

Health Insurance

Objective:		Policy/Procedure Number:	03-05
Reference: (All applicable federal, state, and local laws)	Personnel Office; Agreements between County of Tompkins and Tompkins County of Tompkins Unit, Local 855, CSEA/AFCSME, Employees Union of the Tompkins County Sheriff's Department, and Tompkins County Corrections Officers' Association; and Policy 03-01 of this Manual	Effective Date:	March 4, 1997
Legislative Policy Statement:		Responsible Department:	Personnel
General Information:		Modified Date (s):	
		Resolution No.:	
		Next Scheduled Review:	

I. Definitions:

II. Policy:

The costs and benefits of health insurance for employees are defined in union bargaining agreements and, for non-unionized employees, by Policy 03-01 of this Manual. The Commissioner of Personnel shall maintain procedures that enable employees to understand and take advantage of these benefits.

A. Health Insurers

Tompkins County is included under the Blue Cross/Blue Shield Region-wide Plan, Option II, which consists of:

1. Hospitalization coverage provided by Blue Cross;
2. Medical/surgical coverage provided by Blue Shield;
3. Blue Cross/Blue Shield Master Medical; and
4. A prescription drug program underwritten by Blue Cross of Central New York.

Since January 1, 1996, PHP, a health maintenance organization, also has offered coverage to employees and retirees; there are similarities to and differences from the Blue Cross/Blue Shield coverage. Information on both forms of coverage is available from the Personnel office.

Employees may change from Blue Cross/Blue Shield to PHP, or vice versa, during November of each year, effective the following January 1.

Coverage may become available from other Health Maintenance or Preferred Provider Organizations. Up to date information is provided to all employees and retirees when options change, and is always available from the Personnel office.

B. New employees will be made aware by the Personnel Department at an orientation session of the health insurance program, and necessary forms to enroll in a program or decline coverage will be provided to new employees at orientation. Coverage is not automatic and is only accomplished by use of the enrollment form (see Personnel Office).

- C.** The effective date of coverage depends on the date the employee signs up for the program.
1. If the employee signs up on the first day of employment, coverage is effective immediately provided that the employee authorizes the Finance Office to make necessary extra payroll deductions to cover the interval between effective date of coverage and the period covered by normal payroll deduction (see #4 below).
 2. If the employee signs up within thirty (30) days of the first day of employment, coverage is effective the first day of the month following sign-up. The employee must authorize necessary payments as described in above.
 3. If the employee signs up any time after thirty (30) days from first day of employment, coverage is effective the first day of the third month following sign-up.
- D.** The payroll deduction for health insurance coverage is made from the first two paychecks of each month. The employee's payroll deductions will provide coverage one (1) month hence. (Example: Payroll deductions in April pay health insurance premium for month of May.)
- E.** If the employee wishes to waive coverage, a Declination of Health Insurance (see Personnel Office) must be completed by the employee and filed in the Personnel Office.
- F.** Forms for filing claims are available from the Personnel Office.
- G.** Each enrolled employee will receive a prescription drug card which may be used to purchase prescriptions at participating pharmacies upon payment of the prescribed co-pay. The card is not usable after termination of employment unless the employee is being placed on a preferred list or retiring and/or is continuing health insurance coverage as in #9 and #10 below. Claim statements available from the Personnel Office may be used for prescription drug purchases necessary from the effective date of coverage to the date the drug card is received, and for drug purchases out-of-state (see Personnel Office).
- H.** Health insurance coverage may be continued for the duration of an unpaid leave of absence. If the employee is on medical leave, the employee shall only be required to pay to the Finance office the employee share of the health insurance premium. Proof of the medical disability must be provided to the Commissioner of Personnel by a physician's statement every three (3) months unless provided differently in any union agreement. If the leave is other than a medical leave of absence, the employee may continue coverage by paying the total premium. If the employee does not continue paying premiums, coverage will be terminated, and the employee must sign up again upon return.
- I.** Upon termination of employment, an employee may elect to continue health insurance coverage as governed under federal and state statutes in effect at the time. Relevant information concerning coverage continuation and rates will be provided to eligible enrollees by the administrator of the County's COBRA program.
- J.** An employee who retires from County service under the New York State and Local Retirement System may continue health insurance coverage into retirement. The employee must notify Personnel in writing of the intention to

continue health insurance into retirement, prior to the retirement date and leaving service.

- K.** At the time of retirement, an employee has the option of converting unused fringe hours into a credit that will pay the retiree's share of the health insurance premium. Unionized employees should consult their bargaining agreement; non-unionized employees should see Policy 03-01 of this Manual.

III. Procedure: