



MARION COUNTY BENEFIT PLAN RULES

Restatement Effective July 7, 2010

Table of Contents

I.	DEFINITIONS	5
II.	GROUP HEALTH PLAN ELIGIBILITY.....	5
	A. Employee Eligibility	5
	B. Dependent Eligibility	6
	C. Domestic Partner Eligibility	7
	D. Job Share Eligibility.....	7
	E. Eligible Retiree.....	7
	F. Eligibility and Medicare	7
	G. Proof of Eligibility	8
III.	GROUP HEALTH PLAN ENROLLMENT	8
	A. Open Enrollment.....	8
	B. New Employee Enrollment.....	8
	C. Waiving Group Health Plan Coverage	9
	D. Domestic Partner Enrollment	9
	1. Registered Domestic Partners:.....	9
	2. Non-Registered Domestic Partners:	9
	3. Domestic Partner as Tax-Qualified Dependent:	9
	4. Domestic Partner Premium Contributions:	9
	E. Family Status Changes – Newly Acquired Dependents.....	10
	1. Birth	10
	2. Adoption	10
	3. Marriage	10
	4. Domestic Partner Eligibility	10
	5. Newly Eligible Dependents.....	11
	6. Loss of Other Health Coverage for Eligible Dependents	11
	F. Unit Changes	11
	G. Job Share Provisions	11
	H. Moving Out of the HMO Service Area.....	12
	I. Return from Unpaid Leave of Absence	12
	J. Recall from Layoff	12
	K. Re-employment	12
	L. Qualified Medical Child Support Orders (QMCSO).....	13
IV.	BENEFITS ELIGIBILITY ENDS.....	13
	A. Termination of Employment.....	13
	B. Family Medical Leave of Absence (FMLA)	13
	C. Unpaid Leaves of Absence (LWOP)	13
	D. Workers' Compensation Claims.....	13
	E. Loss of Eligibility by Covered Dependents.....	13
	F. Dropping Covered Dependents Outside of Open Enrollment	14
	G. Termination of a Domestic Partnership:.....	14
	H. Plan Termination.....	14

V.	MILITARY SERVICE	15
	A. Group health plan eligibility:.....	15
	B. Group life and long term disability:.....	15
VI.	RETIREMENT PLANS	15
	A. PERS & OPSRP	15
	B. Deferred Compensation Plan.....	15
	C. 401(k) Employee Savings Plan.....	16
VII.	OTHER BENEFIT PLAN COVERAGE PROVISIONS.....	16
	A. Group Term Life Benefits.....	16
	B. Voluntary Term Life Benefits.....	16
	C. Long Term Disability Benefits	17
	D. Employee Assistance Program.....	17
	E. Flexible Spending Account (FSA)	17
	F. Commuter Expense Reimbursement Accounts (CERA).....	17
VIII.	CONTINUATION OF COVERAGE.....	17
	A. COBRA Continuation for the Group Health Plan	17
	B. Marion County Retiree Program.....	18
	C. Employee Assistance Program (EAP)	18
	D. Term Life Insurance.....	18
	E. Long-Term Disability	18
	F. FSA & CERA Pre-tax Plans	18
	G. Unpaid Leave of Absence.....	19
	H. Work-Related Injury or Illness.....	19
IX.	MISCELLANEOUS PROVISIONS	19
	A. Disqualification.....	19
	B. Submission and Payment of Claims	19
	C. Complaints, Grievance and Appeals.....	20
	D. Confidentiality	20
	E. Right to Examine Medical Records.....	20
	F. Amendment or Termination of Marion County’s Benefit Plan	20

Preface

The Marion County Board of Commissioners has adopted the Marion County Benefit Plan Rules (the "Rules") as the official rules and procedures for administration of the Marion County Benefit Plan (the "Plan"). The Rules are effective July 7, 2010 and supersede all previous rules. Should any sections of these Rules be unlawful or unenforceable, all other sections and provisions shall remain in effect. The county reserves the right to withdraw or amend any portion of these Rules at any time.

