

Revision Date: August 2020 – Public Agency & Schools Health Benefits Guide

Topic: Health Plan Options

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Legend: Deleted/Replaced – Added/Revised

Coverage Types

- Basic (non-Medicare): A CalPERS Basic plan provides health benefit coverage to members who are under age 65 or who are over age 65 and still working.
 - Medicare: A CalPERS Medicare health plan provides health benefit coverage to members who are over age 65, retired, and are enrolled in Medicare Parts A and B with the Social Security Administration.
 - A combination enrollment means at least one family member is enrolled in a CalPERS Medicare health plan and at least one family member is enrolled in a CalPERS Basic health plan. CalPERS requires that all covered family members are enrolled with the same health carrier.
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Topic: Health Eligibility Requirements

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Employees

Active employees may enroll themselves only and/or all eligible family members.

Eligibility is based on tenure and time base of a qualifying appointment. ~~are eligible to enroll if they have an appointment that is intended to last at least six months and one day (tenure) and half time or greater (time base).~~

Employees are eligible if they satisfy the following:

- Have a permanent appointment or a limited term appointment with a duration of more than six months and,
- Work at least half-time

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).

Enrollment must be requested within 60 days from the date of the qualifying appointment, during any future Open Enrollment, or due to a HIPAA special or late enrollment period. The effective date is the first of the month following the date the request is received by the Health Benefits Officer (HBO). Enrollment due to a HIPAA late enrollment is effective the first of the month after a 90 day wait period.

The Affordable Care Act may impact eligibility requirements for CalPERS employers. Refer to Circular Letter [600-061-14 \(PDF\)](#) (Attachment: [Employer Designation Model Template \(PDF\)](#)) and the [IRS website](#) for additional information on the issued final regulations titled, "Shared Responsibility for Employers Regarding Health Coverage."

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Children under age 26

The employee's natural-born or adopted children, domestic partner's children, and stepchildren who are under age 26 may be added as outlined below:

- Newborn children should be added within 60 days of birth. Coverage is effective from the date of birth.
- Newly adopted children should be added within 60 days of physical custody. Coverage is effective from the date physical custody is obtained.
- Stepchildren or a domestic partner's children under age 26 can be added within 60 days after the date of employee's marriage or registration of domestic partnership
- During a future Open Enrollment, involuntary Loss of Coverage, or HIPAA Special or Late Enrollment

The coverage will become effective the first day of the month following the date the HBO receives the completed [Health Benefits Plan Enrollment \(HBD-12\) \(PDF\)](#) form.

Eligible children can be enrolled regardless of their marital, student, or employment status.

- ~~Either natural born, adopted, or step (by traditional marriage or domestic partnership)~~
 - ~~Do not need to be enrolled in college or living at home to be eligible~~
 - ~~Required: Copy of birth certificate or adoption papers and social security number~~
-

Topic: Health Eligibility Requirements

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Recertification of a Disabled Dependent over age 26

Upon certification of eligibility, the dependent's CalPERS health and dental coverage must be continuous and without lapse. Upon expiration of the certification, the employee will be required to submit an updated questionnaire and the dependent's physician to submit a medical report for re-certification. These documents must be received no earlier than ~~60~~ 90 days prior to the expiration date and no later than the expiration date.

The enrollment of a Certified Disabled Dependent is subject to CalPERS approval.

The Medical Report form must be completed by the child's physician, who must mail the form to CalPERS directly for processing. The Medical Report must be received by CalPERS within 60 days following the initial enrollment or 90 days prior to or within 60 days after the child's 26th birthday.

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Medicare-Eligible Members

If the member is actively employed and covered by an employer group health plan (EGHP), the Medicare eligible member's health coverage will be in a CalPERS basic health plan unless the disabled dependent has End Stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS), or a Social Security qualified disability.

Prior to, or soon after retirement, an employee should enroll in Medicare Parts A and B with the Social Security Administration to ensure they transfer into a CalPERS Medicare health plan without a lapse in coverage.

