# myCalPERS Health Enrollment Supplement

Student Guide

August 10, 2024



# Introduction

This guide contains additional health enrollment transactions that you may process in myCalPERS. For step actions on more common transactions, refer to the <u>myCalPERS Health</u> <u>Enrollment (PDF)</u> student guide.

For confirming employee-submitted transactions in myCalPERS, refer to the <u>myCalPERS Health</u> <u>Transaction Verification student guide (PDF)</u>.

# myCalPERS Health Aid

The <u>myCalPERS Health Aid: Health Event Types and Reasons for Employers (PDF)</u> can assist in determining which health event type, reasons, and dates to use for your transactions.

# Disclaimer

Business partner and participant information has been masked in this procedure guide.

# System Access

If you are unable to process these scenarios, contact your agency's system access administrator to update your myCalPERS access.

# **Training Opportunities**

Prior to taking a myCalPERS training, new users should review the <u>Introduction to myCalPERS</u> for <u>Business Partners (PDF)</u> student guide and take a health Business Rules class. Business Rules summarize the laws defined by the California Public Employees' Retirement Law (PERL).

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# Unit 1: Affidavit of Parent-Child Relationship (HBD-40)

In this unit, you will learn how to recertify a parent-child relationship and how to verify a parent-child relationship expiration date. The employee must provide a new HBD-40 and supporting documents for each dependent in a parent-child relationship.

For steps on adding a parent-child relationship dependent, refer to the <u>myCalPERS Health</u> <u>Enrollment (PDF)</u> student guide, unit 1, Scenario 2: Add Dependent.

# **Expiration Date**

If the parent-child relationship dependent is not recertified before the first of the month of the subscriber's birthday, then the system will automatically delete the dependent from the health benefits effective the first of the month following the subscriber's birthday.

# **Health Reports**

- Parent-Child Relationship Dependent With Expiring Certification Report
- Employer Health Enrollee Report-Ext includes a Parent-Child Relationship Certification End Date column for all dependents in a parent-child relationship

# Timeframes

## 90 Days

Recertify no earlier than 90 days before the parent-child relationship certification renewal date.

#### 30 days

- If recertification is not completed at least 30 days before the parent-child relationship certification renewal date, the system will apply a termination date.
- If you approve the employee's recertification after the system applies a termination with a future date, you can rescind the termination, then recertify the dependent.
- If the termination date has recently passed and you approve the recertification, you must contact CalPERS to request a rescission, then recertify the dependent.

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# Scenario 1: Recertify a Dependent in a Parent-Child Relationship

# Step Actions (13 Steps)

#### Add Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

# Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.

Home Profile	Reporting	Person In	formation	Education	Other Organizations	
Manage Reports	Billing and	Payments	Payroll Sc	hedule Ou	it-of-Class Validation	Memb
Common Tasks	mmon Tasks 💿 Name: City Name CalPERS ID: 9876543210					
Menu	•					
Organization Search Oreate or Edit Report						
Adjustment Repo	orts Meth	od:* Add o	or Edit Health	n Enrollment	✓ Ci	ontinue

#### Step 3 Select the **Continue** button.

#### Search for the Subscriber

#### Step 4 Complete the Person Search section.

• Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID: CalPERS ID:
Search Return

#### Step 5 Select the **Search** button.

# Step 6 Are you recertifying more than 30 days prior to the first of the month of the subscriber's birthday (dependent hasn't been deleted)?

Yes: Continue to step 7.

**No:** Rescind the deletion before recertifying the dependent. For step actions, refer to the <u>myCalPERS Health Enrollment (PDF)</u> student guide, Unit 2: Rescission.

#### **Recertify Parent Child Relationship**

Step 7 Complete the Health Event Information section.

#### **Event Date:** 1<sup>st</sup> of the month following the subscriber's birth date.

O Health Event Information	
Health Event Type:*	Recertify Dependent V
Health Event Reason:*	Recertification of Parent-Child Relationship
Event Date:*	
Received Date:*	
	View Effective Date

Save & Continue Cancel Clear Return

#### Step 8 Select the **View Effective Date** button at bottom right.

#### Step 9 Select the **Save & Continue** button.

Step 10Within the Parent-Child Relationship Certification section, select the CertifyDependent check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
FIONA PHAM	07/31/2021	Certify Dependent

#### Step 11 Select the **disclaimer** check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
Kitty Kooper	03/31/2025	Certify Dependent
V I am a duly I have revie I retained co dependent i	appointed and qualified representative of the agency, wed the above affidavit, supporting documentation, a opies of the subscriber's health and dental enrollment n a PCR.	'department. nd verified the identity of the subscriber submitting this affidavit. form(s) and all supporting documents to enroll/recertify the eligibility of the employee's
Based on th provided an	e review of the documentation and information provic documentation attached [per CCR §599.500(o)].	led I recommend enrolling/recertifying this dependent in a PCR based on the information

Step 12 Select the **Save & Continue** button.

# Step 13 Select the first link in the health transaction confirmation to verify the transaction updated correctly.

#### Health Transaction Confirmation

The transaction successfully processed.

Print the health transaction confirmation.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

<u>Return to home page.</u>

# Scenario 2: Review Parent-Child Relationship and Certification Expiration Date

Verify the parent-child certification expiration date for the dependent.

# Step Actions (8 Steps)

Step 1	From the homepage, select the <b>Person Information</b> global navigation tab.							
Step 2	Complete the Person Search section.							
	Home Profile Reporting Person Information Education Other Organizations							
	• Person Search							
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.							
	SSN / Federal or Individual Tax ID:							
	CalPERS ID:							
	Search Return							
Step 3	Select the <b>Search</b> button.							
Step 4	Select the Health Enrollment local navigation link.							
Step 5	Select the CalPERS Employment link.							
	Summary Health Enrollment							
	Common Tasks 💿 💿 Select Health Account							
	Menu							
	Premium Search Tool CalPERS Employment JOE JONES 0123456789							
	Health Account Summary							
Step 6	Within the Covered Persons Summary section, is the dependent listed?							
	Yes: Continue to step 7.							
	No: Within the Covered Persons Summary section, select the View More							
	Actions link to display the full list of dependents.							
	© Covered Persons Summary View More Actions»							
	Below are your covered persons for health. Select the name of a covered person to view detailed health information.							
	Name         Date of Birth         Dependent Type         Certified         Medical         Dental         Vision           JOE JONES         05/02/1958         Self         NA         Basic         No         No           SUEZENGKY MODERWELL         10/18/1965         Spouse         No         Basic         No         No							
Step 7	Select the <b>name</b> link for the dependent that has a parent-child relationship.							
Step 8	Confirm the Parent-Child Relationship Certification Expiration date is updated.							
	Health Coverage Information         Parent-Child Relationship 05/31/2018         Certification Expiration Date:         Medical Coverage: Yes         Dental Coverage: No         Vision Coverage: No         Enrolled in Medical Since: 06/01/2017         Medical Coverage Type: Basic         Medical COBRA Start Date:         Dental COBRA Start Date:         Vision COBRA Start Date:							
	Medical COBRA End Date: Dental COBRA End Date: Vision COBRA End Date:							

# Unit 2: Direct Payment Authorization (HBD-21)

In this unit, you will learn how to continue a subscriber's health benefits with direct pay. Direct pay is voluntary, and the subscriber is responsible for paying the full monthly premium directly to their health plan. Some examples of when someone may elect to go on direct pay:

- An employee on an unpaid leave of absence
- An enrolled state permanent intermittent or part-time employee has no earnings for one or more months
- A permanently separated employee is pending retirement

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# Scenario 1: Direct Pay for an Employee

Your employee is going on an unpaid leave and has elected to go on direct pay.

#### System Logic

- Most leave of absences will automatically cancel health benefits the first day of the second month after their last day on payroll before their leave begins.
- Family Medical Leave and Maternity/Paternity Leave do not change the employee's health coverage or employer deductions. **Change Premium Payment Method** health event type and **Chg to deduct-FMLA-Batch** health event reason will display in the health enrollment history.
- For cancelled health benefits, rescind the cancellation prior to processing a direct pay.

