

**BEFORE THE BOARD OF COMMISSIONERS**

**FOR MARION COUNTY, OREGON**

In the Matter of Adopting Marion County     )  
Benefit Plan Rules.                                     )

**ORDER No. 19-054**

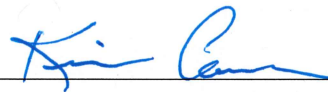
This matter came before the Marion County Board of Commissioners at its regularly scheduled public meeting Wednesday, April 17, 2019, to consider the adoption of a restatement of Marion the County Benefit Plan Rules document.

WHEREAS, the board adopted the restatement of Marion County Benefit Plan Rules on October 31, 2012 in Salem, Oregon, and finds it appropriate to restate program rules, designated as Marion County Benefit Plan Rules; now, therefore,

IT IS HEREBY ORDERED that revised Marion County Benefit Plan Rules, attached hereto, is adopted.

DATED at Salem, Oregon, this 17 day of April, 2019.

MARION COUNTY BOARD OF COMMISSIONERS

  
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Chair

  
\_\_\_\_\_

Commissioner

  
\_\_\_\_\_

Commissioner

Attachment: Marion County Benefit Plan Rules





O R E G O N

# Marion County Benefit Plan Rules

Restatement Effective April 17, 2019

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## 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 April 17, 2019 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.

## 1. DEFINITIONS

### 1.1. Benefit Plans

The Marion County Benefit Plans (the "Plans") includes the following:

- Group Health Plan (medical, dental, vision, and prescription drug)
- Group Term Life Insurance (GTL)
- Long Term Disability Insurance (LTD)
- Employee Assistance Program (EAP)
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Commuter Expense Reimbursement Account (CERA)
- Voluntary Employee Paid Benefits

### 1.2. Retirement Plans

Marion County Retirement plans include:

- Public Employees Retirement System (PERS)
- Oregon Public Service Retirement Plan (OPSRP)
- Deferred Compensation Plan (457)
- 401(k) Employee Savings Plan

### 1.3. Carrier

An insurance company offers or underwrites insurance policies.

### 1.4. 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 a group health plan.

### 1.5. COBRA Administrator

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

### 1.6. Domestic Partner

Domestic partners for whom an employee has submitted an Affidavit of Domestic Partnership affirming that the employee and partner meet the criteria described below:

- Are 18 years of age or older;
  - Are not legally married to anyone;
  - Are each other's sole domestic partner living together in a spousal equivalent relationship;
  - Have shared the same regular permanent residence for at least twelve (12) months immediately preceding the date of the Affidavit of Domestic Partnership, and intend to continue to do so indefinitely;
  - Are financially interdependent and jointly responsible for basic living expenses; and
  - Are not related by blood so close as to bar marriage in the State of Oregon and are mentally competent to consent to contract when the domestic partnership began.
- A domestic partner also includes a partner covered a Declaration of Domestic Partnership from a county clerk in the State of Oregon.



### 1.7. Group Health Plan

The group health plan includes:

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

### 1.8. Plan Administrator

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

### 1.9. Protected Leave of Absence

Marion County provides protected leave for qualifying employees in the form of family, medical, domestic violence, and military leave in conformance with the Family Medical Leave Act (FMLA), Oregon Family Medical Leave Act (OFLA), Oregon Victims of Certain Crimes Leave Act (OVCCCLA), Oregon Military Family Leave Act (OMFLA) and the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA). For more information, see Marion County administrative policy, 305, Protected Leave.

## 2. **GROUP HEALTH PLAN ELIGIBILITY**

### 2.1. Employee Eligibility

- 2.1.1. All regular, full time employees of Marion County (at least 0.5 FTE) are eligible for coverage under the group health plan on the first day of the month following 30 days of active employment; Unless otherwise eligible in compliance with State or Federal regulations, employees must work at least 50% or more of their regular work schedule or be covered under a protected leave of absence to remain eligible for coverage under the group health plan.
- 2.1.2. Temporary or part time (less than .5 FTE) employees are not generally eligible for coverage under the group health plan.
- 2.1.3. Employees not otherwise eligible for Marion County benefits, may qualify for health plan coverage due to regulatory requirements such as the Affordable Care Act (ACA). In this case, an alternative health care plan meeting these requirements may be offered.