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Employer Signature, Documentation, and Processing Requirements

- Health Benefits Officers and Human Resource Managers must sign the Affidavit of Parent-Child Relationship (HBD-40) once the employee submits it for processing.
- In the absence of the HBO and or Human Resources manager, a formal written delegation for affidavit signatures should be on file at the employer's location.
- Employers must maintain documentation of HR personnel authorized to sign the HBD-40.
- Documentation of HR personnel authorized to sign the HBD-40 and all formal written delegations must be available to CalPERS upon request.
- The Affidavit of Parent-Child Relationship (HBD-40) along with all supporting documents must be reviewed and processed within 30 days from the employer-received date.
- Process the Parent-Child Relationship certification and recertification only after all required documents have been received.
- Timely processing of forms and document may help prevent unnecessary deletions, retroactive enrollments, and setup of accounts receivables for access premiums.
- Completed and processed HBD-40s and all supporting documents must be retained in the employee's file.

Certifying a New Parent-Child Relationship

Once you have determined based on the HBD-40 and supporting documents that the dependent is eligible for the Parent-Child Relationship benefit, process the transaction in myCalPERS as follows:

- 1) If the Affidavit and all supporting documents is received within 60 days of the event date (date of legal custody or date the dependent is acquired), then the effective date of the enrollment is the first of the month following the received date.
- 2) If the Affidavit and all supporting documents is received more than 60 days from the event date (date of legal custody or date the dependent is acquired), then the effective date of the enrollment is the first of the month following a 90-day waiting period.

Recertifying and Confirming a Parent-Child Relationship

Once you have determined based on the HBD-40 and supporting documents that the dependent is eligible to continue the Parent-Child Relationship benefit, process the transaction in myCalPERS as follows:

- 1) If the Affidavit and all supporting documents is received before the deletion effective date, then the effective date of the enrollment is the first of the month following the employee's birth month.
 - If the Parent-Child Relationship deletion is already in myCalPERS, you will have to rescind the deletion in order to recertify the dependent.
- 2) If the Affidavit and all supporting documents is received after the deletion effective date, then the effective date of the recertification is the first of the month following a 90-day waiting period.
 - Do not rescind the Parent-Child Relationship deletion.
 - The dependent will have a gap in coverage. Provide the member with COBRA information.

Recertifying and Confirming a Parent-Child Relationship, Continued

Parent-Child Relationship deletions in myCalPERS should only be rescinded if all required documents to recertify the dependent(s) are received before the deletion effective date. If the HBD-40 and required documents are received after the deletion effective date the dependent can be reenrolled as a HIPAA late enrollment requiring a 90-day waiting period.

Examples:

HBD-40 & All Required Documents Received	Deletion Effective Date	Result
March 16	April 1	Rescind deletion and process recertification effective April 1
April 15	April 1	Provide COBRA and process recertification with 90-day wait effective August 1

Topic: Health Enrollment

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Although a member's divorce decree may stipulate that they must provide health benefits for the ex-spouse, the ex-spouse cannot remain enrolled in CalPERS health benefits, as they are no longer an eligible family member.

For all transactions, the effective date is the 1st day of the month following the event date.

Retroactive reimbursement of health premiums will not exceed six months prior to the date the mandatory event is reported (CCR 599.502).

Permissive Transactions

Permissive transactions are additions or deletions to a health enrollment at the voluntary request of the enrolled member and not required by law. Permissive transactions include events such as:

- Adding a spouse due to marriage
- Adding a child due to custody or a parent-child relationship
- Adding a family member due to loss of other coverage
- Deleting a child who reaches age 18
- Deleting a family member who enters the military
- Deleting a family member who gains other coverage
- Deleting a spouse or domestic partner who vacates household
- Optional Delete

For permissive transactions, the effective date is the 1st of the month after the enrollment form(s) and applicable supporting documentation is received.

Changing Health Plans

Health plans may be changed at the following times:

- During the CalPERS Open Enrollment period
- Within 60 days of the following events:
 - Change in residence or change in employment
 - Upon retirement
 - Becoming a survivor
 - By court order
 - When dependent moves out of the service area, e.g., out-of-state
 - Enrolling in COBRA
- Enrollment in Medicare by a subscriber or their dependent due to Amyotrophic Lateral Sclerosis (ALS) or End Stage Renal Disease (ESRD)

Life Changes

The employee is responsible for ensuring that their health enrollment information is accurate. Information that must be reported in a timely manner includes:

- Marriage/domestic partnership if adding as a dependent
- Divorce/termination of domestic partnership
 - Former spouse or registered domestic partner is no longer eligible to receive health benefits under the employee's coverage
- Death of an employee
 - The employer, surviving spouse, registered domestic partner or a family member must notify CalPERS to report the death
 - After we process the death report, the health coverage for the employee and all enrolled dependents will automatically cancel the 1st of the month following the date of death.

