

FREQUENT ASKED QUESTIONS

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CONTACT

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COST

What is the cost for the various premiums?

If the employee is fulltime, there is none. A part time employee can purchase insurance, which is pro-rated based on the number of hours the employee works per day. Part time status for classified employees is at least (4) hours a day (5) days a week, for certificated employees (1) period a day, (5) days a week. Hourly certificated is a minimum of (20) hours in a week. Substitute time and over time do not count toward part time status.

Do Temporary Employees qualify for Medical Coverage?

Yes, Bakersfield Adult Hourly Teachers and Temporary Classified, the exception is a temporary classified hourly does not have access to benefits.

What does it cost to add a dependent?

The premiums are a composite fee, which means that the price does not vary as members are added to or removed from the plan.

What does the Medical Package include?

Health, Dental and Vision.

Can I purchase just one part of the medical package?

No. Health, dental and vision are a package and cannot be purchased separately. Only the life policy can be purchased separately.

Am I covered during the summer months?

Yes

Is there any cost during the summer months?

No

As of August 1, 2005, some of the Kern High School District employees selected an (11) month pay schedule, how will that effect my voluntary insurance(s)?

All voluntary **insurances** will remain (10) months.

Do substitutes for qualify for Insurance?

No

DEDUCTIBLES

What are the deductibles for each policy?

See the section on Health/Dental/Vision and Life; there are summary sheets on each policy. As of 10/1/02 the deductible became \$200 per person/\$500 per family. These deductibles are subject to change the first of October of each calendar year.

Is there a deductible on my prescription plan?

No, only co-pay.

Effective July 1, 2005, Costco will not charge co-pay for Generic Prescriptions **ONLY**

Exclusion - any medicine with pain medication as part of the compound

Membership is not required to use Costco's Prescription services.

DEPENDENT

How do I add a new dependent?

Call the Insurance Office in Personnel:

Deanna Haulman @ (661)827-3162

Virgie Bloodworth @ (661)827-3164

Some additions are subject to Open Enrollment.

Is my spouse considered a dependent?

Yes

When I add a spouse to my coverage how soon does the coverage take effect?

The first of the month following the marriage provided the paperwork is turned into the Insurance Office in a timely manner. Paperwork will not be accepted prior to the marriage. As of January 1, 2005, the employee must provide the District with a **copy of the Marriage Certificate**. Insurance coverage will not be activated until a copy is on file.

What is the definition of a spouse?

SISC defines a spouse in the Medical Benefit Summary Plan Description as follows:

Spouse is the employee's spouse under a legally valid marriage between persons of the opposite sex.

When I add a child how soon does the coverage begin?

A newborn's coverage begins immediately at the time of birth. In the case of adoption, guardianship or custody the effective date begins once the court documents are finalized. **Additions are not automatically done**; it is necessary for the employee to contact the Insurance Office to add a dependent. Social security numbers on newborns can be added at a later date, since there is often a delay in receiving the documentation. **A copy birth certificate or birth record from the hospital must accompany any addition.**

How soon do I need to add a dependent?

SISC guidelines states within 31 days.

What happens to a dependent that is handicapped and reaches the age of 26?

Coverage may continue for a Dependent child who is mentally or physically handicapped.

Proof of the Dependent's handicap will be required, generally every (2) years but can be yearly.

This is for both medical and life policies. Must be an IRS dependent on the (1) of the parents' taxes.

Once the dependent turns 26, what is the exact date the coverage ceases for that dependent?

The dependent is removed the first of the month following their 26th birth month.

What if I fail to notify SISC when a dependent no longer qualifies for coverage?

Failure to remove a dependent can have severe consequences; the employee will be responsible for any monies paid out for the dependent and will be required to repay benefits, paid on the dependent's behalf, that occurred after the first of the month following the loss of dependent status.

If, I adopt a child, does that child qualify as a dependent?

Yes, adoption, legal guardianship or custody is an acceptable reason for coverage. It will be necessary to provide a legal document from the courts in order to add a dependent to the insurance. The dependent still must fall into one of the categories listed above.

Can a parent be claimed as a dependent if I am financially or physically responsible for that parent?

No, their age would prohibit coverage.

Can I claim a sibling as a dependent?

Only if they have been adopted, or the employee has legal guardianship or is the dependent's custodian and they qualify under the terms of the policy. Proof of court documentation is required.

Can a dependent be kept on the employee's policy if in the military?

Yes

Can a dependent be kept on the employee's policy if they are under 26 and married?

Yes, but not any family members.

Can a dependent be kept on the employee's policy if they are over 18, working and covered by another policy?

Yes

If my minor dependent has a baby are they both covered?

The dependent's coverage continues, as long as the dependent still qualifies, but the baby is **NOT** covered.

Can my dependent purchase insurance once he or she loses their eligibility?

SISC offers coverage through COBRA for the period of (36) months. Cost quotes can be obtained by calling Deanna Haulman @ (661) 827-3162 or SISC @ (661) 636-4410, 30-days before the termination date.

Can I keep a divorce spouse on my policies?

No, failure to remove can have severe consequences; the employee will be responsible for any monies paid out for the spouse and will be required to repay benefits, paid on the spouses' behalf, that occurred after the first of the month following the divorce.

What if the court orders that I must provide coverage for a former spouse?

Coverage can be purchased through COBRA for a period up to 36 months or the party responsible for providing coverage can buy coverage through a private insurance agent, but **NOT** through Kern High School District, once the divorce is finalized by the court.

Is the domestic partner covered?

As of January 1, 2005 the law was changed to include domestic partners. Effective October 1, 2004, they can be added to the employee's benefit package, if they meet specific qualifications. **The benefits are subject to Federal Tax liability**, but Not State Tax liability.

How does one qualify as a domestic partner?

The domestic partner must be 18 years of age and same sex. In addition, they must registered with the State of California, and provide the District with a **copy of the Declaration of Domestic Partnership**, at the **age of 62 the qualification changes to include opposite sex**. Insurance coverage will not be activated until a copy is on file.

DISABILITY

Am I covered by state disability?

NO, if you wish to purchase disability insurance, there are a number of companies the Kern High School District uses, those companies are listed in the file under Voluntary Insurances and can be set up as an automatic payroll deduction. You can also purchase coverage through a private independent agent; payroll deduction is not available in this case.

Does my medical, dental and vision remain active during my pregnancy?

Yes, under The Family Medical Leave Act your insurance is kept intact. If at the time the FMLA began and you were full time, your premiums will continue to be paid on your behalf. If you were part time when you went out on your FMLA, you would be responsible for your portion of the payment.

GENERAL INFORMATION

Is my insurance a PPO or an HMO?

It is a PPO (Preferred Provider Organization).

Am I required to pick a primary physician?

No

What is an HMO and does the Kern High School District offer an HMO to active employees?

HMO (Health Maintenance Organization)

No

Does my insurance require preauthorization for services?

On some services, it is your responsibility to check and make sure your doctor has obtained authorization before you receive any service subject to the authorization program. The toll-free number to call for authorization is shown on the back of your plan identification card. Check your **Medical Benefit Summary Plan Description Booklet** for specifics, can be accessed online www.kernhigh.org/personnel (Employee Benefits)

Can my spouse or I have a yearly physical?

Yes, routine physicals were added to the medical plan as of October 1, 2007. As of October 1, 2009, the Routine Preventative care is paid at 100%, the provider may request the \$20 office visit co-pay. Any lab work is subject to the deductible as well as the 20% co-insurance.

Can my child have a yearly physical?

Preventive care is available for dependent children. As of October 1, 2009, well baby/Child Preventative Care is paid at 100%, the provider may request the \$20 office visit co-pay. Any lab work is subject to the deductible as well as the 20% co-insurance.

Are immunizations covered for children?

Yes.

Are there other insurances available besides health, dental, vision and life?

Yes. We have many voluntary policies. See the section under the Voluntary Insurances.

Does my Life Insurance have a cash value?

No

Does the Vision plan cover Laser surgery?

Yes, but only a small percentage is available. The policy requires certain qualification in order to receive payment.

Am I covered out of the country?

Yes, the Benefit Plan provides for covered services anywhere in the world, although it may be necessary to pay for the services render and then submit a claim once you return to the area. Keep in mind if an out of network provider is used it can result in substantial reduction of covered benefit amounts.

Is there a Medical Help line?

Yes, a nurse counselor is available (24) hours a day, (7) days a week. **MedCall @ 1(800)977-0027**

How do I access my counseling (mental health) benefits and must I get pre-approval?

Call Anthem @ **1(800)999-7222**. Your access number is the subscriber number on your SISC Blue Cross card, beginning with the letters SIF.

Detail information on Counseling Benefits.

www.kernhigh.org/personnel (Employee Benefits)

How can I get a current directory of physicians?

Available on the web @ www.anthem.com, go to the visitor section. There no longer is a current hard copy available; there is however, a listing in the Personnel Office. E-mail or call 827-3162 and request a copy be sent to your site.

Can I look up my Explanations of Benefit (EOB) from Foundation?

