- Scenario 1: CalSTRS or Non-PERS Employee (Never Enrolled) Health Into Retirement Page 31
- Scenario 2: Non-PERS Employee Continued Health Into Retirement Page 33

Scenario 1: CalSTRS or Non-PERS Employee (Never Enrolled) Health Into Retirement

For a CalSTRS or non-PERS employee who never had health benefits with your agency and is electing to enroll in health benefits into retirement, follow this three-part process:

- Part 1: Enter the employee demographics and appointment information in myCalPERS.
 - Your agency must have a retirement contract.
 - You must have the Business Partner Retirement Enrollment access role; otherwise, have the employee submit an HBD-30 to CalPERS instead of these steps.
- Part 2: Permanently separate the employee.
- Part 3: Provide CalPERS with the retirement date, health plan selection, and dependent(s).

Step Actions (16 Steps)

Part I: Add New Appointment

Step 1 Select the **Reporting** global navigation tab.

Step 2

Within the Create or Edit Report section, select **Add Retirement Enrollment** from the Method drop-down list.

Home Profile	Rep	orting Person Information Educat	ion Other Organizations	
Manage Reports	Billi	ng and Payments Payroll Schedule	Out-of-Class Validation Mem	
Common Tasks 🕢 Name: City Name CalPERS ID: 9876543210				
Menu	$\overline{\mathbf{O}}$			
Organization Search 🕜 Create or Edit Report				
Adjustment Reports Method:* Add Retirement Enrollment 🗸 Continue				

Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4

Complete the Person Search section.

💿 Person Search	
Please enter the Social Security Number and	Date of Birth of the person for whom you are searching.
SSN / Federal or Individual Tax ID *	Date of Birth:*

Step 5 Select the **Search** button.

Step 6Did member details display on the Appointment Details page?Yes: Skip to step 11.

No: Select the Add New button.

Search Results		
CalPERS ID	Name	Date of Birth
No results found.		

Step 7 Complete the Person, Address, and Communication Details sections.

Step 8Select the radio button for correct Entered Address or U.S. Postal ServiceMatches.

Step 9 Select the **Confirm** button.

Step 10 Select the **Save & Continue** button.

Input Appointment Details

Step 11 Complete the Appointment Details section:

Program: Health

Enrollment Eligibility Date: Hire date for this health-eligible position

Retirement System: CalSTRS (use Other for non-PERS employees)

Original Hire Date: Date employee was originally hired with your agency

CBU: Employee's medical group

Step 12 Select the **Save** button.

Part II: Add a Permanent Separation Event

Step 13 Next to Appointment Event History, select the **Add New** button.

Appointment Event History Add New				
Correct Event Delete View All Site Events Display				
<u>Event Date</u> M	Event	Event Details		
0 01/01/2001	New Appointment	View Event Details		
0 01/01/2001	New Appointment	VIEW EVENT Details		

Step 14 Complete the Appointment Event Details sections:

Event: Permanent Separation

Event Date: Separation date is one day after the last day with your agency

Separation Reason: CalSTRS-Pending Retirement (use Retirement for non-PERS employees)

Step 15 Select the **Save** button.

Step 16 Contact CalPERS to provide the retirement date, health plan selection, and dependent(s) information.

Scenario 2: Non-PERS Employee Continued Health Into Retirement

If the employee is eligible and wants to continue health benefits into retirement, follow this two-part process:

- Part 1: Process a permanent separation (refer to unit 5, scenario 2). myCalPERS will cancel the health benefits the first day of the second month.
- Part 2: Process a new health enrollment unless the employee and/or dependent is eligible for Medicare. Mail the HBD-30 with a copy of their Medicare information to CalPERS.

Step Actions (32 Steps)

Process a New Health Enrollment Into Retirement

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment
from the Method drop-down list.

Home Profile	Repo	orting Person In	formation	Education	Other Organizations	;
Manage Reports	Billir	ng and Payments	Payroll Sc	hedule Ou	t-of-Class Validation	Memb
Common Tasks Name: City Name			(CalPERS ID: 987654	3210	
Menu	\mathbf{O}					
Organization Search		Create or Ec				
Adjustment Reports		Method:* Add o	or Edit Health	n Enrollment	✓ C	ontinue

Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4 Complete the Person Search section.

Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID:
CalPERS ID:
Search Return

Step 5 Select the **Search** button.

Input Health Event Information

Step 6 Complete the Health Event Information section.

Health Event Type:*	New Enrollment	~			
Health Event Reason:*	Retirement		\sim		
Event Date:*	Ē				
Received Date:*					
					View Effective [

Step 7Select the View Effective Date button at the bottom right to ensure the effective
date is the same as their cancellation date.

Step 8	Select the Save & Continue button.				
Step 9	Update the Address and Communication Details sections if needed.				
Step 10	In the Appointment Details section, select a medical group and if necessary, PORAC from the Affiliated Association drop-down list.				
	Additional Details Position Appointment Title: Status: CBU: Retirement Program:* Other Begin 02/15/2018 End Date: Date: California Association of Highway Patrolmen (CAHP) California Correctional Peace Officers Association (CCPOA) Peace Officers Research Association of California (PORAC) Medical Group:* Affiliated				
Step 11	Select the Save & Continue button.				
Add Depen	dents				
Step 12	Is the employee enrolling dependents? Yes: Select the Add New button. Image: Covered Person List Image: Continue button Overed Person List Image: Continue button Otherwise, select the Save & Continue button Image: Continue Cancel Return Save & Continue Cancel Return No: Skip to step 28.				
Step 13	Is the dependent listed in the Existing Relationships Eligible for Health section? Yes: Select the dependent's radio button. No: Skip to step 16.				
Step 14	Select the Continue button, then skip to step 16.				
Step 15	Select Add New button. Image: Select Add New button. Select a dependent below. If a dependent is not listed, select the Add New button. No results found. Continue Cancel Return				
Step 16	Complete or update the Person Details section. You may update if the dependent is not an active employee at a PERS-contracting agency.				
Step 17	Is the dependent's address the same as the subscriber? Yes: Skip to step 21. No: Deselect the Address is the same as Primary Subscriber check box. Address Details Address Is the same as Primary Subscriber Address Type:* Mailing Address				
Step 18	Complete the Address Details section.				

Step 19	Select the Save & Continue button.	
Step 20	Select the Confirm button.	
Step 21	Select the Save & Continue button.	
Step 22	Is this dependent in a parent-child relationship?	
	Yes: Select the Maintain Certification link.	
	No: Skip to step 28.	
Step 23	Select the Certify Dependent check box.	
Step 24	Select the disclaimer check box.	
	Name Acquired Date Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
	Lilly Lawson 06/30/2018 03/31/2019	✓ Certify Dependent
	I recognize this affidavit is a legally binding document. I accept full respons CalPERS of any changes pertaining to this PCR. I further understand the pro- 20085, which states in part:	
Step 25	Select the Save & Continue button.	
Step 26	Select the Save & Continue button.	
	Dependent Information Parent-Child Relationship Information	
	Parent-Child Relationship Certification Ex	xpiration Date: 03/31/2020 ion Submitted: Yes <u>Maintain Certification</u>
	Save & Continue Cancel Clear Return	
Step 27	Do you have an additional dependent to add?	
	Yes: Return to step 12.	
	No: Continue to step 28.	
Step 28	Select the Save & Continue button.	

Select Health Plan

Step 29 Select the **medical plan** radio button chosen by the subscriber.

🖸 Me	dical Plan Selections		
	<u>Plan Name</u>	Party	Premium
0	Anthem Blue Cross Select HMO - Region 1	Self/B and 1/B	1737.96
0	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68
0	Health Net SmartCare - Region 1	Self/B and 1/B	2001.04
0	Kaiser Permanente California - Region 1	Self/B and 1/B	1536.98
0	PERS Care - Region 1	Self/B and 1/B	2266.28
0	PERS Choice - Region 1	Self/B and 1/B	1722.36
0	PERS Select - Region 1	Self/B and 1/B	1040.58

Step 30 Complete the Medical Provider field(s) if employee provided physician name(s).

Step 31 Select the **Save & Continue** button.

Step 32 Select one of the four option links in the health transaction confirmation.

