



OVERVIEW

ACTIVE EMPLOYEE ELIGIBILITY POLICY

This document is an overview of the eligibility policy effective October 1, 2018. If you would like a complete copy of this policy please contact your district office or CVT.

I. WHO IS ELIGIBLE FOR COVERAGE

Full Time Employee: All full time employees, as outlined in the Participation Agreement, of participating units are required to receive benefits offered by their district through CVT.

Dependents of Full Time Employees: A dependent of a full time employee is eligible to participate in the Trust and is not subject to the 100% participation requirement. However, if an eligible dependent is not enrolled within 31 days of first becoming eligible to enroll for coverage, they are not eligible to be enrolled until the annual open enrollment period or until the employee experiences a qualifying event.

Part Time Employees: Part time employees of participating units and their dependent(s) are eligible to receive benefits offered by their district through CVT. However, if a part time employee or an eligible dependent of a part time employee does not enroll within 31 days of first becoming eligible to enroll for coverage, they are not eligible to enroll until the annual open enrollment period or until the employee experiences a qualifying event.

ACA Benefit Eligible Employees: An offering of medical and prescription drug coverage will be available to employees designated as full time by the Affordable Care Act (ACA), if the following key guidelines are met:

- Employee is ACA eligible for coverage but not otherwise eligible for benefits.
- Employee is not eligible for benefits under a Collective Bargaining Agreement (CBA).
- Plan design is CVT's current PPO Bronze Plan.
- Two tier rate structure – Employee or Employee and Child(ren).
- Spouses/domestic partners are not eligible for coverage.
- Employees enrolled in this plan cannot be enrolled in CVT dental, vision and/or life plans.
- District contribution is not required.

Board Members: Board of Trustees of a school district participating in CVT are eligible to receive benefits through CVT. Board members are considered a part time, active employee for purposes of eligibility, unless the participating board member notifies CVT that they are enrolled in Medicare Part A and Part B.

A. ENROLLMENT

An enrollment form is required to be completed and submitted to the Trust for every eligible employee and dependent for which coverage is requested through CVT. Eligible dependents for which coverage is sought when the employee initially enrolls, should be included on the employee enrollment form. Enrollment must be applied for within 31 days of first becoming eligible for coverage. Any active employee age 65 or older is expected to enroll in Medicare Part A.

B. ELIGIBILITY AND COMMENCEMENT OF COVERAGE

New Districts Joining CVT: The initial eligibility period and/or coverage for employees of new districts and their eligible dependents will commence on the effective date noted in the signed Participation Agreement.

New Employee: The initial eligibility period for a new employee and his or her dependent(s) will begin on the employee's date of hire as an active employee or, if applicable, at the end of the probationary period established by the district.

It is the responsibility of the employee to notify the district, and the district to notify CVT, in a timely manner, of any changes in the eligibility status of dependent(s).

Dependents: A dependent of a covered employee continues to be eligible for coverage as long as the employee upon whom they are dependent remains covered and the dependent continues to qualify as an eligible dependent. Request for enrollment must be received within 31 days of first becoming eligible for coverage. If a request for enrollment is not received within 31 days of first becoming eligible, the dependent may not be enrolled for coverage until the annual open enrollment period or until the employee experiences a qualifying event. Coverage for an eligible dependent will be effective on October 1 if processed during open enrollment, or on the first day of the month following the qualifying event. **(Documentation requirements listed below.)**

Completion of Negotiations: A new open enrollment period begins when negotiations are completed and the district requests a new open enrollment period to allow employees to elect to participate in a different plan based on the outcome of the negotiations. Under no circumstances will a retroactive effective date of coverage be permitted.

II.

WHO IS ELIGIBLE FOR DEPENDENT COVERAGE

Spouse of Employee*: A spouse of an enrolled employee is eligible for coverage. **(Marriage Certificate is required for enrollment.)**

State Registered Domestic Partner*: A state registered (same sex or over 62 opposite sex) domestic partner is eligible for coverage. **(State Registration Certificate is required for enrollment.)**

Child: Child of an enrolled employee or domestic partner under 26 years of age:

- Natural child – **(Birth Certificate is required for enrollment.)**
- Adopted child – **(Final Adoption Papers are required for enrollment.)**
- Step child – **(Birth Certificate is required for enrollment.)**
- Child of an eligible, covered domestic partner – **(Birth Certificate is required for enrollment.)**
- Unmarried child under legal guardianship - A dependent child under a court ordered legal guardianship of the employee is eligible for coverage, provided they meet all other eligibility requirements. Please note: eligibility ends on the date of expiration of the court awarded guardianship or upon the 18th birthday of the child, whichever comes first. **(Legal Guardianship Papers are required for enrollment.)**

Permanently Disabled Child: A permanently disabled child who is presently covered with CVT as a dependent may continue as a dependent regardless of age provided the disabling condition existed before the child attained the age of 26 and the disability renders the child incapable of self-sustaining employment.

Permanently disabled dependents over the age of 26 are eligible for coverage when a new group enrolls or an existing group enrolls a new employee with a permanently disabled child, if the employee provides proof that the dependent was an accepted and covered disabled dependent on a medical plan immediately prior to requesting enrollment in CVT.

A permanently disabled dependent who is married will lose their coverage at age 26; a permanently disabled dependent who is single will continue to be covered past age 26 until he or she marries or is no longer certified as permanently disabled. **(Disabled Dependent Certification required for enrollment.)**

** Following are applicable to Spouses and/or Domestic Partners:*

150% Rule

CVT offers a special reduced rate for individuals that meet the following criteria:

- Will apply to married/domestic partner couples **employed by the same or different CVT districts**
- Individuals can be on different plans and:
 - o Both individuals must be **enrolled in a PPO plan**
 - o Both individuals must **cover each other as a dependent**
 - o Both individuals must be on a **composite rate structure**
- CVT will calculate 75% of **each individual plan**
- This rule does not apply to two or three party rate structure or to an HMO, dental, vision, life insurance or an employee assistance program (EAP).
- No retroactive rate changes will be made

Fair Market Value for Domestic Partner Coverage

The fair market value of coverage for a domestic partner (and his or her child(ren), if applicable) in excess of any amount paid by or for the eligible employee for such coverage, may be taxable income to the eligible employee and subject to applicable taxes. CVT will periodically advise the district of the eligible employee of the fair market value of such coverage. The responsibility for the collection and reporting of any applicable taxes shall be the responsibility of the employer and the eligible employee. CVT will have no further obligation with respect to the reporting of income or payment or withholding of taxes. The fair market value of domestic partner coverage will be CVT's based on the three-party rate structure for cost of coverage for a domestic partner and his or her child(ren), if applicable.

III. WHO IS NOT ELIGIBLE FOR COVERAGE

Dependents of employees are not eligible for coverage unless the employee is enrolled for coverage. Persons not specifically included as eligible above are not eligible for coverage. This includes, but is not limited to, the following:

Divorced Adult Dependents: A husband/wife dependent that is divorced from the employee is not eligible for coverage. If there is a court order to provide insurance for the divorced dependent, the member will have to obtain other coverage.

Custodial Child: A child in the custody of an employee or the employee's spouse or domestic partner, whether voluntary or court ordered, whose custody will not culminate in a superior court "Decree of Adoption" or "Court Ordered Legal Guardianship" is not eligible for coverage.

Foster Child: A child placed in the home of an employee or an employee's spouse or domestic partner by a state or federal agency, while awaiting adoption by someone other than the employee or his or her domestic partner, is not eligible for coverage.

Grandchild: The grandchild of an employee or an employee's spouse or domestic partner who does not qualify as either the employee's, or the employee's spouse or domestic partner's legally adopted child, or is not under court ordered legal guardianship, is not eligible for coverage.