- Death of a family member enrolled in CalPERS health benefits
 - Employee must notify employer
- A child in a parent-child relationship dependent is no longer financially dependent on the employee
 - Employee must notify employer
- Change of residential address
 - An employee must contact you when they move to ensure the correct ZIP code is used to establish eligibility in a health plan.
- Medicare eligibility
 - Once a subscriber or their dependent becomes eligible for Medicare due to age, a disability, End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS), they should notify CalPERS immediately to receive further guidance.
- Court Order
 - When CalPERS receives a court order, the employer or CalPERS must verify eligibility and enroll or add an eligible dependent according to the court order date
 - Upon receipt of a court order advising that the subscriber is no longer required to enroll the dependent(s), the employer or CalPERS can delete the dependent according to the court order.

Failure to maintain current and accurate health enrollment information can result in liability to reimburse health premiums or health care services during the entire ineligibility period.

Topic: Retroactive Reimbursement

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Retroactive Transactions

These transactions often result in a difference between the premiums *paid* and the premiums that *should have been paid* if the transaction had been reported timely. It is required that underpaid premiums are collected.

Responsible Parties

Employers who do not process the transaction are entitled to retroactive benefit premiums **up to six months** from the date the deletion or cancellation is processed and recorded. Employers who enter a permanent separation for a subscriber who is enrolled in health must confirm that the health benefits were cancelled and provide the subscriber with COBRA information, if applicable. The employer is responsible to reconcile the Health Billing Roster on a monthly basis to ensure only eligible subscribers and dependents remain enrolled.

Topic: Direct Payment Authorization

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PERS-HBD-21

To elect Direct Payment, an employee must complete a [Direct Payment Authorization \(PERS-HBD-21\) \(PDF\)](#) form within 30 days of his or her last day on pay status.

1. The employer must update the employee's appointment status in myCalPERS.
2. If health is automatically cancelled due to any type of leave other than FMLA or maternity/paternity leave, rescind the cancellation if employee elected to direct pay.
3. The employer must process the PERS-HBD-21 information in myCalPERS: update the health enrollment to reflect enrollment in direct pay, cancellation due to off-pay status, **and** return to work status.

"Off-Pay" Pending Disability Retirement or A Delay in Warrants

Direct payment may be made by any enrolled employee when the employee is in an "off-pay" status and is awaiting approval for a disability retirement. If a retiring employee knows there will be a delay in their retirement warrants, the employee may elect to direct pay until on retirement roll.

Topic: Direct Payment Authorization

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Cancellation

An employee who is not on regular pay status for a full pay period or more may elect to ~~either cancel their health benefits coverage or continue coverage by paying the premium directly to the health plan.~~

The employee's ~~leave of absence on the pay status~~ appointment must be updated in myCalPERS. All temporary leaves, except FMLA and maternity/paternity leaves, will automatically cancel the health benefits the first day of the second month after the leave event date. ~~prior to processing an employee's health benefits election (cancel coverage or payment method).~~

HBD-12

If opting to cancel coverage, an employee must complete and submit the HBD-12 form (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. **For most leave types**, once the appointment has been updated with a Begin Leave date ~~and a leave type (other than Family Medical Leave or Maternity/Paternity Leave)~~, the health benefits cancellation will automatically update the first day of the second month. The employer will no longer be billed for the employee's premiums.

Topic: Direct Payment Authorization

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How to Complete the HBD-21 Due to Off-Pay Status Voluntary Cancellation of Coverage

ITEM 11: ~~Enter Event Code 533.~~ Select the checkbox for Decline Coverage.

Topic: Consolidated Omnibus Budget Reconciliation Act (COBRA)

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Background

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federally mandated program which requires continuation of health coverage when an event occurs that normally would have terminated coverage for an employee or dependent. COBRA mandates continued coverage for a maximum of 18-36 months for qualifying events. If the original event provided less than 36 months of continued coverage, a second qualifying event during the initial period of coverage may permit an extension of coverage up to a maximum of 36 months.

In certain circumstances, if a disabled employee and non-disabled dependents are qualified Social Security Administration (SSA) beneficiaries, they are eligible for up to an 11-month extension of COBRA continuation coverage, for a total of 29 months.

