

## **Fall 2023 Benefits Eligibility Notification**

**The 60-day enrollment period for Faculty Fall 2023 appointments expires on October 22, 2023. Review the Enrollment Checklist on the reverse side for information regarding enrollment options/process.**

If your appointment qualifies you for insurance benefits, you have 60 days from the date of the qualifying appointment/re-appointment or eligible time base change to submit your enrollment request to the Benefits Office. Please contact the Benefits Office for specific effective dates and deadlines.

If you meet the eligibility criteria outlined below, please e-mail a copy of your employment contract to Luis Diaz, Benefits Coordinator, at [luis.diaz@csus.edu](mailto:luis.diaz@csus.edu) as soon as possible in order to request a Benefits Packet containing all the information needed to enroll.

### **Eligibility in General:**

- Lecturer – Academic Year appointment:
  - Semester appointment with a time base of at least 6.0 units.
- Instructional Faculty/Tenure Track – Academic Year or 12 month appointment
  - Appointment of 6 months + 1 day & Time base of half-time or more

### **Enrollment:**

- You must enroll within 60 days of an eligible appointment or qualifying life event. If you do not enroll within 60 days, you will be subject to a 90-day waiting period.

### **Automatic Enrollments for Eligible Faculty:**

- Vision (basic plan)
- \$50K Life Insurance Policy and Accidental Death & Dismemberment Insurance Policy
- Long Term Disability

### **Effective Dates for Coverage:**

- **Health & Dental:** Effective the first of the month following the date/pay period you submit enrollment forms to the Benefits Office (October 1 is the earliest effective date).
- **FlexCash:** Must be submitted by the 8<sup>th</sup> of the month for coverage to be effective the first of the following month (**Fall:** October 1 & **Spring:** March 1 is the earliest effective date).

**If you were previously enrolled through CSU benefits and your coverage cancelled, you must initiate new enrollment forms to re-enroll upon gaining benefits eligibility.**

Once enrolled under the CSU benefits program, you can only change your elections during the open enrollment period, or due to certain life events. A new semester is not an event that will allow for a change of benefit elections. Contact the Benefits Office for specific details.

**Are you currently covered by another non-CSU health care program??  
You may be eligible for a cash reimbursement (FlexCash)**

If you are covered by group non-CSU, group health/dental plan, you may waive the CSU medical and/or dental insurance coverage in exchange for cash - a maximum of \$140 per month. No retroactive payments will be made.

Per IRS regulations, alternate health coverage must be group coverage. Covered California, other Insurance Marketplaces, Tricare, Medicare, or Medi-Cal are individual plans and not eligible to receive Medical FlexCash. You must provide proof of alternate group coverage (i.e. copy of your health ID card).

### **CalPERS Member & Retiree Notice**

If you are a CalPERS member or retiree through another agency, you must notify the Office of Human Resources. Rehired Annuitants are not eligible for benefits.

*If there is a discrepancy between this information and the official plan documents and contracts, the official documents will always govern.*

# BENEFITS ENROLLMENT CHECKLIST

Use this as a checklist to help you complete all required documents.