Dependents of a Dependent Child: A dependent of a dependent child of an employee or an employee's spouse or domestic partner is not eligible for coverage.

Dependent Adult: The parent or step-parent of an employee or the parent or step-parent of an employee's spouse or domestic partner is not eligible for coverage, even though the parent or step-parent may qualify as a dependent for financial purposes under the IRS Code.

IV. ENROLLMENT OF DEPENDENTS

A dependent of an enrolled employee is eligible to enroll for coverage within 31 days of first becoming eligible for dependent coverage. If an eligible dependent is not enrolled within 31 days of first becoming eligible, he or she will not be allowed to enroll for coverage until the annual open enrollment period or until the employee experiences a qualifying event.

- **New Spouse and Eligible Dependent(s):** A new spouse and an eligible dependent(s) of the new spouse are eligible to enroll for coverage within 31 days of the date of the marriage to the employee. An enrollment form for the new spouse and eligible dependent(s) must be submitted to request coverage within 31 days of the date of the marriage. Coverage will commence on the first day of the month following the date of the marriage and receipt of a timely request for enrollment. **(Copies of Marriage Certificate and Birth Certificates for children under age 26 are required.)**
- **New Domestic Partner and Eligible Dependent(s) of Domestic Partner:** A domestic partner and his or her eligible dependent(s) are eligible to be enrolled by an employee when the requirements for eligible domestic partners (see “Who is Eligible For Coverage – Domestic Partner”) have been met. An employee has 31 days from the date of first meeting the requirements of domestic partnership to enroll his or her domestic partner and eligible dependent(s). Coverage will commence on the first day of the month following the date of first meeting the requirements and receipt of a timely request for enrollment. **(Copies of the State Registration Certificate/Declaration of Domestic Partnership and Birth Certificates for children under age 26 are required.)**
- **Newborn Child:** A newborn child of an employee, an employee’s spouse, or an employee’s covered domestic partner is eligible to be enrolled for coverage at the moment of birth. An enrollment request and copy of the birth certificate must be submitted within 90 days of the date of birth. Coverage will commence on the date of birth and receipt of a timely request for enrollment. **If a request for enrollment is not received within 90 days of the date of birth, the newborn child is not eligible to be enrolled for coverage until the annual open enrollment period or until the employee experiences a qualifying event.**
- **Adopted child:** Adopted children are eligible to be enrolled for coverage on the date of placement in physical custody “for the purpose of adoption.” A copy of the adoption agency placement agreement, or in the case of a private placement, a copy of the court “Petition for Adoption” or “Decree of Adoption” is required to be provided to the Trust before the child will be added to the coverage as a dependent of the employee. An employee must submit an enrollment request within 90 days of the child being placed in the employee’s physical custody for the “purpose of adoption”. Coverage will commence on the date of placement in physical custody “for the purpose of adoption” and receipt of a timely request for enrollment. **If a request for enrollment is not received within 90 days of the date of placement, the child is not eligible to be enrolled for coverage until the annual open enrollment period or until the employee experiences a qualifying event.**
- **Guardianship:** Children under the legal guardianship of the employee are eligible to be enrolled for coverage on the date the guardianship is awarded by the court. A copy of the “court ordered custody documents” is required before the child will be added to the coverage as a dependent of the employee. An employee must submit an enrollment request within 90 days of the date the guardianship is awarded to the employee by the court. Coverage will commence on the first day

of the month following the court awarded guardianship and receipt of a timely request for enrollment. **If a request for enrollment is not received within 90 days of the date the guardianship is awarded by the court the child is not eligible to be enrolled for coverage until the annual open enrollment period or until the employee experiences a qualifying event.**

V. ANNUAL OPEN ENROLLMENT PERIOD

CVT's annual open enrollment is the month of September. A district, however, can apply any month for open enrollment, as long as the open enrollment ends by September 30. Any changes made during the annual open enrollment will be effective October 1. During open enrollment:

- A full time or part time employee may elect to change his or her plan selection(s) and participate in a different plan offered by the group.
- A full time or part time employee may terminate or add eligible dependents to any line of coverage that the employee is enrolled in.
- A part time employee may terminate or add any line of coverage offered by the group.

