

City of Red Bluff  
Administrative Policies & Procedures – Personnel Manual

<b>Subject:</b>  Health Benefits	<b>Number:</b> 22-32
	<b>Effective Date:</b> 6/18/2024
<b>Departments Affected:</b> All	<b>Supersedes (Number/Date):</b> 22-32 10/17/2023
<b>Authority:</b>  Section 2.82-A. Red Bluff City Code	<b>File References:</b>  <b>Approved:</b> Approved by City Council on: 6/18/2024

**Overview:** All full-time, regular employees and probationary employees are eligible to participate in either the City of Red Bluff or Teamsters group health insurance benefit plans, depending on applicable MOU. Enrollment is offered upon initial hire appointment with the City, during the annual open enrollment period or in the case of a qualifying event.

**Applicable to:** All full-time, regular & probationary employees as well as Officer Trainees and City Council Members.

**Guidelines:** Upon initial hire appointment, employees have the option to enroll in the group health insurance plans or waive coverage. Employees who choose to participate in the City’s group health insurance plans have a deadline of sixty (60) days to submit the completed application forms and required documentation to the Human Resources Department. If the employee is joining the Police Unit or Police Mid-Management Unit, they have until the first of the month following date of hire to submit the completed application forms for Teamsters Health along with the required documentation. If an employee fails to enroll timely, they must wait until the next open enrollment period to enroll, unless a qualifying event occurs. The City’s group health insurance is available on its own or can be bundled with Dental/Vision plans. Dental/Vision plans are bundled and are not offered separate from each other. Employees who waive health coverage are still able to participate in the Dental/Vision plans.

The City of Red Bluff provides an Employee Assistance Program (EAP) to all employees at no cost to the employee. Employees do not have to be enrolled in the City’s group health insurance plan to utilize this benefit.

The City may, at its discretion, change insurance carriers, claims administrator or the benefit structure of the group health insurance program provided overall benefits and premiums remain the same.

Coverage begins the first of the month following the month of employment with the City. (i.e., an employee who is hired on January 5th would be covered effective February 1<sup>st</sup>.)

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Part-time, seasonal and temporary positions do not qualify for any health benefits except for the temporary full-time position of Police Officer Trainee. Officer Trainees are offered health benefits due to the fact that they are being sponsored at the Academy to fill regular, full-time Officer positions with the City.

If an employee chooses not to participate in the group health insurance plans, the employee must submit a completed Health Benefits Enrollment Form declining enrollment and attach a copy of their current health insurance card to the Human Resources Department.

Employees who waive the group health insurance plans may elect to enroll during the open enrollment period or if there is a qualifying event.

The City provides a cash-in-lieu of benefits for employees who choose not to enroll in group health insurance of \$100 monthly that is divided between the first and second pay period of the month. The employee can still be enrolled in Dental/Vision plans and receive the cash-in-lieu. Cash-in-lieu is not available to the temporary position of Officer Trainee.

Employees not participating in the group health insurance will need to submit a declination of coverage and provide proof of coverage annually to Human Resources, during Open Enrollment to maintain their cash-in-lieu status.

**Premiums**

The City shall contribute an amount towards the premium cost of each enrolled employee's City-sponsored health plan premium, according to the respective MOU. The employee must pay the remaining amount of the premium cost. Once enrolled, insurance premiums shall be deducted from the employee's pay via payroll deduction.

**Covered Members**

Coverage is provided to the subscriber and all enrolled eligible family members. Employees who wish to enroll their child, spouse or domestic partner must provide a copy of their Marriage License or Registered Domestic Partnership Certificate, their child's, spouse or domestic partner's original social security card and original birth certificate to the Human Resources Department upon enrollment.

A child covered as a dependent on an employee's health plan that turns twenty-six (26) years of age will be removed from the plan the first of the month following their birth month. The employee will be notified that coverage will be ending for the dependent. If coverage is to continue due to a child that qualifies as a disabled dependent a request for coverage to continue must be submitted.

*Dual coverage is not allowed.* Married spouses or domestic partners who are both covered by CalPERS Health or Teamsters Health are only allowed to have one spouse/partner enrolled as a subscriber on the same health insurance plan.

Employees adding a child by reason of adoption must provide a copy of an Adoption Order, Adopt 215. However, if an employee has not yet received an Adopt 215, legal evidence of both the intent to adopt and the right to control the health care of the child or assumed legal obligation for full or partial financial

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responsibility for the child in anticipation of the child's adoption must be provided. Legal evidence to control the health care of the child means a written document, including, but not limited to, a health facility minor release report, a medical authorization form, or relinquishment form, signed by the child's birth parent, or other appropriate authority, or in the absence of a written document, other evidence of the subscriber's, the spouse's, or the domestic partner's right to control the health care of the child.