# All Agencies-Return to Work

Update the employee's appointment to reflect the end of their leave.

- On direct pay: The system will change the subscriber from direct pay to standard deduction.
- Not on direct pay (health benefits is cancelled) and employee is re-enrolling: Process a Health Event Type: New Enrollment, Health Event Reason: Return from Off Pay Status.

# Step Actions (29 Steps)

#### Leave of Absence

Step 1 Has the leave of absence event been processed?

Yes: Employee's appointment has a leave of absence:

- Public agencies and schools, skip to step 9.
- State agencies, skip to step 21.

No: Employee's appointment does not reflect a leave of absence:

- Public agencies, schools, and non-central state agencies, go to step 2.
- Central-state agencies will enter the leave in PIMS, then skip to step 21.

Public Age	ncies, Schools, and	l Non-Centra	l State Agencie	es: Process the Leave of Absence			
Step 2	Select the <b>Per</b>	elect the Person Information global navigation tab.					
Step 3	Complete the	Complete the Person Search.					
Step 4	Select the <b>Sea</b>	Select the <b>Search</b> button.					
Step 5	select the <b>Employer</b> link that is for the						
	O Appointment History Add New						
	Employer	Division	Appointment Type				
	City Name		Regular				

Step 6 Within the Appointment Event History section, select the **Add New** button.

Step 7 Complete the Appointment Event Details section.

Event:* Event Date:*	Begin Leave
Leave Type:*	
Save Clear Build: 110707_185634	Educational Leave Family Medical Leave Industrial Disability Leave Military Leave Matemity/Patemity Leave Non-Industrial DL Other Leave State Disability Leave Sabbatical – Full Pay Sabbatical – Partial Pay Unpaid Leave Workers Comp

Step 8Select the Save button.Note: Non-central state agencies, skip to step 21.

Public Agencies and Schools-Rescind the Health Cancellation

Step 9 Select the **Reporting** global navigation tab.

Step 10Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.

Home Profile	Reporting	Person In	formation	Education	Other Organizations	
Manage Reports	ports Billing and Payments Payroll Schedule Out-of-Class Validation Memb					
Common Tasks	ks O Name: City Name CalPERS ID: 9876543210					
Menu	$\odot$					
Organization Sea	ition Search 🖸 Create or Edit Report					
Adjustment Repo	rts Meth	Method:* Add or Edit Health Enrollme		n Enrollment	✓ Co	ontinue

#### Step 11 Select the **Continue** button.

#### Search for the Subscriber

Step 12	Complete the Person Search section.
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🛈 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or
CalPERS ID:
Search Return

#### Step 13 Select the **Search** button.

# Step 14Within the Demographics Information section, select the Rescind an Existing<br/>Transaction link.

👽 Demographics Information		
CalPERS ID: 0123456789		Rescind an Existing Transaction
Prefix:		
First Name: Ellie	Middle Name: E	Last Name: Edwards
Suffix:		
SSN: XXX-XX- 9999	Date of Birth: 04/17/1977	Gender: Female

Step 15Within the Health Enrollment History section, select the radio button associated<br/>to the future health event to be rescinded.

	D Health Enrollment History				
	Effective Date         Health Event Type         Health Event Reason         Name         Health Benefit Type         Status         Appointment ID         Create Date         Change Date				
	O         08/01/2024         Cancel Coverage         Off Pay Status Cancel         Elie E Edwards         Medical         Future         495100         06/06/2024         06/06/2024           0				
Step 16	In the upper left, select the <b>Rescind</b> button.				
Step 17	At the bottom, complete the Rescission Confirmation section.				
	🛈 Rescission Confirmation				
	Reason for Rescission:*       Subscriber Request <ul> <li>Additional Information:</li> <li>Rescinding cancellation to put on direct pay.</li> </ul>				
	Save and Continue				
Step 18	Select the <b>Save and Continue</b> button.				
Step 19	From the Health Event Information section, select the Save & Continue button.				
Step 20	Select the <b>Add another transaction for this subscriber</b> link, then skip to step 26.				
Process the	e Direct Pay				
Step 21	Select the <b>Reporting</b> global navigation tab.				
Step 22	Within the Create or Edit Report section, select Add or Edit Health Enrollment				
	from the Method drop-down list.				
	Home Profile Reporting Person Information Education Other Organizations				
	Manage Reports Billing and Payments Payroll Schedule Out-of-Class Validation Member				
	Common Tasks     Image: City Name     CalPERS ID: 9876543210       Menu     Image: City Name     CalPERS ID: 9876543210				
	Organization Search       Image: Create or Edit Report         Adjustment Reports       Method:*         Add or Edit Health Enrollment       Image: Continue				
Step 23	Select the <b>Continue</b> button.				

#### Search for the Subscriber

Step 24	Complete the Person Search section.
	O Person Search
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
	SSN / Federal or Individual Tax ID:
	CalPERS ID:
	Search Return

Step 25 Select the **Search** button.

#### Input Health Event Information

|--|

• Health Event Information	
Health Event Type:*	Change Premium Payment Method 🗸
Health Event Reason:*	V
Event Date:*	
Received Date:*	
	View Effective Date

Save & Continue Cancel Clear Return

Step 27 Select the **View Effective Date** button at bottom right.

#### Step 28 Select the **Save & Continue** button.

Step 29 Select one of the four option links in the health transaction confirmation.

Health Transaction Confirmation

The transaction successfully processed.

Print the health transaction confirmation.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

Return to home page.

# Scenario 2: Direct Pay for a Retiring Employee

Your separated employee has elected direct pay because their retirement payments will be delayed. They will make direct payments for their full premium to their health plan, so they will show covered. After they start receiving their retirement payments, they can contact their health plan for reimbursement of their direct payments.

## Step Actions (45 Steps)

#### **Permanent Separation**

Step 1

Has the permanent separation event been added to the appointment?

Yes: Skip to step 9.

**No:** Permanently separate the employee:

- Public agencies, schools, and non-central state agencies, go to step 2.
- Central-state agencies will enter the separation in PIMS, wait 1-2 days for the permanent separation to update myCalPERS, then skip to step 9.

Public Agencies, Schools, and Non-Central State Agencies Process the Permanent SeparationStep 2Select the Person Information global navigation tab.

Step 3 Complete the Person Search.

Step 4 Select the **Search** button.

Step 5 Within the Appointment History section, select the **Employer** link that is for the employee's active appointment.

O Appointment I	History Add New	
Employer	Division	Appointment Type
City Name		Regular

Step 6 Within the Appointment Event History section, select the **Add New** button.

Step 7 Complete the Appointment Event Details section.

Appointment	: Event Details	
	Event:*	Permanent Separation V
	Event Date:*	
	Separation Reason:*	~
Save Clear	Contact Us   CalPERS Website   Privac	Layoff Death Other Retirement Resigned Termination with Cause

Step 8 Select the **Save** button.

#### Process the Direct Pay

Step 9	Select the <b>Reporting</b> global navigation tab.
Step 10	Within the Create or Edit Report section, select Add or Edit Health Enrollment
	from the Method drop-down list.
	Home Profile Reporting Person Information Education Other Organizations
	Manage Reports Billing and Payments Payroll Schedule Out-of-Class Validation Member
	Common Tasks O Name: City Name CalPERS ID: 9876543210
	Menu 💿
	Organization Search Or Create or Edit Report
	Adjustment Reports Add or Edit Health Enrollment Continue

#### Step 11 Select the **Continue** button.

#### Search for the Subscriber

#### Step 12 Complete the Person Search section.

🐨 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or
CalPERS ID:
Search Return

#### Step 13 Select the **Search** button.

#### Input Health Event Information

#### Step 14 Complete the Health Event Information section.

👽 Health Event Information				
Health Event Type:*	New Enrollment	•	~	
Health Event Reason:*	Pending Retirement			~
Event Date:*	Last day with agency			
Received Date:*				

Save & Continue Cancel Clear Return

Step 15Select the View Effective Date button at bottom right, and verify the effective<br/>date is the same date their coverage ended.