Procedures consistent with these Rules may be established by the plan administrator to ensure efficient administration of the Plan.

The Rules are not intended to create any contract or rights involving third parties, including insurance companies.

I. DEFINITIONS

Benefit Plan

The Marion County Benefit Plan (the “Plan”) includes the following:

- Group Health Plan
- Group Term Life Insurance Benefits
- Long Term Disability Benefits
- Employee Assistance Program (EAP)
- Pre-tax Plans (FSA & CERA)
- Voluntary Employee Paid Benefits

COBRA

Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended addresses rights and obligations related to the continuation of group health plan coverage following termination of coverage under the group health plan.

COBRA Administrator

Marion County uses the services of a third party to administer the continuation of coverage notification and processing services required under COBRA.

Group Health Plan

The group health plan includes:

- Medical insurance plans
- Dental insurance plans
- Vision and prescription insurance coverage, if not already part of the medical insurance plan

Plan Administrator

The plan administrator is the Marion County Risk Manager or the Marion County Benefits Manager. The plan administrator may contract with a third party plan administrator for specialized plan-related administrative services.

Marion County Website

Unless otherwise noted, all references to the Marion County or employee benefits website refer to the following web address:

<http://www.co.marion.or.us/BS/Risk/benefits.htm>.

II. GROUP HEALTH PLAN ELIGIBILITY

A. Employee Eligibility

All regular employees of Marion County and Marion County Housing Authority who work 50% or more of the regularly scheduled workweek (0.5 FTE) are eligible for coverage under the group health plan.

An eligible employee's participation in the medical plan begins on the first day of the month following 30 days of active employment.

An employee's participation in the dental plan is effective on the first day of the month following 180 days of employment.

Employees must work at least 50% or more of their regular work schedule or be covered under a Family Medical Leave of Absence to remain eligible for coverage under the group health plan.

Independent contractors and temporary, seasonal or intermittent workers are not eligible for coverage under the group health plan.

B. Dependent Eligibility

Eligible employees may elect to cover their eligible dependents. Eligible dependents must be enrolled in the same medical and dental plan as the eligible employee.

Dependents must be one of the following to be eligible for coverage:

1. The legally married spouse of the eligible employee.
2. The eligible domestic partner of the eligible employee.
3. A child of the eligible employee, spouse, or eligible domestic partner under the age of 26 who is:
 - a. A natural or adopted child, including a child placed for adoption; or
 - b. A natural or adopted child whose health care is the responsibility of the eligible employee, spouse or domestic partner by court decree or Administrative Order.

The definition of an eligible dependent child for natural or adopted children is without regard to student or marital status, tax dependency, or availability for other health coverage.

4. A child age 26 or over will continue to be eligible if the child meets all of the following conditions:
 - a. The child is incapable of self-sustaining employment for reason of a developmental disability, which existed before age 26; and
 - b. The child is unmarried and is principally reliant upon the eligible employee, spouse or eligible domestic partner for support; and
 - c. The eligible employee provides proof of the dependent's incapacity within 30 days after the child's 26th birthday.

Eligible dependents may also include the following:

1. A dependent for whom the eligible employee, spouse, or eligible domestic partner has legal guardianship by court decree;

2. A ward of the employee, spouse, or eligible domestic partner by court decree; or
3. A dependent by an Affidavit of Dependency showing the employee, spouse, or eligible domestic partner is at least partially responsible for the dependent's financial support, the child is a tax dependent, is under the age of 23, and the child resides with the employee, unless the child is a college student.

C. Domestic Partner Eligibility

Eligible employees may elect coverage for a same sex or opposite sex domestic partner when all the following eligibility criteria have been satisfied by both the employee and the domestic partner:

1. Age 18 years or older
2. Not legally married to anyone
3. Each party is the other's sole domestic partner living together in a spousal equivalent relationship
4. Have shared the same primary permanent residence for at least twelve months immediately preceding the date of the required affidavit or declaration and represent in such affidavit an intent to continue to do so indefinitely
5. Are financially interdependent and jointly responsible for basic living expenses, i.e., the cost of essential food, shelter, and other day-to-day expenses
6. Not related by blood closely enough to be barred marriage in the State of Oregon
7. Mentally competent to consent to a contract

D. Job Share Eligibility

Job share employees may be eligible to be covered under the group health plan if they work 0.5 of one regular full-time equivalent (FTE) position. If both job share employees wish to enroll in the group health plan, each employee will be required to pay one-half of the cost of the medical and dental premiums through payroll deduction.

E. Eligible Retiree

An eligible employee under age 65 who is eligible to retire under the public employee retirement system (PERS) may continue health plan coverage under the county retiree program. The retiree's covered spouse may continue as well until age 65.

F. Eligibility and Medicare

Eligible employees and their covered dependents 65 years of age and older may continue to be covered under the group health plan even if they are eligible for Medicare.

Group health plan participants need to be aware that carriers may not pay benefits for any part of a covered expense to the extent the covered expense is actually paid or would have been paid under Medicare Part A or B had the eligible enrollee properly enrolled in Medicare and applied for benefits. Refer to the carrier's member handbook for more details on coordination of benefits and Medicare. Copies of the insurance carrier's member handbook can be found on the Marion County employee benefits website or directly from the insurance carrier.

G. Proof of Eligibility

Marion County may require proof of eligible dependent status including but not limited to:

1. Affidavit of Dependency
2. Proof of legal guardianship
3. Adoption paperwork
4. Marriage license
5. Declaration of Domestic Partnership or Affidavit of Domestic Partnership
6. Physician's verification of physical or mental disability

III. GROUP HEALTH PLAN ENROLLMENT

A. Open Enrollment

Open enrollment will occur annually prior to the start of the new plan year. The group health plan begins January 1 of each calendar year.

Eligible employees may make changes to their health plans during open enrollment. All changes must be submitted within the time period specified in the open enrollment communications. Changes are effective January 1 of the new plan year.

A special mid-year open enrollment period may occur as a result of a collective bargaining agreement.

B. New Employee Enrollment

New eligible employees will receive a group health plan enrollment form as part of the new employee orientation process. The enrollment form must be completed and submitted to the plan administrator as soon as possible after receipt of the form. The enrollment form must list the employee and any eligible dependents the employee would like to be covered by the group health plan.

Enrollment forms that are incomplete will be returned to the employee to complete the missing information.

All eligible employees who fail to return group health enrollment forms within the initial 30 days will be enrolled in a group health plan option determined by the plan administrator.

C. Waiving Group Health Plan Coverage

All eligible employees have the option to waive the health coverage offered by Marion County. If a financial incentive is available to eligible employees, the employee must provide proof of other coverage in order to receive the waiver incentive.

D. Domestic Partner Enrollment

An eligible employee may enroll an eligible domestic partner and eligible dependents, if applicable, in the group health plan within the same time periods that apply to the enrollment of other eligible dependents under the group health plan.

1. Registered Domestic Partners:

If the eligible employee and eligible domestic partner are registered domestic partners*, the eligible employee is required to submit a copy of their “Declaration of Domestic Partnership” at the same time the enrollment form is submitted.

** Registered domestic partners are same-gender domestic partners who have filed for and have received a Declaration of Domestic Partnership from a county clerk in the State of Oregon.*

2. Non-Registered Domestic Partners:

Eligible employees and eligible domestic partners (opposite-gender partners or same-gender domestic partners) who are not registered, or same-gender partners who have registered in another state, must submit an Affidavit of Domestic Partnership at the same time the enrollment form is submitted.

3. Domestic Partner as Tax-Qualified Dependent:

Eligible domestic partners who qualify as a tax dependent of the employee must complete and submit the “Declaration of Domestic Partner Tax-Dependent Status” form to the plan administrator with the Affidavit of Domestic Partnership form.

4. Domestic Partner Premium Contributions:

The Internal Revenue Service classifies health insurance coverage for domestic partners as a taxable benefit to the employee unless a domestic partner qualifies as a tax-qualified dependent under the IRS code. The value of a domestic partner’s health insurance coverage is considered earnings and is subject to state and federal income tax and FICA withholding.

