

# THE CALIFORNIA STATE UNIVERSITY



**Office of the Chancellor**

## **DENTAL PROGRAM ADMINISTRATIVE GUIDE**

**October 2001**

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## INTRODUCTION

California State University (CSU) employees and retired annuitants have two dental plans to choose from: (1) a fee-for-service (indemnity) group plan with Delta Dental and (2) a prepaid dental health maintenance (HMO) plan with PMI DeltaCare. The CSU pays the full cost of dental coverage for all eligible employees, retirees, dependents and domestic partners (see section 1.2 for definition).

The indemnity plan (Delta Dental) allows participants to choose any dentist, without prior authorization. Benefits, however, are guaranteed when the participant chooses a Delta Dental participating dentist. Delta Dental pays a percentage of the dental fees depending on the procedure, and notifies the participant to pay any remaining costs. If a participant chooses a dentist that is not affiliated with Delta Dental, the participant pays the dentist directly and completes a claim form for reimbursement from Delta. The annual deductible is \$50 per person or \$150 per family. There is no deductible on diagnostic or preventive services.

There are three (3) benefit levels of Delta Dental: Basic, Enhanced Level I and Enhanced Level II (see Appendix F). The annual maximum benefit is \$1,500 per person under the Basic plan level, and \$2,000 per person under the Enhanced Level plans.

The prepaid plan (PMI DeltaCare) requires that all services be performed by an assigned PMI DeltaCare panel dentist. Many services are covered at no cost, while others have co-payments for certain procedures. Under this plan, there is no deductible or annual maximum.

There are two (2) benefit levels of PMI DeltaCare: Basic and Enhanced (see Appendix F).

Some employees are eligible for enhanced dental coverage (see Appendix F). However, the same general eligibility criteria and enrollment procedures govern all CSU dental plans.

The regulations covering CSU dental plans are similar to those established by the Public Employees' Retirement System (PERS) for health benefits. However, PERS is not responsible for dental plan administration for active employees. Dental Plan Enrollment Authorization forms for active CSU employees are sent directly to the State Controller's Office for processing. Responsibility for contract administration rests with the Division of Human Resources in the Chancellor's Office, with day-to-day administration delegated to the campuses. The Office of Human Resources interprets regulations, answers questions, and assists campuses in resolving problems regarding the processing of dental plan authorization documents.

***Most of the guidelines in this document are similar to PERS health benefits regulations (Title 2 of the California Code of Regulations, Division 1, Chapter 2, Sections 599.500 through 599.506). For those areas not addressed by this administrative guide, the PERS regulations can be used to provide direction where they specifically address the issue. The Office of Human Resources also provides consultation and technical assistance.***

## SECTION 1 - ELIGIBILITY AND COVERAGE

### **1.1 Eligibility Criteria for Active Employees**

To be eligible for dental coverage, an employee must be appointed half-time or more for more than six months. Qualifying appointments may be either permanent or temporary. Employees excluded from dental benefits include intermittent employees, student assistants, graduate assistants, faculty employed solely to teach summer session, extension, or intersession, or any employee paid from funds not controlled by the CSU or from revolving or similar funds from which a regular CSU premium payment cannot be made.

Once an employee has acquired eligibility and has enrolled in a plan, he/she may continue enrollment during subsequent continuous appointments of at least half-time, regardless of the duration of the new appointment.

Part-time academic year lecturers and coaches (class codes 2358, 2375, 2378, 2381, 2384 and Stanislaus class codes 2331, 2332, 2333, 2334, and 2335) enrolled prior to September 1992, may be “grandfathered” for benefit eligibility if they are appointed for more than six months with at least six weighted teaching units (see Benefits Technical Letter 92-15 and Supplements #1-3 and Appendix I).

### **1.2 Family Member and Domestic Partnership Coverage**

CSU dental plans provide coverage for eligible family members of CSU employees and retirees. A family member is defined as the legal spouse, qualified domestic partner, and unmarried dependent children from birth to the end of the month in which the child reaches age 23. The definition of a dependent child includes a stepchild, a natural child recognized by the father, a child living with the employee in a parent-child relationship who is economically dependent upon the employee, or children of domestic partnership (see Section 4.2).

Children of domestic partnership must meet eligibility requirements established under PEMHCA regulations regarding economically dependent children. The employee must submit an “Affidavit of Eligibility for Economically Dependent Children”(HBD-35 Rev. 12/99, Appendix A, page 7) asserting the existence of a parent-child relationship.

A disabled dependent child age 23 and over may continue enrollment or be enrolled at the time of the employee’s initial enrollment if satisfactory evidence of that disability is filed with the carrier in accordance with the carrier’s criteria.

