

Introduction

The California Department of Human Resources (CalHR) administers the state's dental insurance program and sets policy and procedures on enrollment and eligibility.

Statement

Eligibility for participation in the state's dental benefit program is governed by the California Public Employees' Retirement System's (CalPERS) Public Employees' Medical and Hospital Care Act, which also determines eligibility for participation in the state's health benefit program.

Departmental personnel offices are responsible for ensuring that only eligible employees and their dependents are enrolled in state-sponsored dental benefits.

Eligibility and Enrollment

Employees are eligible for dental benefits if they:

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

Limited Exam and Appointment Program (LEAP) employees are eligible for dental benefits if they meet the required tenure and time base similar to other state employees.

A Permanent Intermittent (PI) employee may be eligible to enroll in dental benefits if they were credited with a minimum of 480 paid hours at the end of a control period, or at least 960 paid hours in two consecutive control periods. The control periods are January 1 to June 30, and July 1 to December 31.

Certain seasonal Lifeguards in Bargaining Unit (BU) 7 and seasonal Firefighters in BU 8 are eligible for state-sponsored dental benefits. Refer to the bargaining unit contracts on the CalHR website for current eligibility information.

Eligible employees may enroll in a dental plan within the first 60 days of employment or eligibility, or during the annual open enrollment period. Open enrollment for dental benefits is held each fall and allows eligible employees to:

- Enroll
- Change dental plans
- Add/delete eligible dependents
- Cancel coverage

Employer contribution rates are found in the bargaining unit contracts and in the Benefits Calculator on the CalHR website. This calculator allows employees to compare dental premiums and see the employer contribution rates based on their bargaining unit. Employees can also see the amount that will be deducted from or added to their pay warrant based on the dental plan they choose.

Changes to Enrollment

Departmental personnel offices are responsible to inform employees of the requirements for making changes to their dental enrollment. Employees are responsible to report changes to their departmental personnel office in a timely manner. Retroactive processing is limited to six months for reimbursement of dental premiums for mandatory cancellations and/or deletions to employees' dental coverage.

The employee may seek financial remedy by filing a governmental claim with the Department of General Services against his/her department for the amount of money they believe they did not receive. For additional information regarding the filing of a governmental claim, please visit the CalHR Benefits Administration Manual, Section 511.

24-Month Prepaid Dental Plan Restriction

Newly hired eligible employees enrolling into dental benefits must enroll in a prepaid dental plan until they complete 24 months of state service. After they have completed twenty-four (24) months of employment without a permanent break in service during the twenty-four (24) month qualifying period, they may enroll into a Delta Dental plan.

Exceptions to this are:

- Bargaining Unit (BU) 6 employees.
- Employees who do not have a prepaid plan provider within 50 miles of their home.
- Employees hired prior to 1993.
- Employees who worked at the University of California (UC) and had the UC Delta plan.
- Employees in Consolidated Benefits (CoBen).

12 Month CCPOA Western Dental Plan

Restriction

All newly hired eligible employees in BU 6 enrolling into dental benefits must enroll into the CCPOA Western Dental plan for 12 months to be eligible for enrollment in the CCPOA Primary Dental plan.

Exceptions to this are:

- Employees who do not have a prepaid plan provider within 50 miles of their home.
- Prior CCPOA Primary Dental plan eligibility as an employee.

Dependent Eligibility

Dependents eligible for dental benefits include the employee's spouse, registered domestic partner, and their children up to age 26, including natural, adopted (or children placed for adoption), stepchildren, domestic partner children, or other children for whom the employee has assumed a parent-child relationship.

The *Dependent Eligibility Verification Checklist* (CalHR Form 781) is on the CalHR website, and assists departmental personnel office staff to ensure that only eligible dependents are enrolled in benefits. Employees and departmental personnel staff must complete and retain the Checklist for every enrollment transaction that involves adding dependents to health, dental, or vision benefits; for the annual recertification of parent-child relationship (PCR) dependents; and for the triennial Dependent Re-verification (DRV). Employees must initial and sign the Checklist where indicated, and provide the required documents to substantiate dependent eligibility. Departmental personnel office staff and employee must complete all relevant sections of the Checklist before enrolling dependents.

