SUBJECT: MEDICAL AND DENTAL INSURANCE BENEFITS

PURPOSE: To define the procedures for providing medical and dental insurance to County employees

SCOPE: All eligible Monroe County Employees

POLICY: When providing medical and dental insurance to employees, Monroe County will do so in a cost

effective manner.

PROCEDURE: Subject to eligibility verification and approval from the insurance carrier, full-time Monroe County

employees and their dependents may apply for coverage in one of Monroe County's medical insurance and/or dental plans at the time of hire, during annual open enrollment and/or after a

Qualifying Event.

ELIGIBILITY: Generally, medical and/or dental insurance coverage is restricted to full-time employees.

Eligibility is governed by Collective Bargaining Agreements, Legislative Resolutions, recruitment/retention needs, historic practice, Obamacare, and other State and Federal Laws. Duplicate Medical Insurance Coverage not permitted: Monroe County does NOT permit duplicate medical coverage. If an employee and/or dependent(s) have medical insurance coverage elsewhere, a Notice of Cancellation from the non-County insurance provider is required

before County coverage begins.

COVERAGE EFFECTIVE DATES:

Coverage will not be effective until all fully completed forms and required documentation are received by the Human Resources Department. If an employee fails to provide all required forms and documentation within 30 days of date of hire or qualifying event, they will be required to wait until the next open enrollment period or next qualifying event to receive coverage.

- New Hire: Effective on the first of the month following the date of hire.
- Open Enrollment: Effective on January 1st following the open enrollment period.
- Qualifying Event: Effective the date of the qualifying event.

QUALIFYING EVENTS:

Generally, Qualifying Events are birth or adoption of a child, legal marriage, separation, divorce, death, loss of coverage due to a change in spouse's job status, and/or coverage is no longer offered through another employer sponsored plan.

DEPENDENTS: **Eligible Dependents** include:

- Legally married spouse,
- Biological children,
- Step-children,
- Adopted children, and/or children for whom the employee has legal guardianship.

Ineligible Dependents;

Children are no longer eligible for medical and/or dental insurance coverage once they
turn age 19, unless they are full-time students at an Accredited Institution, in which case
they remain eligible until they turn age 23 or until the end of the month in which they
graduate, whichever comes first. A minimum of 12 credit hours per semester is required
to maintain full-time student status. If a dependent is no longer a full-time student before

- they turn 23, it is the employees' responsibility to notify the Department of Human Resources of this change.
- Per Obamacare, children remain eligible for medical insurance coverage until they turn age 26. The Obamacare age extension does not apply to dental insurance coverage.

Separation or Divorce: The ex-spouse must be removed from coverage effective the day of the separation (informal or formal) or divorce to avoid any expenses to the employee and/or the County. The employee shall notify the Department of Human Resources and complete the appropriate forms for the removal of the separated or ex-spouse from coverage within 30 days from the date of separation or divorce.

Disabled Adult Children: Disabled Adult Children who, prior to reaching the age of 26, are certified as incapable of self-sustaining employment due to a disability and are financially dependent upon their parents for support and maintenance may remain on medical and dental insurance as long as the appropriate application and supporting documentation are completed and submitted to the Department of Human Resources within 30 days of attaining the age of 26.

NO PAY LEAVES OF ABSENCE:

During No-Pay Leaves of Absence, employees may pay their share of the premiums for both health insurance and dental for the first 30 days. After 30 days of No-Pay status, insurance benefits will be cancelled. Employees will be offered the right to continue coverage under Federal and State COBRA regulations. Upon a return to work, it will be the employee's responsibility to submit applications and documentation for coverage within 15 calendar days of his/her return to work. Upon receipt of proper paperwork and documentation in the required timeframe, coverage will begin the first of the month following the return to work. If the proper paperwork and documentation are not received within 15 calendar days of the return to work date, the employee and their dependents are not eligible to enroll until the next open enrollment period.

REQUIRED DOCUMENTATION:

Depending on the coverage sought, the following documents may be required:

- Fully completed Enrollment Form(s)
- Notice of Cancellation from other insurance provider
- Marriage Certificate
- Social Security Card(s)
- Front Page of most recent Federal Tax return
- Birth Certificates, adoption and/or quardianship paperwork for Dependent Child(ren)
- Proof of Full Time Student status from an Accredited Institution
- Other documentation may be required.

All employees are responsible to notify the Monroe County Department of Human Resources of any changes that will affect their medical and/or dental insurance benefits

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