#### Step 16 Select the **Save & Continue** button.

#### **Update Subscriber Details**

Step 17 Update the Maintain Address Details section if needed.

😨 Maintain A	ddress Details		
	Address Type:*	Mailing Address 🗸	
	Care Of:		
	Address:*	1234 Q St.	
	Country:*	United States	
	City:*	Antioch	
	State:*	California	~
	County:	Contra Costa	
	ZIP Code:*	94531 -	

Step 18 **Optional:** If you populate the Maintain Communication Details section, select the **Primary** radio button so the phone number and/or email address displays on the subscriber's Profile page.

😨 Maintain Communicati	ion Details			
Primary	Phone Type	Phone Number	Extension	International
$\bigcirc$	Work 🗸			
$\bigcirc$	Email:			

#### Step 19 Complete the Appointment Details section:

- Medical Group: For public agencies and schools, choose the subscriber's medical group based on your agency's health contract.
- Affiliated Association: Select if they are a dues-paying member.

• Appointment Deta	ils			
Employer:	City Name		CalPERS ID	9876543210
Division:	×		(Employer).	
Original Hire Date:*				
Appointment ID: Separation Date:			Retirement Date:	
Additional Details				
Position Title:		Appointment Status:		
CBU:		Retirement Program:*	Other	
Begin Date:		End Date:	STRS	
Medical V Group:*		Affiliated Association:	California Association of High	way Patrolmen (CAHP)
			Peace Officers Research Ass	conters Association (CCPOA)

Step 20 Select the **Save & Continue** button.

Step 21 Did you update the address?

**Yes:** Select the correct **Entered Address** or **U.S. Postal Service Matches** radio button.

Confirm Address	
We have validated your address against U.S. postal records and have provided an alternate choice according to these results. Please choose the address you wish to use or select the Cancel button to return to the address page to chang your entry.	e
Entered Address: O 400 P St., Sacramento, CA 95814	
U.S. Postal Service Matches: <ul> <li>400 P ST, SACRAMENTO, CA 95814-5345</li> </ul>	

No: Skip to step 24.

Step 22 Select the **Confirm** button.

Step 23	Select the Save & Continue button.
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#### Add Dependents

Step 24 Is the employee enrolling dependents?

Yes: Select the Add New button.

Review the covered person list. To enroll a dependent, select the Add New button. Otherwise, select the Save & Continue button Name Date of Birth Relationship Modes	Covered Person List     Add New			
Name Date of Birth Pelationship Medica	Review the covered person list. To enroll a dep Otherwise, select the <b>Save &amp; Continue</b> butto	pendent, select the <b>Add New</b> button.		
Name Date of Diftit Relationship Preuce	Name	Date of Birth	Relationship	Medica
JOE JONES 03/02/1984 Self Basic	JOE JONES	03/02/1984	Self	Basic

Save & Continue Cancel Return

No: Skip to step 41.

Step 25Is the dependent listed in the Existing Relationships Eligible for Health section?Yes: Select the dependent's radio button.

		- I.I. Add New					
	Select a dependent below. If a depende	nt is not listed, select the <b>Add New</b> button.					
	<u>Name</u>	Date of Birth	Relationship	Medical			
	O Jones, Joey	07/30/2015	Child	No			
	O Jones, Jill	11/03/1983	Spouse	No			
	Jones, Jake	11/17/2017	Child	No			
	Continue Cancel Return						
	No: Skip to step 28.						
Step 26	Select the <b>Continue</b> bu	itton.					
Step 27	Skip to step 29.						
Step 28	Select the <b>Add New</b> bu	utton.					
-	• Existing Relationships Fligible for He	Palth Add New					
	Select a dependent below. If a depende	nt is not listed, select the <b>Add New</b> button.					
	· · · · ·	Name Date of Birth	Relationship	Medica			
	No results found.						
	Continue Cancel Return						
Step 29	Complete or update the Person Details section if necessary. You may update if						
	the dependent is not a	in active employee at a PE	RS-contracting agen	су.			
Step 30	Does the dependent h	ave the same address as y	our employee?				
	Yes: Skip to step 34.						
	No: Deselect the Addr	ess is the same as Primary	Subscriber check bo	ν <b>Χ</b> .			
	Address Details						
	Address is the same as Primary Subscriber						
	Address	Type:* Mailing Address	_				
Step 31	Complete the Address	Details section.					
Step 32	Select the Save & Con	<b>tinue</b> button.					
Step 33	Select the <b>Confirm</b> but	ton.					
Step 34	Select the Save & Con	<b>tinue</b> button.					

Step 35Is this dependent in a parent-child relationship?Yes: Select the Maintain Certification link.

• Dependent Information		
Parent-Child Relationship	o Information	
	Certification Submitted: No	Maintain Certification
😨 Benefit Type		
Benefit Type	Enrollment	Change Enrollment?
Medical	No	

Save & Continue Cancel Clear

#### No: Skip to step 40.

Step 36 Select the **Certify Dependent** check box.

Step 37	Select the disclaimer check box.	

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
Kitty Kooper	03/31/2025	Certify Dependent
🔽 * I am a duly a	ppointed and qualified representative of the agency/depa	artment.
I have review	ed the above affidavit, supporting documentation, and v	erified the identity of the subscriber submitting this affidavit.
I retained cop dependent in	ies of the subscriber's health and dental enrollment forn a PCR.	(s) and all supporting documents to enroll/recertify the eligibility of the employee's
Based on the provided and	review of the documentation and information provided I documentation attached [per CCR §599.500(o)].	recommend enrolling/recertifying this dependent in a PCR based on the information

- Step 38 Select the **Save & Continue** button.
- Step 39 Below the Dependent Information section, select the **Save & Continue** button.

Do they have additional dependents?

Yes: Return to step 24.

No: Continue to step 41.

Step 41 Select the **Save & Continue** button.

#### Select Health Plan

Step 40

Step 42	Select the <b>medical plan</b> radio button.
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😨 Me	dical Plan Selections		
	<u>Plan Name</u>	Party	Premium
0	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68
0	Health Net SmartCare - Region 1	Self/B and 1/B	2001.04

#### Step 43 Enter a medical provider(s) if the employee indicated a primary care physician.

Name	Dependent Type	Medical Provider
Jane Jones	Self	
Jill Jones	Natural Born Child	2

#### Step 44 Select the **Save & Continue** button.

Step 45 Select one of the four option links in the health transaction confirmation.

# Unit 3: Group Continuation Coverage/COBRA (HBD-85)

In this unit, you will learn how to continue subscriber and dependent(s) health benefits with Consolidated Omnibus Budget Reconciliation Act (COBRA). When an employee is cancelled or a dependent is deleted, a confirmation is sent to them with the HBD-85 and COBRA information. If electing COBRA, the form would be completed and returned to your agency for processing.

COBRA is voluntary. The subscriber is responsible for paying the full monthly premium plus 2% administrative fee directly to their health plan.

Some examples of when an employee or dependent involuntarily loses coverage and may elect COBRA:

- An employee resigns and permanently separates
- A former dependent has been deleted due to divorce
- A child turned 26
- A state permanent-intermittent employee didn't work enough hours in the control periods
- An employee's appointment changes to a reduced time base

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# Scenario 1: New COBRA Enrollment for an Employee

Your former employee's health benefits have been cancelled due to permanent separation, and they have elected to enroll in COBRA to continue their health benefits.

# Step Actions (32 Steps)

#### Add the COBRA Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.

Home Profile	Repo	orting Per	rson In	formation	Education	Other Organ	izatior	าร
Manage Reports	Billir	ng and Payr	ments	Payroll Sc	hedule O	ut-of-Class Vali	dation	Memb
Common Tasks	٥	Name: C	ity Nam	ne		CalPERS ID:	98765	43210
Menu	$\bigcirc$							
Organization Sea	rch	💿 Creat	e or Ed	lit Report				
Adjustment Repo	rts	Method:*	* Add o	r Edit Health	n Enrollment		~	Continue

#### Step 3 Select the **Continue** button.

#### Search for the Subscriber

Step 4	Complete the Person Search section with the COBRA enrollee's information.
	Person Search
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
	SSN / Federal or Individual Tax ID:
	CalPERS ID:
	Search Return
Step 5	Select the <b>Search</b> button.

