CREBPT

Guidelines to Eligibility

This document summarizes the eligibility guidelines for the CREBPT Benefit Package. Individual situations may vary. In all cases, the insurance contracts for the specific benefits program you select govern and are the final authority on the terms of the plan. If there are any differences between the information in this document and the insurance contract, the insurance contract will control.

Contact The Benefits Store, the CREBPT Benefit Package Administrator,
at **800-446-2663** or customerservice@benefitsstore.com for additional information.

Insurance Coverage is available for eligible Local Realtor Association members and their dependents, eligible full-time W-2 employees of Association members, and full time W-2 employees of Local Realtor Association chapters. Medical insurance is guaranteed to be issued for all eligible parties regardless of health history. Eligibility for specific medical plans is determine by the health plan's availability in a specific geographic region.

Eligibility Guidelines

Who is Eligible

- Active Local Realtor Association members. New members are eligible within the first 45 days after their effective date of membership. **See Reference (1)**
- Regular full-time W-2 employee and their eligible dependents. A W-2 employee is considered eligible if s/he works at least 30 hours per week and has been working for an eligible Local Realtor Association member or Local Realtor Association chapter. Eligible employees may enroll within the first 45 days after their effective date of hire. An eligible employee may enroll even if the Local Realtor Association member does not enroll.
- Dependents of eligible members or employees, including spouses or domestic partners and dependent children may enroll if the Local Realtor Association member or employee remains eligible and is enrolled. It is the member's/employee's responsibility to notify The Benefits Store of changes to eligibility of dependents; such as marriage, birth, adoption, divorce, etc. Members/Employees who fail to notify The Benefits Store of dependents who are no longer eligible

will be responsible for premiums for that dependent until the dependent is terminated from the plan. In addition, the Member/Employee may be responsible for payment of dependents' cost share for covered services.

Dependent special notes

- Dependent Children – Dependent children are eligible up to age 26 regardless of student status, marital status, or eligibility for other group coverage. Dependents must be covered under the same CREBPT Benefit Package you choose and can only enroll if the Local Realtor Association member enrolls. Disabled dependents age 26 and older may be eligible if proof of disability is provided.
- Domestic Partners. All CREBPT Benefit Packages allow a subscriber to enroll his/her domestic partner at the same rate as a spouse. The domestic partner includes the same or opposite sex partnership. You may have to complete a domestic partner affidavit form to enroll. Members may be asked to provide documentation of eligibility at any time.
- Dependents (of a deceased member or of a retired member) may continue on the CREBPT Benefit Package for up to 36 months, only if they were covered dependents at the time of death or Medicare enrollment or disenrollment due to retirement. If coverage is terminated, these dependents lose eligibility and may not re-enroll.
- Multiple Listing Service (MLS) data subscribers/members are not eligible unless they also have an Association membership.

Proof of Eligibility

- New Local Realtor Association members: Local Realtor Association Membership and the membership effective date must be verified by The Benefits Store before enrollment can be processed.
- New employees of Local Realtor Association chapters must submit payroll records or pay stubs to substantiate their eligibility. Payroll records must include the payroll period and hours worked.
- All enrollees applying for coverage outside of Open Enrollment must furnish satisfactory proof of a qualifying event.
- Dependents of members or employees may be required to provide proof of eligibility at any time. This may be in the form of a birth certificate, marriage license, Declaration of Domestic Partnership or other documentation.

In all cases, membership in a Local Realtor Association must be maintained in order to preserve eligibility. Failure to maintain continuous active Local Realtor Association membership will result in termination of coverage for the member, dependents and any enrolled employees and their dependents. Periodic audits are also performed to confirm continuous Local Realtor Association membership.

CREPBT ELIGIBLITY GUIDELINES

Initial Eligibility Period – for new members and employees

- New members of a Local Realtor Associations may enroll in any CREBPT Benefit Package within the first 45 days after their effective date of membership. Your completed enrollment form and premium payment should be received by The Benefits Store no later than 20^{h} of the month prior to the effective date.
- Newly hired permanent, full-time W-2 employees of Local Realtor Association members or Local Realtor Association chapters may enroll in any CREBPT Benefit Package within the first 45 days after their effective date of hire. Your completed enrollment form and premium payment should be received by The Benefits Store no later than 20th of the month prior to the effective date.
- Life Insurance Eligibility - New members of a Local Realtor Association and eligible employees may enroll in the Voluntary CREBPT Term life insurance program on a guaranteed basis within the first 45 days after their effective date of membership or hire date.

For additional details contact The Benefits Store at **800-446-2663** or customerservice@benefitsstore.com.

Open Enrollment Period

- Open Enrollment: September 1st through October 31st each year for coverage effective November 1st. During this period all eligible members, employees and dependents can join the CREBPT Benefit Package. The Local Realtor Association member must be an active member of the association prior to November 1st. If you and/or your family members decide not to enroll during the Open Enrollment period, you may be forfeiting the right to enroll until the next Open Enrollment period.