There cannot be a break in coverage between the end of CalPERS coverage and the beginning of COBRA enrollment.

Topic: Consolidated Omnibus Budget Reconciliation Act (COBRA)

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Payment

As an employer under PEMHCA, the agency does not collect premiums from the COBRA enrollee or maintain any record keeping for the health plans. Once the COBRA form is processed through myCalPERS, the COBRA enrollee interacts **directly with the health plan carrier**, unless the enrollee has future changes, such as changing plans, adding or deleting dependents, etc.

- The health plan will then bill the employee directly on a monthly basis.
 - The employee must send payments directly to the health plan.
 - Remittance address will be provided on the bill
 - Checks payable to the health plan
 - Failure to submit the payment timely will result in cancellation and a lapse in coverage
-

Topic: Consolidated Omnibus Budget Reconciliation Act (COBRA)

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California COBRA (Cal-COBRA)

Under certain conditions, California law permits an extension of COBRA continuation coverage known as Cal-COBRA:

- If the employee exhausts federal COBRA coverage and had less than 36 months of coverage, COBRA coverage may extend the benefit up to a total of 36 months but cannot exceed 36 months.
- Employee must have been continuously enrolled and paid premiums for the original 18 or 29 months of coverage
- Employee must request an extension through the health plan
- Employee must pay premiums directly to the health plan
- Health premiums may not exceed 150 percent

Cal-COBRA is directly handled by the health carriers.

~~Under COBRA, continuation coverage for the above events would end after 18 months. Cal-COBRA provides an additional 18 months of coverage for these events. However, the monthly premium for the additional 18 months is 110% of the health plan rate. (Up to 150% can be charged for disabled individuals.)~~

~~Events pertaining to employees apply to all "qualified beneficiaries." A qualified beneficiary is anyone who is covered on the plan on the day prior to the COBRA event. Each qualified beneficiary has separate election rights under COBRA and may choose their own health plan.~~

Topic: Health Benefits into Retirement

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Health into Retirement Non-CalPERS

The employer must change the employee's appointment status to **Permanent Separation** in myCalPERS. If the subscriber does not want health benefits to continue into retirement, process a **Cancel Coverage** health event type, **Subscriber request** health event reason prior to processing the permanent separation. This makes it clear that the retiree does not want their health benefits to continue. ~~Do not cancel health itself, as the separation will cancel health.~~

Medicare Enrollment Periods

The SSA has three Medicare enrollment periods:

- **Initial Enrollment Period:** When a subscriber is turning 65, they have a seven-month period to sign up for Part A and/or Part B. This Initial Enrollment Period begins three months prior to the month the subscriber turns 65 and ends three months after the month they turn 65.
- **General Enrollment Period:** If not enrolled in Medicare, subscribers may sign up for Part A and/or Part B during a three-month period each year. The General Enrollment Period begins January 1 and ends March 31. Their coverage begins the following July 1.
- **Special Enrollment Period:** If a subscriber and/or their spouse are currently working and covered by an employer group health plan from that current employer, they may be eligible to sign up for Part A and/or Part B during a Special Enrollment period, an eight-month period that begins the month after the employment ends or the group health coverage ends, whichever happens first. Contact the [SSA](#) for more information.

Avoiding Late Enrollment Penalties

If a subscriber is 65 or older and covered under an employer group health plan, either from their own or their spouse's current employment, SSA will allow them to enroll in Medicare Part B without a late-enrollment penalty if they're eligible to enroll during a Special Enrollment period. When retiring after age 65, subscribers are encouraged to immediately enroll in Medicare Part B with SSA during their Special Enrollment Period.

- While the Special Enrollment Period is eight months, the window to enroll in a CalPERS Medicare health plan is only 30-60 days post retirement, so immediate action is strongly encouraged.
- If CalPERS does not receive the subscriber's Medicare Part A and B information within 60 days, their health benefits will be cancelled.

