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Enrollment Restrictions
Please Note: There are restrictions on enrolling or changing medical or dental coverage during the Plan Year if you pay your premiums on a pre-tax basis. If you are paying premiums on a pre-tax basis, you may not cancel or add coverage during the year unless you have a qualifying change in status (see page 3) and complete required paperwork within 31 days. For more information, please refer to the Ramsey County Cafeteria Plan Reference Guide (available on RamseyNet or you may obtain a copy from your Benefit Rep.) Check with your Benefit Rep. if you have any questions.

Enrollment Due to Change in Eligibility for Medicaid or CHIP
 If you or a dependent lose eligibility or become eligible for Medicaid or coverage under a State Children’s Health Insurance Program, you have up to 60 days after the change in eligibility to enroll in the Ramsey County medical or dental plan. If you think you or any of your dependents might be eligible for either of these programs, call 1-877-KIDS NOW to discuss your options.

Eligibility for Insurance

Who is eligible?

- Permanent, probationary, provisional, and unclassified employees who work at least 40 hours per pay period on a regular basis. For employees designated as less than 60 hours per pay period, eligibility for insurance is based on either Average Hours Worked or Standard Hours Worked as described on page 4.

Who is not eligible?

- Temporary, seasonal, and intermittent employees. (These employees may become eligible for medical insurance under the Affordable Care Act if they average at least 30 hours per week over a designated measurement period.)
- Employees who work less than 40 hours per pay period on a regular basis.

Who is an eligible dependent? *

For medical and dental insurance:

- Your legal spouse (as defined by the State of Minnesota). If your spouse is a Ramsey County employee, neither you nor your spouse may be enrolled as both an employee and dependent, and you may not double cover your children. Divorced spouses are **not** eligible dependents. If you are getting divorced and carry family coverage, you must contact Diane Tomczak at 651-266-2734 concerning state and federal laws regarding continuation of coverage.
- Your children to age 26, including adopted children, stepchildren, and children under your or your spouse’s legal guardianship, regardless of student status, marital status, or financial dependency. Grandchildren may be covered under the medical and dental plans up to age 26 if they are dependent upon you for the majority of their financial support.
- Children of any age who are both (a) incapable of self-sustaining employment by reason of physical or mental impairment; and, (b) dependent upon a covered person for the majority of their support and maintenance. This disability must have come into existence prior to losing dependent status.
- Employees are responsible for notifying the County within 31 days of the date a dependent is no longer eligible for coverage. Failure to do so may result in you being responsible for any retroactive charges for claims already processed and may also impact your ability to switch from family to single coverage. Coverage of the dependent ends at the end of the month in which they lose eligibility. However, state and federal laws provide for continuation of coverage for certain events, provided you notify the County within 60 days of the day coverage would otherwise end.

For optional life insurance:

- Domestic partners are eligible for the same benefits as spouses.
- Spouses or domestic partners, and children from birth up to age 26 are eligible for coverage under Optional Dependent Life insurance.

When can employees enroll or change coverage?

Medical and Dental:

Without evidence of insurability:

1. Current eligible employees may enroll or change coverage during designated open enrollment periods.
2. Eligible new employees may enroll within the first 31 days of their employment.
3. Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
4. All employees may be permitted to enroll or change medical or dental coverage within 31 days of a qualifying change in status. (See Qualifying Change in Status on Page 3. Contact your PBTA to verify your eligibility to make a change.)

Also, see ***Special Enrollment Period for Medical Insurance, Late Enrollment for Medical Insurance, and Newborn Enrollment for Medical Insurance*** on the right side of this page.

Short-Term Disability, Optional Long-Term Disability and Dependent Life:

Without evidence of insurability:

1. Current eligible employees may enroll or change coverage during designated open enrollment periods.
2. Eligible new employees may enroll within the first 31 days of their employment.
3. Employees who become eligible for coverage due to an increase in their work hours may enroll within 31 days of becoming eligible for coverage.
4. For Short-Term Disability, you can change to a longer elimination period at any time during the year.

With evidence of insurability:

1. Employees can enroll in Short-Term Disability, Optional Long-Term Disability or Dependent Life, or change to a shorter elimination period for Short-Term Disability at any other time, if they provide evidence of insurability and are approved by the insurance carrier.

Optional Employee Life and Spouse Life:

Employees may enroll or increase coverage **at any time** if they provide evidence of insurability and are approved as required by the carrier. (See page 11 concerning opportunity to add coverage without evidence of insurability through “guarantee issue” as a new employee or employee first becoming eligible for insurance)

Special Enrollment Period for Medical Insurance

If you are declining enrollment in the Ramsey County Employee Benefit Plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you complete required paperwork within 30 days of losing your other coverage. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in family coverage, provided that you complete required paperwork within 31 days after the marriage, birth, adoption, or placement for adoption. Please contact your PBTA if you have questions.

Newborn Enrollment for Medical Insurance

If you elect coverage, the effective date of coverage for newborn infants or newly adopted children will be the date of birth, adoption, or placement for adoption regardless of when notice is provided. Spouses can be added, effective the date of birth, within 31 days. Other dependents may be added as late enrollments.

Late Enrollment for Medical Insurance

If you do not enroll yourself or any eligible dependents within 31 days of the date that you or your dependents first become eligible, you may enroll yourself and any eligible dependents at any time, as long as you or your dependents had maintained continuous and qualifying coverage within 63 days prior to your application for coverage with Ramsey County and no longer have that coverage.