#### Input Health Event Information

Step 6	Complete the Health Event Information section.							
	O Health Event Information							
	Health Event Type:* COBRA New Enrollment							
	Health Event Reason:* V							
	Event Date:*							
	Received Date:*							
	View Effective Date							
	Save & Continue Cancel Clear Return							
Step 7	Select the View Effective Date button at bottom right, and verify the effective							
	date is the same date their coverage ended.							
Step 8	Select the Save & Continue button.							

#### **Update Subscriber Details**

Step 9 Complete the Maintain Address Details section if you need to update the subscriber's physical address.

😨 Maintain Address Details	
Address Type:*	Mailing Address 🗸
Care Of:	
Address:*	123 A St.
Country:*	United States 🗸
City:*	ANTIOCH
State:*	California
County:	Contra Costa
ZIP Code:*	94531 -

# Step 10**Optional:** If you populate the Maintain Communication Details section, select<br/>the **Primary** radio button for the phone number and/or email address.

🐨 Maintain Communication Details								
Primary	Phone Type	Phone Number	Extension	International				
0	Work 🗸							
0	Email:							

Step 11 Complete the Appointment Details section.

- Medical Group: Select for a public agency or school employee.
- Affiliated Association: Select if the employee is a dues-paying member.

Employer: Division:	Agency Name		CalPERS	ID (Employer): 126294
Original Hire Date:*	06/12/2010			
Appointment ID:	91618622			
Separation Date:				
Additional Details				
Position Title:			Appointment Status:	Active
CBU:			Retirement Program:*	PERS 🗸
Begin Date: 06/12/2	010		End Date:	
Medical Group:*		~	Affiliated Association:	

#### Step 12 Select the **Save & Continue** button.

#### Add Dependents

Step 13 Is the subscriber enrolling dependents?

#### Yes: Select the Add New button.

• Covered Person List Add New			
Review the covered person list. To enroll a Otherwise, select the <b>Save &amp; Continue</b> bu	dependent, select the <b>Add New</b> button. tton		
Name	Date of Birth	Relationship	Medical
JOE JONES	03/02/1984	Self	Basic

Save & Continue Cancel Return

No: Skip to step 28.

Step 14	Select the dependent's radio button.
---------	--------------------------------------

Step 15 Select the **Continue** button.

Step 16Complete or update the Person Details section. You may change the section if<br/>the dependent is not an active employee at a PERS-contracting agency.

Step 17 Is the dependent's address the same as the subscriber's address?

Yes: Skip to step 21.

No: Deselect the Address is the same as Primary Subscriber check box.

Address Details
 Address is the same as Primary Subscriber
 Address Type:\* Mailing Address

- Step 18 Complete the Address Details section.
- Step 19 Select the **Save & Continue** button.
- Step 20 Select the **Confirm** button.
- Step 21 Select the **Save & Continue** button.
- Step 22 Is this dependent in a parent-child relationship?

#### Yes: Select the Maintain Certification link.

<b>O</b> Dependent Information							
<b>Parent-Child Relationshi</b>	Parent-Child Relationship Information						
	Certification Submitted: No	Maintain Certification					
🛛 🔍 Benefit Type							
Benefit Type	Enrollment	Change Enrollment?					
Medical	No	$\checkmark$					

Save & Continue Cancel Clear

#### No: Skip to step 27.

Step 23 Select the **Certify Dependent** check box.

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
FIONA PHAM	07/31/2021	Certify Dependent

#### Step 24 Select the **disclaimer** check box.

Step 25

Name	Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox
FIONA PHAM	07/31/2021	🗹 Certify Dependent
✓ I recognize this further underst	affidavit is a legally binding document. I accept full res and the provision of California Government Code 20085	ponsibility to notify my employer or CalPERS of any c , which states in part:
elect the <b>Sav</b>	e & Continue button	

Step 26Below the Dependent Information section, select the Save & Continue button.Step 27Is the employee adding more dependents?<br/>Yes: Return to step 13.<br/>No: Continue to step 28.Step 28Select the Save & Continue button.

#### Select Health Plan

Step 29 Select the **medical plan** radio button.

C	${oldsymbol{\widehat{O}}}$ Medical Plan Selections							
		<u>Plan Name</u>	Party	Premium	COBRA Premium			
	)	Anthem Blue Cross Select HMO - Region 1	Self/B and 1/B	1737.96	1772.72			
0	)	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68	2417.07			
0		Health Net SmartCare - Region 1	Self/B and 1/B	2001.04	2041.06			
C	)	Kaiser Permanente California - Region 1	Self/B and 1/B	1536.98	1567.72			
		PERS Care - Region 1	Self/B and 1/B	2266.28	2311.61			
0	)	PERS Choice - Region 1	Self/B and 1/B	1722.36	1756.81			
C	D	PERS Select - Region 1	Self/B and 1/B	1040.58	1061.39			

Step 30	Complete Medical Provider field(s) if employee provided physician name(s).
Step 31	Select the Save & Continue button.

Step 32 Select one of the four option links in the health transaction confirmation.

Health Transaction Confirmation

The transaction successfully processed.

Add another transaction for this subscriber.

Process a new transaction for a different subscriber.

<u>Return to home page.</u>

# Scenario 2: New COBRA Enrollment for a Former Dependent

Your employee's ex-spouse and stepchild were deleted from health benefits due to divorce and have elected to enroll in COBRA to continue their health benefits.

## Step Actions (38 Steps)

#### Add the COBRA Health Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

# Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.

Home Profile	Repo	orting	Pers	on In	formation	Educatio	n	Other Organization	ons
Manage Reports	Billir	ing and Payments Payroll Sc			hedule	ule Out-of-Class Validation Me			
Common Tasks	٥	Name: City Name				CalPERS ID: 9876543210			
Menu	_								
Organization Sea	💿 c	reate	or Ed	lit Report					
Adjustment Repo	Meth	od:*	Add o	r Edit Health	n Enrollmei	nt	~	Continue	

#### Step 3 Select the **Continue** button.

#### Search for the Subscriber

# Step 4 Complete the Person Search section with the COBRA enrollee's information. Image: Step 5 Person Search Please enter the Social Security Number or CalPERS ID of the person for whom you are searching. Step 5 Select the Search button. Input Health Event Information Step 6 Complete the Health Event Information section

Step 0	Health Event Information				
	Health Event Reason:*				
	Event Date:*				
	Received Date:*				
	View Effective Date				
	Save & Continue Cancel Clear Return				
Step 7	Select the View Effective Date button at bottom right to ensure the effective	-			
	date is the same date their coverage ended.				
Step 8	Select the <b>Save &amp; Continue</b> button.				

#### Update Subscriber Details

Step 9 Complete the Maintain Address Details section if you need to update the subscriber's physical address or to choose the employer's ZIP code for eligibility if actively working.

💿 ма	intain Address Details		
	Address Type:*	Physical Address 🗸	Note: If a DO Box is used for the mailing
	Care Of:		addross the subscriber must have a physical
	Address:*		address unless they are using their employer
			ZIP code for health eligibility
	Country:*		
	City:*		
	Province/Territory:*		
	Postal Code:*		
Select NOTE	the checkbox if subscriber - Overriding the current H Jse Employer ZIP Code for Health Eligibility :	r requested to use their Employer ZIP code for lealth Eligibility Address will create a Change E	Health Eligibility. ligibility ZIP transaction in conjunction with the enrollment transaction

Step 10 **Optional:** If you populate the Maintain Communication Details section, select the **Primary** radio button for the phone number and/or email address.

$\odot$ Maintain Communication Details				
Primary	Phone Type	Phone Number	Extension	International
0	Work 🗸			
0	Email:			

Step 11 In the Qualifying Information section, choose the **Select** link.