Note: *If a subscriber does not enroll in Part B within eight months of losing their coverage based on current employment, they may have to pay a lifetime late enrollment penalty. In addition, they will only be able to enroll during the Medicare General Enrollment Period (from January 1 to March 31 each year) and the coverage will not begin until July, potentially causing a gap in coverage.*

Medicare-eligible members (Over Age 65)

Gov. Code section 22844 and California Code of Regulations (CCR) 599.17 prohibits retired members and their dependents over 65 and eligible for premium free Medicare Part A from enrolling in a CalPERS basic health plan. Medicare-eligible is defined as members who are eligible for premium-free Medicare Parts A and premium-based Medicare Part B. ~~Members will need to provide CalPERS verification of Medicare status by submitting the [Certification of Medicare Status \(PDF\)](#) form available on the CalPERS website.~~

Active Members

Subscribers may remain enrolled in a CalPERS Basic (non-Medicare) health benefits plan until retirement.

Medicare Part A

While working, subscribers and enrollees may enroll in Medicare Part A by applying [online](#) with SSA, contacting SSA at 1-800-772-1213 or by visiting their local [Social Security office](#). (Call first to make an appointment.)

Refer subscribers to [Apply Online for Medicare – Even if You are Not Ready to Retire](#) and the [Medicare](#) publication for additional resources.

Medicare Part A will be premium-free if subscribers/members:

- Worked for at least 10 years (40 quarters) in Social Security/Medicare-covered employment;
- Are eligible through the work history of a current, former, or deceased spouse; and/or
- Have ESRD, ALS, or a Social Security-qualified disability and meet certain SSA requirements.

Enrolling in Part A *may* save subscribers money.

- If enrolled in Part A, the subscriber's current CalPERS Health Plan will continue to be the primary payer of insurance claims and Medicare Part A will be a secondary payer. As a secondary payer, Medicare pays up to their allowable amount of costs not covered by CalPERS health insurance, potentially reducing out-of-pocket costs.
- There are limitations: Part A covers only inpatient care in a hospital, skilled nursing care, hospice, and some home health services. Therefore, remaining in a CalPERS health plan and enrolling in Medicare Part A will help defray cost sharing for those covered services only up to the allowable amount based on the Medicare fee schedule.
- However, subscribers may want to consider delaying Medicare Part A until a later date if they contribute to a Health Savings Account (HSA) or if they will have to pay a premium to enroll in Part A.

Medicare Part B

The SSA establishes a Medicare Part B premium amount annually, which must be paid to SSA to remain enrolled in Part B.

- If a subscriber receives SSA benefits, the Medicare Part B premium will be deducted from their SSA benefits; otherwise, the SSA will bill them quarterly.

The standard Medicare Part B premium applies to everyone; however, enrollees may be assessed an additional Income Related Monthly Adjustment Amount (IRMAA) if their modified adjusted gross income reported on their IRS tax return is above a certain amount.

Subscribers may defer Medicare Part B enrollment because they are still working.

- To defer, they should communicate this to SSA by contacting them at (800) 772-1213.
- This will ensure that they avoid a late enrollment penalty when they decide to retire and enroll in Medicare Part B upon retirement.

If subscribers choose to enroll in a Medicare Part B while still actively working, they will remain in a CalPERS Basic (non-Medicare) health benefits plan and their CalPERS Employer Group Health Plan will be the primary payer, and Medicare becomes the secondary payer.

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

~~Active Medicare eligible members and/or dependents:~~

- ~~1. May defer Medicare enrollment through the SSA if they are covered under an active employer group health plan (EGHP).~~
- ~~2. Must provide CalPERS verification of Medicare status by submitting the [Certification of Medicare Status \(PDF\)](#) form available on the CalPERS website.~~

~~If a member is deferring enrollment in Medicare Part B, they must complete and submit the [Ineligibility of Medicare Certification \(PDF\)](#) form or the Certification of Medicare Status form indicating the reason for deferral:~~

- ~~• Member is still working and has active employer group health coverage~~
- ~~• Member's spouse is still working, and the member is covered under their active employer group health coverage~~

~~The member must provide supporting documentation showing proof of enrollment in an active EGHP through the current employer.~~

~~Once this information is received by CalPERS, the member may remain in a CalPERS Basic (non-Medicare) health plan until retirement or until the member loses their active coverage in the EGHP. If the member later retires or loses their employer group health coverage through active employment, they'll no longer be eligible to remain in a CalPERS Basic (non-Medicare) health plan. To continue CalPERS health coverage the member must enroll in Medicare Part A and Part B, provide documentation of enrollment to CalPERS and transition to a CalPERS Medicare health plan. The SSA will allow the member to enroll in Medicare Part B without a late enrollment penalty if they're eligible to enroll during a Special Enrollment period.~~