Plan Selection or Coverage Changes

Plan selection changes by a full time or part time employee or adding or terminating coverage of a part time employee or the eligible dependent(s) of a full time or part time employee, will not be allowed at any other time than the annual open enrollment period unless: 1) an open enrollment period is requested by the district due to the completion of negotiations, or 2) an employee experiences a qualifying event listed below:

- A marriage
- A divorce
- The birth of a child
- The adoption of a child
- Court ordered guardianship of a minor child
- The requirements of domestic partnership are met
- Dissolution of domestic partnership
- 25% increase in the employer/employee contribution to the benefit package
- Involuntary termination of a plan covering the employee or employee's dependent
- A change in the employee's employment status
- A change in an employee's dependent's employment status when the employee's dependent is covered
- The cessation of an employer's contribution toward an employee's or employee's dependent's coverage
- Acquiring coverage
- Gaining Medicare
- Death of subscriber or covered spouse

Written application for additions, terminations, and coverage changes must be made within 31 days of the qualifying event. If application is not made within 31 days, an employee will have to wait until the next annual open enrollment period or another qualifying event is experienced to make any changes. Additions, terminations, or coverage changes will be effective on the first day of the month following the qualifying event date. **Documentation is required for any of the above.**

VI. TIMELINESS OF DISTRICT NOTIFICATION

New Enrollment: A district that establishes, to the satisfaction of CVT, that the failure to enroll a newly eligible employee within 31 days of initially becoming eligible to enroll was due to a **verifiable clerical error** made by the district, may enroll the individual retroactively to the first day of eligibility, provided the clerical error is reported to CVT within 60 days of the first day of eligibility.

Terminations: A district that fails to timely inform CVT of an employee's termination and ineligibility for coverage may retroactively terminate the employee current month, plus 60 days, and will be responsible for payment of premiums beyond that time. However, if claims have been incurred during the erroneous coverage period, the employee will be responsible for any amounts paid.

Plan Changes: A district that establishes, to the satisfaction of CVT, that the failure to report plan adjustments (dependent and/or plan changes) for an employee within 31 days of the event (open enrollment or a qualifying event) was due to a verifiable clerical error made by the district, may submit the plan adjustment retroactively to the effective date of the event, provided the clerical error is reported to CVT within 60 days of the event. If the retroactive adjustment impacts claims the employee will be responsible for any amounts paid incorrectly. If the retroactive adjustment is not reported to CVT within 60 days of the event, the employee will have to wait until the next annual open enrollment period or another qualifying event is experienced to make the change.

VII. COURT-ORDERED COVERAGE

An eligible participant's child (under the age of 26) that is the subject of a health insurance coverage assignment order under Family Code Section 3761 or a child support order under Welfare and Institutions Code Section 14124.93, will be eligible for enrollment on the day the court order is issued. Enrollment must be requested within 31 days of the issuance of the court order or enrollment will be prohibited until the annual open enrollment period or until the employee experiences a qualifying event. If a request for enrollment is received within 31 days of first becoming eligible, coverage will begin on the first day of the month following receipt of the request for enrollment. **Documentation is required.**

A court order which directs the employee to maintain health coverage for a dependent child would not accelerate the enrollment of that dependent child prior to the date that the employee and/or the dependent child is eligible. The employee must be eligible and enrolled in the health coverage for the dependent child to be eligible and enrolled for coverage.

VIII. CONTINUATION OF ELIGIBILITY

Employees continue to be eligible for coverage as long as they remain employed in a group that participates in CVT and meet the eligibility requirements.

A. LEAVE OF ABSENCE

Employees on an approved leave of absence are eligible to continue coverage for a maximum of two years, provided there is no break in coverage and the monthly contribution is paid in a timely manner.