If a dependent has a last name that is different from that of the employee, the Benefits Officer is responsible for verifying that the actual dependence exists. The Benefits Officer’s signature on the enrollment document certifies that the inclusion of these dependents is appropriate. Family members approved by PERS for health plan enrollment are deemed eligible for dental coverage. There is no need to submit additional documentation to the carrier.

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Surviving spouses who were enrolled as dependents in a CSU dental plan may be eligible to reenroll in their own right upon the death of the CSU employee or retiree. They should contact PERS directly. If they subsequently remarry, they may add new dependents within 60 days or during annual open enrollment periods.

Domestic partner family members do not have survivorship rights to continue dental benefits. Upon the death of the employee or retiree, or dissolution of the domestic partnership, all covered domestic partner family members will lose dental coverage. In this case, these family members may be able to continue dental coverage through COBRA (see Section 4.4).

### **1.3 Annuitants**

Dental coverage is also available to retirees and their eligible dependents, including domestic partners and children of domestic partnership. If an employee is enrolled in dental coverage and if he/she starts retirement income within 120 days of separating from the campus, he/she may continue with the same dental carrier (if the retiree moves out of the PMI DeltaCare service area, he/she may change to Delta).

Previously, CSU required that retirees, their dependents and/or survivors had to be enrolled in a dental plan at retirement for dental benefits to continue. Effective 2001, the CSU, in conjunction with Assembly Bill 2463 (1999/2000), has eliminated this requirement. Now, CSU retirees have the option to continue dental coverage at retirement, or enroll within 60 days of retirement, or during any future open enrollment period, provided retirement occurred within 120 days of separation from employment (also applies to employees enrolled in FlexCash at the time of retirement).

If an annuitant dies without having CSU dental coverage, the surviving spouse may enroll in the dental plan provided the annuitant has met the requirement of retiring within 120 days of separation. The surviving spouse may enroll in the dental plan within 60 days of the annuitants' death, or during any subsequent annual open enrollment period (see Section 12), provided the surviving spouse is eligible for a monthly retirement payment from PERS.

### **1.4 Enhanced Dental Plans**

Some CSU employees are eligible for enhanced dental coverage (see Appendix F). Eligibility for enhanced dental plan coverage terminates when the employee is no longer classified in an eligible category or when the employee retires or completes Faculty Early Retirement Program (FERP) participation. When enhanced coverage terminates, the employee returns to appropriate dental benefit level plan.

A new enrollment form must be completed for those employees whose level of benefits is changing due to a change in the employee category (see Section 4.1) or non-FERP retirement (see Section 12).

**SECTION 2 - INITIAL ENROLLMENT**

**2.1 Type of Enrollment**

An eligible employee may enroll as *self alone, self and one family member, or self and two or more family members*. Generally, if enrollment is for more than just the employee, all eligible family members must be enrolled in the plan. However, the following family members listed on the following page may be enrolled at the discretion of the employee (see Section 5 for related information):

- A family member who is covered under another dental plan.
- A family member who is a spouse not living in the employee’s household.
- A family member who is a child over age 18.
- A family member who is a member of the armed forces.
- A family member who is registered as a domestic partner (as defined by the California Secretary of State).
- A family member who is an economically dependent child of the employee.

**2.2 Time Requirements**

An eligible employee must enroll in dental coverage within sixty (60) days of employment, or reemployment if there has been a break in service of more than thirty (30) days. Employees, who fail to enroll during the time prescribed, will delay the effective date of coverage for a period of not less than ninety (90) days after the signed dental document has been submitted to the Benefits Office. Employees may also choose to enroll during the Open Enrollment Period (see Section 18). In this case, coverage will be effective on January 1 of the following year.

An employee who is on leave of absence without pay, temporary disability compensation, non-industrial disability leave, industrial disability leave, or other non-pay status may not enroll while in such status. However, the employee may enroll within sixty (60) days of returning to active status, if he/she would otherwise have been eligible to enroll during the non-pay status.

**2.3 Correcting Errors**

The following procedure has been established for correcting errors made on initial enrollment forms, which have already been received by the State Controller’s Office.

- Complete a new Dental Plan Enrollment Authorization (STD-692) form with “**corrected copy**” written in **red** across the top of the form to let the processor know that this is to supersede the original form.

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- Mark the corrected copy as an initial enrollment using permitting event code 01 and complete all sections, incorporating any changes needed.
- In the Remarks Section (E.18), note the reason for the corrected copy (e.g., incorrect social security, campus submitted wrong dental plan code).
- Submit the corrected copy directly to the State Controller's Office.

A correction or change may be necessary due to an error in factual data submitted by the employee, or an administrative error made by the campus in completing the initial document. A corrected document may be made retroactive up to the beginning of the current CSU dental contracting period, which is January 1, 2000 for both Delta Dental and PMI Delta Care. Retroactive corrections should be processed within a ninety (90) day period from the date of discovery. If the correction creates a change in premium, use the minimum amount of retroactivity required to provide necessary coverage.