Departmental personnel office staff must provide a copy of the completed and signed Checklist to the employee. The Checklist must also be retained in the employee's Official Personnel File (OPF) along with current enrollment forms and the supporting documentation used to substantiate dependent eligibility. These documents should not be purged from the employee's OPF.

When an employee is appointed by another state department, proper retention of these documents enables the personnel office in the receiving department to see that all required documentation was submitted and reviewed prior to enrollment.

The following information provides guidance for determining and documenting dependent eligibility for the different dependent types:

Spouse/Registered Domestic Partner

Only the employee's legally-joined spouse or registered domestic partner may be enrolled in dental benefits. Under no circumstances shall:

- A registered domestic partner be enrolled as the employee's spouse (registered domestic partners must be enrolled as registered domestic partners); and
- Any individual, other than a legally-joined spouse or registered domestic partner, be enrolled as the employee's spouse or registered domestic partner.

The employee must provide a government issued marriage certificate, declaration of domestic partnership, or affidavit of marriage/domestic partnership demonstrating a

legally-recognized marriage or domestic partnership. If the date of marriage/registration is not within the preceding 60 days, the employee must also provide a copy of the front page of their most recent federal or state income tax return or a combination of the following documents dated within the last 60 days: statement of account, household bill, or other documents substantiating a current marriage or domestic partnership (it is acceptable to black out financial information). The documents must include the names of the employee and dependent, address and date, and must confirm the dependent as the employee's spouse/domestic partner.

Ex-Spouses/Ex-Domestic Partners

Ex-spouses and ex-domestic partners are not eligible to be enrolled and are not permitted to remain as dependents for dental benefits under any circumstances.

It is essential that departmental personnel office staff, supervisors, and managers communicate to employees that it is the obligation of the employee to inform their personnel office in writing within 60 days of the dissolution of a marriage or domestic partnership and to submit an enrollment cancellation of the former spouse/domestic partner.

If an employee is court-ordered to provide coverage for an ex-spouse or ex-domestic partner, it is the obligation of the employee, not the state, to provide that coverage.

Children

Only natural, adopted (including children placed for adoption), or stepchildren of the employee may be enrolled as "children." The employee must provide a birth certificate, official hospital birth record, adoption certificate, or court document demonstrating that the employee is the legal parent of the child. Birth certificates must be reviewed to verify that the employee is listed as one of the birth parents on the birth certificate. If the name of the birth parent has changed since the birth certificate was issued, additional supporting documentation must be submitted to validate the name change.

For employees who submit a hospital birth record, they are required to provide a copy of the official birth certificate within 60 days after the effective date. It is the responsibility of

the department to create a follow-up process to ensure that the official birth certificate is obtained from the employee within this time period.

Under no circumstances shall employees enroll children who are not their natural, adopted, or stepchildren, as "children." Children of a registered domestic partner are to be enrolled using the reason code for "domestic partner children." The employee must provide a birth certificate, official hospital birth record, adoption certificate, or court document demonstrating that the registered domestic partner is the legal parent of the child.

Other children for whom the employee has assumed a parent-child relationship must meet the eligibility criteria for enrollment as a PCR dependent (see *Parent-Child Relationship Dependents* section) and the employee must provide appropriate documentation to substantiate eligibility.

Parent-Child Relationship Dependents (PCRs)

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In a parent-child relationship, the employee has intentionally assumed parental status or parental duties for a child who is not their natural, adopted, step, or domestic partner child. An eligible PCR dependent must be under age 26.

PCR Dependents Enrolled Only in Dental and/or Vision Benefits (e.g., not enrolled in Health Benefits)

Initial Enrollment:

Employee must complete and submit the *Dental Plan Enrollment Authorization* (STD. 692), *CalHR Affidavit of Parent-Child Relationship* (CalHR Form 025), *Dependent Eligibility Verification Checklist* (CalHR Form 781), and the required verification documents.

Departmental personnel offices must follow the certification process in accordance with CalPERS Circular Letter #600-008-15. Only upon receipt and review of documents provided by the employee to substantiate an eligible relationship with the dependent shall the child be enrolled.

Additionally, departmental personnel offices are responsible for tracking their PCR dependent enrollments in the state's dental benefits (including dependents of transferred employees) and notifying employees of the annual PCR recertification requirement.