The taxable value of the coverage will depend on the health plans that are selected and whether the eligible dependent(s) of the domestic partner are also

enrolled. Refer to the Marion County Domestic Partner Information Packet on the employee benefits website for the taxable value amounts.

E. Family Status Changes – Newly Acquired Dependents

Eligible employees who experience a qualifying change in family status may add newly acquired dependents outside of open enrollment if they meet the criteria for eligibility.

The eligible employee must notify the plan administrator by completion and submission of the enrollment form within 30 days of the date the family status change event occurred. Notification requirements are prescribed by the group health plan. Failure to provide the completed enrollment forms within the 30-day timeframe may result in the newly eligible dependent not being covered until the next open enrollment period.

A qualifying change in family status is one of the following:

1. Birth

The newborn child of an eligible employee is eligible at the moment of birth and will be covered for the first 30 days. An enrollment form must be completed and submitted before 30 days for coverage to continue.

Newborn grandchildren of eligible employees may be eligible under certain circumstances. Employees should contact their insurance carrier's customer service representative to determine if their circumstance allows for coverage. An enrollment form and an Affidavit of Dependency must be completed and submitted within 30 days should it be determined the new dependent is eligible for coverage.

2. Adoption

An adopted child is eligible at the time of placement. Placement means the participant has physical custody and has assumed financial responsibility for the support and care of the adopted child.

A copy of the adoption papers must be submitted with the enrollment form. The child continues to be eligible for coverage unless the placement is disrupted prior to the legal adoption and the child is removed from placement.

3. Marriage

A new spouse of an eligible employee is eligible for enrollment effective as of the first day of the next month. A copy of the marriage license must be submitted with the enrollment form.

4. Domestic Partner Eligibility

A domestic partner who meets the eligibility qualifications, but had not met the qualifications prior to the open enrollment period, is eligible for enrollment as of the first day of the next month. An Affidavit of Domestic Partnership form or a

copy of the Declaration of Domestic Partnership, depending on the domestic partner status, must be submitted with the enrollment form.

5. Newly Eligible Dependents

Eligible children of a domestic partner may be added to the employee's health plans due to enrollment of a newly eligible domestic partner.

Eligible stepchildren may be added to the employee's health plans when a spouse is added due to marriage.

6. Loss of Other Health Coverage for Eligible Dependents

An eligible dependent not already enrolled in the group health plan may be enrolled in the group health plan outside of the open enrollment period if the eligible dependent has lost coverage under another health insurance plan. The special enrollment will become effective the first day of the month following the date of loss of coverage, subject to the conditions set forth below:

- a. In order to be eligible for this special enrollment, the other health coverage must end prior to the effective date of coverage on the group health plan.
- b. An eligible dependent is not eligible for special enrollment under the group health plan if the loss of eligibility for coverage under the other health plan is due to failure to pay premiums for such coverage on a timely basis, or if the termination of coverage was for cause, such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the health plan.
- c. An enrollment form must be completed and submitted to the plan administrator within 30 days of the loss of coverage of the other health plan in order for the special enrollment to be effective.
- d. A certificate of creditable coverage or other documentation evidencing that other health coverage for an eligible dependent was in effect prior to the loss of coverage must be submitted with the enrollment form.

F. Unit Changes

Employees changing to a unit that offers different health plan options must switch to the same type of medical and dental plan with the same carrier or waive coverage.

G. Job Share Provisions

Two employees sharing a single full-time position must develop a contract that designates the method by which the benefits associated with the position will be shared. The contract must be submitted to the plan administrator along with the enrollment form(s). A new contract must be submitted when a qualified change occurs.

Two job share employees both wanting to be enrolled in the group health plan will be required to pay one-half of the cost of the medical and dental premiums. Group health plan premium contributions paid by the county for job share positions will not exceed the amount of contributions paid for one full-time regular employee.