### SECTION 3 - REENROLLMENT

#### **3.1 Failure to Direct Pay**

Reenrollment is not required for those employees whose coverage was terminated because they did not elect to personally pay directly to the carrier and continue enrollment under circumstances related to leaves, suspension, legal proceedings to appeal a dismissal from service for cause, or while in ten (10) month non-work status, or who initially elected to direct pay but failed to make the required contributions. In these circumstances, the dental coverage should be automatically reinstated when the employee returns to pay status.

#### **3.2 Administrative Failure**

An employee whose enrollment terminated because of administrative failure may reenroll within sixty (60) calendar days of notification of the termination (see Section 17 for further information).

### SECTION 4 - CHANGES

#### **4.1 Employee Category**

When an employee moves in or out of an employee category (e.g., C99, R09, etc.) that offers eligibility for enhanced dental coverage, it is necessary for the employee to complete and sign a new Dental Plan Enrollment Authorization form. The permitting event code to be used is code 50. This does not apply to short-term appointments of less than three months, and appointments that are less than half-time.

### **4.2 Adding Family Members and Registered Domestic Partners**

If an enrolled employee has no covered dependents, the employee may add a newly acquired family member within sixty (60) calendar days from the permitting event date. Failure to enroll the newly acquired family member (e.g., spouse, domestic partner) within the prescribed time limit will cause the enrollment date to become effective the 1<sup>st</sup> of the month following a 90-day waiting period. The employee may also opt to enroll the family member(s) during the annual Open Enrollment period. If the enrolled employee already has covered dependents, a newborn or newly adopted child must be added. In this case, the enrollment is on a current basis with no time limit. A family member who has attained the age of 18 and who is not already enrolled may not be added except upon return from military service.

A copy of the marriage certificate must be obtained prior to enrolling a newly acquired spouse.

Enrollment of a domestic partner, and children of domestic partnership will be in accordance with registration of the domestic partnership relationship with the Secretary of State. After registering the partnership and obtaining a “Declaration of Domestic Partnership” from the State (see Appendix A, page 3), specified same-sex domestic partnerships, between persons who are both at least 18 years of age and not legally married (and specified opposite-sex domestic partnerships when both individuals are age 62 or older), are eligible for coverage under the CSU dental plan. In addition, the completed and signed “Statement of Financial Liability for Domestic Partner Benefits,” must be submitted to the Campus Benefits Office (see Appendix A, page 4).

An employee who claims his/her domestic partner as a tax dependent may complete the “Domestic Partner Tax Dependent Certification Form” to avoid taxation of this benefit as imputed income. If the tax dependent status changes, the employee must complete the appropriate form to rescind the tax dependent certification. Once the rescission form is processed, the benefit will be taxed as imputed income if the domestic partner is a covered dependent on the employee’s dental plan. These tax forms must be completed and submitted to the Benefits Office on an annual basis (see Appendix A, pages 5-6).

Enrollments of Annuitant domestic partners and their dependents, are administratively handled by the Division of Human Resources, Chancellors’ Office and are subject to the same guidelines.

### **4.3 Deleting Family Members and Registered Domestic Partners**

At any time, an employee may change enrollment from *self and family* to *self alone*, or delete a dependent child who has attained the age of 18 or who enters military service.

An employee may decrease family member enrollment from *self and two or more family members* to *self and one family member* on or after the day on which the last family member in excess of one: 1) ceases to be a family member, 2) becomes enrolled in another dental plan, 3) is a spouse or domestic partner who ceases to live in the employee’s household, or 4) enters military service.

When PERS notifies the campus that a dependent is turning age 23 for health plan eligibility purposes, the Benefits Officer should delete that dependent from dental plan coverage (see Section 1.2). This change does not require the employee’s signature.

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Due to contract provisions, Benefits Officers cannot process retroactive adjustments prior to the beginning of the current dental contract, which is January 1, 2000 for both Delta and PMI DeltaCare (see page 4 of Appendix C for definitions of standard vs. mandatory effective date).

### **4.4 Surviving Spouse**

Upon the death of an employee or retiree who is enrolled for *self and family*, CSU will continue dental coverage for a surviving spouse who is eligible for monthly retirement payments.

Domestic partner family members do not have survivorship rights to continue dental benefits. Upon the death of the employee or retiree, or dissolution of the domestic partnership, all covered domestic partner family members will lose dental coverage. In this case, these family members may be able to continue dental coverage through COBRA.

### **4.5 Change of Child Custody**

The employee may terminate or add an eligible dependent child to the dental coverage when there is a change in the custody of the child. An addition must be requested within 60 calendar days of the custody change, but a termination may be requested at any time.

### **4.6 Return from Non-Pay Status**

An employee on non-pay status may not change enrollment until he/she returns to active pay status. Within sixty (60) days of return, he/she may make any change which could have been made if the employee had been in pay status when the permitting event occurred (e.g., open enrollment period, marriage, childbirth, etc.).