YOUR ACTION	DOCUMENTATION/ACTION
<b>HEALTH ENROLLMENT</b>	
<input type="checkbox"/> Select health plan of your choice <input type="checkbox"/> Verify your zip code by going to <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a> (zip code search)  <u>Helpful tips:</u> If you wish to keep your same medical doctor, call your doctor and ask which of our health plans he/she is contracted with.	<input type="checkbox"/> Complete the benefit enrollment worksheet <input type="checkbox"/> Complete Declaration of Healthcare Coverage <u>You will need the following:</u> <ul style="list-style-type: none"> <li>• Dependent's date of birth</li> <li>• Dependent's birth certificate</li> <li>• Copy of marriage certificate</li> <li>• Copy of Declaration of Domestic Partnership</li> <li>• Social Security Numbers for all dependents</li> </ul>
<b>DENTAL ENROLLMENT</b>	
<input type="checkbox"/> Select dental plan <input type="checkbox"/> If you select Delta Care USA, you will need to select a Plan facility – visit <a href="http://www.deltadentalins.com/csu">www.deltadentalins.com/csu</a> for plan facilities <u>Helpful tips:</u> If you wish to keep your current dentist, you may need to enroll in Delta Dental PPO.	<input type="checkbox"/> Complete the benefit enrollment worksheet <u>You will need the following:</u> <ul style="list-style-type: none"> <li>• Dependent's date of birth</li> <li>• Dependent's birth certificate</li> <li>• Copy of marriage certificate</li> <li>• Copy of Certification of Domestic Partnership</li> <li>• Social Security Numbers for all dependents</li> </ul>
<b>VISION ENROLLMENT</b>	
<ul style="list-style-type: none"> <li>• Enrollment in the basic vision program is automatic for yourself. You must enroll eligible dependents for them to gain coverage in the basic plan.</li> <li>• A voluntary VSP Premier Plan is available for yourself and dependents. Please review the vision comparison chart, and submit the enrollment form to VSP if you wish to enroll in the VSP Premier Plan.</li> <li>• You may choose a plan provider at <a href="http://www.vsp.com">www.vsp.com</a> or by calling 800.877.7195.</li> </ul>	
<b>FLEXCASH ENROLLMENT</b>	
<input type="checkbox"/> Compare alternate Non-CSU, group healthcare benefits and co-payments. <input type="checkbox"/> Determine if you wish to waive CSU health/dental.	<input type="checkbox"/> Complete enrollment worksheet. Indicate the name and SSN of the subscriber, and provide health ID card. <input type="checkbox"/> Include the alternate Plan's name and group number.
<b>FLEXIBLE SPENDING ACCOUNTS (INCLUDES HEALTH CARE/DEPENDENT CARE REIMBURSEMENT)</b>	
<input type="checkbox"/> Determine the amount you wish to contribute <ul style="list-style-type: none"> <li>• Minimum of \$20 monthly</li> </ul>	<input type="checkbox"/> Request enrollment form from Benefits Office <input type="checkbox"/> Request Healthcare debit card (Optional)
<b>VOLUNTARY LIFE INSURANCE</b>	
<input type="checkbox"/> Determine amount of coverage for self/dependent. <ul style="list-style-type: none"> <li>• <i>Guarantee Issue deadline applies (60 days)</i></li> </ul>	<input type="checkbox"/> Online enrollment: <a href="http://www.standard.com/mybenefits/csu/">www.standard.com/mybenefits/csu/</a>
<b>GROUP ACCIDENT &amp; CRITICAL ILLNESS COVERAGE</b>	
<input type="checkbox"/> Determine amount of coverage for self/dependent. <ul style="list-style-type: none"> <li>• <i>Guarantee Issue deadline applies (60 days)</i></li> </ul>	<input type="checkbox"/> Online enrollment: <a href="http://www.standard.com/mybenefits/csu/">www.standard.com/mybenefits/csu/</a>
<b>METLAW GROUP LEGAL PLAN</b>	
Note: Requires continued enrollment for a 12- month period. Online enrollment at <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	
<b>VOLUNTARY/SUPPLEMENTAL INSURANCE</b>	
Note: Additional voluntary programs (e.g. auto, renters/property insurance, tax deferred programs) are open throughout the year. You may enroll at any time. Contact the Plan directly.	
<p><i>This information is limited. Contact the Benefits Office for additional information regarding the enrollment process, dependent eligibility, and timeframes.</i></p> <p><b><i>If there is a discrepancy between this information and the official plan documents and contracts, the official documents will always govern.</i></b></p>	

# New Health Insurance Coverage Options and Your Health Coverage

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## PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance in California. To assist you as you evaluate options for you and your family, this notice provides some basic information about a new Marketplace called Covered California, and employment-based health coverage offered by your employer.

### What is Covered California?

Covered California can help you find health insurance that meets your needs and fits your budget. Covered California offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through Covered California began in October 2013 for coverage that started January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in Covered California?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through Covered California?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through Covered California and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through Covered California instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through Covered California are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please contact: HR Benefits Office:  
6000 J Street, DNH 3004, Sacramento, CA 95819, check the campus HR benefits website:  
<http://www.csus.edu/hr/departments/benefits/medical.html> or summary plan description.

Covered California can help you evaluate your coverage options, including your eligibility for coverage through Covered California and its cost. Please visit [www.coveredca.com](http://www.coveredca.com) or call 888-975-1142 for more information.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in Covered California, you will be asked to provide this information. This information is numbered to correspond to the Covered California application.

3. Employer name California State University, Sacramento		4. Employer Identification Number (EIN) 94-6001347	
5. Employer address 6000 J Street		6. Employer phone number 916-278-6213	
7. City Sacramento	8. State CA	9. ZIP code 95819	
10. Who can we contact about employee health coverage at this job? Scott Oleinik			
11. Phone number (if different from above) 916-278-6213		12. Email address soleinik@csus.edu	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

- All employees.
- Some employees. Eligible employees are:

Regular appointment – employee is appointed in a benefits eligible classification with a time base of at least half-time (0.5 Full Time Equivalent (FTE)) and with a length of appointment for at least six months and one day; or

AB 211 appointment – Lecturers and Coaches (R03) in applicable year class codes who are appointed for at least six (6) weighted teaching units (WTUs) (i.e., 0.4 time base/FTE) for at least one semester or two consecutive quarters

If an employee does not meet CSU's standard benefits eligibility criteria listed above, and is appointed with at least 0.75 time base/FTE or higher regardless of length of appointment (duration) or hired to work 130 hours or more per month over the course of the appointment; or works an average of 130 hours or more per month during any measurement period

•With respect to dependents:

We do offer coverage. Eligible dependents are:

- Current spouse/registered domestic partner
- Natural, adopted, step, or registered domestic partner's children up to age 26
- Disabled children of any age if enrolled prior to age 26
- Children up to age 26 for whom the subscriber has assumed a parent-child relationship and is considered the primary care parent

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through Covered California. Covered California will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in Covered California they will guide you through the process. Here's the employer information you'll enter when you visit Covered California to find out if you can get a tax credit to lower your monthly premiums.