A job share employee moving to a full-time regular position who previously waived benefits will have the option to be covered under the group health plan as of the first day of the following month, provided that he/she has been working at least 30 days with the county. Benefit plan enrollment forms will be due within 30 days of the date the new full-time position commenced.

Job share employees are not eligible to receive an incentive if coverage is waived.

H. Moving Out of the HMO Service Area

The group health plan includes a health maintenance organization (HMO). Eligible employees may enroll in the HMO plan only if they live or work within the HMO service area. Enrolled employees who move out of the HMO service area must enroll in another health plan option within 31 days of the date of the move.

An enrolled employee may not change health plans by reason of an eligible dependent moving out of the service area. Eligible dependents temporarily attending an accredited college or vocational school outside of the HMO service area must register the student for out-of-area coverage prior to the student moving out of the service area.

I. Return from Unpaid Leave of Absence

An eligible employee returning from an unpaid leave of absence who lost coverage under the group health plan must complete a new enrollment form within 30 days of the date the employee returns to work in order to be reinstated.

Employees on leave without pay for more than three months who do not continue health insurance while on leave, are subject to the group health plan waiting-period, new deductibles and out of pocket maximum limits upon return to work.

J. Recall from Layoff

An eligible employee who is recalled from a layoff within 90 days of the layoff date must re-enroll in the same medical and dental plan he/she was enrolled in prior to the layoff or waive coverage, unless the 90-day period goes into a new plan year. Coverage will be effective the first day of the month following the date he/she was re-employed.

Eligible employees recalled from a layoff more than 90 days after the layoff date will be treated as new employees.

K. Re-employment

Employees who are re-employed after resignation or retirement will be treated as new employees.

L. Qualified Medical Child Support Orders (QMCSO)

The group health plan will comply with the provisions of a QMCSO as required by law. Changes necessary to comply with a QMCSO will not be restricted to open enrollment.

IV. BENEFITS ELIGIBILITY ENDS

A. Termination of Employment

Participation in the Plan ends on the last day of the month in which the covered employee's employment is terminated regardless of the reason for the separation.

B. Family Medical Leave of Absence (FMLA)

Benefit coverage for eligible employees on a qualified FMLA will continue for up to twelve (12) weeks, as provided by law.

C. Unpaid Leaves of Absence (LWOP)

If a covered employee works less than 50% of the employees' regularly scheduled month and is not eligible under FMLA or has exhausted FMLA hours, contributions for group health plan coverage will not be paid by the county for the following month.

Eligible employees may elect to use vacation or other appropriate leave balances to remain in a paid status during a portion of his/her leave once FMLA hours are exhausted. The time in paid status counts as time worked for purposes of determining the 50%.

The employee may elect to continue benefits at their own expense as outlined in the rules established for continuation of benefits.

D. Workers' Compensation Claims

Marion County will continue all county paid benefits for up to six months from the date of injury or illness, for an employee who is off work due to an accepted workers' compensation claim that occurred while in the course of employment at Marion County.

After six months, employees may voluntarily elect to continue coverage through COBRA. Employees who continue coverage under COBRA will be responsible for all premiums incurred. Employees will receive a notice informing them of their right to continue coverage on the same medical and dental plans.

E. Loss of Eligibility by Covered Dependents

Benefit coverage for a covered dependent ends when any of the following occurs:

1. When a marriage between a covered employee and the covered spouse has

legally ended, coverage will end on the last day of the month in which a decree of divorce or annulment is granted. A new enrollment form must be submitted to the plan administrator within 30 days of the date of the divorce or annulment.

COBRA continuation coverage may be available if the enrollment form is received within the timeframe required. Marion County reserves the right to request a copy of the appropriate document(s).

2. When a domestic partner relationship has ended, coverage will end on the last day of the month in which the event occurred. The covered employee must submit a 'Statement of Termination of Domestic Partner's Health Coverage' form to the plan administrator within 30 days of the termination date.
3. When a covered child no longer meets the definition of an eligible dependent, coverage will end on the last day of the month in which the status change event occurs. The covered employee must complete and submit a new enrollment/change form to the plan administrator within 30 days of the event. COBRA continuation coverage may be available to the child if the enrollment form is received within the timeframe required.