Coordination of Benefits

~~If a member has Medicare and other health coverage, each type of coverage is called a "payer". When there is more than one payer, CMS coordination of benefits rules decide which party pays first. The primary payer pays what is owed on a member's bill first and a secondary payer is sent the remainder to pay.~~

~~An active member and/or dependent may enroll in Medicare; however, the basic health plan will be the primary payer while the member is actively working and covered by an EHP and Medicare will be the secondary payer.~~

~~To learn more about CMS coordination of benefits rules, CMS publishes [Who Pays First](#), a guide to how Medicare works with other types of coverage.~~

Retired Members Enrollees

For a smooth transition from a CalPERS Basic to a CalPERS Medicare health benefits plan, subscribers are encouraged to enroll into Medicare Parts A & B prior to or within 30 days of retirement. Timely enrollment allows CalPERS to receive notification of their enrollment electronically and automatically transition them into a CalPERS Medicare health benefits plan. Subscribers will not need to send any additional documentation to CalPERS if enrollment with SSA is completed promptly.

- If enrollment with SSA is more than 30 days from retirement, subscribers/enrollees may be required to provide supporting Medicare documentation (i.e., Medicare card or entitlement letter) to CalPERS and a [Certification of Medicare Status \(PDF\)](#) form.
 - If CalPERS does not receive the subscriber's Medicare Part A and B information within 60 days, their health benefits will be canceled.
- If a subscriber's CalPERS Basic health plan has a corresponding Medicare health plan, the subscriber will be automatically transitioned to the CalPERS Medicare plan with their carrier. If their Basic plan does not have a corresponding Medicare plan, they will be transferred into UnitedHealthcare (HMO). If UnitedHealthcare is not available where the subscriber lives, they will be transferred into PERS Choice (PPO).
- Subscribers have 60 days from the date of enrollment in a CalPERS Medicare plan to elect a different plan by contacting CalPERS at **888** CalPERS (or **888-228-7377**).
- Subscribers/enrollees are able to enroll in Medicare Parts A & B online with SSA, contacting SSA at 1-800-772-1213 or by visiting their local Social Security office. (Calling first to make an appointment is recommended.)

Medicare Part A

Subscribers and enrollees may enroll in Medicare Part A by applying [online](#) with SSA, contacting SSA at 1-800-772-1213 or by visiting their local [Social Security office](#). (Calling first to make an appointment is recommended.)

Medicare Part A will be premium-free if subscribers/members:

- Worked for at least 10 years (40 quarters) in Social Security/Medicare-covered employment;
- Are eligible through the work history of a current, former, or deceased spouse; and/or
- Have ESRD, ALS, or a Social Security-qualified disability and meet certain SSA requirements.

If Subscribers do not qualify for Premium-Free Medicare Part A:

- Subscribers who do not qualify for premium-free Medicare Part A based on their Social Security/Medicare work record or the record of their current, former, or

deceased spouse, may remain in a CalPERS Basic health plan. This information must be submitted to CalPERS via a [Certification of Medicare Ineligibility](#) form. If they later qualify for Medicare Part A at no cost, they must enroll in Medicare Part B and in a CalPERS Medicare health plan.

- As a secondary option, subscribers may be able to enroll in a Kaiser Permanente Medicare Advantage plan if they are enrolled in Medicare Part B only. Kaiser Permanente is the only health insurer allowed by CMS to offer this arrangement.

Medicare Part B

Subscribers may enroll in Medicare Part B by completing the following forms and applying directly with SSA.

- If the subscriber worked beyond age 65, they will need to have a [Request for Employment Information](#) (Form CMS-L564) completed by the HBO.
- [Application for Enrollment in Medicare Part B \(Medicare Insurance\)](#) (Form CMS-40B).
- Return completed forms to the [local Social Security office](#) by mail or fax them to (833) 914-2016.

The SSA establishes a Medicare Part B premium amount annually, which must be paid to SSA to maintain enrollment in Part B. If a subscriber receives SSA benefits, the Medicare Part B premium will be deducted from their SSA benefits; otherwise, the SSA will bill them quarterly.

The standard Medicare Part B premium applies to everyone; however, enrollees may be assessed an additional Income Related Monthly Adjustment Amount (IRMAA) if their modified adjusted gross income reported on their IRS tax return is above a certain amount.

