

HEALTH BENEFITS POLICY/GUIDELINES



Employee Plan Changes

When Can an Employee Change Plans?

Currently, enrolled employees/retirees may elect a different plan option

- During the designated Open Enrollment period for an October 1st effective date; or
- If the district contribution changes significantly for active employees and/or retiree

Dependent Terminations

What are the Employee and District Responsibilities Regarding Spouse/Domestic Partner and/or Dependent Children Terminations?

It is the **employee's responsibility** to notify the district of any changes in eligibility status for their spouse/domestic partner or dependent(s). The district is required to notify SISC in a timely manner of these changes. Paid claims on a non-eligible spouse/domestic partner or dependent(s) will be recovered.

Dependent children are automatically removed from coverage the first of the month following their 26th birthday. Children enrolled due to guardianship are removed when guardianship ends the first of the month following their 18th birthday.

Dependent Additions

When Can a Covered Employee or Retiree Add a Spouse to Coverage?

A subscriber can add a spouse to coverage the first of the month following the date of marriage or during any Open Enrollment period with the submission of required documentation.

When Can a Covered Employee or Retiree Add a Domestic Partner to Coverage?

A subscriber can add a domestic partner to coverage during Open Enrollment or first of the month following a qualifying event. If enrolling eligible dependent children they must be added at the same time.

- AB 205 (same sex age 18 and older and opposite sex when one is age 62 or older) on the first of the month following the date they register with the State of California. Non AB 205 Negotiated benefit (opposite sex ages 18 through 61) on the first of the month following the date of the signed Affidavit.
- Or during any Open Enrollment period

When Can a Covered Employee or Retiree Add Dependent Children to Coverage?

A subscriber can add a dependent to coverage during any Open Enrollment period or outside Open Enrollment due to qualifying events:

- See Table of Mid-Year Qualifying Events under “Addition of a Dependent”
- Completed enrollment paperwork and the supporting documentation must be submitted to SISC within 31 calendar days of the qualifying event or Open Enrollment.
- Newborns will be enrolled effective on their date of birth.

The employee must notify the district within 31 calendar days of their qualifying event in order to be eligible for the Special Enrollment (60 calendar days if the qualifying event is loss of eligibility under a Medicaid plan or Children's Health Insurance Program).

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QUALIFYING EVENTS OR STATUS CHANGES OUTSIDE OF OPEN ENROLLMENT

Effective date will be determined by the qualifying event date that allows for no break in service.

This does not apply to Individual Retiree Plans (IRPs such as CompanionCare, KPSSA or Blue Shield 65 Plus). This table is not all inclusive and is subject to SISC approval, retro, and participation guidelines.

| Employee/Retiree experiences the following qualifying event | Employee/Retiree MAY make the following change within 31 days of the qualifying event | REQUIRED Documentation: SISC Membership Change Form and applicable documents below |
|---|---|--|
| Birth, Adoption, or Legal Guardianship NOTE: HIPAA special enrollment rights may apply | <ul style="list-style-type: none"> • Enroll self, if applicable • Enroll newly eligible child and any other eligible dependents • Change health plans when options are available | <ul style="list-style-type: none"> • Birth certificate indicating parents' full names; or • Adoption/Guardianship documents issued by a court |
| Loss of Coverage Elsewhere NOTE: HIPAA special enrollment rights may apply | <ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Change health plans when options are available | <ul style="list-style-type: none"> • Proof of Loss of Coverage • Other enrollment forms/documents as applicable |
| Marriage or Commencement of Domestic Partnership NOTE: HIPAA special enrollment rights may apply | <ul style="list-style-type: none"> • Enroll self, if applicable • Enroll spouse/domestic partner and any newly eligible dependent children • Change health plans when options are available | <ul style="list-style-type: none"> • Marriage Certificate; or • Declaration of Domestic Partnership filed with the California Secretary of State; or • SISC Domestic Partnership Affidavit, if applicable (opposite-sex domestic partners) • Other enrollment forms/documents as applicable |
| Divorce or Termination of Domestic Partnership NOTE: HIPAA special enrollment rights may apply | <ul style="list-style-type: none"> • Drop spouse/domestic partner • Drop stepchildren gained from marriage or domestic partnership • Enroll self and any newly eligible dependent children who lost eligibility under spouse/domestic partner's plan • Change health plans when options are available | <ul style="list-style-type: none"> • Final Divorce Decree; or • Dissolution of Domestic Partnership filed with the California Secretary of State; or • SISC Affidavit of Termination of Domestic Partnership (opposite-sex domestic partners) • Other enrollment forms/documents as applicable |
| Death of Dependent (spouse/ domestic partner or child) NOTE: HIPAA special enrollment rights may apply | <ul style="list-style-type: none"> • Remove the dependent from coverage • Change health plans when options are available | <ul style="list-style-type: none"> • Membership Change Form |
| Qualified Medical Child Support Order (QMCSO) requiring enrollment of dependent child | <ul style="list-style-type: none"> • Enroll self, if not already enrolled in coverage • Enroll dependent child named on the QMCSO to employee's health coverage • Change health plans when options are available | <ul style="list-style-type: none"> • Membership Change Form • Birth Certificate indicating parents' full names; and • Qualified Medical Child Support Order (QMCSO) court document |
| Change in Employment Status (e.g., Part-time to Full-time, Full-time to Part-time, Hourly to Salaried, Unpaid Leave of Absence, Change in Bargaining Unit, etc.) | <ul style="list-style-type: none"> • Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable • Drop coverage, if applicable • Change health plans when options are available | <ul style="list-style-type: none"> • Proof of employment change; and • Other enrollment forms/documents as applicable |

