
Frequently Asked Questions CAFCC Benefits Program

Is this a group plan?

Yes, this is a group plan. Therefore all individuals that meet the eligibility requirements are open to join the plan.

Who is eligible?

All licensed family child care providers; their immediate family, and their employees.

What are the eligibility requirements?

You must be a licensed family child care provider; must be actively providing care, and must be a member of the CAFCC.

Can I enroll after the open enrollment period?

You must enroll during the current open enrollment period or wait until the next open enrollment period (1 year).

Situations which allow enrollment after open enrollment

1. Newly opened family day care businesses and newly hired employees can enroll outside of the open enrollment period. These individuals have a 90 day window of opportunity from their date of hire to enroll.
2. If you declined the CAFCC plan because you or any other family member is currently covered under another group plan (not individual plan) and you or family member(s) are no longer eligible for coverage under that plan due to termination of employment, divorce, etc., you would then be eligible to join the CAFCC plan up to 90 days after terminating from your previous plan.

Will I need to join a union to get the CAFCC benefits?

No, for the medical benefits only (not dental, vision, disability, etc.) you are required to join a trust – The California Employer Alliance. The Trust has a bargaining agreement with a union (UISWA) which allows for effective negotiating with insurance carriers and plan protection. By receiving access to the medical benefits offered by CAFCC you are not eligible for any of the other benefits offered by the union associated with the trust.

When is the Open Enrollment period?

Open enrollment will run from Dec 15th – Mar 30th.

How do I enroll?

All enrollment materials can be reviewed and downloaded at the Vantage or CAFCC website. Please visit the websites at www.CAFCC.org or www.vantagebss.com/cafcc.

Can I select the dental or vision plan without enrolling in a medical plan?

Yes, this is a cafeteria style plan and you can select plans on a stand-alone basis.

Can I make changes to my plan after I've enrolled?

No changes can be made until the next open enrollment period (1 year).

Are pre-existing conditions covered?

Yes, most pre-existing conditions are covered, but the medical plan does require very minimal underwriting. It is important to note that some HMO plans will immediately cover pre-existing condition only if you had health insurance coverage within 30-60 days before joining the new plan. Otherwise you would be required wait 6 months for the new plan to cover pre-existing conditions. PPO plans don't have this requirement.

What happens if I'm no longer a family child care provider or associated with family child care?

As long as you are a member of CAFCC and participate with family child care in some way you are eligible to participate otherwise, you would be eligible for COBRA and continue to receive your benefits.

But COBRA is so expensive?

COBRA rates will remain the same as the rates prior to deciding to change your benefits to COBRA. You would then have access to COBRA for 3 years.

HMO vs. PPO – What's the difference?

HMO's provide more comprehensive coverage, both in terms of the services they cover and the share of the cost they assume. However, HMO's have a limitation to the doctors and facilities you can use, except in emergencies.

Some helpful decision points:

- I want more control over my health care and more access to doctors, so I'm willing to share more of the costs when I see a health care provider. ***PPO would be the best selection in this case.***
- I want to pay as little as possible when I see a doctor or seek other health services, so I'm willing to have some limited access to health care providers. ***HMO would be the best selection in this case.***

Still Have Questions??

Contact Vantage at (877) 886-8277 ext. 0906 or 0904