### 2.2. Dependent Eligibility

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

- 2.2.1. Eligible dependents must be one of the following:
  - 2.2.1.1. The legally married spouse of the eligible employee
  - 2.2.1.2. The eligible domestic partner of the eligible employeeA child of the eligible employee, spouse, or eligible domestic partner under the age of 26 who is:
  - A natural or adopted child, including a child placed for adoption; or
  - A dependent child for whom the eligible employee, spouse, or eligible domestic partner has legal guardianship by court decree

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

### 2.3. Retiree Eligibility

An eligible retiree under age 65 who qualifies for retirement under the PERS/OPSRP system may continue health plan coverage under the Marion County retiree health care program on a self-pay basis. The retiree's covered spouse may also continue coverage on a self-pay basis until age 65.

### 2.4. Eligibility and Medicare

2.4.1. Active 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.

2.4.2. 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.

### 2.5. Proof of Eligibility

Marion County may require proof of eligible dependent such as:

- Birth Certificate
- Proof of legal guardianship
- Adoption paperwork
- Marriage license
- Declaration of Domestic Partnership or Affidavit of Domestic Partnership
- Physician's verification of physical or mental disability

## 3. **GROUP HEALTH PLAN ENROLLMENT**

### 3.1. Open Enrollment

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

3.1.1. Eligible employees, retirees, and COBRA participants 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.

3.1.2. A special mid-year open enrollment period may occur as a result of a collective bargaining agreement change of carrier or other business need of the employer.

### 3.2. New Employee Enrollment

3.2.1. All eligible employees have the option to waive the health coverage offered by Marion County.

3.2.2. If a financial incentive for the waiver of health plan coverage is available to eligible employees, the employee must provide proof of other coverage prior to the health plan eligibility date, open enrollment period deadline or 30 days of a change due to an intervening qualifying family status change or special enrollment event in order to receive the incentive.

3.2.3. Incomplete enrollments will be returned to the employee for completion.

3.2.4. If an eligible employee fails to return a group health plan enrollment form within 30 days of employment, the plan administrator will choose a default plan and enroll the employee.

### 3.3. Waiving Group Health Plan Coverage

- 3.3.1. All eligible employees have the option to waive the health coverage offered by Marion County.
- 3.3.2. If a financial incentive for the waiver of health plan coverage is available to eligible employees, the employee must provide proof of other coverage prior to the health plan eligibility date, open enrollment period deadline or 30 days of a change due to an intervening qualifying family status change or special enrollment event in order to receive the incentive.
- 3.3.3. Any financial incentive will be considered taxable wages to the employee.
- 3.3.4. A financial incentive for the waiver of group health plan is not available to employees who are entitled to Medicare coverage.

### 3.4. 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.

- 3.4.1. 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.
- 3.4.2. Non-Registered Domestic Partners:  
Eligible employees and eligible domestic partners who are not registered, or have registered in another state must submit an Affidavit of Domestic Partnership at the same time the enrollment form is submitted.  
Domestic Partner as Tax-Qualified Dependent:
  - 3.4.2.1. 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 Domestic Partnership form.
- 3.4.3. Domestic Partner Premium Contributions:
  - 3.4.3.1. 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.
  - 3.4.3.2. 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.