Yes, but you must register with Anthem Blue Cross since this is a secure site and only you can view payments made on your behalf, the only exception is a dependent under the age of 18, can be view by the employee, policy holder.

Can a spouse or dependent 18 or older give permission to another party to look up EOB online or at the Foundation Office?

Yes, but there must be a document on file at the Foundation Office granting permission. Usually a notarized request is an acceptable form allowing another party access to their EOB.

Do I have a card for each of my policies?

No, Anthem Blue Cross is the only card that will be issued. This card is also used for prescription purchases. **Dental and Vision services do not require a card.** only the employee's social security number for all eligible members of the family is necessary.

Is there a prescription plan?

Yes, Medco Health which also provides mail order prescriptions. The toll-free number is **1(800)987-5241**. The website is www.medcohealth.com.

INSURANCE BEGINS AND ENDS

When does my insurance begin if I am hired for a new school year that begins in August?

September 1st.

As a new employee does that date change if I am hired to work summer school prior to the new school year?

No

When does my insurance begin if I am hired mid year?

The 1st of the month following your hire date, the exception is if your hire date falls on the first working day of the month, then the insurance begins the month you are hired.

Can I purchase insurance any time during the year?

No. You must purchase the insurance package at the time you become employed on a permanent basis of (4) hours or more per day for classified, 20% contract for teachers or (20) hours per week for hourly teachers. Otherwise you must wait for the Open Enrollment period, which is the month of September, effective October 1st. See the exceptions under the next question. **Dental changes can only be done during this Open Enrollment period.**

Are there any exceptions to Open Enrollment?

Yes. If you're status changes and the employee is given a change of hours, a permanent position or loss of coverage.

If I am a 9.4 employee, when does my coverage begin?

The first of the month following your hire date.

Exception: If the hire date is the first working day of the month it begins that month.

Exception: If hired other than the first working day of June, coverage would begin September 1st.

If I leave the Kern High School District when does my insurance end?

If you complete the school year the insurance terms September 1st. If you leave during the year it ends the first of the month following your resignation.

What happens after my insurance ends, is there any coverage available?

Yes, SISC offers COBRA for period of (18) months under the Federal Cobra laws and an additional (18) months under Ca Cobra, contact SISC Office @ (661) 636-4651 for price quotes.

What is COBRA?

It is the same insurance that you had while employed by the Kern High School District. Health can be purchased without dental and vision unlike the Kern High School District Policy. Payment is made directly to SISC at the Kern County Superintendent's Office. The SISC contact number is (661) 636-4410.

LIMITATIONS

How does the health insurance handle pre-existing illnesses?

Since a pre-existing clause does not appear in the **Medical Benefit Summary Plan Description**, it is not an issue and will not result in denial of coverage.

PRE-TAX BENEFITS FLEX PLANS

What is the calendar year for pretax items?

January through December.

Can I stop my pretax voluntaries at anytime?

No, the IRS ruling is that once you sign up for a calendar year you must complete that year, unless you are no longer with the district. Any exception must be addressed to the company directly.

RETIREE BENEFITS

What are the requirements for early retirement?

An employee that retires under the provisions of the Public Employees Retirement System or State Teachers Retirement System

55 years of age, or older

(10) or more consecutive years of paid service to the Kern High School District immediately prior to the date of retirement

If hired after August 31, 2007 the requirement changes to (20) years, (10) must be consecutive years. Contact the District Personnel Office, Insurance Department for clarification.

Do I have to pay for those benefits?

The benefits will be paid for by Kern High School District, for any employee that is full time, at the time of their retirement; provided they qualify for early retirement. Qualifications are listed above. If an employee is less than full time, see below. Benefits includes Health, Dental, Vision and Life or a combination of benefits in place at the time of their retirement. Post Retiree Consultants (certificated or administrative) can maintain their voluntary insurance(s), as long as they are receiving a monthly salary.

What if I am part time at the time of my retirement?

You will be responsible for the percentage you were paying while an active employee or you can decline coverage.

Does a sabbatical constitute a break in service?

No

Does a leave of absence constitute a break in service?

Yes, but **only if the leave is more than (1) school year.** See the Employee Contract – **Retirement Plans Section**

Can I keep my insurance during my Leave of Absence?

Yes, but only for a period not to exceed (6) months, as per the SISC guidelines in the **Medical Benefit Summary Plan Description.** **If the employee selects to keep their insurance during this time, they will be responsible for the entire cost of the premium.**

Is there a website with the Insurance information that is available to the employees and the public?

www.kernhigh.org/personnel (Employee Benefits)

Shared Insurance Folder

Folder: Q & A

File: Frequent Asked Questions – (Most Current) Federal Mandate Effective October 1, 2010