

Benefits Enrollment and Eligibility Procedures
Shasta-Trinity Schools Insurance Group
Updated for 8-1-2021

Billing:

Any changes, additions or deletions that you would like to see reflected on the next invoice are due to our office (with appropriate supporting documentation) by the 12th of the month. Eligibility changes received after the 12th will be reflected as a retro credit or charge on the following month's invoice. Invoices are compiled and distributed by the 15th of the month. Payments are due on the 5th, and considered late after the 12th.

Example:

December Bill

November 12 th	Changes due to STSIG
November 15 th	Invoices distributed to districts
December 5 th	Contribution payment due to STSIG
December 12 th	Late deadline. Payments received after the 12 th may incur late fees.

Please pay each invoice as presented. Do not make changes to your invoices. Adjustments, if necessary, can be communicated to STSIG and reflected on the invoice for the following month.

PlanSource:

District administrators may not perform any changes in the PlanSource system. SISC and Anthem do not get updated via PlanSource so any changes made by the districts in PlanSource will not be forwarded.

STSIG will continue to perform all enrollments, qualifying events, and termination functions. Continue to submit eligibility documents to lgrant@stsig.org.

Eligibility will be transferred to SISC once on Friday. It may take SISC a full 5 days to upload to the carrier's systems. Please submit documents as early in the week as possible.

Employee Enrollments:

New employees are eligible to enroll in benefit plans effective the first of the month following their date of hire/start work date. Fulltime employees are required to enroll in all plans (medical/dental/vision). Part time employees have the choice to elect coverage or opt-out. *NOTE: All employees eligible for any coverage should complete a declination of Coverage to prove coverage was offered – this form should be kept at the district.* Part time employees who opt-out will have the option to add coverage each year during Open Enrollment, or if they experience a qualifying event.

A signed Enrollment Form should be submitted to STSIG prior to the coverage effective date (30 days prior is preferred). Please allow a minimum of 15 business days for changes to be reflected in the Carrier's systems. Allow up to 15 business days for Anthem to mail medical cards to members from the date the member's information is reflected on the Anthem system. **STSIG staff will no longer be able to print temporary medical cards.**

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Reminders:

- It is the district's responsibility to review enrollment documents prior to submitting to STSIG.
- Enrollment forms must list all social security numbers for the enrollment to be processed.
- Every employee enrolling in a High Deductible Health Plan (HSA-A or HSA-B – Minimum Value) must sign and submit the PayFlex Disclosure and questionnaire with their enrollment.
- Enrollment forms must be legible to be processed. Please help us by making sure forms are legible.

Opt-Out Option:

Any employee enrolled in MediCal, Tri-Care for Life, or Covered California (with a subsidy) may opt-out of district benefits with proof of other coverage.

Board Members:

Board members over 65 are required to enroll in Medicare part A&B. Medicare will be the primary coverage.

Retiree Enrollments:

Upon retirement, eligible employees are required to submit a completed Enrollment Form to STSIG for their retiree benefits. Do not submit a termination of benefits to STSIG if retiree benefits will be elected. If retirees decline coverage, a termination notice should be submitted to STSIG. Upon termination or decline of retiree benefits the retiree forfeits enrollment rights and is not eligible for re-entry into the benefit plans. Be sure to list dependents with social security numbers on the enrollment form if they are to be covered.

- *Retirees are required to enroll in Medicare Part A & B at age 65 and submit a copy of their Medicare card to the district. The district should forward a copy to STSIG.*

Notices:

Districts remain responsible for an initial HIPAA and Cobra notices which are required to be given to all employees who are eligible for coverage – even employees who may decline coverage.

Cancellations/Terminations:

When employment is terminated, Medical, Dental and Vision insurance ends on the last day of the month of termination. It is the responsibility of the district to communicate terminations and cancellations to STSIG prior to the date that coverage will end. Submit all terminations via an email to STSIG. Retroactive terminations can go back a maximum of two billing cycles for invoicing purposes. The Plans do **NOT** permit members to be enrolled if they are terminated (not working). Terminated employees can elect federal cobra benefits if needed and the district can choose to reimburse former employees by arrangement for health care cost if coverage is needed past the termination date.

Full-time employees may only make changes when they experience a qualifying event provided STSIG is notified within 31 days of the event. Part-time employees may terminate without a qualifying event.

Dependents:

Dependent children can be covered by medical, dental, and vision insurance up to age 26. All dependent children enrollments are required to submit proof of dependency (birth certificate, court order, adoption documentation). Over-age dependents will automatically terminate on the last day of their birthday month upon reaching 26 years of age. The monthly invoice will be adjusted for terminated over-age dependents automatically, no notification is necessary.

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Definition of Qualifying Events:

Change in marital status; change in employee's number of dependents; change in employment status of employee/spouse or registered domestic partner that affects eligibility for coverage (including a change from part-time to full-time status); dependent satisfies or ceases to satisfy eligibility requirements; change in the residence of an employee, spouse, registered domestic partner or dependent that effects eligibility or coverage options; change in availability of coverage from other sources (e.g., if coverage through a spouse or registered domestic partner is altered, if public benefits such as Medicare or Medicaid are either secured or lost); or a change to the products available, or to the cost of coverage available, through STSIG.

See STSIG website for Qualifying Events spreadsheet.

Full-Time / Part-Time Designation:

At this time, the districts determine what hours qualify for full or part time status. The district will initially relay an employee's work status to STSIG by the original enrollment form. It is the districts responsibility to notify STSIG of a change in work hour status (part-time to full-time or the reverse) and allow the employee to submit a change if the status change is a qualifying event. Any change to coverage must be submitted within 31 days of the qualifying event.

COBRA Compliance:

Beginning October 1, 2018 SISC will manage the COBRA process for the employees enrolled in benefits with STSIG. Districts are responsible to provide initial cobra notice. SISC will provide election notices, and collect COBRA premiums. Districts can help this process by submitting termination information as soon as possible. COBRA participants may be listed on district invoices but should not have any costs listed.

PayFlex and Health Savings Accounts

STSIG Contributions to Employee Health Savings Accounts:

STSIG pays 100% contribution in November to each district. STSIG will make mid-year HSA contributions for new hires in April and September.

Districts are responsible for depositing the employee contribution into employee individual accounts through PayFlex. Checks are mailed or wired to the appropriate contact for each "employer group". STSIG will send each employer group a report that details how the money is to be allocated among their employees. Eligibility: To receive the November contribution, the employee must meet eligibility requirements and be employed and enrolled in an eligible HDHP effective October 1.

District Fund Transfers to Payflex:

At the end of the month, during the payroll cycle, each "employer group" will submit a wire transfer to Payflex, along with a report detailing how the funds are to be allocated among their employees. Reports submitted via secure FTP site will include employee personal information as well as detail on what type of money is being sent (employer vs. employee contribution).

2020-21 and 2021-22 STSIG Health Savings Account Contributions:

First Time Enrollees: Annual Total: \$500 individual and \$1,000 family (12-month enrollment)

No contribution will be made for Existing or Former Enrollees.