

Health Plan Frequently Asked Questions (FAQ's)

1. Who is eligible for the Connecting Point health plan?

In order to be eligible, IHSS payroll records must show that you have been approved and paid to work a minimum of 80 hours per month for two consecutive months and are working at the time benefits begin. You will continue to be eligible as long as you continue to work at least 80 hours per month.

2. How do I apply for health benefits?

An application will be sent to you once you qualify for health benefits. If you believe you are eligible for benefits but have not received an application, contact Carla Boone or Jim Dunkel at 530-274-5601 or 866-577-6331.

3. How much will I have to pay for my health benefits?

You are required to pay a monthly premium as your share of the monthly health benefit cost. This will be either \$5 or \$10, depending on the health plan you choose. In addition, you may be required to pay a co-payment for some of the outpatient services you receive.

4. How will I pay for my health benefits?

If you elect to have health benefits, the premium will be deducted from your paycheck each month.

5. What happens if I am receiving health benefits but I don't work 80 or more hours in a month? Will I lose my health insurance?

You must continue to work at least 80 hours per month to remain eligible. The first month that records show your paid hours go below 80 hours, you will receive a warning letter advising you that you are at risk of losing benefits. If you work less than 80 hours for a second month, you will be sent a benefits termination letter and health coverage will stop at the end of that month.

6. How can I get my health coverage restored if I lose it?

If you decide to terminate your health insurance and later want to re-enroll, you must re-qualify by working a minimum of 80 hours per month for two consecutive months. Once this criteria has been met, you may re-apply. If there is a waiting list, you will receive benefits when available.

If you lose your benefits because you went below 80 hours for 2 consecutive months, there will be a mandatory two month waiting period before you can begin to re-establish your eligibility. Following the mandatory waiting period, you will be required to re-establish eligibility by



working 80 or more hours for an additional two consecutive months. Once this criteria is met, you may re-apply.

7. If I am eligible to receive health benefits but don't apply when I am invited, may I apply at any time as long as I work the minimum of 80 hours per month for 2 consecutive months?

Yes. If you choose not to apply when you first become eligible, you can apply at any time as long as you retain eligibility. If there is a waiting list, you will receive health benefits when available.

8. Where can I get more information about the benefits provided by the plan?

If you have questions about the health benefits, call Carla Boone or Jim Dunkel at 530-274-5601 or 866-577-6331.

Health Benefits Sample Timeline

Step 1: Provider is paid for 80 hours of IHSS work in 2 consecutive months.

Step 2: On or around the 14th of each month the state sends Connecting Point a list of IHSS Providers and their paid hours. From this list Connecting Point determines who is eligible for health benefits and sends out health benefit information and enrollment forms.

Step 3: If an eligible provider wishes to enroll in the health benefits plan, he or she must complete the enrollment form and return it to Connecting Point by the specified date.

Step 4: Once we receive the completed enrollment form, we will enroll the provider in the health plan effective on the 1st day of the following month.

Step 5: If the enrollment form is submitted after the specified deadline, the provider will be enrolled in the health plan the next month, if still eligible.

Example:

January	February	March	April	May
Provider works 80 hours or more.	Provider works 80 hours or more.	Eligible. Enrollment form sent to provider. Form returned by specified date.	Benefits begin on the 1 st (unless form is not received by specified date).	Benefits begin for Providers returning form after the deadline.
June	July	August	September	October
Provider works less than 80 hours.	Provider works less than 80 hours.	Termination letter sent.	Terminated.	