## SECTION 5 - MULTIPLE ENROLLMENT

Employees may not enroll in more than one State-sponsored (including the CSU) plan at a time. At the time of enrollment, the Benefits Officer must determine whether or not an employee is already covered under a State-sponsored dental plan through: 1) another CSU campus, 2) another State agency, or 3) PERS/STRS retiree coverage. An employee enrolled in the CSU FlexCash program may not enroll in CSU dental coverage while receiving the dental portion of FlexCash. Additionally, an employee who is the spouse of a CSU retiree and enrolled as a dependent on the retiree's dental plan is not eligible to receive the dental portion of FlexCash.

A family member, including a domestic partner and their children, may be enrolled in the dental plan of only one CSU or State employee at a time. In addition, an employee who is also a family member or domestic partner of a CSU or State employee may not be enrolled both as an employee and a family member and/or domestic partner. When an enrolled family member or domestic partner of a CSU or State employee becomes an employee of the CSU or the State, enrollment as a family member or domestic partner terminates on the effective date of the enrollment as an employee.

## SECTION 6 - LATE ENROLLMENT OR CHANGE OF ENROLLMENT

When the Benefits Officer determines that an employee was unable to enroll or change enrollment within the time limits prescribed, for cause beyond the employee's control, the enrollment or change in enrollment may be accepted provided the employee enrolls or changes enrollment within thirty-one (31) days after first being able to do so using the appropriate permitting event code. Code 44 is not necessary in this situation. The permitting event date is the date the employee is first able to enroll and enrollment is on a current basis.

## SECTION 7 - EFFECTIVE DATE OF ENROLLMENT

If a properly completed Dental Plan Enrollment Authorization form is received in the State Controller's Office by the tenth (10<sup>th</sup>) of the month (or the next workday if the 10<sup>th</sup> falls on a holiday or weekend), the effective date of enrollment, reenrollment, or change of enrollment will usually be the first of the month following. Dental Plan Enrollment Authorizations received after the tenth (10<sup>th</sup>) of the month (or the next workday if the 10<sup>th</sup> falls on a holiday or weekend), will reflect an enrollment, reenrollment, or change of enrollment effective date of the first of the second month following. For example, an Authorization form received on February 11<sup>th</sup> will be processed with an effective date of April 1. There is no retroactivity for dental plans, with the exception of those deletions or terminations which are mandated by the eligibility criteria or exceptions authorized by the President, Chancellor or designee.

If the form submitted is incomplete or requires correction, the effective date may require adjustment to a later time. The Benefits Officer should advise the employee to look for the dental plan deduction on the pay stub to verify enrollment prior to seeking dental care.

In addition, employees that fail to enroll in a dental plan within the prescribed time limit will cause the enrollment date to become effective the 1<sup>st</sup> of the month following a 90-day waiting period. The employee may also opt to enroll during the annual Open Enrollment period.

## SECTION 8 - DIRECT PAY

### **8.1 Using Direct Pay to Continue Dental Coverage**

An enrolled employee who is placed on leave without pay, military leave, or workers' compensation temporary disability is eligible to continue coverage by paying the full cost listed in Appendix B (see Section E. 5). The employee should be advised that dental coverage may be maintained by making payments directly to the carrier.

### **8.2 Direct Pay Authorization Forms**

Appendix D is a copy of a Dental Direct Pay Authorization form for use in arranging for employee direct payment of dental plan coverage. If the employee chooses not to continue coverage, two copies of the form will be needed: one for the employee and one for the employee's file. If the employee chooses to pay directly, three copies will be needed: one for the employee, one for the employee's file, and one for the carrier.

This form asks the Benefits Officer to indicate the last pay period in which the premium deduction was made or will be made. When completing this section, please cite the last month of premium deduction and the month that the premium covers. For example, if the last deduction was in December, state: ***“December which covers January.”*** In addition, complete the line: “Employee to pay for the months of \_\_\_\_\_ to \_\_\_\_\_.”

### **8.3 Direct Pay - Delta**

Delta uses Appendix D for direct pay authorization. The Benefits Officer completes the form, gives one copy to the employee, retains one for campus files, and forwards one to the Delta address on the direct pay form with the employee's first payment. The completed Direct Pay Authorization form sent to Delta in San Francisco should be accompanied by the premium payment for the first three months. If there is no payment, the form will be returned to the campus. Also, if pertinent information is missing, the form will be returned.

When going on direct pay, employees will be required to pay the actual premium due during the leave of absence if the leave is three (3) months or less. If the leave is greater than three (3) months, the first quarter's premium must be paid. In the case of overpayment where an employee returns to active status early, refunds will be in full months only. Delta will not issue bills for subsequent quarters of coverage. The employee is responsible for making all payments. The employee will have until the tenth (10th) of the first month of a quarter to remit payment. If payment is not received, the employee's dental coverage will be terminated. Delta may have a problem contacting employees who are out of the country while on leave. In these instances, it may be more appropriate for the employee to remit the full premium in advance.

### **8.4 Direct Pay - PMI DeltaCare**

Appendix D should also be used for all PMI DeltaCare direct pay participants. PMI DeltaCare requires quarterly payments in advance on or before the tenth of each month, immediately preceding the beginning of the quarter. The completed Direct Pay Authorization form should be forwarded to PMI DeltaCare with the first quarter's premium check attached. PMI DeltaCare will issue bills for subsequent quarters of coverage. The employee is responsible for making all payments. Non-payment shall result in automatic termination.

In the case of overpayment where an employee returns to active status early, refunds will be in full months only.

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### **8.5 Consequence of Failure to Make Direct Payment**

If an employee on direct pay fails to make the next required payment on time, the carrier will cancel the employee from the plan.

*It is important to counsel employees going on direct pay that failure to make timely prepayments on a quarterly basis will result in cancellation of coverage and that they will be unable to reinstate coverage while in non-pay status.* However, upon return to pay status, the employee will automatically be reinstated in the plan without reenrollment.

### **8.6 No Action Required By Campus if Carrier cancels Coverage**

If an employee on direct pay is canceled by the carrier because of failure to pay within time described, it is not necessary to complete a cancellation document for the employee. The employee's dental deduction code will automatically reinstate when the employee returns to pay active status.

### **8.7 Action Required By Campus if Employee Becomes Ineligible to Continue to Make Direct Payment**

If an employee who is on direct pay becomes ineligible to continue direct payment (e.g., an employee on leave decides to terminate rather than return from leave), then the campus must notify the carrier that the employee is no longer authorized to make direct payment for dental coverage (in addition, the individual should be advised of COBRA continuation in accordance with Section 9).

Separation of the on-leave employee from employment history, as in the example cited above, will not serve as notice to the carrier that the employee is no longer eligible for direct pay. Notify the carrier orally by telephone to the individual indicated on the direct payment form, or write to the address indicated.

### **8.8 No Additions or Deletions While on Direct Pay**

While off regular pay status and making direct payment for dental coverage, employees will not be allowed to add or delete a family member. Such changes must be made upon the employee's return to active pay status.

### **8.9 Employee Must Pay for Month of Return to Pay Status**

As stated on the Direct Payment Authorization form, the employee must pay the premium for the month in which he or she returns to pay status.

## SECTION 9 - COBRA CONTINUATION

### **9.1 Eligibility**

There are no conversion rights under CSU dental plans but under certain circumstances participants are

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eligible for COBRA continuation. Enrollment is required for COBRA continuation and, unless the participant moves out of the PMI DeltaCare service area, he/she must continue coverage with the same carrier until the annual open enrollment period.

### **9.2 18-Month Continued Coverage**

The following events qualify enrolled employees and family members for up to eighteen (18) months of continued coverage under COBRA (this includes domestic partners and domestic partner dependents):

- Termination of employment for reasons other than gross misconduct. Termination includes involuntary termination, strike, a walkout or layoff, if there is a loss of coverage.
- Reduction of hours which results in the loss of eligibility (e.g., employed less than half-time).

### **9.3 29-Month Continued Coverage**

If a covered employee or dependent is determined by the Social Security Administration to have been disabled on the date of termination or reduction in hours, or within the first 60 days of continuation coverage due to such event, continuation coverage may be provided for up to 29 months, instead of 18 months. Non-disabled family members on continuation coverage may also elect this extension. To qualify for this extra 11 months of coverage, CSU must be notified within 60 days of the date Social Security made the disability determination and before the end of the initial 18-month period. If Social Security makes a determination of disability prior to the date employment ends or hours are reduced, then CSU must be notified within 60 days of the date employment ends or hours are reduced. CSU must be notified within 30 days if the Social Security disability determination expires. The cost of coverage during the 19<sup>th</sup> through 29<sup>th</sup> month extension period will be 150% of the monthly group cost.

### **9.4 36-Month Continued Coverage**

The events listed below qualify eligible family members, including domestic partners and domestic partner dependents for continued coverage for up to thirty-six (36) months:

- Death of covered employee;
- Divorce or legal separation of a spouse from a covered employee;
- Dissolution of domestic partnership
- Termination of a child's dependent status (e.g., dependent reaches age 23 or marries)

A second qualifying event following a termination of employment or reduction in hours, may extend COBRA continuation for up to 36 months, but there may not be any extension beyond a maximum of 36 months from the date of the **first** qualifying event.

### **9.5 Premium Rates**

COBRA continuation premium rates for dental plans are listed in Appendix E. The CSU does not contribute toward COBRA coverage.