	Qualifying Information     CalPERS ID: Select     SSN     First Name:*     Gender:*     Date Of Birth:*
Step 12	Complete the Person Search section with the employee's information.
Step 13	Select the <b>Search</b> button.
Step 14	After the employee's name displays, choose the <b>Select</b> button.
Step 15	For public agencies and schools, in the Appointment Details section, populate the Medical Group field by selecting the employee's medical group.          Medical Group:* <ul> <li>✓</li> </ul>
Step 16	Select the Save & Continue button.

#### Add Dependents

Step 17 Is the subscriber enrolling dependents?

#### Yes: Select the Add New button.

Covered Person List Add New			
Review the covered person list. To enroll a Otherwise, select the Save & Continue bu	dependent, select the <b>Add New</b> button. tton		
Name	Date of Birth	Relationship	Medical
JOE JONES	03/02/1984	Self	Basic

Save & Continue Cancel Return

#### No: Skip to step 34.

#### Step 18 Is the dependent listed in the Existing Relationships Eligible for Health section?

#### Yes: Select the dependent's radio button

💿 Exis	ting Relationships Eligible for Health			
Select a	a dependent below. If a dependent is not listed, s	select the Add New button.		
	<u>Name</u>	Date of Birth	Relationship	Medical
$\bigcirc$	Jones, Joey	07/30/2015	Child	No
$\circ$	Jones, Jill	11/03/1983	Spouse	No
$\odot$	Jones, Jake	11/17/2017	Child	No
//				

#### Continue Cancel Return

No: Skip to step 20.

Step 19	Select the <b>Continue</b> button, then skip to step 21.
Step 20	Select Add New button.
Step 21	Complete or update the Person Details section. You may update if the dependent is not an active employee at a PERS-contracting agency.
Step 22	Is the dependent's address the same as the subscriber?
	Yes: Skip to step 27.
	No: Deselect the Address is the same as Primary Subscriber check box.
Step 23	Complete the Address Details section.
Step 24	Select the <b>Save &amp; Continue</b> button.
Step 25	Verify the selected address or select the radio button for the correct address.
Step 26	Select the <b>Confirm</b> button.
Step 27	Select the <b>Save &amp; Continue</b> button.

Step 28 Is this dependent in a parent-child relationship?

	Yes: Select the	Maintain Certificatio	on link.			
	Dependent Information     Dependent Information	p Information				
		Certification Submitted: No	laintain Certification			
	🖲 Benefit Type					
	Medical	Enrollment No	Change Enrollment?			
	Save & Continue Cancel Clear	1				
	No: Skip to step	o 33.				
Step 29	Select the <b>Cert</b> i	i <b>fy Dependent</b> check	box.			
Step 30	Select the <b>discl</b>	aimer check box.				
	Name	Parent-Child Relationship Certification Expiration D	p Date	Certify Dep	endent Checkbox	
	FIONA PHAM	07/31/2021		🗹 Certify D	ependent	
	✓ I recognize this a further understa	affidavit is a legally binding docume nd the provision of California Gove	ent. I accept full responsibility to notif rnment Code 20085, which states in p	y my employer art:	or CalPERS of any c	
Step 31	Select the <b>Save</b>	& Continue button.				
Step 32	Below the Depe	endent Information s	ection, select the <b>Save</b>	& Contin	<b>ue</b> button.	
Step 33	Is there an add	itional dependent to	add?			
	Yes: Return to step 17.					
	No: Continue to	o step 34.				
Step 34	Select the <b>Save</b>	& Continue button.				
Select He	alth Plan					
Step 35	Select the <b>med</b>	ical plan radio buttor	۱.			
	Medical Plan Selections		Darby	Dromium	COPPA Promium	
	Anthem Blue Cross Sel	ect HMO - Region 1	Self/B and 1/B	2031.62	2072.25	
	Anthem Blue Cross Tra	ditional HMO - Region 1	Self/B and 1/B	2608.00	2660.16	
Step 36	Complete the N	Aedical Provider field	l(s) if employee provide	ed physici	an name(s).	
Step 37	Select the <b>Save</b>	& Continue button.				
Step 38	Select one of th	ne four option links in	the health transaction	confirma	ition.	
	Health Trans	saction Confirmation				
	The transacti	ion successfully processed				
	Print the heal	th transaction confirmation				
	Add another to	an transaction committed on a				
	Add another tra	ansaction for this subscriber.				
	Process a new trans	saction for a different subscribe	er.			
	Retu	<u>irn to nome page.</u>				

# Unit 4: Non-PERS and CalSTRS Profile and Appointment Changes for Public Agency & School Employees

In this unit, you will learn how to make the following changes for a non-PERS or CalSTRS employee:

- Demographics: SSN, name, gender, and date of birth
- Communication: Phone number, email address, mailing address, and physical address
- Appointment: Begin and end a leave of absence and permanently separate

# System Logic

You need the following access roles:

**Business Partner Retirement Enrollment** or **Business Partner Supplemental Income Plan** to update an employee name, Social Security number, date of birth, or gender.

**Business Partner Appointment Management – Non-Pers and CalSTRS** to update an address and appointment change, e.g., leave of absence, permanent separation, etc.

## Contents

- Scenario 1: Maintain Demographic and Address Information Page 27
- Scenario 2: Maintain Appointment Information Page 28

# Scenario 1: Maintain Demographic and Address Information

The Health Enrollment unit of the <u>Public Agency & Schools Health Benefits Guide (PDF)</u> provides a list of acceptable verification documents for processing a demographic change.

### Step Actions (10 Steps)

Step 1 From the homepage, select the **Person Information** global navigation tab.

Step 2	Complete the Person Search section.
	Home Profile Reporting Person Information Education Other Organizations
	• Person Search
	Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
	SSN / Federal or Individual Tax ID:
	CalPERS ID:
	Search Return

Step 3 Select the **Search** button.

Step 4 Do you want to correct the employee's demographic information?

Yes: Within the Summary section, select the Update Personal Information link.

🔊 Summary			
rofile			
			Update Personal Information
SSN:	xxx-xx-9999	CalPERS ID: 3904191219	
Name:	Nancy Nopers	Optional Member: No	
Date of Birth:	11/11/1961	Date of Death:	
Prior School Membership:	No	Prior School Membership Date:	
Membership Date:	04/02/2001	Retirement Date:	
Last Reporting Date:	08/05/2022		

No: Skip to step 8

- Step 6 Complete the Maintain Personal Information Details section.
- Step 7 Select the **Save** button.
- Step 8Do you want to update their communication information?Yes: Within the Communication sub-section, select the appropriate Update link.

communication	
	Undeliverable D
Preferred Communication: Mail	
Primary Phone Number: (999) 888-7777	Update
Primary Email Address: employee@calpers.ca.g	gov <u>Update</u>
Mailing Address: 400 Q ST.	Undate
SACRAMENTO, CA 9581	11 0puace
Physical Address:	<u>Update</u>
No: You have completed this scenario.	
•	
	tails section
Complete the Maintain Communication De	
Complete the Maintain Communication De	
Complete the Maintain Communication De	

Step 10 Select the **Save** button.

Step 9

# Scenario 2: Maintain Appointment Information

# System Logic

- Leave of absences, except for FMLA or maternity/paternity leaves, will cancel health benefits.
- All permanent separations will cancel health benefits.
- **CalSTRS-Pending Retirement** separation reason is available when permanently separating a CalSTRS employee for retirement.

## Leave of Absence

#### **Begin Leave Event**

- Event Date: At least one day after the last paid date with your agency.
- Health benefits cancellation date: Effective the first day of the second month after their last paid date. myCalPERS will use the day prior to the begin leave event date to determine the health cancellation event date.

#### End Leave Event

- Event Date: First day back to work.
- Active subscriber premiums will return to your agency's health statement if the employee was on a direct pay. Benefits resume the first of the month following their return to work.
- If health benefits were left cancelled due to a leave, after updating the end leave, re-enroll the subscriber and dependent(s) in the same health plan they had before the leave after the employee submits an HBD-12.

#### **Permanent Separation**

This event should be added when your employee's appointment is permanently separating, e.g., resigns, terminates, retires, etc.