Special Enrollment Period

Qualifying Events During the Plan Year

Eligible individuals may be able to enroll in the CREBPT Benefit Package outside of open enrollment if they experience a qualifying event. If you have any questions regarding a possible qualifying event, contact The Benefits Store. Below is a listing of the most common qualifying events:

- New Association Membership
- Loss of other qualified coverage: A subscriber and his/her dependents that did not enroll in the CREBPT Benefit Package because they had other group coverage, but who subsequently lose their group coverage, may enroll during the Special Enrollment Period.
- Exhaustion of COBRA or Cal-COBRA
- Loss of eligibility for coverage due to:
    - Divorce or legal separation

- Termination of domestic partnership agreement
- Child's loss of eligibility due to age
- Death of a member
- Termination of employment
- Reduction of hours
- Moving out of the health plan service area
- Acquisition of a new dependent either through marriage, adoption, placement for adoption or birth
- The issuance of a court order to provide coverage for a spouse, ex-spouse or dependent child
- Loss of "No-Share-Of-Cost" Medi-Cal Eligibility
- Newly gained status as an "eligible" dependent

If a party becomes eligible pursuant to a qualifying event other than the birth or adoption of a child, s/he must submit completed enrollment materials and premium payment to The Benefits Store within a specified time frame after the qualifying event. These periods may vary depending on the event and insurer guidelines. Most qualifying events require members to submit enrollment or change requests within 60 days of the qualifying event.

Please check with The Benefits Store to confirm the enrollment or change time frame applicable to your situation at **800-446-2663** or email at customerservice@benefitsstore.com.

Plan Renewals – Open Enrollment

The CREBPT Benefit Package renew on November 1st. Plans and rates are subject to change on the renewal date, regardless of the date you enrolled in the plan. Existing members will be notified of plan and rate changes 60 days prior to the renewal date. All plan deductibles and policy limits re-set on January 1st. **See Deductible Credit and Carryover under Plan Provisions for more information.**

Plan and Enrollment Changes

Existing subscribers may change plans or add dependents during the applicable Open Enrollment or Special Enrollment periods. At the annual Open Enrollment period, existing subscribers will be notified of upcoming plan and rate changes. Subscribers will be given an opportunity to change plans or add dependents.

Existing subscribers may also be eligible to make plan changes following specific qualifying events. A qualifying event may create a Special Enrollment period which allows the subscriber to enroll, add dependents or make plan changes. The subscriber must notify the Benefits Store within a specified time frame after the qualifying event. These periods may vary depending on the event and insurer guidelines. Most qualifying events require members to submit enrollment or change requests within 60 days of the qualifying event. Plan changes may result in a rate change (increase or decrease).

For additional details contact The Benefits Store at **800-446-2663** or customerservice@benefitsstore.com.

During Open Enrollment, membership in a Local Realtor Association must be maintained in order to preserve eligibility. Failure to maintain continuous active Local Realtor Association membership will result in termination of coverage for the member, dependents and any enrolled employees and their dependents. Local Realtor Association membership will be verified at Open Enrollment.

General Rating Rules

Member Level Rating In accordance with the Affordable Care Act guidelines excluding the Grandfathered Plans. The ACA (Metal) plan rate calculation is different from the rate calculation for grandfathered (non-metal) plans.

ACA (Metal) plan rating

- Kaiser rates each covered family member based on the home zip code for the family
  - If the home zip code lies outside of Kaiser's service area – rating region 4 will be used for rating purposes
- Each family member has a separate rate based on his or her age as of the effective date of the policy effective date (November 1st). This rate will be used for the full contract year
- Rates are re-calculated for all members on the policy renewal date (November 1st)
- When calculating rates for a family:
  - If a family has more than 3 children under age 21, the premium for each additional child after the third will be $0
  - For children 21 and older, include a rate for each child separately
- Age bands are 0-14, 15, 16, 17, 18, 19, 20, every age from 21 to 63, and 64+

- All plans include child dental for members under 19 years old as of the contract effective date (November 1st). **See Child Dental (ACA Metal Plans) under Plan Provisions**

Grandfathered (nonmetal) plan rating

- Kaiser rates each covered family member based on the home zip code for the family
    - If the home zip code lies outside of Kaiser's service area
        - Rating Region 3 will be used for Northern California
        - Rating Region 4 will be used for Southern California
- The primary subscribers age as of the effective date of the policy year (November 1st), plus the family size, is used to determine the rate. This rate is used for the full contract year unless changes to the family size are made during the year.
- Age Bands (the age of the primary subscriber is used for the rating age band of the family size)
    - <30
    - 30-39
    - 40-49
    - 50-54
    - 55-59
    - 60-64
    - And 65+
- Family Size categories are:
    - Member only
    - Member and spouse (Domestic Partner included)
    - Member and child or children
    - Member, spouse and child or children (member and family). If a family has more than one child under 26, the premium for each additional child after the first will be $0.

Minimum and Maximum Eligibility Age for Dependents

Minimum Age

All members, except for an emancipated minor (documentation is required for emancipated minors), must but be 18 years old as of the policy effective date (November 1st).