A sample tracking tool has been developed for departments to track enrollment of PCR dependents. The tracking tool is available in the HR Net section of CalHR's website.

Annual Recertification:

Employees must recertify each PCR dependent's eligibility annually, by the last day of the employee's birth month, by submitting a new signed and dated, *CalHR Affidavit of Parent-Child Relationship* (CalHR Form 025), *Dependent Eligibility Verification Checklist* (CalHR Form 781), and the required verification documents to substantiate a continuance of the parent-child relationship.

Departmental personnel offices are responsible for:

- Tracking the annual recertification of PCR dependent enrollments;
- Notifying employees of the annual recertification requirement;
- Determining the continuance of a parent-child relationship as evidenced upon review of documents provided by the employee;
- Administratively disenrolling PCR dependents whose eligibility is not recertified; and
- Offering COBRA continuation of coverage to eligible dependents within 14 days from the loss of coverage.

Additionally, departmental personnel staff must complete a *Dental Plan Enrollment Authorization* (STD. 692) to document the administrative cancellation of benefits for each ineligible dependent, as needed.

A sample letter that departments can use to notify employees of the annual PCR recertification requirement is available in the HR Net section of CalHR's website. Employees should be notified at least 60 days in advance of the recertification deadline.

PCR Dependents Enrolled in both Health and Dental Benefits

Initial Enrollment:

Employee must complete and submit a *Health Benefit Plan Enrollment Form* (CalPERS Form HBD-12), *Dental Plan Enrollment Authorization* (STD. 692), *CalPERS Affidavit of Parent-Child Relationship* (CalPERS Form HBD-40), the *Dependent Eligibility Verification Checklist* (CalHR Form 781), and the required verification documents.

If an employee has submitted the *CalPERS Affidavit of Parent-Child Relationship* (CalPERS Form HBD-40) for enrollment of a PCR dependent in the state's health benefit program, the employee is not required to submit the *CalHR Affidavit of Parent-Child Relationship* (CalHR Form 025) for enrollment in the state's dental benefit as receipt of the *CalPERS Affidavit of Parent-Child Relationship* (CalPERS Form HBD-40) is sufficient.

Departmental personnel offices must follow the certification process in accordance with CalPERS Circular Letter #600-008-15. Only upon receipt and review of documents provided by the employee to substantiate an eligible relationship with the dependent shall the child be enrolled.

Annual Recertification:

Employee must recertify each PCR dependent's eligibility annually by submitting a new signed and dated *CalPERS Affidavit of Parent-Child Relationship* (CalPERS Form HBD-40), *Dependent Eligibility Verification Checklist* (CalHR Form 781), and the required verification documents to substantiate a continuance of the parent-child relationship. Follow the recertification process in accordance with CalPERS Circular Letter #600-008-15.

CalPERS is responsible for notifying employees of the annual recertification requirement and administratively disenrolling PCR dependents whose eligibility is not recertified for continued participation in the state's health benefits program. These dependents are identified for departmental personnel office staff on the CalPERS departmental monthly "Employer Health Event" Cognos report.

Departmental personnel offices are responsible for:

- Reviewing the CalPERS Cognos reports monthly to identify employees with PCR dependents who were disenrolled from the state's health benefits because their eligibility was not recertified;
- Administratively disenrolling ineligible PCR dependents from the state's dental plan; and
- Offering COBRA continuation coverage to eligible dependents within 14 days from the loss of coverage.

Additionally, departmental personnel office staff must complete a *Dental Plan Enrollment Authorization* (STD. 692) to document the administrative cancellation of benefits for each ineligible dependent, as needed.

The CalPERS Cognos reports are available on the my|CalPERS website.

Dependent Re-verification (DRV)

The DRV is the process of re-verifying the eligibility of spouses, domestic partners, children, stepchildren, and domestic partner children (family members) for their continued benefit enrollment. Refer to Policy Statement # 1424 - Dependent Re-verification (DRV) and the DRV Toolkit in the CalHR Benefits Administration Manual (BAM) for more information.

Disabled Dependents

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for dental benefits if the disability existed prior to reaching age 26 and continuously since age 26, as certified by a licensed physician.