- Event Date: Enter at least one day after the last day with your agency.
- Separation Reason: If your employee is permanently separating for retirement, select the following in the drop-down list for employees in these retirement systems:
  - Non-PERS: Retirement
  - CalSTRS: CalSTRS Pending Retirement
- Health benefits cancellation date: Effective the first day of the second month after their last day. myCalPERS will use the day prior to the permanent separation date for the cancel coverage event date.

Example of a permanent separation event date that is the first of the month:

- Permanent Separation Event Date: 04/01/2022
- Health Event Date: 03/31/2022
- Health Cancellation Date: 05/01/2022

# Step Actions (7 Steps)

#### Add Appointment Event

Step 1 From the homepage, select the **Person Information** global navigation tab.

Step 2	Complete the Person Search section.
Step 3	Select the <b>Search</b> button.
Step 4	Within the Appointment History section, select the appropriate employer link
	O Appointment History       Add New         Employer       Division       Appointment Type         City Name       Regular
Step 5	Within the Appointment Event History section, select the Add New button.
	Oppointment Event History       Add New         Correct Event       Delete       View All Site Events       Display         Event Date       Event       Event Details         01/01/2016       New Appointment       View Event Details         Correct Event       Delete       View All Site Events       Display
Step 6	Complete the Appointment Event Details section. Three examples of different events are listed below.
	• Appointment Event Details
	Event Date:* Begin Leave
	Leave Type:*
	Save Clear
	O Appointment Event Details
	Event:* End Leave

Save	Clear

• Appointment Event Details	
Event:*	Permanent Separation 🗸
Event Date:*	
Separation Reason:*	V

Event Date:\*

Save Clear

Step 7 Select the **Save** button.

# Unit 5: Health Benefits Into Retirement for Public Agency & School Employees

Public agency and school employers will learn the process to enroll a CalSTRS or non-PERS employee, one who never had CalPERS health benefits, in health benefits into retirement. You will also gain knowledge on how to continue non-PERS health benefits into retirement.

# **Employee Continuing Health Benefits**

- For a **PERS** or **CaISTRS** employee, process a permanent separation. If they are enrolled in health and their last day of employment and retirement date are within 30 days of each other, health will automatically continue into retirement. For CaISTRS employees, refer to Unit 5: Non-PERS and CaISTRS Appointment Changes for step actions to process a permanent separation.
- For a **non-PERS** employee, process a permanent separation then process their health into retirement. Refer to scenario 2 within this unit.

# **Eligibility ZIP Code**

If using a work ZIP code for health eligibility, upon retirement, the eligibility ZIP code will be changed to the subscriber's physical address (if no physical then mailing address will be used). The retiree will receive a letter noting this change. If their physical address is outside of the health plan service area, they will receive a letter stating they need to change plans.

# Contents

- Scenario 1: CalSTRS or Non-PERS Employee (Never Enrolled) Health Into Retirement Page 31
- Scenario 2: Non-PERS Employee Continued Health Into Retirement Page 33

# Scenario 1: CalSTRS or Non-PERS Employee (Never Enrolled) Health Into Retirement

For a CalSTRS or non-PERS employee who never had health benefits with your agency and is electing to enroll in health benefits into retirement, follow this three-part process:

- Part 1: Enter the employee demographics and appointment information in myCalPERS.
  - Your agency must have a retirement contract.
  - You must have the Business Partner Retirement Enrollment access role; otherwise, have the employee submit an HBD-30 to CalPERS instead of these steps.
- Part 2: Permanently separate the employee.
- Part 3: Provide CalPERS with the retirement date, health plan selection, and dependent(s).

# Step Actions (16 Steps)

#### Part I: Add New Appointment

Step 1 Select the **Reporting** global navigation tab.

Step 2

Within the Create or Edit Report section, select **Add Retirement Enrollment** from the Method drop-down list.

Home Profile	Reportin	g Person In	formation	Education	Other Organiza	ations
Manage Reports	Billing a	nd Payments	Payroll So	chedule O	ut-of-Class Valida	ation Mem
Common Tasks	🔕 <sub>Na</sub>	me: City Nam	e	c	alPERS ID: 987	6543210
Menu	$\odot$					
Organization Sea	rch 🔽	Create or Ed	it Report			
Adjustment Repo	rts Me	thod:* Add R	etirement Er	ırollment	~	Continue

Step 3 Select the **Continue** button.

#### Search for the Subscriber

#### Step 4

Complete the Person Search section.

👽 Person Search	
Please enter the Social Security Number and	Date of Birth of the person for whom you are searching.
SSN / Federal or Individual Tax ID *	Date of Birth:*

Step 5 Select the **Search** button.

# Step 6Did member details display on the Appointment Details page?Yes: Skip to step 11.

#### No: Select the Add New button.

Search Results		
CalPERS ID	Name	Date of Birth
No results found.		

Step 7 Complete the Person, Address, and Communication Details sections.

Step 8Select the radio button for correct Entered Address or U.S. Postal ServiceMatches.

Step 9 Select the **Confirm** button.

Step 10 Select the **Save & Continue** button.

#### **Input Appointment Details**

Step 11 Complete the Appointment Details section:

Program: Health

Enrollment Eligibility Date: Hire date for this health-eligible position

Retirement System: CalSTRS (use Other for non-PERS employees)

Original Hire Date: Date employee was originally hired with your agency

CBU: Employee's medical group

Step 12 Select the **Save** button.

#### Part II: Add a Permanent Separation Event

Step 13 Next to Appointment Event History, select the **Add New** button.

Appointment Event History		
Correct Event Delete View All Site Events	Display	
<u>Event Date</u> ⊻	Event	Event Details
Event Date           ○         01/01/2001	Event New Appointment	Event Details View Event Details

#### Step 14 Complete the Appointment Event Details sections:

Event: Permanent Separation

Event Date: Separation date is one day after the last day with your agency

**Separation Reason:** CalSTRS-Pending Retirement (use Retirement for non-PERS employees)

Step 15 Select the **Save** button.

# Step 16 Contact CalPERS to provide the retirement date, health plan selection, and dependent(s) information.

# Scenario 2: Non-PERS Employee Continued Health Into Retirement

If the employee is eligible and wants to continue health benefits into retirement, follow this two-part process:

- Part 1: Process a permanent separation (refer to unit 5, scenario 2). myCalPERS will cancel the health benefits the first day of the second month.
- Part 2: Process a new health enrollment unless the employee and/or dependent is eligible for Medicare. Mail the HBD-30 with a copy of their Medicare information to CalPERS.

## Step Actions (32 Steps)

#### Process a New Health Enrollment Into Retirement

Step 1 Select the **Reporting** global navigation tab.

Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.

Home Profile	Repo	orting	Person Inf	ormation	Education	Other Organ	nizations	
Manage Reports	Billir	ng and Pa	ayments	Payroll Sc	hedule C	out-of-Class Val	lidation	Memb
Common Tasks	n Tasks 💿 Name: City Name			CalPERS ID:	9876543	3210		
Menu	$\mathbf{O}$							
Organization Sea	rch	💿 Cre	eate or Ed	it Report				
Adjustment Repo	rts	Metho	d:* Add o	r Edit Health	n Enrollment		✓ Co	ontinue

Step 3 Select the **Continue** button.

#### Search for the Subscriber

#### Step 4 Complete the Person Search section.

Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID:
CalPERS ID:
Search Return

Step 5 Select the **Search** button.

#### Input Health Event Information

Step 6 Complete the Health Event Information section.

Health Event Type:*	New Enrollment	$\sim$		
Health Event Reason:*	Retirement		$\checkmark$	
Event Date:*				
Received Date:*				
				View Effective Date

Step 7Select the View Effective Date button at the bottom right to ensure the effective<br/>date is the same as their cancellation date.

