

SECTION 5.2: GROUP INSURANCE BENEFITS

- A. The Board of County Commissioners reserves all rights to determine the types of insurance benefits to be provided and the costs, terms and conditions for participation and to determine insurance carriers or to establish a program of self-insurance.
- B. Employees in a collective bargaining unit are subject to the terms and conditions of their agreement pertaining to benefit coverages and contributions.
- C. Hamilton County offers a flexible benefits plan which allows each eligible employee and elected county official a choice of benefits; including, but not limited to medical, dental, life insurance, and long-term disability insurance.
- D. An employee may elect coverage for themselves and may also include an eligible spouse and dependents, when permitted. The County has the right to request verification that it finds satisfactory for the eligibility of anyone who is covered under any County insurance plan.
- E. PLAN ELIGIBILITY

Eligibility for coverage varies by plan, as detailed below.

1. Medical Insurance Plan:

- a. Eligible Employee: an employee regularly scheduled to work an average of 30 or more hours per week.

Temporary, Seasonal, Intermittent and Intern Employees may also be eligible for medical insurance, if working more than 30 hours per week and expected to work longer than the defined waiting period, listed in Section F.1.a. of this policy. If expected to work more than 30 hours per week, these employees will be afforded the opportunity to enroll in medical insurance, and will also be measured according to the Standard Measurement Period to determine ongoing eligibility.

The Standard Measurement Period generally begins the first pay period that ends in the month of October and runs for 26 pay periods.

Employees who average more than 30 hours per week during the Standard Measurement Period are eligible for health insurance for the next plan year.

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- b. Eligible Spouse: the legally married spouse of the employee.
 - 1. Employees who choose to cover their spouse under a Hamilton County medical plan when the spouse is eligible for other medical coverage are required to pay a spousal surcharge, unless otherwise excluded in 2, below. An employee whose spouse has access to retiree health coverage is subject to the surcharge even if they are enrolled in the retiree coverage, since the County coverage would be primary in either case.
 - 2. In some instances an employee who chooses to cover his/her spouse on the medical plan will not be required to pay the surcharge, including:
 - a. Employees whose spouse is also employed by Hamilton County.
 - b. Employees whose spouse is not eligible for their own employer sponsored health coverage.
 - c. Employees whose spouse is enrolled in their own Employer coverage.
 - d. Employees whose spouse only has access to Medicare, TriCare, or Healthcare on the Exchange.
- c. Eligible Dependent: the biological child, stepchild, legally adopted child who is under age twenty-six; or the employee's handicapped child who is age twenty-six or over, who is incapable of self-support because of a mental or physical handicap.
- d. An eligible employee who opts out of County medical benefits must certify they have alternate medical coverage.

2. Dental Insurance Plan and Supplemental Life Insurance:

- a. Eligible Employee: A permanent full-time employee, or one who is regularly scheduled to work at least thirty hours per week. Temporary, Seasonal, and Intermittent employees are not eligible regardless of number of hours worked.
- b. Eligible Spouse: See Eligible Spouse under Section E.1.b of this policy. Note: The Spousal Surcharge only applies to medical insurance.

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- c. Eligible Dependent: See Eligible Spouse under Section E.1.c of this policy.
- 3. Basic Life Insurance, Long-Term Disability Insurance, and Employee Assistance Program:
 - a. Eligible Employee: See Eligible Employee under Section E.2.a. of this policy.
- 4. Vision Insurance:
 - a. Eligible Employee: See Eligible Employee under Section E.2.a of this policy
 - b. Eligible Spouse: see Eligible Spouse under Section E.1.b of this policy
 - c. Eligible Dependent: the biological child, stepchild, legally adopted child who is under age twenty-six and is not eligible for any health insurance plan through his/her employer; or the employee's handicapped child who is age nineteen or over, who is incapable of self-support because of a mental or physical handicap.
- 5. Flexible Spending Accounts and Transportation Reimbursement Accounts:
 - a. Eligible Employee: full-time permanent or part-time permanent employees (regardless of the number of hours worked). See Section 5.9 of this policy manual for information on the Transportation Reimbursement Accounts.
- 6. The Human Resources Department is responsible for providing details of the insurance plans offered by the County and for overall administration of the health and dental insurance benefits programs. The plan options depend on continued availability of the products and authorization by the Board of County Commissioners.

F. COVERAGE EFFECTIVE DATES

- 1. Employees become eligible for benefits according to the following schedule:
 - a. Employees are eligible for benefits on the first day of the month following sixty (60) days of continuous County service, except as otherwise listed in sections 1.b – 1.e, below.
 - b. Employees who experience a change in status that deems them eligible for coverage per Section E of this policy are eligible for

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benefits on the first day of the month following the change in status, so long as sixty days of service has already been completed at the time of the change in appointment status. If sixty days of service had not been completed at the time of the change in status, the employee is eligible for coverage the first of the month following completion of sixty days of service. For example, employee begins as a temporary employee on 3/1, then on 4/1, after 31 days of service, the employee changes to full-time permanent status. The employee will complete 60 days of service on 4/29, after completing the additional 29 days needed. Employee is therefore benefits eligible on 5/1, the first of the month following completion of 60 days.

