

<b>HUMAN RESOURCES MEMORANDUM 17-019</b>		DATE ISSUED: 8/14/2017
SUBJECT: <b>VISION ENROLLMENT AND ANNUAL RECERTIFICATION PROCESS</b>		REFERENCE: CalHR 1404
TO: All DGS Employees		SUPERCEDES: None

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**PLEASE ENSURE THAT THIS INFORMATION IS SHARED WITH YOUR EMPLOYEES**

**Purpose**

This memo provides information about the state-sponsored vision insurance plans for eligible employees, retirees, and their eligible dependents. It also describes the eligibility criteria and the enrollment and annual recertification process for dependents in a parent-child relationship (PCR) and disabled adult dependents.

**Eligibility and Enrollment**

Employees are eligible for vision 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.

A Permanent Intermittent (PI) employee may be eligible to enroll in vision benefits if he/she has earned 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 vision benefits. Refer to the bargaining unit contracts on the CalHR website for current eligibility information.

Open enrollment for vision benefits is traditionally held each fall and allows eligible employees to:

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

Employer contribution rates are found in the bargaining unit contracts and on the Benefits Calculator located on the CalHR website. This calculator allows employees to compare vision premiums and see employer contribution rates based on their bargaining unit. Employees can also see the pay warrant deduction amount based on the vision plan they choose.

**Bargaining Unit 6 Employees**

Represented employees in BU 6 have vision coverage through their union trust fund and are not eligible to enroll in the state's vision program, unless otherwise designated by the state as eligible.

## **Basic Vision Plan**

Enrollment into the State's Basic Vision Plan for eligible employees and their eligible dependents is automatically established and no form is required to enroll, add, or delete dependents. The premium for basic vision benefits for active employees will remain the same at the rate of \$8.64 and will continue to be fully paid by the state. Employees need to continue to ensure only eligible dependents obtain services under their state-sponsored vision plan.

## **Premier Vision Plan**

Eligible employees who elect to enroll into the Premier Vision Plan must enroll within the first 60 days of employment or eligibility, or during the annual open enrollment period.

Once enrolled into the Premier Vision plan, the employee will be required to maintain their enrollment for a 12-month minimum enrollment period. The enrollee may dis-enroll during any open enrollment period, with their enrollment ending January 1 of the next calendar year (after they have completed the minimum 12-month enrollment period).

## **Dependent Eligibility and Enrollment and Recertification Process**

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

*The Dependent Eligibility Verification Checklist (CalHR Form 781)* must be completed for every enrollment transaction that involves adding dependents to vision benefits and for the annual recertification of parent-child relationship (PCR) dependents. Employees must initial and sign the CalHR Form 781 where indicated, and provide the required documents to substantiate dependent eligibility.

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 vision 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 marriage certificate, Declaration of Domestic Partnership, Certificate of Registry of Marriage, 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 tax return or any of the following documents dated within the last 60 days: statement of account, household bill, or other document showing financial interdependency (it is acceptable to black out financial information). The document must include the names of the employee and dependent, address and date, and must confirm the dependent as the employee's spouse/domestic partner.

For newly married employees who submit a Certificate of Registry of Marriage, he/she is required to provide a copy of his/her marriage certificate within one year.

### **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 vision benefits under any circumstance.

It is the obligation of the employee to inform the Office of Human Resources (OHR) 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. 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, he/she is required to provide a copy of the official birth certificate within one year.

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 (PCR) 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)**

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

1. PCR Dependents Enrolled Only in Vision and/or Dental Benefits (e.g., not enrolled in Health Benefits)
  - a. Initial Enrollment  
Employee must complete and submit the *Vision Plan Enrollment Authorization* (STD. 700) or the *Premier Vision Plan Enrollment* (CalHR Form 774), *CalHR Affidavit of Parent-Child Relationship* (CalHR Form 025), *Dependent Eligibility Verification Checklist* (CalHR Form 781), and the required verification documents.
  - b. 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.
2. PCR Dependents Enrolled in both Health and Vision Benefits
  - a. Initial Enrollment  
Employee must complete and submit a *Health Benefit Plan Enrollment Form* (CalPERS Form HBD-12), *Declaration of Health Coverage* (HBD-12A), *Vision Plan Enrollment*

*Authorization (STD. 700) or Premier Vision Plan Enrollment (CalHR Form 774), 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.

b. 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.

### **Disabled Adult Dependents**

A child age 26 and over who is incapable of self-support because of a mental or physical condition may be eligible for vision benefits if the disability existed prior to reaching age 26 and the dependent has been continuously disabled since age 26, as certified by a licensed physician. *CalPERS determines the eligibility of a disabled adult child upon receipt of the required Member Questionnaire for the CalPERS Disabled Dependent Health Benefit (CalPERS Form HBD-98) and the Medical Report for the CalPERS Disabled Dependent Benefit (CalPERS Form HBD-34).*

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

a. Recertification

Recertification should be evaluated on a case-by-case basis. The information provided by the physician in the *Medical Report for the CalPERS Disabled Dependent Benefit* (CalPERS Form HDB-34) and the status of the disability (e.g., permanent, extended) will determine if, and when, recertification is necessary. For example, if the dependent's current disability renders him or her 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 that time.

### **Retiree Eligibility and Enrollment**

Retiring employees who, at the time of retirement, meet the eligibility requirements of Government Code Section 22959.4, may enroll in the Retiree Vision Program and are subject to the same eligibility criteria and dependent verification procedures as active employees.

## Premium Rates for State-Sponsored Vision Plans

Premium rates for state-sponsored vision plans are listed below

### Basic Vision

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$8.64	\$0	\$8.64
Party Code 2	\$8.64	\$0	\$8.64
Party Code 3	\$8.64	\$0	\$8.64

### Premier Vision

Party Code	State Share	Employee Share	Total Premium (CoBen)
Party Code 1	\$8.64	\$8.84	\$17.48
Party Code 2	\$8.64	\$17.68	\$26.32
Party Code 3	\$8.64	\$28.46	\$37.10

## Premium Rates for Retiree Vision Plans

Premium rates for retiree vision plans are listed below.

### Retiree Basic Vision

Party Code	Retiree Premium
Party Code 1	\$7.53
Party Code 2	\$14.62
Party Code 3	\$15.73

### Retiree Premier Vision

Party Code	Retiree Premium
Party Code 1	\$20.40
Party Code 2	\$40.35
Party Code 3	\$43.89

## Forms and Resources

- [Benefits Calculator](#)
- [CalHR 025 - Affidavit of Parent-Child Relationship](#)
- [CalHR 695 - Retiree Vision Plan Enrollment Authorization](#)
- [CalHR 774 - Premier Vision Enrollment Authorization](#)
- [CalHR 781 - Dependent Eligibility Verification Checklist](#)
- [CalPERS HBD-12 - Health Benefit Plan Enrollment Form](#)
- [CalPERS HBD-12A - Declaration of Health Coverage](#)
- [CalPERS HBD-34 - Medical Report for the CalPERS Disabled Dependent Benefit](#)
- [CalPERS HBD-40 - Affidavit of Parent-Child Relationship](#)
- [CalPERS HBD-98 - Member Questionnaire for the CalPERS Disabled Dependent Health](#)
- [PERS-HBSD-1965 - Affidavit of Marriage/Domestic Partnership](#)
- [STD 700 - Vision Plan Enrollment Authorization](#)
- [STD 703 - Vision Plan Direct Payment Authorization](#)

## Questions

Questions regarding enrollment for the vision programs can be directed to your assigned Personnel Specialist.

**LISA YORK**, Personnel Officer  
Office of Human Resources

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