Maximum Age

Dependent children are eligible up to age 26 regardless of student status, marital status, or eligibility for other group coverage. Disabled dependents age 26 and older may be eligible if proof of disability is provided.

CREPBT ELIGIBLITY GUIDELINES

Cancellation of Coverage

Voluntary Termination

A subscriber may voluntarily cancel coverage for themselves or covered dependents. A subscriber who wishes to terminate coverage for any covered person must submit a termination request including:

- Full Name of Subscriber and Dependents
- Effective Date of Cancellation (effective date of termination will be no earlier than the first of the month following receipt of the request)
- Reason for Cancellation
- Provider

Dependent Termination

Terminating a dependent requires the Kaiser change form to be completed and sent back to The Benefits Store

Termination requests can be sent via email to CustomerService@benefitsstore.com or faxed to **925-855-2051**. Termination requests will be verified with the subscriber prior to completing.

Involuntary Termination

The Benefits Store may cancel coverage for:

- Failing to pay premium before the end of the grace period
- Failing to maintain active membership with a Local Realtor Association
- Providing false information about membership in a Local Realtor Association
- Providing false information about eligibility
- Providing false information about a qualifying event
- Reaching maximum allowable age for a dependent child
- Failing to continue to meet eligibility requirements as a member, employee or dependent

Reinstatement

- Subject to approval from the insurance carrier, a subscriber may be allowed to reinstate their coverage if the subscriber pays all past due premiums. If a reinstatement request is approved by the carrier, coverage will be reinstated effective as of the cancellation date.
- If the medical coverage is not reinstated, the member may be eligible to re-enroll on the next Open Enrollment or through a Qualifying Event.
- No lapses in coverage between the cancellation date and the reinstatement date are allowed.
- If your coverage is not reinstated, please contact The Benefits Store to review your health care coverage options.

Eligibility for Re-Enrollment

If your coverage terminates due to voluntary request or non-payment of premium, you may be eligible to re-enroll at the next Open Enrollment or during a Special Enrollment Period following a qualifying event.

CREPBT ELIGIBLITY GUIDELINES

Deductible Credit and Carryover

- All deductible and out-of-pocket maximum accumulations for Kaiser Permanente reset to $0 if the member moves from an Employer Group Plan or Individual Plan (including Covered California) to a CREBPT Benefit Package.
- All deductible and out-of-pocket maximum accumulations for Kaiser Permanente reset to $0 on the start of the new calendar year. No accumulations are carried over from the previous calendar year to the new calendar year.
- Members making plan changes during the policy year must request that accumulation credits be applied to their new plan for the remainder of the calendar year by calling the Kaiser Deductible Product Service Team at **800-390-3507**.

COBRA and Cal-COBRA

A federal law, known as the Consolidated Omnibus Budget Reconciliation Act ("COBRA") and a California law known as Cal-COBRA, could apply in certain circumstances. Both programs require that you and your covered dependents be given an opportunity to temporarily continue participation in the group health benefits of the plan if you experience a "qualifying event". Group health benefits includes medical, dental and vision, but not life insurance. If you or your covered dependents experience a loss of coverage, please contact The Benefits Store to determine whether you are eligible for COBRA or Cal-COBRA benefits. For W-2 employees, if you experience a qualifying event other than a change in your employment status, it is your obligation to inform The Benefits Store within a specified time frame after the qualifying event. These periods may vary depending on the event and insurer guidelines. Most qualifying events require members to submit enrollment or change requests within 60 days of the qualifying event. The Benefits Store, in the case of federal COBRA or the insurance company in the case of Cal-COBRA, has a legal obligation to furnish the Qualifying Beneficiary(ies) with separate, written options to continue the benefit coverage provided at the stated costs with respect to each group health plan in which you are a participant. Without assuming any legal obligation and as an added service, you or your employer may notify The Benefits Store of the COBRA event and The Benefits Store will notify the carrier. Your right to continued participation under COBRA or Cal-COBRA requires you to contribute toward the cost of your continued coverage. Refer to your EOC for the detailed description of your COBRA rights and obligations, including, among other things, information concerning Qualifying Events, Qualified Beneficiaries, premiums, notice and election requirements and procedures, and duration of coverage.

Pre-Existing Conditions

Pre-Existing Conditions As required under the Affordable Care Act, all pre-existing medical conditions are covered from the first day of health plan coverage.

Contact The Benefits Store at **800-446-2663**

or customerservice@benefitsstore.com for additional information.

References

1. AB 1083 sub section(m) - “Members of a guaranteed association” means any individual or employer meeting the association’s membership criteria if that person is a member of the association and chooses to purchase health coverage through the association. At the association’s discretion, it also may include employees of association members, association staff, retired members, retired employees of members, and surviving spouses and dependents of deceased members. However, if an association chooses to include these persons as members of the guaranteed association, the association shall make that election in advance of purchasing a plan contract. Health care service plans may require an association to adhere to the membership composition it selects for up to 12 months. Check with your Local Realtor Association By-Laws for membership criteria.