### **9.6 COBRA Enrollment Procedures**

Eligible persons (employees and all family members) covered under the CSU dental plan are entitled to a separate election of continuation of coverage which must be made within 60 days from the qualifying event date or the date of notice of COBRA eligibility, whichever is later. Delta and PMI DeltaCare require a separate enrollment form to initiate this process, samples of which are provided in Appendix E.

### **9.7 Discontinuation of COBRA Coverage**

COBRA coverage ceases if one of the following events occurs prior to the expiration of COBRA eligibility:

- Failure to pay required premiums,
- Coverage under any other group dental plan (as an employee or otherwise),
- Termination of all CSU-provided group dental plans.

## **SECTION 10 - CANCELLATION OF ENROLLMENT**

An enrolled employee may cancel enrollment at any time by filing a Dental Plan Enrollment Authorization form with the Benefits Officer requesting such cancellation. If a properly completed form is received in the State Controller's Office by the tenth (10th) of the month (or the next workday if the 10th falls on a holiday or weekend), the effective date will be midnight of the last day of that month. Upon cancellation, the employee and family members are not entitled to continue under COBRA provisions.

## **SECTION 11 - TERMINATION OF ENROLLMENT**

### **11.1 Resignation**

When an employee resigns, dental coverage ceases at midnight on the last day of the month following the month in which the last CSU premium is paid.

### **11.2 Employee's Death**

An employee's dental coverage ceases at midnight on the date of death.

### **11.3 Family Member Coverage**

The coverage of a family member under an employee's enrollment ceases at midnight on the last day of the month in which the employee dies or the family member ceases to be eligible for enrollment as a family member. If, upon termination of enrollment as a family member, the family member is eligible to enroll as an employee, the new enrollment must take place within sixty (60) calendar days after the termination date

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or notice of COBRA eligibility, whichever is later. Otherwise, the family member may be eligible to enroll under COBRA continuation provisions.

The coverage of a family member ceases at midnight on the day immediately prior to the effective date of an employee's voluntary change of enrollment to decrease or terminate family member enrollment.

### **11.4 Adjustment of Termination Effective Date**

Whenever dental coverage terminates on the last day of the month and the monthly payroll period does not coincide with the calendar month, enrollment ceases as of the last day of the calendar month most closely corresponding to the payroll month in which the event resulting in the termination occurs.

## SECTION 12 - RETIREMENT

### **12.1 General Retiree Information**

The Chancellor's Office pays the full cost of dental coverage for all CSU retired annuitants and their eligible dependents, including domestic partners. Responsibility for the CSU Retiree Dental contract and day-to-day administration rests with the Division of Human Resources in the Chancellor's Office. The Division of Human Resources interprets regulations, answers questions, and assists retirees in resolving problems regarding the dental plan.

PERS is responsible for administering dental plans for annuitants once the campus has submitted the necessary documents to PERS. All inquiries made to the campus by retired annuitants regarding dental plan enrollment or changes may be referred to either PERS' Health Benefits Division or the Division of Human Resources in the Chancellor's Office. Annuitants having questions regarding dental plan coverage or claims may also contact the carrier directly.

Participants in the Faculty Early Retirement Program (FERP) are the only CSU retirees eligible for enhanced level dental benefits. All other retirees are eligible for basic coverage only.

### **12.2 PERS Retirees**

Campuses are notified of the pending retirement through the mailing of form PERS-BAS-197.

Only employees who retire within 120 days following separation from employment are eligible to continue dental enrollment into retirement or to subsequently enroll during open enrollment.

Since PERS does not maintain the dental enrollment records for active employees, it is necessary for the campus to submit a "new" dental plan enrollment form upon retirement. This document must be submitted directly to PERS. Instructions pertaining to the completion of the "new" dental enrollment form can be found in the Retiree Dental Benefit ("Annuitants") section of the PERS Health Benefits Procedures Manual. After completion, please submit the State Controller's copy and the carrier's copy to:

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**PERS BNSD**  
**Attn: Warrant/Roll/Support Unit 463**  
**P.O. Box 942716**  
**Sacramento, CA 94229-2716**

PHOTOCOPIES OF OLDER DENTAL ENROLLMENT DOCUMENTS CANNOT BE ACCEPTED BY PERS TO START THE COVERAGE OF AN ANNUITANT.

If the employee's retirement is effective within one pay period of the campus separation date, coverage should be continuous. In this case, the campus can place the new retiree in a Delta retiree "pending" sublocation by completing the "additions" portion of the Delta Dental Additions and Deletions form (Appendix J), listing the new retiree's Social Security Number, name, and the effective date of dental coverage under the retirement system. Where the form requests "eligibility code," use the retiree's party code (1, 2 or 3). The "sublocation" will be 7777 if the retiree has basic Delta coverage or 8888 if the retiree has Delta Enhanced Level II as a FERP participant.