- c. Employees who are terminated, separated, or retired, and are rehired within 180 days of the effective date of the termination are eligible for benefits the first of the month following the reinstatement.
 - d. Employees who are recalled from layoff in accordance with the Ohio Revised Code, or their collective bargaining agreement, are eligible for benefits the first of the month following the effective date of the recall.
 - e. Employees who are reinstated from a disability retirement within the five-year statutory limit are eligible for benefits the first of the month following the reinstatement.
2. If a Hamilton County employee's spouse is also employed by the County, the following enrollment options are available for medical, dental, and/or vision insurance. (*Under no circumstances will an employee be permitted to be both a subscriber and a dependent.*):
- a. If there are no other eligible dependents being covered, then the employees may choose to enroll in either:
 - 1. two "employee only" plans, or
 - 2. one "employee +1" plan.
 - b. If there is an eligible dependent(s) in addition to the employee and spouse, then the employees may choose to enroll in either:
 - 1. One "employee" plan, plus one "employee +1" plan or one "family" plan (depending on the number of dependents); or
 - 2. one "family" plan.
3. Terminated, separated, or retired employees' medical, dental, life insurance and long-term disability coverage will cease the last day of the month in which the employee is terminated, separated or retired, unless otherwise eligible for coverage as a dependent under another County employee's plan. An

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employee may extend their date of separation through the end of the month in which the employee last worked by using accumulated leave (vacation, sick, etc.), but never into the following month.

G. ENROLLMENT

1. Eligible employees may enroll, continue, modify or drop insurance coverage during specified annual open enrollment periods.
2. An eligible employee who experiences a “qualifying event” as defined by the Department of Labor, may make changes consistent with the event, so long as notification is made to the Human Resources representative within 31 days of the event.
3. Enrollment materials/information must be provided in a timely manner to the eligible employees by the departmental/agency health care representatives. Enrollment is completed through the online enrollment process.
4. Necessary forms should be maintained in each department for use throughout the plan year.
5. Employees are encouraged to carefully review their pay check stubs and online enrollment summary for accuracy. An employee has 14 days from the date of the first pay check issued that includes a benefit change to notify Human Resources of a possible error in the election. Upon notification, HR will evaluate the error and/or request for change for compliance with IRS guidelines.

H. LEAVES OF ABSENCE / COBRA

See Section 4.5 of this policy manual for more details about leave of absence without pay.

See Section 5.3 of this policy manual for COBRA rights upon termination.

1. When an eligible employee receives approval for a leave of absence without pay, the employee is required to pay his/her portion of the monthly benefit premium to continue benefits for up to three (3) months. When an employee’s leave extends beyond three (3) months, the employee may pay the full monthly COBRA premium to continue group coverage(s). An employee is only allowed three (3) months per calendar year in which the County continues coverage under this rule. Coverage will only continue when employee makes timely payments for the coverage. In the event an employee’s leave of absence extends from one calendar year into a new calendar year, the employee must return to active pay status before a new three (3) month period would be permitted. For example, if an employee’s

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three months of approved leave is November, December, and January, the employee would need to return to active pay status in order to get a new three months leave.

2. When an eligible employee receives approval for a medical leave of absence resulting from a work-related injury covered under Workers' Compensation laws, the employee is required to pay his/her portion of the monthly benefit premium to continue benefits for up to six (6) months. When an employee's leave extends beyond six (6) months, the employee may pay the full monthly COBRA premium to continue group coverage(s). An employee is allowed only six (6) months per calendar year in which the County continues coverage. In the event an employee's leave of absence extends from one calendar year into a new calendar year, the employee must return to active pay status before a new six (6) month period would be permitted. For example, if an employee's six months of approved leave runs from August through January, the employee would need to return to active pay status in order to get a new leave.
3. Employees may enroll for health care coverage under COBRA continuation provisions upon separation from County employment and when a leave of absence without pay extends beyond three months, or six months when leave is a result of a work-related injury.
4. The Department Head or designee will inform every employee who is beginning a leave of absence, or separating from County employment, of the requirements and procedure to continue employee contributions and caution the affected employee that coverage will cease if contributions are not continued. Affected employees should be referred to Human Resources for explanation of COBRA benefits and requirements for continuation of coverage (See Section 5.3 COBRA/Continuation of Medical Insurance). However, ultimate responsibility for continuing coverage rests with the employee.

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