F. Dropping Covered Dependents Outside of Open Enrollment

A covered dependent may be dropped from an employee's coverage at any time during the year if the dependent has obtained health insurance coverage through another health plan.

G. Termination of a Domestic Partnership:

The coverage of domestic partners and their dependents under the Group Health Plan is subject to the following additional terms and conditions:

1. Upon termination of the domestic partnership relationship, or if the eligible domestic partner no longer meets the eligibility criteria, the employee must submit to the plan administrator a "Statement of Termination of Domestic Partner's Health Coverage" within thirty (30) calendar days of the status change event date.
2. Following the termination of coverage, the eligible employee may not enroll a domestic partner under the group health plan within twelve (12) months of the date the Statement of Termination of Domestic Partner's Health Coverage was submitted.

H. Plan Termination

Coverage will end for all covered persons on the date any benefit in the Plan is terminated by the county, service provider, or insurance carrier.

In the event the medical or dental plan is terminated by the county and immediately replaced with another medical or dental plan, the previous plan will continue to cover certain services that began prior to the date the group health plan ended. Check with your medical insurance plan provider for further details.

V. MILITARY SERVICE

Absences for two-week annual trainings will not result in an interruption in benefits eligibility.

A. Group health plan eligibility:

1. An eligible employee who works or is on paid leave for less than 50% of his/her regularly scheduled month will lose coverage on the last day of the month. COBRA coverage of up to 24 months will be offered to the employee and the employee's covered dependents at the time coverage ends.
2. An eligible employee may elect to use vacation or other appropriate leave balances to remain in a paid status during a portion of his/her leave. The paid status time counts as time worked for purposes of determining the 50%.

B. Group life and long term disability:

Marion County will continue to extend coverage to eligible employees who are on an approved unpaid leave of absence for up to three months.

VI. RETIREMENT PLANS

A. PERS & OPSRP

Marion County maintains membership in the Public Employees Retirement System (PERS) and the Oregon Public Service Retirement Plan (OPSRP) for all county employees, including temporary employees. An employee's membership begins after working six (6) full calendar months for a PERS-covered employer in a qualifying position requiring at least 600 hours per calendar year.

An Individual Account Program (IAP) is established for each member. PERS requires a contribution of 6% of the employees' wages into the IAP, which is made by either the county or the employee. For union represented employees, the 6% contribution is determined by their collective bargaining agreement.

Subject to the provisions of Oregon law, the county will participate in the sick leave conversion program under PERS.

B. Deferred Compensation Plan

Eligible employees may participate at their expense in the Marion County Deferred Compensation Plan. The plan is approved and directed by the Marion County Retirement Plan Committee. A financial provider selected by the county oversees the plan assets. Participation in the plan begins on the first day of the month following submission of an enrollment form to the plan administrator or as soon as administratively possible. Contributions to the plan are made by the employee through payroll deduction.

C. 401(k) Employee Savings Plan

The county establishes and maintains 401(k) accounts for eligible management employees. The county will contribute an amount, approved by the board of commissioners, into an employer account in the employee's name. The county contribution is a percentage of base pay. The percentage contributed is:

- 7.5% for elected officials (Units 1 and 11)
- 7.5% for department heads (Unit 10)
- 2.5% for management and supervisors (Units 2 & 13)

The accounts are invested with a financial provider approved by the Marion County Retirement Plan Committee.

Eligible employees may elect to contribute at their own expense amounts in excess of those contributed by the county. All contributions are made through payroll withholding. Participation in the plan begins as soon as administratively possible after the enrollment form is submitted to the plan administrator.

Employees in unit 12 and employees represented by a collective bargaining agreement are not eligible for 401(k) accounts.