Unit 6: Dental Benefits Into Retirement for State Employees

State employers will learn how to continue dental benefits for a retiring employee.

After the transaction updates, keep the Dental Plan Enrollment Authorization (STD-692) form on file with your agency. If you are unable to process online, submit the STD-692 to CalPERS.

System Logic

- The state retiree dental enrollment must be processed *prior to the employee permanent separation.*
- A state retired-dental enrollment will display in the Health Enrollment Summary page under the Pending Health Events section until the employee goes on retirement roll.

Step Actions (31 Steps)

Add Dental Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2 Within the Create or Edit Report section, select **Add or Edit Health Enrollment** from the Method drop-down list.



Step 3 Select the **Continue** button.

Search for the Subscriber

Step 4 Complete the Person Search section.

🔊 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID:
CalPERS ID:
Search Return

Step 5 Select the **Search** button.

Step 6 Complete the Health Event Information section.

Health Event Type:*	New Enrollment	\checkmark
Health Event Reason:*	State Retiree - Dental Enrollment	V
Event Date:*		
Received Date:*		
	·	View Effect

Step 7 Select the **View Effective Date** button at the bottom right.

Step 8 Select the **Save & Continue** button.

Step 9 In the Appointment Details section, if the subscriber will continue to be a duespaying member of an association, select CAHP or CCPOA from the **Affiliated Association** drop-down list.

Step 10 Select the **Save & Continue** button.

Add Dependents

Step 11 Is the employee enrolling dependents?

Yes: Select the Add New button.

Review the covered person list. To enroll a dependent, select the Add New button. Otherwise, select the Save & Continue button				
Name	Date of Birth	Relationship	Medical	Dental
ED EVANS	05/10/1984	Self	No	Yes

No: Skip to step 27.

Step 12 Is the dependent listed in the Existing Relationships Eligible for Health section?

Yes: Select the dependent's radio button.

No: Skip to step 14.

- Step 13 Select the **Continue** button, then skip to step 15.
- Step 14 Within the Existing Relationships Eligible for Health section, select the **Add New** button.

💿 Existing Relationships Eligible	for Health Add New			
Select a dependent below. If a de	pendent is not listed, select the Add New butt	ton.		
Name	Date of Birth	Relationship	Medical	Dental

- Step 15Complete or update the Person Details section. You may update if the
dependent is not an active employee at a PERS-contracting agency.
- Step 16Is the dependent's address the same as the employee's address?Yes: Skip to step 20.
 - No: Deselect the Address is the same as Primary Subscriber check box.

👽 Address Details				
Address is the same as Primary Subscriber				
Address Type:* Mailing Address V				

Step 17 Complete the Address Details section.

Step 18	Select the Save & Continue button.
Step 19	Select the Confirm button.

Step 20	Select the Save & Continue button.					
Step 21	Is this dependent in a parent-child rela	tionship?				
	Yes: Select the Maintain Certification	link.				
	No: Skip to step 26.					
Step 22	Select the Certify Dependent check bo	X.				
Step 23	Select the disclaimer check box.					
	Name Acquired Date	hild Relationship tion Expiration Date Certify De	ependent Checkbox			
	Kevin Kooper 06/30/2018 03/31/20	19 Certify	Dependent			
	I recognize this affidavit is a legally binding docume CalPERS of any changes pertaining to this PCR. I fu 20085, which states in part:					
Step 24	Select the Save & Continue button.					
Step 25	Select the next Save & Continue butto	n.				
	Dependent Information Parent-Child Relationship Information					
		ationship Certification Expiration Date: Certification Submitted:				
	Save & Continue, Cancel Clear Return					
Step 26	Do you have additional dependents to	add?				
	Yes: Return to step 11.					
	No: Continue to step 27.					
Step 27	Select the Save & Continue button.					
Select Dent	al Plan					
Step 28	In the Dental Plan Selections section, select the dental plan radio button.					
	Dental Plan Selections Plan Name	Party	Premiu			
	O Delta PPO Plus Premier	Self and 1	88.75			
	O Delta Preferred Opt	Self and 1	90.31			
	DeltaCare USA MetLife Enhanced	Self and 1 Self and 1	31.90 27.18			
	O Premier Access	Self and 1	22.57			
	O Western Dental	Self and 1	26.02			
Step 29	Complete the Dental Provider field(s) i	f employee provided den	itist name(s).			
	Provider Information					
	Name Dependent Type ED EVANS Self	Medical Provider	Dental Provider			
	Kevin Kooper Parent-Child					
	ave & Continue Cancel Clear <u>Return</u>					
Step 30	Select the Save & Continue button.					
Step 31	Select one of the four option links in th	e health transaction con	firmation			
Sich ST	Select one of the four option links in th					
	You have completed this scenario.					