~~When a member is retired and the member and/or dependent is over 65 and Medicare eligible they must enroll in Medicare or provide supporting documentation to CalPERS from the SSA that they are ineligible for Medicare.~~

~~This action must be taken prior to their 65th birth month or within 90 days of retirement or CalPERS health coverage will be cancelled the first of the month following the retirement date.~~

~~Retired Medicare eligible members must:~~

- ~~1. Enroll in Medicare Parts A and B with the SSA.~~
- ~~2. Provide CalPERS verification of Medicare status by submitting the [Certification of Medicare Status](#) form.~~
- ~~3. Enroll in a CalPERS Medicare health benefits plan to continue their CalPERS health enrollment. CalPERS offers several Medicare health plans and will enroll you in a CalPERS Medicare health plan of your choice.~~

~~If a member and/or their dependent(s) are not enrolled in Medicare and eligible for premium free Part A, they will need to contact SSA to enroll in Medicare Part A and Part~~

~~B. After enrolling in Part A and Part B with SSA, they will need to submit documentation of their Medicare status to CalPERS.~~

Additional Resources

The [Certification of Medicare Status \(PDF\)](#) form is available on the CalPERS website. This form needs to be completed and submitted to CalPERS if:

- Subscribers do not enroll in Medicare Part A and B with SSA promptly and CalPERS has not received enrollment information from SSA,
- Subscriber is ineligible for premium-free Part A, or
- Subscriber has health coverage through an active employer group health plan.

The [Health Insurance Counseling & Advocacy Program](#) offers free, one-on-one Medicare counseling.

END OF MEDICARE UPDATES

Topic: Survivor Benefits (Special Legislation)

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Eligibility

A survivor of a deceased active employee may be eligible for health coverage if both criteria below are met:

- Enrolled or eligible to enroll as dependent at the time of death
- Qualify for a monthly survivor retirement benefit

Surviving family members who do not meet the above requirements may be eligible for COBRA continuation coverage once the employer paid Direct Pay benefit is exhausted.

Possible survivors include:

- Spouse or domestic partner
- Employee's natural or adopted child up to age 26
- Disabled child age 26 or older*
- Step-child or domestic partner's child*
- Child in an established Parent-Child Relationship up to age 26*

* These eligible surviving children must have been enrolled prior to the employee's death.

If CalPERS determines that an eligible family member is eligible for an ongoing survivor warrant and enrollment in health benefits and that surviving family member was not enrolled in health benefits at the time of death, the survivor may request enrollment from CalPERS within 60 days from the date of death. The effective date of enrollment is the first day of the month following the date CalPERS receives the request.

Eligible survivors have the same rights and responsibilities as active members such as:

- Requesting to change plans due to a move or during Open Enrollment
- Deleting dependents

- Informing CalPERS of their Medicare eligibility

Surviving dependent children will be automatically deleted at age 18, 22, or 26, depending on the monthly survivor benefit. A certified disabled child may continue past the age of 26 if they are entitled to a lifetime monthly survivor retirement benefit.

Ineligible Dependents

An eligible survivor can enroll dependents that were eligible for health benefits at the time of the active employee's death.

The following individuals are **not** eligible for CalPERS health benefits:

- Subsequent spouse or domestic partner
- Subsequent step-child, domestic partner child, or newly adopted child
- Subsequent child born to the survivor who was not the employee's child
- Child in a newly established Parent-Child Relationship

Legal Reference

Gov. Code section 22831

Topic: Survivor Benefits (Special Legislation)

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Billing

Employer Responsibility

It will be the responsibility of the employer to collect from the survivor any premium due in excess of the contracted employer share.

The employer can submit a request to CalPERS to cancel a survivor's health benefits if the survivor fails to make any payments or stops making payments. The employer must do the following before requesting a cancellation:

- 1) Send a minimum of two certified letters to the survivor clearly stating that their benefits will be cancelled for non-payment if they do not submit payment. At least one of these letters must include a return receipt.
 - 2) Provide the survivor ample time to respond between each notice.
 - 3) Submit a copy of the letters sent to the survivor and return receipt(s) to CalPERS by mail or fax requesting a cancellation due to non-payment.
 - 4) CalPERS will process a health cancellation effective the 1st of the month following the date the employer submits the cancellation request with all required documents to CalPERS.
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Topic: Billing Instructions

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Reconcile Your Statement

Once you download your Monthly Billing Roster you can format it into HTML, PDF, XML or Excel by using the drop-down arrow in the top right corner of the screen. In the HTML format, you can format it into PDF, XML, or Excel. In the upper left side, select the **Run as** icon (right-facing arrow in a circle), then choose the format from the drop-down list.