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Gain or Loss of Entitlement to Medicare/Medicaid coverage by covered person

NOTE: HIPAA special enrollment rights may apply

- Enroll self, spouse/domestic partner, and any eligible dependent children, if applicable
- Drop coverage for person who became entitled and enrolled in Medicare/Medicaid
- Change health plans when options are available

- Proof of Enrollment in or Loss of Coverage in Medicare/Medicaid (whichever applicable)
- Other enrollment forms/documents as applicable

DEPENDENT ELIGIBILITY DOCUMENTATION CHART

The following verification documents are required to enroll a dependent in health benefit plans. SISC requires the Social Security Numbers for all dependents to be covered on the plans and reserves the right to request additional documentation to substantiate eligibility.

| Dependent Type | Required Documentation |
|---|--|
| Spouse | <ul style="list-style-type: none"> • Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). • For newly married couples where prior year tax return is not available a marriage certificate will be accepted. |
| Domestic Partner** | <ul style="list-style-type: none"> • Certificate of Registered Domestic Partnership issued by State of California (AB 205 Compliant) • SISC Affidavit of Domestic Partnership (when applicable) (Enrolling a Domestic Partner may cause the employer contribution to become taxable) <p>** SISC eligibility for Domestic Partners is AB 205 compliant. AB 205 states that if your plan provides benefits for spouses, you must also provide the same benefits for domestic partners (e.g. dependent children, health benefits, COBRA, CalCOBRA, AB 528, etc.). Only same sex domestic partners age 18 and older and opposite sex domestic partners when one or the other is age 62 or older are eligible under AB 205.</p> |
| Children, Stepchildren, and/or Adopted Children up to age 26 | <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name, and child's DOB) • Legal Adoption Documentation |
| Legal Guardianship up to age 18 | <ul style="list-style-type: none"> • Legal Court Documentation establishing Guardianship |
| Disabled Dependents over age 26 | <p>Anthem Blue Cross (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Anthem Disabled Dependent Certification Form <p>Blue Shield (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Declaration of Disability for Overage Dependent Child <p>Kaiser (All items listed below are required)</p> <ul style="list-style-type: none"> • Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB) • Prior year's Federal Tax Form that shows child is claimed as an IRS dependent (income information may be blocked out) • Proof of 6 months prior creditable coverage • Completed Disabled Dependent Enrollment Application • Most recent Kaiser Certification notice (if available) |

HEALTH BENEFITS POLICY/GUIDELINES



I have read and been informed about the requirements and expectations of the Health Benefits Policy and Guidelines for additions, changes, and terminations for the 2024-25 plan year. I have received a copy of the policy and agree to abide by the policy and guidelines. I understand that if I have any questions, at any time, regarding the health benefits policy, I can consult with Human Resources.

Employee Signature

Print Name

District/Charter Name

Date