

Mt. San Antonio College Health and Welfare Benefits

AB528 Continuation Coverage Rights

What is AB 528 continuation coverage?

California state law requires community college districts to allow certificated employees who lose their eligibility to continue their health care coverage upon retirement to enroll in health and welfare benefit plans or dental care benefit plans currently provided for its current certificated employees.

Any former certificated employee who retired from the Mt. San Antonio College District under any public retirement system, and their spouse, or any surviving spouse of a former certificated employee, may continue their health care benefits by paying the full premiums.

Each qualified participant who elects continuation coverage will have the same rights under the Plan as other participants covered under the Plan, including open enrollment and special enrollment rights.

Please note that this law does not create a vested retirement right in health and dental care benefits, nor should be construed as requiring or permitting the impairment of any contract, board rule, or regulation affecting retired certificated personnel. Further, it is not intended to reduce or conflict with any benefit provided in the federal Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), nor mandate the provision of life insurance or vision care.

Disability

A member of the California State Teachers' Retirement System (CalSTRS) or a school member of the California Public Employees' Retirement System (CalPERS) who is disabled as a result of an injury that is a direct consequence of a violent act perpetrated on his or her person while performing duties in the scope of employment, and upon qualifying for and while receiving an allowance for the disability, may continue in the health care plan and dental care plan, by paying the entire premium and related administrative costs of the District.

Medicare

Enrollment in Medicare is not a prerequisite for enrollment in the District's AB528 dental plans. However, if the retiree or survivor is eligible for Medicare, it is recommended they enroll in Medicare Parts A and B. Some medical premiums are discounted by insurance carriers for those subscribers who are enrolled in Medicare Part A and Part B.

Who can elect continuation coverage?

This law does not apply to either the new spouse upon the remarriage of a surviving spouse of a former certificated employee, or, the children of a certificated or former certificated employee over 26 years old. Dependent verification must be provided at the time the enrollment form is submitted for any new dependent(s) added during this enrollment period.

Dependent Type	Required Documentation
Spouse	<p>A copy of a government issued marriage certificate AND one of the following documents:</p> <p style="padding-left: 40px;">A. A copy of the first page of the most recent federal or state tax return confirming the dependent as your spouse.</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;">B. A combination of other documentation, including but not limited to a household bill, account statement, or insurance policy listing the name and address of the subscriber and the spouse, or other documents that substantiate the existence of a current marriage. Household bills and account statements older than 60 calendar days are unacceptable.</p> <p>Note: The first document establishes the life event allowing the enrollment of the dependent (i.e., marriage or registering as domestic partners). The second document substantiates the relationship is current.</p>
Domestic Partner	<p>A copy of the Declaration of Domestic Partnership registered with the California Secretary of State or a comparable agency in another jurisdiction AND one of the following documents:</p> <p style="padding-left: 40px;">A. A copy of the first page of the most recent federal or state tax return confirming the dependent as your domestic partner.</p> <p style="text-align: center;">OR</p> <p style="padding-left: 40px;">B. A combination of other documentation, including but not limited to a household bill, account statement, or insurance policy listing the name and address of the subscriber and the domestic partner, or other documents that substantiate the existence of a current domestic partnership. Household bills and account statements older than 60 calendar days are unacceptable.</p>
Children, Stepchildren, and/or adopted Children up to age 26	<p>One of the following documents:</p> <p style="padding-left: 40px;">A. A copy of the child's birth certificate or adoption certificate naming the employee, spouse, or domestic partner as the parent of the child.</p> <p>*For a stepchild or domestic partner's child, the employee must also provide documentation demonstrating the relationship to the employee's spouse or domestic partner, as requested above.</p>
Legal Guardianship up to age 19	<p style="padding-left: 40px;">A. A copy of the first page of the subscriber's income tax return from the previous tax year listing the child as a tax dependent.</p> <p style="padding-left: 40px;">B. In lieu of a tax return, for a time not to exceed one tax filing year, a subscriber may submit other documents that substantiate the child's financial dependency upon them, including the following:</p> <ul style="list-style-type: none"> - Current legal judgments or court documents showing the subscriber's legal parental status or guardianship over the child - Bank, credit card, tuition or insurance statements or payments - School records - Bills or mail indicating common residency with the child <p style="padding-left: 40px;">C. Complete Affidavit of Parent-Child Relationship</p>
Disabled Dependents over age 26	<p style="padding-left: 40px;">A. Legal Birth Certificate or Hospital Birth Certificate (to include full name of child, parent(s) name and child's DOB)</p> <p style="padding-left: 40px;">B. Completed Member Questionnaire for the CalPERS Disabled Dependent Benefit</p> <p style="padding-left: 40px;">C. Completed Medical Report for the CalPERS Disabled Dependent Benefit</p>

How can you elect continuation coverage?

The District must allow these retirees and their spouses to enroll in the coverage within 30 days of losing active employee coverage. If retired certificated employees and/or spouses do not enroll in dental plans during this initial enrollment period or drop coverage after their initial enrollment, the District is not obligated to offer them another opportunity to enroll. However, if retired certificated employees and/or their spouses lose other coverage and can provide documentation of that loss, they may be allowed to enroll in the dental plan if they do so within 31 days of losing their other coverage. A retired certificated employee or a surviving spouse of a former certificated employee may elect AB528 continuation coverage. Retired certificated employees may enroll their eligible spouses when completing the AB528 Election Form. Failure to elect AB528 continuation coverage will result in the loss of the right to elect continuation coverage under the Plan.

How much does continuation coverage cost?

The District may require that retired employees pay the entire cost of premiums (including any premium increases) as well as the District's administrative costs. It is also allowable for the District to develop an experience claims rating for these enrollees and may require those persons to pay different rates as a class.

AB528 continuation coverage will be terminated if:

- Required premium is not paid on time
- A qualified participant becomes covered under another group health plan that does not impose any pre-Existing condition exclusion for a pre-existing condition of the qualified participant
- The employer ceases to provide any group health plan for its employees.
- Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant not receiving continuation coverage (such as fraud).

Generally, a retired certificated employee or surviving spouse of a retired certificated employee may be required to pay the entire cost of continuation coverage for themselves and their spouse, if applicable.

When and how must payment for continuation coverage be made?

If you elect continuation coverage, send the first monthly payment due for AB528 continuation coverage along with your Election Form. If you do not make your first payment for continuation coverage at the time you apply for coverage, you will lose all continuation coverage rights under the Plan following your 30-day initial enrollment period. Your payment must cover the entire cost of the annual premiums otherwise your payment will be returned and you will lose your right to continuation coverage.

Contact Information

You may contact Mt. San Antonio College Health and Welfare Benefits Office at hrbenefits@mtsac.edu or by calling 909.274.4225. Also, please be sure to inform us of any changes in your address.

For more information

This notice does not fully describe AB528 continuation coverage or other rights under the Plan. More information about AB528 continuation coverage and your rights can be found in the California Education Code, Section 7000-7008.