

Appendix

A. ELIGIBILITY RULES

Eligible Employees and Retirees

You are eligible to enroll in Court medical, dental, vision and applicable voluntary benefits plans if:

- you are a regular employee of the Court working at least 20 hours per week, or
- you are an extra-help employee working in a grant funded position working 20 or more hours per week and are expected to be employed for six or more months (medical, dental and vision only), or
- you are an extra-help employee who has worked an average of 30 hours per week in the measurement period (medical, dental and vision only; see below for terms),
- you are a qualified retiree who is currently receiving a retirement allowance from the Court.

The following terms and periods (as defined by the IRS) apply to extra-help employees:

- Upon Hire
 - Initial Measurement Period = 12 months from date of hire.
 - Administration Period = from the end of the initial measurement period to the end of the first calendar month beginning on or after the end of the initial measurement period.
 - Stability Period = 12 months beginning on the first day after the Administration Period.
- Ongoing Employees (an employee who has been employed by the Court for at least one complete standard measurement period).
 - Standard Measurement Period = October 15th of the previous year to October 14th of the current year.
 - Administration Period = October 15th through December 31st.
 - Stability Period = January 1st to December 31st.

Example: An extra help employee is hired on July 15 year 1.

- Initial Measurement period = July 15 year 1 to July 14 year 2.
- Administration period = July 14 year 2 to August 31 year 2.
- Stability period = September 1 year 2 to August 31 year 3.

This employee's hours will be measured again in year 2 using the same dates as the initial measurement period as they have not yet been employed through one full measurement period. In the third year they will move to the standard measurement period in October.

If they meet the eligibility requirements, coverage will continue from August 31 year 4 to December 31 year 4 at which time they will become an ongoing employee.

Eligible Dependents

Eligible employees and retirees who enroll in Court benefits plans may also enroll their eligible dependents in the Plan. Eligible dependents include:

- the employee's or retiree's lawful spouse as defined by applicable law, or legally registered domestic partner,

- the employee's or retiree's natural children, stepchildren, foster children, or adopted children of which the employee is the legal guardian who are under the age of 26, or your eligible physically or mentally handicapped children who depend on you for support, regardless of age,
- The child of a covered domestic partner who satisfies the same conditions as listed above for natural children, stepchildren, foster children or adopted children, and in addition is not a "qualifying child" (as that term is defined in the Internal Revenue Code) of another individual.
- any child named in a qualified medical child support order for which an eligible employee or retiree is required to provide health coverage.

Eligible dependents do not include any person on active duty in the Armed Forces of the United States or any person covered as an employee or retiree under the Medical or Dental Plan. If both partners in a marriage or domestic partnership are eligible to be participants, then they may both be eligible for dependent benefits. Their children may be eligible to be enrolled as a dependent of both parents.

Documentary proof of dependent eligibility must be provided to Human Resources at the time of enrollment. Examples of types of documentation accepted may be requested from the Human Resources Department.

Waiver of Coverage

If an eligible employee chooses to waive health insurance coverage, they must do so by indicating their intention to waive coverage through the normal enrollment procedures. You must provide proof of alternative coverage to Human Resources in order to waive medical coverage.

Enrollment Requirements

New Hires: Eligible employees who want coverage under the Court's benefits plans must enroll through the normal enrollment procedures prior to their 30th day of employment.

Retirees: Retirees must enroll by completing the applicable enrollment form and submitting it when they complete and return the Court's Application for Retirement form.

Dependents: If an eligible employee or retiree wants their eligible dependents covered under the Court's benefits plans at the same time their initial coverage begins, the eligible dependents must be included in the initial enrollment process. If an eligible employee or retiree acquires eligible dependents after his initial enrollment, the dependent(s) must be enrolled within 31 days of the date they are acquired. A newborn dependent child is automatically covered from birth for 31 days. In order for coverage to be continued beyond the first 31 days, the enrollment process must be completed within 31 days following birth. 60 days are allowed for an event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.

Late enrollment: If enrollment does not take place as provided above, the eligible employee or retiree may enroll himself and/or his eligible dependents in the Court's benefits plans only during the Court's annual open enrollment period except as provided below under "special enrollment."

Special enrollment: If an eligible employee or retiree does not enroll himself and/or eligible dependents in the Medical or Dental Plan because he or they were covered under another group health plan or had other health insurance coverage at the time enrollment in the Medical or Dental Plan was declined, the eligible employee or retiree may enroll himself and/or his eligible dependents in the Medical or Dental Plan if there is a qualifying status change.

Qualified Status Changes include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse;
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child;

- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child;
- Change in work schedule, including an increase or decrease in hours of employment by you, your spouse, or your dependent child, including a switch between part-time and full-time employment, that affects eligibility for benefits;
- Change in a child's dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them;
- Change in place of residence or worksite, including a change that affects the accessibility of network providers;
- Change in your health coverage or your spouse's coverage attributable to your spouse's employment;
- Change in an individual's eligibility for Medicare or Medicaid;
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child;
- An event that is allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act.

When Coverage Begins

If enrollment takes place during the Court's annual open enrollment period, coverage will begin on January 1. If enrollment is delayed because of other health coverage, coverage will begin on the date the other coverage is lost provided you enroll in the Court's plan within 31 days from the loss of coverage.