A child for whom the subscriber, spouse, or domestic partner is a legal guardian is considered eligible on the date of the court decree (the "eligibility date"). Legal evidence of the decree must be provided to the City.

**Open Enrollment**

Each year there will be an open enrollment period in the fall. During this period, employees have the option to enroll or change benefit decisions regarding health coverage. If an employee wishes to enroll or drop the health plan, add or delete dependents, or make changes to their coverage, they must submit such changes to the Human Resources Department by the last day of open enrollment. Employees who do not wish to make any changes to their health plan do not need to take any action. Changes that are made during open enrollment are effective on January 1 following the open enrollment period. If changes are not made during the open enrollment period, there must be a qualifying event to make the change throughout the year.

Retirees and COBRA Participants must submit their change forms directly to the third-party administrator.

**Qualifying Event**

In the occurrence of a qualifying event, employees have a thirty-one (31) day period, from the day the qualifying event occurs, to add or make changes to their health care plan outside of the open enrollment period. Changes that qualify as a qualifying event include a change in family status through either marriage, divorce, domestic partnership, birth, or adoption. If an employee is not enrolled in the health benefits but has a newly eligible dependent as a result of marriage, birth, adoption or placement for adoption, they may then enroll themselves and eligible dependent(s). Other qualifying events may include loss of coverage, change in military status, change in custody status of a child, or exceeding a lifetime limit on benefits under another health plan. Coverage for a qualifying event will begin the first of the month following the event's start date. Births and deaths are exceptions and coverage may be added/dropped outside of the first of the month following.

**Employees on a Leave of Absence**

Employees on a job-protected leave of absence who are enrolled in the City's group health insurance benefit plan will continue to receive benefits at the normal premium share-of-cost basis.

Employees who elect to coordinate: Employees who elect to coordinate their leave accruals with a wage replacement benefit during a job-protected leave of absence will have the employee portion of the share-of-cost premium deducted via payroll deduction.

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Employees who have elected to coordinate and have exhausted all leave balances and job-protected leave entitlements, will be responsible for the employee's portion of the premium. Employees must establish a payment plan with the Finance Department for their portion of the share-of-cost premium continuation.

If an employee continues to be on an approved leave of absence beyond a job-protected leave entitlement they are responsible for the full premium, including the City's share-of-cost portion.

Employees who elect to be in non-paid status: An employee who elects to be in a non-paid status during a job-protected leave of absence shall be responsible for establishing a payment plan with the Finance Department for continued payment of the employee portion of the share-of-cost premium.

Upon the exhaustion of job-protected leave entitlements, an employee who has elected to be in a non-paid status with the City will be required to pay the full premium, including the City's share-of-cost portion.

**Cancellation of Coverage**

An employee may voluntarily cancel their City-sponsored health insurance coverage at any time via the Human Resources Department. If the employee disenrolls from the group health insurance plan proof of other coverage must be provided (if applicable). Coverage will end on the due date for the required monthly contribution coinciding with or following the date of the voluntary cancellation. If an employee voluntarily chooses to disenroll from coverage, they will not be eligible to reapply for coverage until the next open enrollment period or upon a qualifying event.

If an employee is no longer employed with the City of Red Bluff, they are disenrolled from the City's health insurance. Termination is effective the last day of the next month of the last day in paid status. For example, if an employee's last day in paid status is on February 12th, they will be covered until March 31st. Dental/Vision insurance ends on the end of the same month as separation occurs.

The City may end an employee's health coverage for non-payment of premiums. This generally occurs when an employee is on an unprotected leave of absence. Should an employee miss a full or employee's share of premium payment, they will be notified by the Finance Department and/or Human Resources that they have thirty (30) days to bring the late payment current, along with any other payments accrued in the interim. If no payment is received within the 30-day period, the Finance Department and/or Human Resources will notify the employee that coverage will cancel at the end of the month.

**Retiring Employees**

Employees who retire under the provisions of the City's retirement contract with the Public Employees' Retirement System (PERS) may continue to insure themselves and their insured dependents for the health benefit portion of the health plan through a direct pension reduction to cover the portion of the retired employees' premium not paid by the City's one hundred sixty dollars (\$160) retiree contribution.