VII. OTHER BENEFIT PLAN COVERAGE PROVISIONS

A. Group Term Life Benefits

Marion County provides group term life insurance coverage for all eligible employees at no cost to the employee. The coverage includes a death benefit and accidental death and dismemberment coverage. Other benefit provisions may exist subject to the terms and conditions of the group term life insurance policy in effect at the time of the covered event. Employees will be required to complete a beneficiary form. Coverage begins when the employee's medical plan coverage begins.

Marion County will continue to extend coverage to eligible employees who are on an approved unpaid leave of absence for up to three months.

B. Voluntary Term Life Benefits

Eligible employees may purchase additional voluntary term life (VTL) insurance for themselves and their eligible dependents. Voluntary term life insurance is an optional program with all premiums being paid by the employee through a payroll deduction.

Applications for VTL that are made within the first 30 days of the eligible employee's employment will be issued up to a guaranteed issue amount without a requirement of evidence of insurability. Additional amounts of life insurance may be purchased at any time during the eligible employee's employment, subject to evidence of insurability, and according to the VTL insurance policy in place at the time. Benefits are effective on the first of the month following approval by the insurance carrier. A certificate of coverage will be sent to the employee with the effective date.

C. Long Term Disability Benefits

Marion County provides long-term disability (LTD) benefits for all eligible employees at no cost to the employee. LTD benefits pay an amount equal to a portion of the employee's wages when the employee is unable to work as a result of a non-work related illness, medical condition, or injury. Eligibility for LTD coverage begins when the employee's medical coverage begins.

Application for long-term disability benefits is to be made directly to the LTD claims administrator. Coverage details and determination of eligibility vary depending on the nature and duration of the disability.

D. Employee Assistance Program

Marion County provides an Employee Assistance Program (EAP) at no cost to eligible employees. The county contracts with an outside counseling service, which provides a wide variety of resources and six (6) free confidential visits annually for eligible employees and their covered dependents. Eligibility for EAP benefits begins when the employee's medical plan coverage begins.

E. Flexible Spending Account (FSA)

Marion County offers a pre-tax FSA plan, which allows eligible employees to reduce their taxable income by paying for health care and/or dependent care expenses on a pre-tax basis. Eligibility for enrollment in an FSA begins when the group health plan coverage begins, or during an open enrollment period. FSA plans are regulated under Section 125 of the IRS code.

F. Commuter Expense Reimbursement Accounts (CERA)

Marion County employees who pay for parking, mass transit, or vanpooling may enroll in CERA. CERA allows employees to pay eligible commuter expenses on a pre-tax basis. Eligibility for enrollment in CERA begins when the employee's medical plan coverage begins. CERA plans are regulated under Section 132 of the IRS code.

VIII. CONTINUATION OF COVERAGE

A. COBRA Continuation for the Group Health Plan

The rights and obligations regarding continuation of coverage are governed by the Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA ensures that covered employees and their covered dependents have the right to continue their group health plan coverage for up to 18 months following termination of employment.

Employees will receive a notice regarding their rights within two weeks of their last day of employment with Marion County. The county utilizes the services of a third party administrator for management of COBRA.

Copies of the COBRA notice, which contains more details regarding the employee's rights and responsibilities, can be found on the employee benefits website.

B. Marion County Retiree Program

Eligible retirees who are under age 65 and who are eligible for retirement benefits through PERS may elect to continue to be covered on the group health plan on a self-pay basis. An eligible retiree's spouse who is under age 65 may also continue coverage under the county retiree program.

The retiree will receive notification within two weeks of the retirement date outlining the program options. Marion County utilizes the services of a third party administrator for management of the retiree program.

The retiree may elect to continue either: 1) medical/vision/prescription coverage only; or 2) medical/vision/prescription and dental coverage. If dental coverage is not elected initially, it will not be available for re-election from that time forward during open enrollment periods.

Coverage under the retiree program requires that the eligible retiree elect to continue coverage within 60 days of the date of retirement. Premium payments are due on the first day of the month for which coverage is extended. If the retiree takes the full 60 days to elect the coverage, premium payment is still required for the preceding 60-day period. There will be no reinstatement of coverage if a retiree fails to timely elect the coverage or timely submit the required premium payments. Coverage will be cancelled if premium payments are not received.

