



FAQ – 2022 Open Enrollment

What is Open Enrollment? – Open enrollment (OE) is an annual period when you have an opportunity to change medical plans, add dependent coverage or disenroll if you no longer want the coverage.

When is the Open Enrollment Period? – The open enrollment period this year is from May 6 to May 23. All elections made during this time will be effective from July 1, 2022 to June 30, 2023 and will be binding unless a Qualified Life Event (QLE) is experienced.

Who is required to complete the Open Enrollment process? – All current employees scheduled to work 30 or more hours per week.

How do I complete the Open Enrollment process? – The Open Enrollment process is available online only. You must log in to your portal at www.RetaTrust.org to access it. If you need technical support, contact the Reta Client Service Center at 707-303-7382.

If I don't plan to make changes to my coverage, am I required to complete the OE process? – Yes, your current coverage will not be carried over to the new plan year. You must complete the OE process to make your medical election for the next plan year and approve the new payroll deductions for health coverage or waive coverage.

If I take no action, will my coverage automatically carry over? – No, your current coverage will not be carried over to the new plan year. You must complete the OE process to make your medical election and approve the new payroll deductions for health coverage or waive coverage.

I don't do computers. Are there paper forms I can complete? – No, the Open Enrollment process is only available online. If you need assistance with creating/accessing your Reta Trust portal, ask the Benefits Administrator at your location to help with this and walk you through the online process. Note: You must sign in using your account. The system will register who made the plan election therefore your Benefits Administrator is not allowed to do it for you from their account.

I am currently on a Leave of Absence. Do I have to complete the OE process? – Yes, if you are on a Leave of Absence, and are currently covered, you must complete the EO process by the due date to have health coverage in the new plan year.

I will be eligible for coverage effective 7/1/2022. Am I required to complete the OE process? – No, if you are not currently covered, you are not required to complete the OE process. You will have the opportunity to make your plan election starting with your eligibility date.

I will no longer be working full-time after 6/30/2022. Am I required to complete the OE process? – Yes, you are required to complete the OE process regardless of your work status or the number of hours as of 7/1/2022.

I am not coming back for the new school year, but I will work through the summer/during summer school. Am I required to complete the OE process? – Yes, if you are working during July and/or August (regardless of the number of hours), you are eligible for health benefits and are required to complete the OE process.

How do I know if I completed my enrollment or if I did it correctly? – You must complete all the steps indicated to you on the right of the screen of the open enrollment wizard and the last step of the process requires you to click “Confirm” and allows you to print a summary of your elections. After this, you will see a message “*You are all set! – Congratulations! You have completed your open enrollment for the 2022 plan Year*”.

I don’t need medical coverage. Can I only enroll in the Dental plan? – No, the health benefits offered to employees and their eligible dependents are only available as a package that includes: medical, prescription, dental, and vision plans. Separate plans are not available.

I have good health coverage. Do I have the option to waive the coverage offered to me? – Maybe. Waiving the health coverage is an option if your current medical plan offers the required minimum essential coverage per ACA standards and it is not a plan offered by Covered California hence must not be receiving government-subsidized insurance. Some sites may offer a financial incentive to employees who waive the coverage. Ask your benefits administrator for information on this.

I have Medicare. Can I waive the health coverage offered to me? – Maybe. Having only Medicare Part A and B coverage does not satisfy the minimum essential required by ACA mandates. You must be insured by a Medicare supplemental plan also to qualify for waiving of coverage. However, if you are enrolled in a Medicare Advantage plan you may waive the coverage. In any instance, you will not qualify to receive a financial incentive if your employer offers one.

I want to waive the coverage. I have checked the requirements and I qualify. What is the process? – To indicate your wish to waive your right to the health benefits offered to you, you must complete the following two requirements: 1) Complete the online Open Enrollment process, and 2) provide your employer with a document of proof of your current coverage.

I waived the coverage. What documents are acceptable documents of proof of other coverage? – The following are accepted as proof of other coverage: a copy of your current medical card and a letter or document from your insurance carrier. Or if coverage is through your spouse or parent, a letter from their employer indicating you have coverage as a dependent.

If I waive coverage now, can I enroll later? – Yes, if you chose to waive the coverage now, you may enroll later if you experience a Qualifying Life Event. See page 17 of the Lay Employee Benefits Manual for information and instructions on completing the Qualifying life event process.

How much does it cost to add dependent coverage? – A rate sheet is provided with the Open Enrollment information package and can also be found on the Diocesan website: www.SRDiocese.org.

I am enrolling my dependents. Are there any documents I must provide? – Yes, the Reta Trust requires dependent verification documents to be uploaded during the enrollment process. The following must be uploaded in PDF format:

Dependent Type	# Docs	Primary Req'd Doc	Secondary Req'd Doc (Any one of the following list)	Tertiary Req'd Doc
Spouse	2	Marriage Certificate	Jointly Filed 1040* Financial Document in both names* Utility bill in both names*	N/A
Child	1	Birth Certificate Hospital Birth Record (newborns only)	N/A	N/A
Stepchild	3	Birth Certificate	Marriage Certificate	Jointly Filed 1040* Financial Document in both names* Utility bill in both names*
Disabled Dependent	2	Birth Certificate	EE's form 1040 with dependent listed Dependents 1040 filed from EE's address SSDI Documentation	N/A
Adopted Child	1	Court Document	N/A	N/A
Legal Guardian	1	Court Document	N/A	N/A
Foster Child	1	Court Document	N/A	N/A

*Not required if marriage is less than 90 days old

Can I enroll my adult children? – Maybe. Adult children may be covered under a parent's medical coverage through the last day of the month of their 26th birthday.

My spouse and children have coverage through 12/31/2022. Can I enroll them as of 1/1/2023? – Yes, but not at this moment. The Open Enrollment is only for elections to be effective 7/1/2022. Losing coverage is a Qualifying Life Event and you will be allowed to request dependent coverage after the last day of their coverage. See page 17 of the Lay Employee Benefits Guide for instructions on completing the Qualifying Life Event Process.

What is a Qualifying Life Event (QLE)? – A qualifying life event is a change in your situation — i.e., getting married, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period.

Where can I get more information on my health benefits? – More information on the health benefits provided to you can be found at the Reta Benefits Center at www.RetaTrust.org