### 3.5. 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

### 3.6. Family Status Changes

- 3.6.1. In the event of a qualifying change in family status, an eligible employee may make a corresponding change in health plan election.
- 3.6.2. Health plan change elections must be made within 30 days of the event. Failure to make an enrolment election change within 30 days of a qualifying change in family status with result in denial of the change until the next open enrollment.
- 3.6.3. A qualifying change in family status is one of the following:

- 3.6.3.1. Birth- The newborn child of an eligible employee is eligible at the moment of birth and will be covered for the first 30 days. In order to continue coverage beyond 30 days, a completed enrollment must be received by Marion County Employee Benefits within 30 days of birth.
- 3.6.3.2. 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. 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.
- 3.6.3.3. 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.
- 3.6.3.4. Change in other coverage- In the event that eligibility or for other coverage changes, or major plan changes occur, enrollment change forms must be accompanied by documentation of other plan changes.
- 3.6.3.5. 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.
- 3.6.3.6. Newly Eligible Dependent Children- Eligible children of a spouse or domestic partner may be added to the employee's health plan at the same time the spouse or domestic partner is enrolled, during open enrollment or another qualifying family change event.
- 3.6.3.7. Loss of Other Health Coverage- An eligible employee or an eligible dependent may be enrolled outside of the open enrollment period if the eligible dependent has lost eligibility for coverage under another health insurance plan. This special enrollment will become effective the first day of the month following the date of loss of coverage.

*Documentation evidencing that other health coverage was in effect prior to the loss of coverage must be submitted with the enrollment.*

- 3.6.3.8. Eligibility for Medicaid or Children's Health Insurance Program (CHIP) Coverage- An eligible employee or eligible dependent who loses coverage under Medicaid or a state CHIP, or who becomes eligible for a premium assistance subsidy under Medicaid or CHIP is eligible for enrollment outside of the open enrollment period. In the case of the loss of coverage, the request for enrollment must be made within 60 days of the loss. The special enrollment will be effective the first day of the following month of the enrollment request.

### 3.7. Unit Changes

Employees changing to a unit that offers different health plan options must elect a plan offered to the unit they are moving to. A completed enrollment form must be received by Marion County Employee Benefits within 30 days of the unit change..

### 3.8. Moving Out of the HMO Service Area

The Marion County Health Plan includes health maintenance organization (HMO) options. 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.

### 3.9. Recall from Layoff

- 3.9.1. An eligible employee who is recalled from a layoff within 91 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 91-day period goes into a new plan year.
- 3.9.2. Coverage will be effective the first day of the month following the date he/she was re-employed.
- 3.9.3. Eligible employees recalled from a layoff more than 91 days after the layoff date will be treated as new employees.

### 3.10. Re-employment

Unless otherwise required by regulations such as ACA, employees who are re-employed after resignation or retirement will be treated as new employees.

## 4. **BENEFITS ELIGIBILITY ENDS**

### 4.1. Termination of Employment

Subject to applicable coverage continuation laws, such as COBRA, 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 termination.

In addition, an eligible retiree under age 65 who qualifies for retirement under PERS may continue health plan coverage under the Marion County retiree health care program on a self-pay basis.

### 4.2. Dropping Coverage Outside of Open Enrollment

An employee or a covered dependent may be dropped from health plan coverage at any time during the year if the employee or dependent, as applicable has obtained health insurance coverage through another health plan (such as the plan of a spouse's employer or a dependent's new employer). The change must be made within 30 days of the event.

### 4.3. Loss of Eligibility by Covered Dependents

Benefit coverage for a covered dependent ends when any of the following occurs. COBRA continuation coverage may be available if the enrollment/change form is received within the timeframe required. Marion County reserves the right to request a copy of the appropriate document(s):

- 4.3.1. Marriage legally ends; 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 Employee Benefits within 30 days of the date of the divorce or annulment.
- 4.3.2. Domestic partnership ends; 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 Employee Benefits within 30 days of the termination date.  
Following the termination of coverage, the eligible employee may not enroll a domestic partner (other than a Registered 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.
- 4.3.3. 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 Employee Benefits within 30 days of the event.

#### 4.4. 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 carrier for further details.

### 5. **RETIREMENT PLANS**

#### 5.1. PERS and OPSRP

- 5.1.1. Marion County maintains membership in the Public Employees Retirement System (PERS) and the Oregon Public Service Retirement Plan (OPSRP) for all county employees who meet PERS/OPSRP eligibility requirements. An employee's membership begins after working six (6) full calendar months for Marion County or another PERS-covered employer in a qualifying position requiring at least 600 hours per calendar year.
- 5.1.2. 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.
- 5.1.3. Subject to the provisions of Oregon law, the county will participate in the sick leave conversion program under PERS.