B. DISABLED EMPLOYEES

An employee who becomes totally and permanently disabled and qualifies for a disability retirement benefit under PERS or STRS will, upon termination of District-Paid benefits, be allowed to continue coverage under COBRA or as a Self-Paid Retiree, under CVT's Self-Paid Retiree Guidelines. The disabled employee is required to enroll directly with CVT and there must not be a lapse in coverage. **Documentation is required.**

IX. ENROLLMENT AFTER VOLUNTARY WITHDRAWAL

A. LEAVE OF ABSENCE

A full time employee on an approved leave of absence that does not include continued coverage by their District and who does not continue coverage at his or her own expense may, when they return to active status, apply for coverage as a new employee. They will be eligible to enroll on the first day in which they return to active employee status. Coverage will begin on the first day of the month following the first day of performance of services for the district as an active employee. A new enrollment form is required to be completed.

X. TERMINATION OF ELIGIBILITY

A. GROUPS

The eligibility of an employee and his or her dependent(s) will terminate on the last day of the month in which the group to which they belong withdraws from CVT. Coverage for all District-Paid or Self-Paid Retirees and their dependents, and all COBRA participants and their dependents will also terminate on the last day of the month in which the active group with which they are associated withdraws from CVT.

B. INDIVIDUAL EMPLOYEES

The eligibility of an employee will terminate on the last day of the month in which the employee ceases to meet the definition of an employee. **Notification in a timely manner of all terminations of employment is the responsibility of the district.**

Benefits for a terminated employee may not be continued beyond the period provided in a collective bargaining agreement. A district cannot make any settlement with an employee that extends eligibility beyond that provided for under COBRA.

C. DEPENDENT OF EMPLOYEE

The eligibility and/or coverage of a dependent of an employee terminates on the last day of the month in which one of the following events occurs:

- The group to which the dependent belongs withdraws from CVT.
- The employee under whom the dependent is eligible terminates coverage.
- The employee's eligibility under which the dependent is eligible terminates.
- The employee dies, unless extended coverage for dependents is provided for in the collective bargaining agreement or district board policy and the district pays all or part of the contribution. **Documentation is required.**
- A spouse's eligibility terminates as of the end of the month of the final divorce decree. **Documentation is required.**
- A domestic partner's eligibility terminates as of the end of the month of the termination of the domestic partnership. **Documentation is required.**
- The date of expiration of a court awarded guardianship or upon the 18th birthday of the minor child, whichever comes first.
- The 26th birthday of an eligible coverage dependent who does not qualify as a permanently disabled child.

The eligibility and coverage of all employees, District-Paid Retirees, Self-Paid Retirees, COBRA participants and all dependents will terminate as of the date CVT is dissolved by its Board of Trustees.

XI. COBRA EXTENSION

Covered employees and covered dependents, excluding domestic partners and the dependents of a domestic partner, whose eligibility in CVT is terminated may be eligible for continuation of coverage as a COBRA participant.

A domestic partner and the child(ren) of a domestic partner are not entitled to COBRA continuation coverage under federal law and therefore are not entitled to COBRA continuation coverage with CVT, in the event of the termination of the domestic partnership.

If a former eligible employee elects COBRA coverage for herself or himself because of a loss of coverage due to termination of employment, layoff, or reduction in hours, the employee may elect to continue the same coverage for his or her domestic partner and any child(ren) of his or her domestic partner. This coverage is not to be construed as COBRA coverage for the domestic partner and the child(ren) of a domestic partner. Coverage for the domestic partner and the child(ren) of a domestic partner may only be continued for as long as the eligible employee purchases COBRA coverage for himself or herself.

In the event of the death of a covered employee, his or her spouse or domestic partner and other covered dependents may elect to continue coverage for not more than 36 months by paying the appropriate premium as established by the Trust and subject to other terms and conditions as may be determined by CVT.