



CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP SAMPLE HEALTH BENEFIT ELIGIBILITY GUIDELINES

Eligibility Criteria

1. Eligible Primary Employees

- a. Classified
- b. Certificated
- c. Administration
- d. Confidential
- e. Management
- f. Board Members *
- g. Retirees (An employee not previously enrolled as an active member cannot elect to enroll upon retirement) *
- h. Part-time *

* May not be applicable to all districts

Eligibility is determined by the District Member's eligibility policy. This includes:

- a. Hours worked to become benefit eligible
- b. Pro-ration of premium
- c. Effective date of benefits from date of hire

2. Eligible Dependents

- a. Legal spouse of a primary enrollee
- b. Domestic Partner of a primary enrollee – A California domestic partnership is a legal relationship available to all same-sex couples and to those opposite-sex couples where at least one party is age 62 or older; or may be a domestic partnership of opposite sex.
- c. Unmarried dependent children from birth to age 26
 - i. Natural born children
 - ii. Stepchildren
 - iii. Adopted children or child placed with employee for adoption
 - iv. Child/ren whom employee or the employee's spouse is the court-appointed guardian
 - v. Child/ren whose parent is a dependent of the employee or spouse of the employee (Kaiser Permanente only; see health plan's Evidence of Coverage for additional details)
 - vi. Unmarried children, 26 years or older, if they are incapable of self-support because of a physical handicap or mental incapacity and they receive 50% or more support from the employee or employee's spouse. The handicap or incapacity must begin before the child reached age 26. Proof of disability will be required (see health plan's Evidence of Coverage for additional details).

Eligibility Requirements

1. Employees should be offered medical coverage upon hire or when they become eligible as per the District Member's eligibility requirements.
 - a. If coverage is declined, it is recommended that the employee complete a waiver of coverage form.
2. Effective dates of coverage can vary by district. Examples of effective date rules are:
 - a. Coverage starts on date of hire
 - b. Coverage starts the first of the month following date of hire
 - c. Coverage starts the first of the month following {insert number of days}; i.e., 30 days, 60 days, 90 days



3. Employees must live or work inside the health plan's service area (see health plan Evidence of Coverage or website for service area information) as per the carrier requirements.
4. Employees and/or newly acquired dependents must notify district of any qualifying event within 30 days from the date the event occurred as per the carrier requirements. Any changes to enrollment must be completed within 30 days of a qualifying event. Qualifying events include, but are not limited to:
 - a. Marriage or divorce
 - b. Birth or Adoption
 - c. Death
 - d. Classification or status change (move from non-benefited position to a benefited position)
 - e. Loss of Other Coverage
 - f. Entering a health plan service area
5. If a dependent child or spouse/domestic partner dis-enrolls from the plan for any reason, they may re-enroll during open enrollment or due to a qualifying event. If re-enrolling due to a qualifying event, confirmation of the qualifying event should be required.
6. Enrollees on an approved leave of absence have the option of continuing their eligibility to a maximum period of 12 months from the effective date of the leave, or as defined by the district's policy.
7. Married employees within the same district have the options to be covered individually or one spouse to be covered as a dependent. This may be determined by the district.

Open Enrollment

1. Employees (and any eligible dependent) may enroll
2. Employees may add or terminate eligible dependents
3. Waiver forms should be completed on an annual basis

Cash-in-Lieu

1. Where cash-in-lieu is offered, in order to protect the district from any potential ACA penalties, it should be required that the employee who chooses to participate in cash-in-lieu show confirmation of other group coverage in order to receive the cash-in-lieu benefit. Other group coverage includes:
 - a. Other employer-sponsored group coverage (e.g. through a spouse or domestic partner)
 - b. TRICARE
 - c. Medicare
 - d. Medi-Cal
 - e. COBRA

Individual coverage through Covered California, any other individual marketplace or direct with a carrier does not qualify as 'other group coverage'.

If confirmation of 'other group coverage' is not provided, the district can provide the employee with the option of waiving benefits or enrolling in the district plan. However, if the employee continues to waive coverage, the employee should complete a waiver of coverage form.

Special Enrollment Periods

1. An employee *not previously enrolled* may enroll along with any eligible dependent(s) within 30 days of the following qualifying events:
 - a. Marriage or establishment of Domestic Partnership
 - b. Birth, adoption or placement for adoption
 - c. Loss of Other Coverage
 - d. See health plan Evidence of Coverage for additional information on Special Enrollment Periods



2. Retirement

- a. Upon retirement, an employee has 30 days to elect retiree enrollment with the district, provided the District Member offers retiree coverage. If retiree enrollment is not elected within 30 days of retirement, the retiree may not re-enroll at a later date.

Termination of Coverage

1. A subscriber's eligibility ends on the last day of the month in which full-time employment ends.
2. Enrolled dependents' coverage ends at the same time as the subscriber.
3. A member's termination date is the first day of non-coverage; i.e., if the termination date is January 1, coverage ends at 11:59 PM December 31
4. Federal COBRA legislation rules will apply.
5. For tenths or eleventh employees, coverage will end based on the district's policy.