Qualifying Changes in Status may include, but are not limited to:

- Marriage
- Birth/Adoption
- Death of your spouse or dependent
- Divorce
- Termination or commencement of spouse's employment
- Change of your or your spouse's employment from full-time to part-time or part-time to full-time
- You or your spouse going on or returning from an unpaid leave of absence
- Significant change in your or your spouse's health coverage attributable to the spouse's employment
- Dependent no longer qualifying under the County's health insurance program due to age
- Court order requiring you to assume liability for medical expenses of a dependent child

Other changes may be considered as qualifying events depending on individual circumstances.

Note: Generally, qualifying changes must impact eligibility, and changes in coverage must be on account of and consistent with the qualifying change in status. You must notify your Department PBTA and complete required paperwork within 31 days of the change.

**When can employees enroll or change coverage?
(continued)**

Optional Accidental Death and Dismemberment (AD&D):

Eligible employees may enroll at any time without evidence of insurability. You must have optional employee life or spouse life to purchase optional AD&D.

Basic Life and Basic Long-Term Disability (LTD)

Employees who are eligible for a County contribution for insurance are automatically enrolled in Basic Life and Basic Long-Term Disability.

When is coverage effective?

The effective date of coverage will vary based on plan type and individual circumstances. In general, coverage is effective for new employees the first of the month following 30 days of employment. For most other situations, if you enroll on or before the date you are first eligible to participate, coverage is effective the first day of eligibility. If you enroll after the first day of eligibility, coverage is effective the first of the month following enrollment. (For information on eligibility for County contribution, see "Waiting Period for County Contribution to Insurance" on the next page.)

Consult with your PBTA about when your coverage will be effective for your specific situation. Late return of the enrollment form could result in delay of coverage or loss of eligibility to enroll.

What happens to coverage during an unpaid leave of absence?

The types of coverage you may continue, the length of time for continuation, and the length of time you will receive a County contribution, vary depending on the type of leave. For most unpaid leaves of absence, the County contribution continues for the month you are last on paid status, plus the next month. This may vary if your leave qualifies under the Family and Medical Leave Act. Contact your Department PBTA for more detailed information about unpaid leaves, and to obtain an Unpaid Leave of Absence Coverage Form.

When can eligible employees cancel their coverage?

Medical Coverage: This coverage may be canceled at any time if you are not participating in Pre-Tax Premium Program (PTPP) and pay your premiums on an after-tax basis. If you are participating in the PTPP, and your premiums are paid on a pre-tax basis, you can only cancel medical coverage during an open enrollment period, or if there is a qualifying change in status. (See explanation at left.)

Dental Coverage: If you are not participating in the PTPP, and pay your premiums on an after-tax basis, you may cancel dental coverage at any time subject to restrictions listed in the section on "Dental Coverage" in this Reference Guide. If you are participating in the PTPP, your premiums are paid on a pre-tax basis, and you can only cancel dental coverage during an open enrollment period, or if there is a qualifying change in status (see explanation on Page 3), subject to the restrictions listed in the "Dental Coverage" section on page 8 of this Reference Guide.

Life Insurance and Disability coverage may be canceled at any time.

Effective Dates: *When eligible employees cancel any of the above coverages, the cancellation is effective at the end of the month in which they provide cancellation notice.*

What are the County Contributions?

Basic Life and Basic Long-Term Disability:

The County pays the full premium for Basic Life and Basic LTD for employees who are eligible for the County contribution. (See Appendix B for rates.)

Optional Employee and Spouse Life, Optional AD&D, Dependent Life and Optional Long-Term and Short-Term Disability:

The employee pays the full premium. (See Appendix B for rates.)

Medical and/or Dental Coverage: (See Appendix B for rates.)

If you work:

60 to 80 hours/pay period
40 to 59 hours/pay period

You will receive:

100% of the County contribution
2/3 of the County contribution

If your position is designated as *less than 60 hours* per pay period, your eligibility and contribution will be determined in one of two ways:

- 1. Average Hours Worked** – For employees in Local 8–General Unit; Local 8–Professional Employees; Local 1935–Parks and Recreation; Local 151–Community Human Services; Job Training; Licensed Practical Nurses; Local 1076–Ramsey Nursing Home; Local 707–Lake Owasso Residence; Local 8–PHNs/RNs; and Local 3688–JAF, eligibility for insurance and the County contribution will be based on the average hours worked over a six-month period. Average hours worked between pay periods 15-1 will determine eligibility and contribution beginning February 1st; and average hours worked between pay periods 2-14 will determine eligibility and contribution beginning August 1st. For new employees in these bargaining units, or current employees becoming eligible due to a change in employment status, the contribution will be based on the employee’s assigned Standard Hours until the next average hours calculation is run.
- 2. Standard Hours Worked** – For all other employees, eligibility and the County contribution will be based solely on the employee’s assigned Standard Hours.

Waiting Period for County Contribution to Insurance

New employees are eligible for a County contribution the first of the month following 30 days of employment.

New employees may enroll in insurance plans before the County contribution is effective; however, they must pay the full premium until they are eligible for the County contribution.

Current employees, who become eligible for coverage based on the terms of their union contract or Personnel Rules/Benefits Policies due to an increase in hours, will be immediately eligible for a County Contribution provided they have worked for the County as a permanent, provisional, probationary, or intermittent employee, for the length of the waiting period for new employees. (For effective date of coverage, see "When is Coverage Effective" on Page 3.)