Unit 7: Discontinue Health Benefits Before Retirement

If an enrolled employee does not want their health benefits into retirement, they must request a cancellation.

CalPERS, CalSTRS, or non-PERS employees: You must process the cancellation *prior to updating the permanent separation*. This will ensure the health benefits don't automatically continue for CalPERS and CalSTRS retirees. It also clarifies a voluntary cancellation for non-PERS retirees.

CalSTRS employees: You do not need to process a health cancellation. When processing a permanent separation with the reason of CalSTRS-Pending Retirement, select the **CalSTRS member wishes to decline continuation of CalPERS health coverage into retirement** check box. Refer to unit 5, scenario 2 for step actions on how to process a permanent separation.

Appointment Event Details		
Event:*	Permanent Separation V	
Event Date:*	##//##/###	
Separation Reason:*	CalSTRS - Pending Retirement V	
STRS Health Into Retirement		
If STRS member doesn't want health coverage in STRS member wishes to decline continuation	nto retirement, then decline his/her retiree health coverage below. nof CalPERS health coverage into retirement.	

Note: If no selection is made above, the member will automatically continue health into retirement if he/she meets the health eligibility criteria.

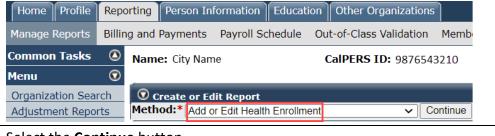
Scenario: Cancel Coverage

Your CalPERS employee does not want their health benefits to continue into retirement. They submitted an HBD-12 to cancel their health benefits, so you will process the cancellation.

Step Actions (9 Steps)

Add Health Enrollment Transaction

Step 1Select the Reporting global navigation tab.Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment
from the Method drop-down list.



Step 3 Select the **Continue** button.

Search for the Subscriber

😨 Persor	n Search
Please en	ter the Social Security Number or CalPERS ID of the person for whom you are searching
	SSN / Federal or
	CalPERS ID:
Search	Return

Step 4 Complete the Person Search section.

Step 5 Select the **Search** button.

Input Health Event Information

Step 6	Complete the Health Event Information section.		
	Image: Second system Image: Second system Image: Secon		
	Save & Continue Cancel Clear Return		
Step 7	Select the View Effective Date button at bottom right.		
Step 8	Select the Save & Continue button.		
Step 9	Select one of the four option links in the health transaction confirmation. Health Transaction Confirmation		
	The transaction successfully processed. <u>Print the health transaction confirmation</u> : <u>Add another transaction for this subscriber</u> . <u>Process a new transaction for a different subscriber</u> . <u>Return to home page</u> .		

CalPERS Resources

Obtain more information by visiting the <u>CalPERS website</u> at www.calpers.ca.gov.

