General Health Insurance FAQs

1. What are the group numbers, phone numbers and website addresses of the health insurance carriers?

PERS Choice, Group # CB050E 1/877/737-7776
http://www.anthem.com/ca/calpers/ or http://www.calpers.ca.gov

PERS Care, Group # KB050E 1/877/737-7776
http://www.anthem.com/ca/calpers/ or http://www.calpers.ca.gov

PERS Select, Group # SB050E 1/877/737-7776
http://www.anthem.com/ca/calpers/ or http://www.calpers.ca.gov

Blue Shield HMO, Group # W0051411 1/800/334-5847
https://www.blueshieldca.com/sites/calpersmember/home.sp

UnitedHealthcare, Group # 246329 1/877/359-3714
www.uhc.com/calpers

2. What is the County's Cafeteria Contribution?

The Cafeteria Contribution is the amount of money the County gives employees to help pay for health dental and vision insurance. The County will automatically apply your cafeteria amount to the cost of the plans you select. To determine the amount for your Bargaining Unit you can ask your Departmental Payroll Coordinator or you can click on Cafeteria Contribution Amounts and Health Plan Rates.

3. When can I cancel/waive my health insurance?

You can cancel (waive) your health insurance any time you can provide proof of other coverage. Your cancellation will be effective the first of the month following the date you submit the cancellation form and proof of other coverage to your Payroll Coordinator.

4. If I waive County Health Insurance when can I enroll in a County Plan?
You can enroll in a County plan during the annual open enrollment period. Additionally, if you or your dependents lost health coverage and the loss was not voluntary, you can enroll in a County plan provided you submit to the County proof of loss of coverage and an enrollment form within 60 days of losing coverage. Your enrollment in a County plan will be effective the first of the month following the date you submit the necessary forms to the County. If the County receives your enrollment form beyond the 60th day after your loss of coverage, your effective date of coverage in a CalPERS plan will be the first of the month following a 90 day waiting period.

5. If I terminate my employment when will my health coverage end?

Health coverage ends the end of the month following the month in which you terminate. Example: Employee terminates August 12, health coverage ends September 30.

6. Can I continue my coverage after employment?

Yes. You can continue coverage for yourself and dependents for a maximum of 18 months through a federal law called COBRA, unless you have comparable group coverage available to you through another employer. The cost of coverage will be the monthly cost of insurance plus 2%.

7. Is COBRA coverage available to my dependent who is no longer eligible to be on my plan?

Yes. COBRA coverage will normally be available for a maximum of 36 months. The cost for coverage is the monthly cost of insurance plus 2%.

8. How do I find out more about COBRA?

For general questions regarding eligibility and costs you can contact Risk Management at ext. 5007. If you or a dependent is losing coverage you will automatically receive COBRA information from the Auditor-Controller's Office. It is always advisable to notify the Auditor's Office of your interest in COBRA coverage and to confirm they have your correct mailing address.

9. Do I need to select a Primary Care Physician (PCP)?

You will need to select a PCP if you are enrolling in an HMO. If you do not select a PCP your HMO will select one for you. If you are enrolled in an HMO plan you will
need to contact the provider customer service to select a PCP. You will not need to select a PCP if you are enrolling in a PPO plan, like PersCare or Pers Choice. PPO plans give you the freedom to go to any physician you choose. However, you will have greater benefits and fewer co-payments if you use a Preferred Provider.

10. Can my family have more than one PCP?
Yes, each family member can have their own PCP.

11. How do I select a Primary Care Physician (PCP)?
First, obtain a list of PCP’s from your insurance carrier through their web site, by calling their 800 number, or for some plans you may obtain a list from Risk Management. Next, talk to family, neighbors, co-workers, or physicians who may have treated you in the past. If you can obtain a referral from another physician it can carry a lot of weight with your prospective new physician. Finally, call the PCP you have selected and make sure he/she is accepting new patients.

12. How do I change my Primary Care Physician (PCP)
Once you have selected a new PCP, contact the physician and determine if he/she is accepting new patients. Then call your insurance carrier and give them the name of your new PCP. Ask your carrier for the effective date of the change you have requested.

Eligibility FAQs
1. Which family members can be covered by my CalPERS Health Plan?
Eligible family members are: your spouse; qualified domestic partner (see Q-2); your children, adopted children, or stepchildren who are under the age of 26; another person’s child under the age of 26, who has never married and is economically-dependent upon you (see Q-4); children of domestic partners. Parents are not eligible, even if they are dependent upon you for support and maintenance.

2. What requirements must be met to enroll a domestic partner?
The employee must provide the County with a Declaration of Domestic Partnership from the Secretary of State. Same sex domestic partnerships between persons who are both at least 18 years of age and certain opposite sex domestic partnerships (one or more persons are 62 years of age or older) are eligible to register with the Secretary of State.

3. How do I continue health coverage for my disabled dependent?

The employee must submit to CalPERS, prior to the dependent's 26th birthday, a Member Questionnaire for the CalPERS Disabled Dependent Benefit form and a Medical Report for the CalPERS Disabled Dependent Benefit form. Continued coverage requires CalPERS approval. These forms are available at Risk Management or the CalPERS web site http://www.calpers.ca.gov/

4. What are the eligibility requirements for an economically dependent child?

Eligibility requirements for an economically dependent child are satisfied when: the employee has been granted legal custody of the child, or when the employee has a parent-child relationship with the child, who resides with the employee (generally in the absence of the natural or adoptive parent), and is economically dependent upon the employee, or the child is the natural, adopted, or step child of the employee's domestic partner.

5. My child turns 26 next month. When will their coverage end?

Their coverage will end the end of the month in which they turn 26 years old.

Adding and Deleting Dependents FAQs

1. When can I enroll my dependents on my health insurance plan?

Newly acquired dependents, (birth, adoption, marriage) can be added to your plan within 60 days of the date of the event. You can also enroll dependents during the annual open enrollment period. Additionally, if your dependents lost health coverage and the loss was not voluntary, you can enroll them in your health plan provided you submit to the County proof of loss of coverage and an enrollment form within 60 days of losing coverage. Their enrollment will be effective the first of the month following the date you submit the necessary forms to the County. If the County receives your enrollment form beyond the 60th day after their loss of
coverage, the effective date of coverage in a CalPERS plan will be the first of the month following a 90 day waiting period.

You **may delete dependent children** when any of the following occurs: change in custody, dependent obtains other coverage, dependent moves out of household, dependent goes on military leave, or you are deleting all dependents.

3. **I am getting divorced. Do I have to delete my spouse from my insurance?**

Yes. It is mandatory to delete your spouse when there has been a divorce. You will need to provide your Payroll Coordinator a copy of the divorce decree. It is not mandatory to delete a spouse as a result of a legal separation.

4. **My child turns 26 next month. When will my dependents coverage end?**

Coverage will end the end of the month in which your dependent turns 26 years old.