#### 5.2. Deferred Compensation Plan (457)

- 5.2.1. Eligible employees may participate at their expense in the Marion County Deferred Compensation Plan. The plan is 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 enrollment or as soon as administratively possible.
- 5.2.2. Contributions to the plan are made by the employee through payroll deduction.
- 5.2.3. Employees may choose from pre-tax and post-tax accounts

#### 5.3. 401(k) Employee Savings Plan

- 5.3.1. 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:
  - 5.3.1.1. 7.5% for elected officials (Units 1 and 11)
  - 5.3.1.2. 7.5% for department heads (Unit 10)
  - 5.3.1.3. 2.5% for management and supervisors (Units 2 & 13)
- 5.3.2. The accounts are invested with a financial provider approved by the Marion County Retirement Plan Committee.
- 5.3.3. Eligible employees may elect to contribute at their own expense amounts in excess of those contributed by the county. All contributions are made through pre-tax payroll withholding. Participation in the plan begins as soon as administratively possible after is submitted to the plan administrator.
- 5.3.4. Employees in unit 12 and employees represented by a collective bargaining agreement are not eligible for 401(k) accounts.

## 6. OTHER BENEFIT PLAN COVERAGE PROVISIONS

### 6.1. Group Term Life Insurance

- 6.1.1. 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 are required to complete a beneficiary form. Coverage begins on the employee's benefits eligibility date.
- 6.1.2. Marion County will continue to extend coverage to eligible employees who are on an approved unpaid leave of absence for up to three months.

### 6.2. Voluntary Term Life (VTL) Insurance

- 6.2.1. Eligible employees may purchase additional VTL insurance for themselves and their eligible dependents. VTL insurance is an optional program with all premiums being paid by the employee through a post-tax payroll deduction.
- 6.2.2. Applications for VTL 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.
- 6.2.3. 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.

### 6.3. Long Term Disability (LTD) Insurance

- 6.3.1. Marion County provides LTD insurance 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 on the employee's benefits eligibility date.
- 6.3.2. Claims for LTD insurance are made directly to the LTD insurance carrier. Coverage details and determination of eligibility vary depending on the nature and duration of the disability.

### 6.4. Voluntary Short Term Disability (VSTD) Insurance

- 6.4.1. Eligible employees may purchase VSTD insurance.
- 6.4.2. VSTD 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.
- 6.4.3. Applications for VSTD made within the first 30 days of the eligible employee's employment will be issued coverage without regard to evidence of insurability.
- 6.4.4. VSTD insurance may be purchased at any time during the eligible employee's employment, subject to evidence of insurability, and according to the VSTD 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.

### 6.5. Employee Assistance Program (EAP)

- 6.5.1. Marion County provides an EAP at no cost to eligible employees. The county contracts with an EAP, which provides a variety of resources and six (6) no cost confidential visits

annually for eligible employees and their covered dependents. Eligibility for EAP benefits begins on the employee's benefits eligibility date.

6.5.2. The EAP program is not meant to replace other Marion County benefits.

6.6. Flexible Spending Account (FSA)

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

6.6.2. FSA election changes may only be made during within 30 days of initial benefit eligibility, open enrollment or within 30 days of a qualified family status change.

6.7. 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 benefits eligibility begins. CERA plans are regulated under Section 132 of the IRS code.

**7. CONTINUATION OF COVERAGE**

7.1. Consolidated Omnibus Budget Reconciliation Act (COBRA) Health Plan continuation

7.1.1. COBRA ensures that Qualified Beneficiaries (QB) such as covered employees and their covered dependents have the right to continue their group health plan coverage for a limited period of time following termination of employment or other loss of eligibility.

7.1.2. QBs will receive a notice regarding their rights following loss of eligibility. The county utilizes the services of a third party administrator for management of COBRA.

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

7.2. Marion County Retiree Program

7.2.1. 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. The coverage of an eligible retiree's spouse who is under age 65 and the retiree's dependent children may also continue coverage under the county retiree program.