C. Employee Assistance Program (EAP)

Marion County will continue EAP counseling services for up to six months for employees whose termination is due to a layoff subject to annual limitations.

D. Term Life Insurance

Coverage is portable for both the group term life and voluntary term life insurance. Employees may elect to continue these coverages at their own expense subject to the terms and conditions of the insurance policy in effect. Copies of the life insurance policy can be found on the Marion County employee benefits website or by contacting the insurance carrier.

E. Long-Term Disability

An eligible employee who terminates employment after a long-term disability (LTD) claim is approved may remain on the county-sponsored LTD coverage until they are no longer eligible as determined by the policy. Long-term disability coverage is not portable.

F. FSA & CERA Pre-tax Plans

Continuation of coverage does not exist for FSA and CERA following termination of employment.

Employees who leave employment prior to spending the balance of funds in an FSA healthcare or dependent care account will forfeit the funds. Receipts that have not been submitted for expenses incurred during Marion County employment may be submitted to the FSA plan administrator by the end of the year for reimbursement.

G. Unpaid Leave of Absence

Eligible employees on unpaid leave of absence must make arrangements with Employee Benefits in order to continue benefits that are paid through a payroll deduction. Depending on the monthly amount, a personal check or money order made payable to Marion County may be required each month to continue these benefit plans.

H. Work-Related Injury or Illness

Marion County will continue all county paid benefits for up to six months from the date of injury or illness for an employee who is off work due to an accepted workers' compensation claim that occurred while in the course of employment at Marion County.

After six months, employees may voluntarily elect to continue coverage. Employees who continue coverage under COBRA will be responsible for all premiums incurred. Employees will receive a notice informing them of their right to continue coverage on the same medical and dental plans.

IX. MISCELLANEOUS PROVISIONS

A. Disqualification

Enrollment forms that have been altered by someone other than the employee will only be accepted following review and written approval of the employee.

Enrollment forms that include persons not eligible for coverage benefits may be handled as follows by the plan administrator:

- Rejected;
- Revised after discussion with the covered employee; or
- Proof of eligible dependent status may be requested, if necessary.

The plan administrator may adjust an enrollment form if an individual listed on the form is found to be ineligible after the enrollment form has been processed.

Enrollment forms containing intentional misrepresentation will be provided to Marion County Human Resources for possible disciplinary action.

B. Submission and Payment of Claims

It is the responsibility of the participants to make sure all claims are submitted to the

insurance carrier once an expense is incurred. It is the participants' responsibility to also resolve claim matters directly with the insurance carrier. Since claims handling practices vary depending on the insurance carrier and provider, participants should inquire with the carrier and the provider on the proper procedure to ensure timely processing. Refer to the insurance carrier's member handbook for more details.

C. Complaints, Grievance and Appeals

Refer to the carrier's member handbook or contact the insurance carrier's customer service representative for details on the grievance and appeal procedures for a particular insurance carrier.

D. Confidentiality

The county's benefit plan carriers have developed policies and procedures necessary to comply with the Health Insurance Portability and Accountability Act (HIPAA). With certain limited exceptions, written authorization from covered persons will be required before personal health information can be disclosed. A copy of Marion County's Notice of Privacy Practices can be found on the Marion County website.

E. Right to Examine Medical Records

By acceptance of the benefits provided under the Plan, participants are deemed to have consented to the examination of medical records by a claims administrator or designee for the purpose of utilization review, quality assurance and renewal.

F. Amendment or Termination of Marion County's Benefit Plan

The county intends to continue to maintain the Plan indefinitely. However, the county reserves the right to amend or terminate in whole or in part any of the provisions of the Plan or change any provider, insurance carrier or administrator under the Plan. In the event of a termination or reduction of benefits under the Plan, liability will be limited to only those benefit payments due and owing as of the effective date of such termination or reduction. No payments scheduled to be made on or after such effective date will result in any liability to Marion County or the Plan. If in the future any provision of the Plan is materially modified, participants will be provided timely written notice of the modification.