Step 8	Select the <b>Save &amp; Continue</b> button.			
Step 9	Update the Address and Communication Details sections if needed.			
Step 10	In the Appointment Details section, select a medical group and if necessary,			
	PORAC from the Affiliated Association drop-down list.			
	Additional Details         Position       Appointment         Title:       Status:         CBU:       Retirement         Program:*       Other          Begin 02/15/2018       End Date:         Date:       California Association of Highway Patrolmen (CAHP) California Correctional Peace Officers Association (CCPOA) Peace Officers Research Association of California (PORAC)         Association:       Association:			
Step 11	Select the <b>Save &amp; Continue</b> button.			
Add Depen	dents			
Step 12	Is the employee enrolling dependents? Yes: Select the Add New button. Overred Person Lid       Mark         Review the covered person list. To enroll a dependent, select the Add New button. Otherwise, select the Save & Continue button JOE JONES       Date of Birth       Relationship       Medical Basic         Save & Continue Cancel Return         No: Skip to step 28.			
Step 13	Is the dependent listed in the Existing Relationships Eligible for Health section? Yes: Select the dependent's radio button. No: Skip to step 16.			
Step 14	Select the <b>Continue</b> button, then skip to step 16.			
Step 15	Select Add New button.          Image: Select Add New button.         Select a dependent below. If a dependent is not listed, select the Add New button.         No results found.         Continue Cancel Return			
Step 16	Complete or update the Person Details section. You may update if the dependent is not an active employee at a PERS-contracting agency.			
Step 17	Is the dependent's address the same as the subscriber? Yes: Skip to step 21. No: Deselect the Address is the same as Primary Subscriber check box. Address Details Address Is the same as Primary Subscriber Address Type:* Mailing Address			
Step 18	Complete the Address Details section.			

Step 19	Select the Save & Continue button.							
Step 20	Select the <b>Confirm</b> button.							
Step 21	Select the Save & Continue button.							
Step 22	Is this dependent in a parent-child relationship?							
	Yes: Select the Maintain Certification link.							
	No: Skip to step 28.							
Step 23	Select the Certify Dependent check box.							
Step 24	Select the <b>disclaimer</b> check box.							
	Name Acquired Date Parent-Child Relationship Certification Expiration Date	Certify Dependent Checkbox						
	Lilly Lawson 06/30/2018 03/31/2019	✓ Certify Dependent						
	ibility to notify my employer or ovision of California Government Code							
Step 25	Select the Save & Continue button.							
Step 26	Select the <b>Save &amp; Continue</b> button.							
	© Dependent Information							
	Parent-Child Relationship Certification E Certificat	xpiration Date: 03/31/2020 ion Submitted: Yes <u>Maintain Certification</u>						
	Save & Continue Cancel Clear Return							
Step 27	Do you have an additional dependent to add?							
	Yes: Return to step 12.							
	No: Continue to step 28.							
Step 28	Select the <b>Save &amp; Continue</b> button.							

#### Select Health Plan

Step 29 Select the **medical plan** radio button chosen by the subscriber.

💿 Me	dical Plan Selections		
	<u>Plan Name</u>	Party	Premium
0	Anthem Blue Cross Select HMO - Region 1	Self/B and 1/B	1737.96
0	Anthem Blue Cross Traditional HMO - Region 1	Self/B and 1/B	2369.68
0	Health Net SmartCare - Region 1	Self/B and 1/B	2001.04
0	Kaiser Permanente California - Region 1	Self/B and 1/B	1536.98
0	PERS Care - Region 1	Self/B and 1/B	2266.28
0	PERS Choice - Region 1	Self/B and 1/B	1722.36
0	PERS Select - Region 1	Self/B and 1/B	1040.58

Step 30 Complete the Medical Provider field(s) if employee provided physician name(s).

#### Step 31 Select the **Save & Continue** button.

#### Step 32 Select one of the four option links in the health transaction confirmation.

# Unit 6: Dental Benefits Into Retirement for State Employees

State employers will learn how to continue dental benefits for a retiring employee.

After the transaction updates, keep the Dental Plan Enrollment Authorization (STD-692) form on file with your agency. If you are unable to process online, submit the STD-692 to CalPERS.

## **System Logic**

- The state retiree dental enrollment must be processed *prior to the employee permanent separation.*
- A state retired-dental enrollment will display in the Health Enrollment Summary page under the Pending Health Events section until the employee goes on retirement roll.

# Step Actions (31 Steps)

#### Add Dental Enrollment Transaction

Step 1 Select the **Reporting** global navigation tab.

Step 2 Within the Create or Edit Report section, select **Add or Edit Health Enrollment** from the Method drop-down list.



#### Step 3 Select the **Continue** button.

#### Search for the Subscriber

#### Step 4 Complete the Person Search section.

🔊 Person Search
Please enter the Social Security Number or CalPERS ID of the person for whom you are searching.
SSN / Federal or Individual Tax ID:
CalPERS ID:
Search Return

#### Step 5 Select the **Search** button.

Step 6 Complete the Health Event Information section.

Health Event Type:*	New Enrollment	$\checkmark$
Health Event Reason:*	State Retiree - Dental Enrollment	$\checkmark$
Event Date:*		
Received Date:*		
		View Effective

#### Step 7 Select the **View Effective Date** button at the bottom right.

Step 8 Select the **Save & Continue** button.

Step 9 In the Appointment Details section, if the subscriber will continue to be a duespaying member of an association, select CAHP or CCPOA from the **Affiliated Association** drop-down list.

Step 10 Select the **Save & Continue** button.

#### Add Dependents

Step 11 Is the employee enrolling dependents?

#### Yes: Select the Add New button.

Covered Person List Add New Review the covered person list. Otherwise, select the Save & Co	To enroll a dependent, select the Add N ontinue button	lew button.		
Name	Date of Birth	Relationship	Medical	Dental
ED EVANS	05/10/1984	Self	No	Yes

No: Skip to step 27.

Step 12 Is the dependent listed in the Existing Relationships Eligible for Health section?

**Yes:** Select the dependent's radio button.

No: Skip to step 14.

- Step 13 Select the **Continue** button, then skip to step 15.
- Step 14 Within the Existing Relationships Eligible for Health section, select the **Add New** button.

• Existing Relationships Eligible for Health Add New				
Select a dependent below. If a dependent is not liste	ed, select the Add New button.			
<u>Name</u>	Date of Birth	Relationship	Medical	Dental

- Step 15Complete or update the Person Details section. You may update if the<br/>dependent is not an active employee at a PERS-contracting agency.
- Step 16Is the dependent's address the same as the employee's address?Yes: Skip to step 20.
  - No: Deselect the Address is the same as Primary Subscriber check box.

😨 Address Details
Address is the same as Primary Subscriber
Address Type:* Mailing Address V

Step 17 Complete the Address Details section.

Step 18	Select the Save & Continue button.
Step 19	Select the <b>Confirm</b> button.

Step 20	Select the <b>Save &amp; Continue</b> button.		
Step 21	Is this dependent in a parent-child rela	tionship?	
	Yes: Select the Maintain Certification	link.	
	No: Skip to step 26.		
Step 22	Select the Certify Dependent check bo	х.	
Step 23	Select the <b>disclaimer</b> check box.		
	Name Acquired Date Parent-C Certifica	hild Relationship tion Expiration Date Certify	Dependent Checkbox
	Kevin Kooper 06/30/2018 03/31/201	19 🗹 Certi	y Dependent
	I recognize this affidavit is a legally binding docume CalPERS of any changes pertaining to this PCR. I fu 20085, which states in part:	ent. I accept full responsibility to not rther understand the provision of Ca	ify my employer or Ilifornia Government Code
Step 24	Select the Save & Continue button.		
Step 25	Select the next Save & Continue butto	n.	
	Dependent Information     Darent-Child Relationship Information		
	Parent-Child Rela	tionship Certification Expiration Date Certification Submittee	e: 05/31/2020 1: Yes <u>Maintain Certificatio</u>
	Save & Continue Cancel Clear Return		
Step 26	Do you have additional dependents to	add?	
	Yes: Return to step 11.		
	No: Continue to step 27.		
Step 27	Select the Save & Continue button.		
Select Dent	al Plan		
Step 28	In the Dental Plan Selections section, s	elect the <b>dental plan ra</b>	i <b>dio</b> button.
	Dental Plan Selections Plan Name	Party	Premiu
	O Delta PPO Plus Premier	Self and 1	88.75
	O Delta Preferred Opt	Self and 1	90.31
	DeltaCare USA     MetLife Enhanced	Self and 1	31.90
	O Premier Access	Self and 1	22.57
	O Western Dental	Self and 1	26.02
Step 29	Complete the Dental Provider field(s) i	f employee provided de	entist name(s).
	Provider Information		
	Name         Dependent Type           ED EVANS         Self	Medical Provider	Dental Provider
	Kevin Kooper Parent-Child		
	Bave & Continue Cancel Clear Return		
Step 30	Select the Save & Continue button.		
Step 31	Select one of the four option links in th	e health transaction co	onfirmation.
	You have completed this scenario		

# Unit 7: Discontinue Health Benefits Before Retirement

If an enrolled employee does not want their health benefits into retirement, they must request a cancellation.