7.2.2. Marion County utilizes the services of a third party administrator for management of the retiree program.

7.2.3. 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.

7.2.4. 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.

7.3. 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.



7.4. 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.

7.5. 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.

7.6. Short-Term Disability

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

7.7. FSA and CERA Pre-tax Plans

- 7.7.1. Continuation of coverage does not exist for CERA following termination of employment.
- 7.7.2. Employees who leave employment prior to spending the balance of funds in an FSA healthcare or dependent care account may continue to claim reimbursement for services rendered prior to the termination date though the end of the plan year and any run-out period following the end of the plan year.

In the case of a health care FSA with a positive balance at the time of termination, COBRA may be elected through the end of the plan year in order to continue contributions on a post-tax basis. This will allow the employee to continue to claim reimbursements for services rendered though the end of the plan year.

7.8. Continuation of Coverage while on Leave of Absence (LOA)

Eligible employees may use accrued leave balances to remain in a paid status during an approved or protected LOA. Time in paid status is considered time worked.

- 7.8.1. Protected LOA- See Administrative Policy 305 Protective Leave for protected leave information
  - 7.8.1.1. While on a protected LOA, benefits coverage will continue at the same rates with employer contributions as an actively working employee.
  - 7.8.1.2. Regular benefits deductions will continue from pay during protected LOA
  - 7.8.1.3. An employee on protected leave without pay 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.
- 7.8.2. Unprotected LOA
  - 7.8.2.1. While an employee is on an approved paid unprotected LOA, benefits continue as though the employee were active with regular premium deductions from pay.
  - 7.8.2.2. Benefits eligibility for employees during an approved unprotected LOA without pay may be subject to regulatory eligibility requirements such as ACA. Otherwise:

- 7.8.2.3. If a covered employee works less than 50% of the employee's regularly scheduled month and is not eligible under Protected Leave or has exhausted Protected Leave hours, contributions for group health plan coverage will not be paid by the county for the following month. The employee may elect to continue coverage at their own expense as outlined in the rules established for continuation of benefits.
- 7.8.2.4. 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 Protected Leave hours are exhausted. The time in paid status counts as time worked for purposes of determining 50%.
- 7.8.2.5. 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.
- 7.8.2.6. Employees on leave without pay for more than 13 weeks 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.

7.9. Work-Related Injury or Illness

- 7.9.1. 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.
- 7.9.2. Eligible employees 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.
- 7.9.3. 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.

7.10. Military Service

USERRA: While on a USERRA Leave of up to 30 days, health care coverage will be continued at the same rate as an active employee. Employee must coordinate with Employee Benefits for payment of their share of premiums during any unpaid leave.

- 7.10.1. An employee who separates from employment with Marion County to perform services in a uniformed service will have the choice between:
  - 7.10.1.1. Continuation coverage under COBRA (as discussed below) or
  - 7.10.1.2. Under USERRA. If the employee elects USERRA continuation coverage, the period of that coverage may extend until the earlier of (i) the end of the 24 month period beginning on the date the employee leaves employment for the purpose of performing military service, and (ii) the date the employee fails to timely return to employment or reapply for a position with Marion County upon the completion of uniformed service.

7.11. GTL and LTD While on Approved LOA

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

## 8. MISCELLANEOUS PROVISIONS

### 8.1. Disqualification

- 8.1.1. Enrollment forms containing intentional misrepresentation will be subject to possible disciplinary action.
- 8.1.2. Enrollment forms that have been altered by someone other than the employee will only be accepted following review and written approval of the employee.
- 8.1.3. Enrollment forms that include persons not eligible for benefit coverage may be handled as follows by the plan administrator:
  - 8.1.3.1. Rejected;
  - 8.1.3.2. Returned to employee for correction; or
  - 8.1.3.3. Proof of eligible dependent status may be requested, if necessary.
  - 8.1.3.4. 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.

### 8.2. 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.

### 8.3. 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.

### 8.4. 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.

### 8.5. 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 policy renewal.

### 8.6. 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.

