



Central Region School Insurance Group

MEDICAL UNDERWRITING GUIDELINES

I. ELIGIBILITY

A. Active employees

1. All full-time and permanent part-time employees scheduled at least 20 hours or more per week
2. Benefit coverage occurs on the first of the month following date of hire. A completed application needs to be signed and submitted to the district office within 30 days of hire.
3. Benefit coverage ends on the last day of the month for which the premium has been paid.

B. Dependents

1. Legally married husband or wife.
2. Domestic Partner includes an individual in an opposite sex or same-sex relationship who meets the following eligibility requirements and has applied for and received a Certificate of Domestic Partnership from the California Registry or any other registry that meets the standards set forth in California Family Code Section 297.
 - Is eighteen (18) years of age or older;
 - Is mentally competent to consent to the domestic partnership;
 - Resided with the Subscriber for at least six (6) months in a monogamous relationship and intends to do so indefinitely;
 - Is jointly responsible with the Subscriber for their common welfare and financial obligations;
 - Is not married or legally separated, or have had another domestic partner within the prior 12 months (with the exception of the death of a partner);
 - Is not related by blood to the Subscriber to a degree of closeness that would prohibit marriage under applicable state law.
3. Effective January 1, 2011, dependent children to the age of 26 may be included without regard to marital, student or IRS dependency status. This eligibility also applies to children of a domestic partner's natural or adopted children. However, the eligibility does not extend to a dependent's dependents(i.e. spouse or children).
 - a) Coverage for a child born under this program begins at birth; however application must be received within 30 days of the birth, and additional subscription charges, if any, paid for coverage to continue.
4. At age 26 an enrolled child, incapable of self-support because of a physically or mentally disabling injury, illness, or condition may continue as a family member as long as disabled.
5. After a divorce decree is final, no ex-spouses may continue to be covered under the Plan other than through COBRA.
6. Dependents shall not be dropped outside open enrollment periods unless they meet the requirements of a qualified change of status under the district's Section 125 Plan.

C. Retirees

1. Retirees are eligible to have medical coverage through CRSIG if:
 - a) They were covered under CRSIG medical insurance before retirement from the district; and,
 - b) They are covered under a district sponsored retirement plan or a public retirement plan. Retirement plan is defined as one providing retirement benefits, or periodic payments in the nature of retirement benefits, and
2. Effective 1/1/08, if a retiree drops coverage for themselves or any dependents, the retiree and/or dependent will not be allowed back on at a future date.

(NOTE: It is the intent of the CRSIG medical plans to coordinate with federal Medicare insurance benefits. Enrollment in a Medicare health plan combines federal Medicare insurance benefits with CRSIG group health plan benefits to allow for full coverage. Federal Medicare includes Part A (hospital insurance) and Part B (medical insurance). Medicare Part D enrollment is also included in all CRSIG medical plans.

- a) If Retiree or Retiree's spouse is eligible to enroll in Medicare Part A, they must do so when first eligible to participate in CRSIG medical plans.
- b) All plan participants must also enroll in and purchase Medicare Part B when first eligible in order to maintain eligibility for CRSIG health benefit plans. Continuous enrollment in Medicare Part B is necessary to maintain the CRSIG health benefits.
- c) Individual enrollment in a Medicare Part D program outside the CRSIG plans is prohibited.

D. Board Members

1. Newly elected or appointed Board Members may enroll in any or all of the CRSIG benefit plans in force if enrollment is within 30 days of active service. All active, full-time Members of the Board of Education effective the first day of the month after installation to the Board of Education.
2. Benefits for a Board Member not re-elected will cease the last day of the month served as a Board Member. Exception is made for those Board members whose term began before January 1, 1995. Only Board Members who have retired from a participating school district as an employee may continue to be covered as a Retiree.

E. Late Enrollment and Special Enrollment

1. If an eligible employee does not enroll within 30 days of their eligibility, they must wait until the next open enrollment unless they qualify for special enrollment.
2. Special enrollment means the employee may enroll without waiting for the next open enrollment if they have met the following requirements:
 - a) They were covered under another group health plan as an individual or dependent including coverage under COBRA continuation;
 - b) They certified in writing when they became eligible for coverage that they were declining because they were covered under another group health plan;
 - c) They have lost coverage under the other group health plan;
 - d) An application is properly filed within 30 days from the date coverage is lost.
 - e) They qualify under the district Section 125 Plan for a change in status
3. Special enrollment also applies:
 - a) If a court has ordered coverage be provided for a spouse or dependent child under the employee's health plan and an application is completed within 30 days from the date the court order is issued.
 - b) If the eligible employee did not complete a declination form when first eligible.
 - c) A change in family status occurs through either marriage or the birth or adoption of a child. A new spouse or an additional child may be added at that time, too. Enrollment must occur within 30 days of the marriage, birth or adoption.

Note: If the member is already married but the spouse is not enrolled, they may also be enrolled at the time of the birth or adoption of a child. The application must be made within 30 days of the birth or adoption.

II. PARTICIPATION

A. Employee Participation

1. Effective 1/1/08, all full-time employees of any CRSIG member must be enrolled under a medical plan unless evidence of other group health coverage is provided and a Declination Form has been submitted. Full-time employees will be defined by the individual District's bargaining language.

B. Retiree Group Reporting

1. Effective upon retirement, the District must report the retiree in the appropriate retiree group numbers.
2. A retiree may continue benefits as long as premium payments are submitted as agreed. A retiree's spouse may take over the retiree policy upon expiration of the retiree.
3. In the event a retiree covers a spouse and child, the portion of the rate for the retiree depends on his/her Medicare status, and the portion of the rate for the "dependent unit" will be the higher of the applicable rates.

C. Individual Selection

1. Transfer between HMO plan(s) and other medical plans may only occur during the annual enrollment period.
2. Retirees who retire mid-year must remain in their current plan and may change selection only during annual enrollments.
Exceptions:
 - a) If a retiree turns 65 mid-year and acquires Medicare Parts A & B, they may change plans at that time. Subsequent plan selections may only change at annual enrollment.
 - b) If the retiree resides in an HMO plan and will be moving out of state.

III. ADDITIONAL PROVISIONS

- A. Leaves of absence/sabbaticals (other than leaves for the Family Medical Leave Act)
Employees may self-pay, outside of COBRA, for up to one year, for coverage during a leave of absence or a sabbatical. After one year of self-pay, no employee may continue to self-pay for coverage other than through COBRA. COBRA notices must be sent when the one year self-pay coverage ends.
 1. Any coverage period under a leave of absence or sabbatical extending beyond one year will count as part of the total COBRA period (18 or 36 months)
 2. If an employee elects not to continue coverage during a leave of absence or sabbatical, then that employee will be treated as a new hire upon return to work.
- B. The COBRA rate will be the rate as charged by the insurance carrier.
- C. Termination of employee HMO or PPO coverage can be retroactive up to 60 days from date of termination only, provided no claims have been incurred and paid for the termination period.

IV. TERMINATION PROVISION

- A. Refer to CRSIG Agreements and By-Laws for termination policies.
- B. No partial bargaining unit terminations are allowed, including retirees. A bargaining unit or district which terminates also terminates retiree coverage associated with that unit or district.
- C. Terminated districts or bargaining units are not eligible to re-join plan until at least 3 years have passed since termination.

- Adopted June 18, 2007

- Revised: October 18, 2010