

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Benefits Officer – Roles and Responsibilities

Page: 10

Legend: ~~Deleted/Replaced~~ – Added/Revised

Contracting agencies:

- Are responsible for providing active and former employees with information about enrollment, benefits, costs, applicable time limits for enrollment, etc.
 - Are responsible for updating my|CalPERS with enrollment changes
 - Are responsible for information forwarded to CalPERS
 - Inform employees that a review of eligibility can occur at any time
 - Inform employees of their obligation to advise you if dependents lose eligibility (e.g., divorce)
 - Inform the member when an address change is outside their health plan's service area
 - Stay up-to-date on communications from CalPERS regarding changes in law or policies
 - Update CalPERS with employer contact, HBO and assistants information
 - Review the Monthly Billing Invoice for accuracy
 - Are responsible for maintaining documentation that supports eligibility for enrollment and mandatory changes for member dependents
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Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Plan Options

Page: 14

Legend: ~~Deleted/Replaced~~ – Added/Revised

Health Plan Availability

- A subscriber may choose to use the employer ZIP Code
 - upon initial enrollment
 - during the annual Open Enrollment period
 - upon a move
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Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Eligibility Requirements

Pages: 17, 18, 19

Legend: Deleted/Replaced – Added/Revised

Employees

Note: If your agency has adopted the “less than half-time” resolution, then the time base above does not apply and the employee that works less than half time can enroll. Less than half-time employees receive the same employer contribution as their full-time counterparts. **Prior to enrollment, the employee must still meet the criteria of tenure (six months and one day or more).**

Retirees

Retirees are eligible to enroll if:

- They retire within 120 days of separation, and
- They receive a monthly retirement warrant, and
- **They are eligible for health benefits upon separation**
- **Their former employer still contracts with CalPERS for health benefits for their specific bargaining unit**

Enrollment must be requested within 60 days from retirement, **or involuntary loss of coverage**, or during any future Open Enrollment or HIPAA special or late enrollment period. The effective date is the first of the month following the date the request is received by CalPERS.

Family Members/Dependents

Spouse

- Can be added to the health plan within 60 days after the date of marriage or during any Open Enrollment period, **involuntary loss of coverage, or HIPAA late enrollment**
- Required: Copy of the marriage certificate
- (Copy of the *Divorce Decree* is required to delete a spouse due to divorce)

Domestic Partner

The following are eligible to register for Domestic Partnership with the Secretary of State:

- Specified same-sex domestic partnerships between persons who are both at least 18 years of age
- Specified opposite sex domestic partnerships where one person is over the age of 62
- Can be added to the health plan within 60 days of the registration of domestic partnership or during any Open Enrollment period, **involuntary loss of coverage, or HIPAA late enrollment**
- Required: Copy of the *Declaration of Domestic Partnership* registered with the Secretary of State

- (Copy of the *Termination of Domestic Partnership* form is required to delete a domestic partner due to dissolution of partnership)

Note: Domestic Partnership Law prohibits a person who has filed a Declaration of Domestic Partnership from filing a new declaration until at least 6 months has elapsed from the date that a Notice Termination of Domestic Partnership was filed with the Secretary of State.

This would be in connection with the termination of the most recent domestic partnership except where the previous domestic partnership ended because one of the partners died or married.

Certified “Parent-Child Relationship” Children

- Children of another person, given that a parent-child relationship exists between the employee or annuitant and the child
- Required: [Affidavit of Parent-Child Relationship](#) (Form HBD-40)*
- Required: Specific documents that substantiate their parental role within that PCR
- The subscriber has 60 days from the date the member assumed a primary custodial parental role to request enrollment

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Enrollment

Pages: 29, 30

Legend: ~~Deleted/Replaced~~ – Added/Revised

Active Employees – Electing or declining coverage

If an employee elects no coverage within the 60 day time limit, a subsequent enrollment can only be requested upon:

- HIPAA’s special or late enrollment period
- Open Enrollment
- Involuntary loss of coverage

Loss of coverage for any reason where the employee is a dependent of another CalPERS member (CCR 599.502 f (4))

An employee who elects no coverage and subsequently retires will be eligible for coverage as an annuitant as long as they meet the following criteria:

- Retires within 120 days of separation
- Receives a monthly allowance through CalPERS or another retirement system
- They are eligible for health benefits upon separation
- Their former employer still contracts with CalPERS for health benefits for their specific bargaining unit

Enrolls within 60 days of retirement; or enrolls during any future Open Enrollment period, HIPAA late enrollment, or involuntary loss of coverage

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Enrollment

Pages: 30

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Retirees & Survivors – Electing, changing, or cancelling coverage

If a retiree or survivor elects no coverage within the 60 day time limit, a subsequent enrollment can only be requested upon:

- HIPAA's special or late enrollment period
- Open Enrollment
- Involuntary loss of coverage

Loss of coverage for any reason where the annuitant is dependent of another CalPERS member (CCR 599.502 f (4))

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Direct Payment Authorization

Pages: 55, 56

Legend: Deleted/Replaced – Added/Revised

Cancellation

The employee's pay status (appointment) must be updated in my|CalPERS prior to processing an employee's health benefits election (cancel coverage or Direct Payment).