Following are the date coverage begins when enrollment takes place when a person is first entitled to enroll:

- New Hires:
 - Regular Employees: When enrollment requirements are met, coverage begins on the first day of the month after the employee's first day of employment.
 - Extra Help Employees: As determined by initial measurement period (page 1).
- New Retirees: When the enrollment requirements are met, coverage begins on the first day of the month following retirement or, if coverage has been extended under COBRA, on the date that coverage ends.
- Dependents: When enrollment requirements are met, coverage for eligible dependents begins on the date the eligible employee's or retiree's coverage begins or, if acquired after that date, the date the dependent becomes an eligible dependent.
- For marriage or domestic partnership, the effective date will be the first day of the first month following receipt of your request for enrollment;
- For birth, the effective date will be the date of birth;
- For a child placed for adoption, the effective date will be the date the Member, spouse, or Domestic Partner has the right to control the child's health care.

When Coverage Ends

Unless a special extension applies, coverage under the Court's benefits plans will end on the earliest of the following dates:

- for eligible employees and their eligible dependents only, the last day of the month during which the eligible employee's employment terminates or otherwise ceases to meet the requirements of an eligible employee;
- for retirees and their eligible dependents only, the last day of the month a retiree no longer qualifies for coverage because his retirement allowance from the Court ceases;
- for dependents only, on the last day of the month during which the dependent no longer qualifies as an eligible dependent;
- the date of complete termination of the Court's benefits plans or upon the effective date of an amendment to the Court's benefits plans which excludes the covered person from such status;

- the last day of the month following the date the Court receives written authorization from the eligible employee or retiree to terminate his health coverage. Important note to retirees: if dental coverage is voluntarily terminated by a retiree, it cannot be reinstated or added at a later date, even during an annual open enrollment period;
- the last day of the month for which any required self-payment was made for this coverage if the next self-payment is not paid when due.

Special Extensions

Physical or Mentally Handicapped Child: If a dependent child is physically or mentally handicapped on the date coverage would otherwise end because of age, the child's coverage will be continued for as long as the eligible employee or retiree is covered under the plan provided the handicap continues and the child continues to qualify as an eligible dependent in all aspects except age. The Court may require from time to time a physicians' statement certifying the physical or mental handicap.

Leave of Absence: Eligible employees may continue coverage during a leave of absence provided they continue twice monthly contributions as agreed upon with the Court and they comply with the applicable provisions of the Court's Leave of Absence Policy. If the Leave of Absence extends for greater than 18 months, the employee will be responsible for the full benefits' premium payment beginning in the 19th month of the leave of absence.

Employees entering the Armed Forces of the United States: If an eligible employee goes into active military service (including periodic reserve training) for any of the Armed Forces of the United States for up to 31 days, coverage may continue during the period of that leave, if such employee continues to pay his required contribution for coverage, if any. The Court will continue its contribution for coverage during such military leave. If an eligible employee goes into active military service for any of the Armed Forces of the United States for more than 31 days, coverage may continue for up to 18 months or the period of such military leave, whichever is shortest, if such employee pays the full cost of the coverage during the military leave.

Whether or not an eligible employee elects to continue coverage, coverage will be reinstated on the first day they return to active employment with the Court if they are released under honorable conditions and they return to work on whichever of the following dates is applicable:

- on the first full business day following completion of their military service for a leave of 30 days or less,
- within 14 days of completing their military service for a leave of 31 to 180 days,
- within 90 days of completing their military service for a leave of more than 180 days.

When coverage under the Medical & Dental Plan is reinstated, all provisions, limitations and exclusions of the Plan will apply to the extent that they would have applied if he had not taken military leave and his coverage had been continuous under the Plan. The foregoing, however, does not apply to coverage for any illness or injury caused or aggravated by military service, as determined by the Veterans Administration.

For further information see the individual plan Evidence of Coverage documents which are the controlling source of eligibility information.

B. ELIGIBILITY DOCUMENTATION

Dependent Type	Required Documentation	Resources to Obtain Documentation
Spouse (same or opposite gender)	Marriage Certificate and the portion of your most recent joint Federal or State Tax Return that lists filing status and includes the name(s) of the dependent spouse and/or children OR a current utility bill showing the spouse's name and employee's address.	<ul style="list-style-type: none"> • County office that issued original marriage certificate. • Personal tax records/IRS/CA Franchise Tax Board. • Utility companies. • www.vitalchek.com
Registered Domestic Partner	State of California, County or City issued Declaration/Certificate of Domestic partnership and the portion of your most recent joint State Tax Return that lists filing status and includes the name of the domestic partner OR a current utility bill showing the spouse's name and employee's address.	<ul style="list-style-type: none"> • County/City office that issued original certificate. • Personal tax records/CA Franchise Tax Board. • Utility companies.
Dependent child by birth, related to employee or dependent stepchild(ren)	Birth Certificate-must include parent's name, and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions.	<ul style="list-style-type: none"> • County office that issued original birth certificate. • Hospital in which child was born. • US Department of State (for children born outside of the US) • www.vitalchek.com
Dependent child by adoption	Final adoption papers, and/or copies of any court orders, divorce decrees or other legal documents relating to custody, health coverage or income tax exemptions.	<ul style="list-style-type: none"> • State agency that issued final adoption papers. • Adoption agency that issued placement papers.