

EMPLOYEE BENEFITS FAQ'S

Employee Benefit FAQ's Questions

Is this the office that I call regarding retirement questions?

Answer: No, although we handle the health insurance for Retirees, all questions regarding retirement should be directed to the Tulare County Employees Retirement Association at (559) 713-2900 or go to www.TCERA.org

I want to add/remove a dependent to/from my health insurance. How do I get this completed?

Answer: In order for you to add/remove a dependent you must show proof/loss of other coverage. This must be done within a 30 day time frame from when the qualifying event occurred. If you want to add a newborn to your insurance, please complete the necessary forms within 30 days from the date of birth of the child. Coverage/terminations become effective at the end of the month of the event.

I have a question regarding certain deductions on my paycheck. Who do I contact?

Answer: Employee Benefits can tell you what most of the deductions are for benefits, but other deductions should be directed to your department payroll.

I am a recent new hire with the County of Tulare, when does health insurance coverage begin?

Answer: Your coverage becomes effective the first day of the month following 30 days of employment.

I currently am covered under my spouses health insurance through his/her employment. Do I need to enroll in the County's Health Insurance Program?

Answer: No, but it is mandatory that any employee that waives coverage must show proof of existing coverage such as an employer sponsored plan, military coverage, Medicare or Medi-cal

When can I change my health insurance plan?

Answer: All County Employees can change their health insurance plans during Open Enrollment. Open Enrollment currently takes place in October and the new benefit is effective January 1st.

I want to change my primary health care physician, do I have to wait until Open Enrollment to do this change?

Answer: No, you can change your primary health care physician at any time by calling your health care provider.

I'm currently enrolled in the deferred compensation program through Great West how can I change my contributions or beneficiary?

Answer: All changes to your deferred compensation plan should go through the Great West Representative by calling 1-800-701-8255.

When can I make changes to my deferred compensation plan?

Answer: Changes can be done at any time during the year.

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My spouse/domestic partner and I both work for the County and I am a covered dependent. Must I also enroll in the County's medical and dental plans?

County employees are required to enroll in a County-sponsored medical and dental plan. However, enrollment in your spouse/domestic partner's County-sponsored plan satisfies this requirement.

Contact Employee Benefits or your Departments Payroll Specialist for more information and to obtain the required enrollment and/or waiver forms.

Do I have to notify Employee Benefits when a dependent becomes ineligible for coverage?

Yes. It is your responsibility to complete forms and submit them to Employee Benefits within 30 days of the date a dependent loses eligibility. If you fail to notify the County within 30 days, you might be liable for any claims paid or for services rendered on behalf of an ineligible family member.

When does a covered dependent lose eligibility?

A covered dependent loses eligibility on the last day of the month during which:

- The employee becomes ineligible to receive County benefits
- Your child attains age 26; an exception is a disabled child
- The final decree of divorce is granted or Domestic Partnership termination

Note: Your former spouse must be deleted from your medical, dental and/or vision plan coverage even if the divorce settlement requires you to provide coverage. Your former spouse/registered domestic partner will be eligible for COBRA if you provide notice of your divorce/dissolution of domestic partnership within 30 days of the event date.

Who can I enroll into my County Insurance Plan?

You may enroll a covered dependent such as:

- Spouse
- Registered Domestic Partner
- Children under the age of 26

(Parents are not consider covered dependents, minor children such as siblings or grandchildren of whom you have legal guardianship might be eligible to enroll in the County's Insurance)

What happens to my coverage if my employment with the County ends?

The County of Tulare, as required under provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, offers employees and their covered family members the opportunity to elect a temporary extension of coverage (called "continuation coverage" or "COBRA coverage") in certain instances where coverage would otherwise end due to certain qualifying events.

Should an actual qualifying event occur in the future, Employee Benefits will send you additional information and the appropriate election notices.

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What happens to my medical and dental coverage when I retire?

You have the option to continue coverage as a retiree or waive coverage. Retiree health rates are different from rates for active employees.

What happens if my dependents or I become eligible for Medicare?

Employees and/or dependents that will be turning age 65 or are disabled may choose either a County-sponsored medical plan or Medicare. If you and/or your dependents are eligible for Medicare, yet choose to stay in a County plan, Medicare will pay benefits after the County's plan has paid. To help you decide, call the Social Security Administration office to discuss Medicare options and premiums.