Any discrepancies or errors will be adjusted on a future statement. You must pay the total amount billed to avoid interest and penalties.

If you have any questions with reconciling your health statement, refer to the [Health Billing Reconciliation \(PDF\)](#) student guide or contact CalPERS at **888 CalPERS** (or **888-225-7377**).

Topic: Health Education and Events

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Health Education and Events

[Employer Education](#)

[Employer training classes](#) will assist you with your CalPERS health-related obligations.

CalPERS Business Rules Instructor-Led Classes

The **Health Business Rules** 2.5-hour class provides guidance on the laws and business rules associated with our health program. Gain knowledge about the CalPERS website, health benefits guides, health plan options, eligibility and enrollment requirements, health benefits into retirement, and health benefits officer (HBO) reporting responsibilities.

myCalPERS Instructor-Led Classes

The **myCalPERS Health Enrollment** three-hour class provides a hands-on experience to learn how to view health enrollment details, search for a plan and provider by ZIP code, process health transactions, and run health reports. By request, nonPERS and CalSTRS health scenarios and billing reconciliation will be covered.

Online Classes

The [Online Classes for Employers \(PDF\)](#) offer 24-hour access to instruction you need to navigate through myCalPERS, perform transactions, reconcile health billing, run reports, manage system accounts, and understand health business rules.

Registration & Resources

Select the Education tab in [myCalPERS](#) to enroll in CalPERS health classes.

Contact the Employer Educators

Email training questions or requests to

CalPERS_Employer_Communications@CalPERS.ca.gov.

Resources

- [Employer Education Schedule \(PDF\)](#)
- [myCalPERS Student Guides and Resources](#)
 - [myCalPERS Health Enrollment \(PDF\)](#)
 - [myCalPERS Health Billing Reconciliation \(PDF\)](#)
 - [myCalPERS Health Aid: Health Event Types and Reasons for Employers \(PDF\)](#)
 - [myCalPERS Health Contract \(PDF\)](#)

CalPERS Educational Forum

This annual employer event occurs every fall. The forum provides the opportunity to get the most up-to-date CalPERS information, attend classes, and talk to CalPERS Board members and team members. If you would like to be placed on our direct mailing list, please e-mail your request to CalPERS_Educational_Forum@calpers.ca.gov.

Member Education

Member education workshops will help your employees understand their health benefits.

Webinars

Visit our website at www.calpers.ca.gov to see a list of our upcoming webinars. Monthly webinars are saved on our **CalPERS Videos** YouTube channel for future viewing. For health-specific videos, enter **health** in the search.

CalPERS Benefits Education Events (CBEEs)

These free educational events about CalPERS benefits and programs are for all employees. The CBEEs are offered throughout California and provide informative classes such as CalPERS Health Benefits for those early to mid-career and CalPERS Health Benefits into Retirement for those nearing retirement.

Your employees will have the opportunity to meet CalPERS representatives and partner organizations and ask questions about their benefits. They will be provided with instructional steps needed for the next phase of their career.

From the CalPERS website, select "Attend Training & Events" under the "I Want To" column, then select the [CalPERS Benefits Education Events](#) link for the calendar, event classes, and tips. Registration is available approximately six weeks before each event and is encouraged to expedite event check-in, but walk-ins are also welcome.

Member Education Bulletin

CalPERS Email Subscriptions are your direct link to the latest CalPERS news and free educational opportunities. Subscribe to the Member Education Bulletin to help you and your employees know about the next member education offerings such as, webinars, instructor-led classes, and CalPERS Benefits Education Events (CBEEs).

To receive educational event notifications in the future, your employees can subscribe to our Member Education Bulletin. To do so, visit our website at www.calpers.ca.gov, scroll down to **Subscribe**, and follow the simple steps to complete your subscription. Subscriptions are also available for Board Meeting Notice & Agenda Alerts, Employer Bulletin and CalPERS News.

END