The retiree is not required to pay any premiums; once the retirement system has processed the coverage, retroactive CSU premiums will be generated and sent to Delta. At that time, Delta will automatically transfer the retiree from the "pending sublocation" to the appropriate permanent retiree sublocation. At this time, this procedure is not available for STRS retirees.

If the employee's retirement is effective more than one pay period after the campus separation (but less than 120 days), he/she must pay the carrier directly to ensure uninterrupted coverage (See Section 8). Otherwise, there will be a gap in the coverage until enrollment as a retiree is accomplished.

FlexCash participants who received cash in lieu of CSU dental coverage may request dental coverage within thirty (30) days before, or sixty (60) days after the retirement date, according to Government Code Section 22810 and AB 2463 (1999/2000), provided the employee retires within 120 days of the separation date. The coverage will be established on a prospective basis; however, no employee will be eligible to receive both the cash option as well as the dental coverage during the same pay period.

For subsequent changes and cancellations of retiree dental enrollments, forms are sent directly to PERS Health Benefits Division.

### **12.3 STRS Retirees**

When an active employee covered by the State Teachers' Retirement System (STRS) is retiring, the campus must initiate action to assure continuing coverage for that person. The campus must send a copy of the most recently completed Dental Plan Enrollment Authorization form (STD 692), a copy of the most recent Health Benefits Plan Enrollment form (HBD 12), and a statement indicating the final month for which a CSU premium will be paid prior to retirement, to the following address:

**Public Service Unit**  
**STRS**  
**P.O. Box 15275C**  
**Sacramento, CA 95851**

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These forms and the last date for which the premium is paid will give STRS the information necessary to coordinate continuous coverage. Since it takes STRS about 45 days from the actual date of retirement to establish the retiree on the retirement payroll, STRS needs information about the last month of coverage in order to make the appropriate retroactive adjustment to ensure continuous coverage.

Once the enrollment has been processed by STRS, all subsequent changes and cancellations of retiree dental enrollments are submitted directly to PERS Health Benefits Division.

### SECTION 13 - COMPLETING ENROLLMENT FORMS

#### **13.1 Dental Plan Enrollment Authorization**

The Dental Plan Enrollment Authorization Form (STD 692) is used to report new enrollments, changes of enrollment, and cancellations of enrollment. The campus may also use it when the employee elects not to enroll. Other changes are done on EAR or PPT forms.

#### **13.2 How to Prepare the Enrollment Forms**

The Dental Plan Enrollment Authorization form should be *typed or printed*. If printing, use a ballpoint pen with enough pressure to ensure that all copies are completed legibly.

Only one enrollment transaction can be accomplished on each form. If an employee is attempting multiple enrollment transactions (e.g., adding a new spouse and deleting the former spouse) where the permitting event codes, effective dates, or permitting event dates are not the same for each transaction, then a separate form must be completed to accomplish each transaction. **Permitting event code 28a (for open enrollment only) allows employees to change dental plans and add family members using one enrollment form and one event code. To delete family members you must use the appropriate permitting event code.**

For your reference, Appendix A (pages 1-2) contains a copy of the Dental Plan Enrollment Authorization form (STD-692). Specific instructions for completing the Dental Plan Enrollment Authorization form are provided in Appendix B. The Permitting Event Chart (Appendix C) provides a list of permitting event codes, permitting event dates, time limits, and effective dates.

If the transaction is to be processed in a timely manner, all of the conditions in Appendix C relative to the permitting event code must be satisfied. When reviewing the permitting event chart, please note that (unlike health benefits regulations) no retroactive enrollments are allowed in the dental plan with the exception of those deletions or terminations which are mandated by the eligibility criteria or exceptions authorized by the President, Chancellor or designee through the use of a permitting event code number 44.

### **13.3 Completion of Section D**

When a new employee enrolls, the Benefits Officer should make sure that the employee does not line through that portion of the election to choose dental coverage which reads “... *and authorize deductions to be made from my salary or retirement allowance to cover my share of the cost of enrollment as it is now or as it may be in the future.*” This statement allows the State Controller’s Office to add an employee contribution if one is required at a later date. If this portion of the form is lined out, a new dental enrollment form would be required if such a change is negotiated with any CSU union. If an employee contribution is going to be implemented in the future, enrolled employees will be given the opportunity to cancel enrollment if they do not wish to contribute toward the coverage.

### **13.4 Multiple Transactions**

When submitting documents where multiple transactions are being reported, enter the sequential order of the document in the top right corner of the form, as well as the total number of documents being submitted (e.g., 1 of 3, 2 of 3, 3 of 3), staple them together, and submit the forms to the State Controller’s Office as a package. **Permitting event code 28a allows employees to change dental plans and add or delete dependents using one enrollment form and one event code.**

### **13.5 Where to Submit Completed Forms**

Forms indicating that the employee elects **not** to enroll in a dental plan are simply retained in the campus file with no distribution of copies.

