

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 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. Temporary, intermittent, and seasonal employees are not eligible for group coverage regardless of the number of hours worked.

- 1. Medical Insurance Plan:
 - a. Eligible Employee: for purposes of this policy, is a permanent, full-time employee, or one who is regularly scheduled in active pay status at least thirty (30) hours per week.
 - b. Eligible Spouse: the legally married spouse of the employee.
 - 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. Unmarried adult children ages twenty-six and twenty-seven who are a resident of the state of Ohio or a full-time student at an accredited public or private institution of higher education, not eligible for any health insurance plan through his/her employer, and not eligible for Medicaid or Medicare are also eligible to be covered by the plan, and will result in a higher employee payroll contribution.
 - d. An eligible employee who opts out of County medical benefits must certify they have alternate medical coverage.

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2. Dental Insurance Plan and Supplemental Life Insurance:
 - a. Eligible Employee: See Eligible Employee under Section 1a of this policy.
 - b. Eligible Spouse: See Eligible Spouse under Section 1b of this policy.
 - c. Eligible Dependent: the biological child, stepchild, legally adopted child who is under age nineteen; or unmarried dependents from age nineteen until age twenty-five, if they are full-time students and not working full-time; 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.
3. Basic Life Insurance, Long-Term Disability Insurance, and Employee Assistance Program:
 - a. Eligible Employee: See Eligible Employee under Section 1a. of this policy.
4. Vision Insurance:
 - a. Eligible Employee: See Eligible Employee under Section 1a of this policy
 - b. Eligible Spouse: see Eligible Spouse under Section 1b 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 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

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Board of County Commissioners.

F. COVERAGE EFFECTIVE DATES

1. Employees become eligible for benefits according to the following schedule:
 - a. New hires, rehires, or employees who experience a change in employment status from temporary or seasonal or intermittent to full-time permanent or part-time permanent (30 or more hours per week) 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 change from part-time permanent (less than 30 hours per week) to full-time permanent or from part-time permanent (less than 30 hours per week) to part-time permanent (benefits eligible, 30 or more hours per week) are eligible for benefits on the first day of the month following the change in status, so long as sixty days of service had 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.
 - 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 (*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" plans, or

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- 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 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.

G. ENROLLMENT

1. Prior to the effective date, enrollment materials/information must be provided in a timely manner to the eligible employees by the departmental/agency health care representatives. Enrollment in all plans for new hires is completed through the online paycor enrollment process.
2. Necessary forms should be maintained in each agency or department of the County for use throughout the plan year.
3. During specified open enrollment periods, eligible employees may enroll, continue, modify or drop insurance coverage. An employee who experiences a "qualifying event" as defined by the Department of Labor, may make changes consistent with the event and within thirty-one (31) days of the event.

H. LEAVES OF ABSENCE / COBRA

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 allowed only one leave of absence per calendar year in which the County continues coverage for the first three (3) months of the 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.

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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 one leave of absence per calendar year in which the County continues coverage for the first six (6) months of the 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.