- <u>Business Rules & myCalPERS Classes</u>
 Pathway: CalPERS website > Employers > I Want To...: Attend Training & Events > Business Rules & myCalPERS Classes
- <u>myCalPERS Student Guides & Resources</u>
 Pathway: CalPERS website > Employers > I Want To...: Access myCalPERS Student Guides
- <u>myCalPERS Health Billing Reconciliation (PDF)</u>
 Pathway: CalPERS website > Employers > I Want To...: Access myCalPERS Student Guides > Health > myCalPERS Health Billing Reconciliation (PDF)
- Frequently Asked Questions (FAQ)
 Pathway: CalPERS website > About > Resources: Questions, Comments, & Complaints > Frequently Asked Questions
- <u>Policies & Procedures</u>
 Pathway: CalPERS website > Employers > Policies & Procedures
- <u>myCalPERS Technical Requirements</u>
 Pathway: CalPERS website > Employers > myCalPERS Technical Requirements
- <u>Public Agency & Schools Health Benefits Guide (PDF)</u>
 Pathway: CalPERS website > Employers > Policies & Procedures > Reference & Health Guides > Public Agency & Schools Health Benefits Guide (PDF)
- <u>State Health Benefits Guide (PDF)</u>
 Pathway: CalPERS website > Employers > Policies & Procedures > Reference & Health Guides > State Health Benefits Guide (PDF)
- <u>Health Program Guide (HBD-120) (PDF)</u>
 Pathway: CalPERS website > In the search box at top right, enter HBD-120 > CalPERS Health
 Program Guide link
- <u>Circular Letters</u>
 Pathway: CalPERS website > Employers > Policies & Procedures > Circular Letters
- <u>Public Employees' Retirement Law (PERL)</u>
 Pathway: CalPERS website > About > Laws, Legislation & Regulations > Public Employees' Retirement Law (PERL)

• myCalPERS Employer Reports (Cognos) Catalog

Pathway: CalPERS website > Employers > myCalPERS Technical Requirements > myCalPERS Employer Reports (Cognos) Catalog

- CalPERS Health Subscriber Out of Service Population Employer
- Chancellor's Office Parent-Child Recertification Report CSU Campuses
- Dental Retirees OE Report CalHR
- Dental Retirees OE Report CSU
- Dependent Enrollment Report
- Employer Health Enrollee Report Ext
- Employer Health Event Notification Report
- Employer Health Event Transaction Report
 - Note: The 26-year-old deletion batch runs the first business day of the month.
- Health Plan Statement Employer Report
- Health Subscriber PA Billing Report
- Health ZIP Code Yes-No Report HMO for Public Agency/School
- Health ZIP Code Yes-No Report PPO for Public Agency/School
- Health ZIP Code Yes-No Report State/CSU
- Non-PERS Health Eligibility and Appointment Data Submission Report
- Open Enrollment Health Plan Changes Report
- PERS Retiree List Report
- Parent-Child Relationship Dependent with Expiring Certification Report
- State Active Health Enrollment and SCO Health Deduction Discrepancy Report

Reports run via the myCalPERS pages (not the Reports left-side link):

For state agencies:

- Dependent Verification End Date Employer Report
- Dependent Verification Health Event Employer Report
- Dependent Verification with Past Due or No End Dates Active Health Report

For public agencies, schools, and non-central state agencies:

- Monthly Employer Billing Roster Report

Note: This report includes subscriber addresses and death dates.

- <u>Self-Paced Online Classes</u> (log in to myCalPERS, select the **Education** global navigation tab)
 - Business Rules
 - o Health Benefits Into Retirement
 - Retiree Dental & Vision Coverage (state only)
 - myCalPERS
 - o COBRA Enrollment for Deleted Dependents, COBRA Enrollment for Employees
 - o Dental Enrollment Into Retirement
 - Set Up Direct Pay

CalPERS Contacts

Email

- To contact <u>employer educators</u> for questions and requests, email calpers_employer_communications@calpers.ca.gov.
- To contact the <u>Employer Response Team</u> for assistance with your most critical, complex, or time-sensitive issues, email **ert@calpers.ca.gov**.
- To <u>request a custom Cognos health report</u>, email **hamd_data_services@calpers.ca.gov**. It can take 6-10 weeks to fulfill each request. Additional information and approval may be required.

Phone or Fax

You can reach CalPERS at **888 CalPERS** (or **888**-225-7377), Monday through Friday, 8:00 a.m. to 5:00 p.m., except on state holidays.

- TTY: (877) 249-7442 (This number does not accept voice calls.)
- CalPERS centralized fax number: (800) 959-6545
- Employer Response Team phone number: (800) 253-4594

Submit Inquiry

You can send secure messages through myCalPERS. Expand the **Common Tasks** left-side navigation folder, then select the **Submit Inquiry** link to submit a question or request. Refer to the <u>Introduction to myCalPERS for Business Partners (PDF)</u> student guide for details.