Initial Enrollment and Certification:

For the initial enrollment of a disabled dependent, the employee must follow the instructions on the *Disabled Dependent Member Questionnaire and Medical Report* (HBD-34) and *Authorization to Disclose Protected Health Information Form* (PERS BSD-35).

CalPERS determines the eligibility of a disabled dependent upon receipt of the required *Disabled Dependent Member Questionnaire and Medical Report* and will inform the departmental personnel office of its determination. The initial certification of the

Disabled Dependent must occur either (1) within 90 days before and ending 60 days after the child's 26th birthday; the employee and child must currently be enrolled for dental benefits, or (2) within 60 days of a newly eligible employee's initial enrollment in dental benefits.

Departmental personnel offices must follow the certification process for disabled dependents in accordance with the *State Health Benefits Guide* and contact the dental plan carrier of each disabled adult dependent, within 30 days of the dependent reaching age 26, to update the dependent's eligibility to ensure no lapse in coverage

Recertification:

Recertification is evaluated on a case-by-case basis. The information provided by the physician in the Disabled Dependent Member Questionnaire and Medical Report and the status of the disability (e.g., permanent, extended) will determine when recertification is necessary, with the maximum certification being five years. For example, if the dependent's current disability renders them incapable of self-support, but the disability should resolve or improve sufficiently for the dependent to be capable of self-support at some point in time, recertification should then be completed at the time indicated by the physician. The longest a physician can certify a disabled dependent is five years; after that, recertification is required.

Departmental personnel offices are responsible for:

- Developing a follow-up process to ensure that recertification is obtained from the employee and the dependent's physician in a timely manner;
- Disenrolling ineligible dependents from the state's dental program; and
- Offering COBRA continuation coverage to eligible dependents within 14 days from the loss of coverage.

Additionally, departmental personnel office staff must complete a Dental Plan Enrollment Authorization (STD. 692) to document the administrative cancellation of benefits for each ineligible dependent, as needed.

Accountability

Departmental personnel offices are responsible for monitoring the eligibility of employees and their dependents, and for holding employees accountable for failure to notify their personnel office in writing within 60 days of a change to dependent eligibility.

Employees may be held accountable if any documentation is determined to be inaccurate or fraudulent, or for failure to notify their personnel office of changes to dependent eligibility. This may include reimbursing their employer and the dental benefit plan for expenditures incurred for dental claims, processing fees, administrative expenses, and attorney fees on behalf of any ineligible family member, and disciplinary action.

CalHR may monitor eligibility and enrollment processes and may hold departmental management and/or employees accountable for compliance.

Retiree Eligibility and Enrollment

CalPERS administers the retiree dental program on behalf of CalHR. Retiring employees who, at the time of enrollment, meet the eligibility requirements of Government Code section 22956, may enroll in dental coverage and are subject to the same eligibility criteria and dependent verification procedures as active employees.

Departmental personnel offices are responsible for enrolling employees retiring from state service in dental benefits. They can enroll the retiree prior to their separation date through the my|CalPERS system or send the enrollment document to CalPERS.

Dental Plans

The bargaining unit designation of the employee determines the plans available to the employee. The state pays all or part of the employee's premium, depending on the plan selected and the number of dependents enrolled.

Currently, the state offers six dental plans:

- Delta Dental for an indemnity type plan referred to as Delta Dental PPO plus Premier;
- Delta Preferred Provider Option (PPO), and

- Four prepaid plans; DeltaCare USA, Premier Access, SafeGuard/Metlife, and Western Dental.

BU 6 employees have their dental insurance provided through their respective union-sponsored trust and BU 5 employees who are members of the California Association of Highway Patrolmen (CAHP) have their own indemnity dental plan, but may enroll in any of the four state-sponsored prepaid dental plans.

Employees in BU 5 and BU 6 may enroll in their respective union-sponsored plan through their personnel office using the *Dental Plan Enrollment Authorization* (STD. 692) form, following the normal enrollment procedures. Once enrolled, employees in these bargaining units should contact their union directly regarding questions or issues regarding their dental coverage.

For current details of the dental plans, refer to the Dental Program section of the Benefits Administration Manual web page.