

Dependent Eligibility Audit Frequently Asked Questions

Q: Why are you asking me to verify my dependents?

A: To ensure the County is only covering dependent(s) who meet the eligibility requirements for County health plans. Ineligible dependents who are using County health plans create higher costs for the County employees and retirees. We realize that, in the majority of situations, the ineligible dependent is covered due to an oversight. For example, you may not have updated your benefit information following a divorce, or you may have a child who was previously eligible but now exceeds the age limit. Regardless of the circumstances, we are conducting a Dependent Eligibility Verification Audit to bring our dependent information up to date and monitor it going forward.

Q: Which dependent types must be verified?

A: All eligible dependent types (Spouses, Domestic Partners and/or Children) must be verified to maintain coverage for these dependents.

Q: What do I have to do now?

A: Read the enclosed information and complete the Required Affidavit Signature Form, , in its entirety, including daytime Phone Number and Dependent Relationship and provide required documentation. You must also sign and date the Required Affidavit Signature Form for it to be valid. This Required Affidavit Signature Form is a legal document on which you attest to your dependents' eligibility or ineligibility to participate in the health plans. Refer to the enclosed Eligibility Definitions Page to determine if your dependents are eligible or ineligible. Once you submit your completed Required Affidavit Signature Form, with required documentation, via the self-addressed, postage-paid envelope included, no further action is necessary by you unless you are contacted by the Dependent Eligibility Verification Unit.

Q: What will happen to my eligible and ineligible dependents' coverage once I complete the Required Affidavit Signature Form?

A: The dependent(s) listed on your Required Affidavit Signature Form whom you declared as 'Eligible' will continue to be covered with no lapse in coverage provided you submit the required documentation. The dependents listed on your Required Affidavit Signature Form whom you declared as 'Ineligible' will be terminated from the health plan effective January 1, 2010. The Dependent Eligibility Verification Audit affords you a 'Grace Period' in which you have the opportunity to terminate coverage of an ineligible dependent. Since your ineligible dependents may have been enrolled in error, we will not take any corrective action based on information submitted concerning your ineligible dependents who are terminated from the health plan during this audit. In addition, no action will be taken to recover benefits paid on behalf of Ineligible dependents if you comply as requested during the Audit ('Grace Period').

Q: What happens if I fail to respond to the Dependent Eligibility Verification Audit?

A. All of your dependent(s) coverage will be terminated if you do not provide the required documentation to verify eligibility by the stated deadline.

Q: Will there be an appeals process?

A: There will be an opportunity to appeal any termination resulting from the Dependent Eligibility Verification Audit.

Q: Are there options for continuing County health plan coverage for ineligible dependents?

A. Termination of an ineligible dependent who was not eligible for coverage is not considered a COBRA Qualifying Event. In certain circumstances, where an eligible dependent became ineligible within the last 60 days, COBRA may be offered. Please contact the Dependent Eligibility Verification Unit for clarification regarding COBRA eligibility otherwise you may pursue alternate coverage through an individual policy.

Q: How may I obtain alternate health coverage for my ineligible dependents?

A. You may obtain alternate coverage for your ineligible dependents by contacting Augeo Benefits at 1-866-642-1928 and speaking to a licensed insurance counselor. The licensed counselor can assist you in locating and enrolling in individual health plan options based upon your needs. Hours of operation are 5:00 am to 5:00 pm Pacific Daylight Time. You may also pursue alternate coverage through an individual policy.

Q: What happens to my documents once received by Orange County Dependent Eligibility Verification Unit? What does the Orange County Dependent Eligibility Verification Unit have in place to ensure the security of the documents?

A: Access to the Dependent Eligibility Verification Unit Facility is restricted through the use of electronic access card systems. Only authorized employees are given access to specific locations within the facility. Once received, documents are scanned electronically and the success of the scanning is then verified. Hard copies of the documents are destroyed within 30 days of receipt. Documents are shredded using the confetti methodology. Accordingly, please do not submit original documents and keep copies of everything you send back. Only select personnel have access through a secure password to the documents and viewable images of the documents.