HBD-12 and HBD-12A

If opting to cancel coverage, an employee must complete and submit the HBD-12 and HBD-12A forms (to be retained in the employee's file) to their employer no later than the last day of the month following the month in which the last payroll deduction was taken. Once the pay status appointment has been updated, the health account benefits can be updated to reflect the cancellation can be processed. A cancellation, off pay status must be processed no later than the 20th of the month following the last month on pay status.

Note: If the leave type is an "Unpaid Leave" or "Other Leave," the system will automatically cancel the health benefits and the employer will no longer be billed for the employee's premiums. A copy of the completed and processed HBD-12 must be retained in the employee's file.

Example:

Change in pay status (leave of absence)

1. Employee will be going on "off-pay" status on March 15
2. Employer adds an appointment event (Begin Leave) in my|CalPERS to reflect the employee's leave of absence. A leave type of "Unpaid Leave" or "Other Leave" will automatically cancel the employee's health. *March pay period pays the April premium; therefore, April is the last month of coverage.*

3. Employee submits to the employer the HBD-12 and HBD-12A electing to cancel coverage prior to April 10 before they go on leave.

Resuming Coverage

Example:

Change in pay status (return to work from an unpaid leave)

1. Employee returns to work on June 15
2. Employer adds an appointment event (End Leave) in my|CalPERS to reflect the employee's return to work. An "End Leave" will not automatically re-enroll an employee for health benefits.
3. Employee submits to the employer the HBD-12 and HBD-12A by June 30 electing to re-enroll in health coverage
4. Employer processes a "New Enrollment" health event type and a "Return from Off Pay Status" health event reason in my|CalPERS

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Benefits into Retirement

Pages: 66

Legend: ~~Deleted/Replaced~~ – Added/Revised

Eligibility

- Agency remains contracted with CalPERS for health benefits for their specific bargaining unit

Revision Date: August 2016 - Public Agency & Schools Health Guide

Topic: Health Benefits into Retirement

Pages: 67

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Health into Retirement Non-CalPERS

There is no automatic continuation into health. Employers can set up the participant's retiree health by processing a *New Enrollment – Retirement* transaction in my|CalPERS.

- *Health Event Type: New Enrollment*
 - *Health Event Reason: Retirement*
 - *Health Event Date: The month prior to the effective date*
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Legend: Deleted/Replaced – Added/Revised

Medicare

Medicare is a federal health insurance program for individuals:

- Age 65 or older
- Under age 65 with certain disabilities
- With End-Stage Renal Disease (ESRD)

The [Social Security Administration](#) (SSA) is the federal agency responsible for Medicare eligibility determination, enrollment, and premiums. For more information contact the SSA at (800)772-1213 or TTY (877) 486-2048, or visit their website at www.ssa.gov.

The [Centers for Medicare & Medicaid Services](#) (CMS) regulates the Medicare program. For more information contact CMS at (800) 633-4227 or TTY (877) 486-2048, or visit their website at www.cms.gov.

Medicare Enrollment

Turning Age 65

Four months prior to the active or retired member's and/or dependent(s) 65th birth month, they will receive notification from CalPERS of the requirements to continue CalPERS health coverage after turning age 65. The notification includes:

- Ineligibility of Medicare Certification form
- Medicare Plan Options

When a member is actively employed past age 65 and their health coverage is based on this employment, they will remain enrolled in a CalPERS basic health plan.

- An active member and/or dependent who is working past the age of 65 may defer Medicare enrollment through the SSA if they are covered under an active employer group health plan (EGHP).
- An active member and/or dependent may enroll in Medicare; however the basic health plan is the primary payer while the member is actively working and covered by an EGHP.

When a member is retired and is turning age 65, the member and/or dependent turning age 65 must enroll in Medicare if they are Medicare eligible or provide supporting documentation from the SSA that they are ineligible for Medicare. This action must be taken prior to their 65th birth month or their CalPERS health coverage will be cancelled.