**CalPERS, CalSTRS, or non-PERS employees:** You must process the cancellation *prior to updating the permanent separation*. This will ensure the health benefits don't automatically continue for CalPERS and CalSTRS retirees. It also clarifies a voluntary cancellation for non-PERS retirees.

**CalSTRS employees:** You do not need to process a health cancellation. When processing a permanent separation with the reason of CalSTRS-Pending Retirement, select the **CalSTRS member wishes to decline continuation of CalPERS health coverage into retirement** check box. Refer to unit 5, scenario 2 for step actions on how to process a permanent separation.

Appointment Event Details		
Event:*	Permanent Separation V	
Event Date:*	###/#######	
Separation Reason:*	CalSTRS - Pending Retirement V	
STRS Health Into Retirement		
If STRS member doesn't want health coverage i	nto retirement, then decline his/her retiree health coverage below. n of CalPERS health coverage into retirement.	

Note: If no selection is made above, the member will automatically continue health into retirement if he/she meets the health eligibility criteria.

# Scenario: Cancel Coverage

Your CalPERS employee does not want their health benefits to continue into retirement. They submitted an HBD-12 to cancel their health benefits, so you will process the cancellation.

# Step Actions (9 Steps)

#### Add Health Enrollment Transaction

Step 1Select the Reporting global navigation tab.Step 2Within the Create or Edit Report section, select Add or Edit Health Enrollment<br/>from the Method drop-down list.



Step 3 Select the **Continue** button.

#### Search for the Subscriber

💿 Perso	n Search
Please en	ter the Social Security Number or CalPERS ID of the person for whom you are searchin
I	SSN / Federal or
	CalPERS ID:
Search	Return

Step 4 Complete the Person Search section.

Step 5 Select the **Search** button.

#### Input Health Event Information

Step 6	Complete the Health Event Information section.		
	Health Event Information     Health Event Type:*     Health Event Reason:*     Event Date:*     Received Date:*     View Effective Date     View Effective Date		
	Save & Continue Cancel Clear Return		
Step 7	Select the View Effective Date button at bottom right.		
Step 8	Select the <b>Save &amp; Continue</b> button.		
Step 9	Select one of the four option links in the health transaction confirmation. Health Transaction Confirmation		
	The transaction successfully processed. <u>Print the health transaction confirmation</u> <u>Add another transaction for this subscriber.</u> <u>Process a new transaction for a different subscriber.</u> <u>Return to home page.</u>		

# **CalPERS Resources**

Obtain more information by visiting the <u>CalPERS website</u> at www.calpers.ca.gov.

- <u>Business Rules & myCalPERS Classes</u>
   Pathway: CalPERS website > Employers > I Want To...: Attend Training & Events > Business Rules & myCalPERS Classes
- myCalPERS Student Guides & Resources
   Pathway: CalPERS website > Employers > I Want To...: Access myCalPERS Student Guides
- <u>myCalPERS Health Billing Reconciliation (PDF)</u>
   Pathway: CalPERS website > Employers > I Want To...: Access myCalPERS Student Guides > Health > myCalPERS Health Billing Reconciliation (PDF)
- myCalPERS Health Aid: Health Event Types and Reasons for Employers (PDF)
   Pathway: CalPERS website > Employers > I Want To...: Access myCalPERS Student Guides > Health > myCalPERS Health Aid: Health Event Types and Reasons for Employers (PDF)
- Frequently Asked Questions (FAQ)
   Pathway: CalPERS website > About > Resources: Questions, Comments, & Complaints > Frequently Asked Questions
- <u>Policies & Procedures</u>
   Pathway: CalPERS website > Employers > Policies & Procedures
- <u>myCalPERS Technical Requirements</u>
   Pathway: CalPERS website > Employers > myCalPERS Technical Requirements
- <u>Public Agency & Schools Health Benefits Guide (PDF)</u>
   **Pathway:** CalPERS website > Employers > Policies & Procedures > Reference & Health Guides > Public Agency & Schools Health Benefits Guide (PDF)
- <u>State Health Benefits Guide (PDF)</u>
   Pathway: CalPERS website > Employers > Policies & Procedures > Reference & Health Guides > State Health Benefits Guide (PDF)
- <u>Health Program Guide (HBD-120) (PDF)</u>
   Pathway: CalPERS website > In the search box at top right, enter HBD-120 > CalPERS Health
   Program Guide link
- <u>Circular Letters</u>
   Pathway: CalPERS website > Employers > Policies & Procedures > Circular Letters
- <u>Public Employees' Retirement Law (PERL)</u>
   **Pathway:** CalPERS website > About > Laws, Legislation & Regulations > Public Employees' Retirement Law (PERL)

#### • myCalPERS Employer Reports (Cognos) Catalog

**Pathway:** CalPERS website > Employers > myCalPERS Technical Requirements > myCalPERS Employer Reports (Cognos) Catalog

- CalPERS Health Subscriber Out of Service Population Employer
- Chancellor's Office Parent-Child Recertification Report CSU Campuses
- Dental Retirees OE Report CalHR
- Dental Retirees OE Report CSU
- Dependent Enrollment Report
- Employer Health Enrollee Report Ext
- Employer Health Event Notification Report
- Employer Health Event Transaction Report
  - Note: The 26-year-old deletion batch runs the first business day of the month.
- Health Plan Statement Employer Report
- Health Subscriber PA Billing Report
- Health ZIP Code Yes-No Report HMO for Public Agency/School
- Health ZIP Code Yes-No Report PPO for Public Agency/School
- Health ZIP Code Yes-No Report State/CSU
- Non-PERS Health Eligibility and Appointment Data Submission Report
- Open Enrollment Health Plan Changes Report
- PERS Retiree List Report
- Parent-Child Relationship Dependent with Expiring Certification Report
- State Active Health Enrollment and SCO Health Deduction Discrepancy Report

Reports run via the myCalPERS pages (not the Reports left-side link):

For state agencies:

- Dependent Verification End Date Employer Report
- Dependent Verification Health Event Employer Report
- Dependent Verification with Past Due or No End Dates Active Health Report

For public agencies, schools, and non-central state agencies:

- Monthly Employer Billing Roster Report

Note: This report includes subscriber addresses and death dates.

# **CalPERS** Contacts

# Email

- To contact <u>employer educators</u> for questions and requests, email calpers\_employer\_communications@calpers.ca.gov.
- To contact the <u>Employer Response Team</u> for assistance with your most critical, complex, or time-sensitive issues, email **ert@calpers.ca.gov**.
- To <u>request a custom Cognos health report</u>, email **hamd\_data\_services@calpers.ca.gov**. It can take 6-10 weeks to fulfill each request. Additional information and approval may be required.

# **Phone or Fax**

You can reach CalPERS at **888 CalPERS** (or **888**-225-7377), Monday through Friday, 8:00 a.m. to 5:00 p.m., except on state holidays.

- TTY: (877) 249-7442 (This number does not accept voice calls.)
- CalPERS centralized fax number: (800) 959-6545
- Employer Response Team phone number: (800) 253-4594

# **Submit Inquiry**

You can send secure messages through myCalPERS. Expand the **Common Tasks** left-side navigation folder, then select the **Submit Inquiry** link to submit a question or request. Refer to the <u>Introduction to myCalPERS for Business Partners (PDF)</u> student guide for details.