For active employees, the completed Dental Plan Enrollment Authorization form is separated, with one copy given to the employee, one placed in the employee’s file, and the remaining two copies (State Controller’s copy and the carrier’s copy) sent to the following address:

**Personnel/Payroll Services Division  
Miscellaneous Deductions Unit  
State Controller’s Office, P.O. Box 942850  
Sacramento, CA 94250-5878**

For retiree enrollments, changes, and cancellations, forms are sent directly to CalPERS Health Benefits Division. The initial retiree enrollment requires that a completed Dental Plan Enrollment Authorization form be forwarded to CalPERS. One copy is given to the employee, one is placed in the employee’s file, and the remaining two copies (State Controller’s copy and the carrier’s copy) should be sent to the following address:

**PERS BNSD  
Attn: Warrant/Roll/Support Unit 463  
P.O. Box 942716  
Sacramento, CA 94229-2716**

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### **13.6 How to Order New Forms**

The Dental Plan Enrollment Authorization form is a standard state form, STD 692 (see Appendix A, pages 1-2). It is available through state stores and can be ordered through the normal campus purchasing process. An online “fill and print” version of this form can also be obtained by accessing the California Department of General Services’ website, Office of State Publishing at: <http://www.osp.ca.gov>.

## SECTION 14 - CLAIM FORMS

The Delta dentist provides Delta claim forms when the employee seeks care. The group number for the Delta contract is **4018 for active, on-leave or retired participants; it is 4918 for COBRA participants**. The Evidence of Coverage booklet available to all Delta covered employees provides detailed information on the submission of claim forms through a participating Delta dentist or a non-participating dentist.

No claim forms are necessary for PMI DeltaCare dentists.

## SECTION 15 - COORDINATION OF BENEFITS

### **15.1 Coordination of Benefits - Delta**

When an employee submits claims to two insurance carriers where Delta is not the primary carrier, one of the following happens:

- If the amount the primary carrier paid is indicated on the claim, then Delta will process the claim.
- If the amount the primary carrier paid is not indicated on the claim, Delta will return it to the dentist for that information to be completed. When returned by the dentist to Delta, Delta will process the claim.

### **15.2 Coordination of Benefits - PMI DeltaCare**

All subscribers enrolled under the PMI DeltaCare plan must be seen and treated by a PMI DeltaCare provider. Should copayments and/or charges for covered dental expenses be covered by another plan, the plan covering the individual as the subscriber (employee or retiree, etc.) applies the benefits before the plan that covers the individual as a dependent. Any payment received by a PMI DeltaCare dentist from a secondary plan will be applied to copayments due the PMI DeltaCare provider.

## SECTION 16 - CORRECTING PMI DELTACARE IDENTIFICATION CARDS

When there is an error on a PMI DeltaCare identification card (e.g., not listing a child with a different last

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name than the employee), the Benefits Officer can call PMI DeltaCare directly at (800) 422-4234 and request a correction.

### SECTION 17 - PERMITTING EVENT CODE 44

Permitting event code 44 is used to make exceptions to the standard dental enrollment regulations and permitting event codes, or to correct administrative errors not covered elsewhere. These exceptions require the written approval of the President, the Chancellor or his/her designee (normally the Benefits Officer). It is available as a miscellaneous change code. In the Remarks Section (E.18) of the Dental Plan Enrollment Authorization Form, it must be noted that the President, Chancellor or designee has approved the action.

When submitting a document with permitting event code 44 to the State Controller's Office, a memorandum explaining the specific reason for the exception should be attached and the memo should have the signature of the President, Chancellor or designee.

### SECTION 18 - OPEN ENROLLMENT

The annual CSU dental open enrollment is held September 1 through October 31, with coverage **effective January 1 of the following year.**

During the dental open enrollment period, eligible employees and retirees may enroll as "new," change plans, or add eligible family members who are currently not covered. COBRA participants may change plans or add eligible family members; however, they cannot enroll as "new." Employees who continue coverage by direct payment of premiums may **not** participate in the open enrollment, but they can request deferred open enrollment transactions within 60 days of return to regular pay status (see Section 4.6).

Multiple enrollment documents are necessary if the employee requests more than one transaction, such as a carrier change and a family member addition. Multiple documents must be numbered (1 of 2, 2 of 2, etc.) and must be submitted stapled together as a package (see Section 13.4).

The employee (or retiree or COBRA participant) must sign open enrollment documents no later than the last day of the open enrollment month, and documents for active employees must be submitted to the State Controller's Office by the 15th of the month following open enrollment. Retiree open enrollment forms should be submitted directly to PERS, and COBRA open enrollment forms should be submitted directly to the carrier. All open enrollment changes are effective as explained in the first paragraph of this section.