POLICY
CITY OF ST. PETERSBURG
EMPLOYEE GROUP INSURANCE PROGRAM
JANUARY 2019

Group Insurance Plans

The City's Group Insurance Program consists of the following plans:

Health (Choice, Choice Plus, Choice HDP with Health Reimbursement Account and HDP Basic)
Dental (DHMO and PPO)
Vision (Low Option and High Option)
Supplemental Term Life Insurance (Employee, Spouse and Children)
Accidental Death & Dismemberment ('AD&D') (Employee Only or Family)
Flexible Spending Account ('FSA')

Eligibility Requirements:

Group 1 - Employees classified as 'Full-time – Regular' or 'Full-time – Temporary' are eligible to participate in any or all the Group Insurance Plans after their initial enrollment period.

Group 2 - Employees classified as 'Full-time Temporary Short' or in any 'Part-time' status who meet the definition of a full-time employee as defined in the document '**Determination of Full Time Status for Group Health Coverage'** are eligible to participate in one of the Health plans; eligible Group 2 employees may not enroll in any of the other Group Insurance Plans.

Initial Enrollment:

Group 1 - Employees have thirty (30) days from the date of employment or conversion to Full-time status to enroll in any of the City sponsored Group Insurance Plans. Enrollment must be completed online using Oracle Self-Service.

If an employee elects to cover one or more Dependents in a benefit plan, the employee **must** provide the appropriate Certifications (see the definition of 'Dependents' and 'Certifications' below) to prove eligibility. If appropriate Dependent Certification(s) are not received within the thirty (30)-day enrollment period, any elected coverage will apply to the employee only.

If an employee fails to enroll or chooses not to participate in any or all the plans in the City's Group Insurance Program within the initial thirty (30)-day enrollment period, the employee may not elect to participate until the next Open Enrollment period.

Group 2 - Employees who meet the definition of a full-time employee as defined in the '**Determination of Full Time Status for Group Health Coverage'** document, have thirty (30) days from the end date of their 'Initial Period' to enroll in any of the City's group health plans.

If an employee elects to cover one or more Dependents in a health plan, the employee **must** provide the appropriate Certification(s) (see the definition of 'Dependents' and 'Certifications' below) to prove eligibility. If the appropriate Certification is not received within the thirty (30)-day administrative period, any elected coverage will apply to the employee only.

An eligible employee who fails to enroll or chooses not to participate in a health plan must wait until the end of the next regular 'Measurement Period' at which time it will be determined if the employee continues to meet the requirements as a full-time employee and is again eligible to enroll.

Initial Coverage Effective Date:

Group 1 - Coverage becomes effective the first day of the month nearest sixty (60) days after employment. The 60 - day waiting period for employees with a date of hire on or before the fifteenth day of a month begins on the first day of the same month. The 60-day waiting period for employees hired after the fifteenth (15^{th}) day of the month begins on the first day of the next month.

Group 2 - At the end of their 'Initial Period' an eligible Group 2 employee may enroll in a health plan; coverage becomes effective the first day of the month following the end of the 'Administrative Period'. For existing Group 2 employees who meet the definition of full-time employee as of the end of the prior 'Stability Period' and enroll during the one month 'Administrative Period', health plan coverage becomes effective on the first of April. (See the document '**Determination of Full Time Status for Group Health Coverage'** for complete details and definitions).

Dependent Eligibility for Group Insurance Plans:

Employees electing group insurance coverage may also cover eligible dependents. Eligible dependents include a legal spouse* and dependent unmarried children *(natural, adopted, stepchildren or children under legal custody)* under the age of 26**.

- An official marriage certificate must be presented to enroll a spouse.
- Certification of dependent natural children must indicate the employee as the parent of the child. A birth certificate ***(not** Birth Registration Card)*, child support court order, court-certified guardianship papers, etc. may be used as certification
- In the case of stepchildren, certification must indicate the employee's spouse as the child's parent. A birth certificate ***(not** Birth Registration Card)*, child support court order, court-certified guardianship papers, etc. may be used as certification
- Certification of adopted children must be by official court documents or letter indicating the child has been placed in the employee's home.
- All dependents must have a social security number.

* An employee with a legal spouse is married; 'married' means a marriage which was validly entered in a state, the District of Columbia, a United States territory, or foreign country whose laws authorized the marriage of the employee and his or her spouse.

**Up to age 30 for group health plans only

Dependent Children Age 26 or Over – Group Health Plans

The City requires that each employee electing to add group health plan coverage for a dependent child age 26 or over complete the form **'Dependent Child Age 26 or Over – Application for Coverage'.**

If a completed form for each dependent child age 26 or over is not received in the Benefits Office within 31 days of the Qualifying Life Event, within the thirty (30) day initial enrollment period for New Hires, or during Open Enrollment, the dependent child will not be covered.

Dependent Eligibility for Vision & Dental Plans:

Dependent children are eligible for coverage until the end of the calendar year in which they attain age 26. An employee's legal spouse is eligible for coverage regardless of age.

Dependent Eligibility for Supplemental Life Insurance and AD&D

Dependent children are eligible for coverage until age 20 (age 25 if enrolled as a full-time student). A spouse, or dependent child who is a full-time member of the armed forces is not eligible for this coverage.

After Enrollment - Changes in Coverage/Qualifying Life Events:

Group 1 - Employees may not enroll or cancel group insurance coverage except during an Open Enrollment period unless a **Qualifying Life Event** occurs.

Group 2 - Employees may not enroll or cancel health plan coverage except during the thirty (30)-day 'Administrative Period' beginning on March 1 and ending on March 31 unless a **Qualifying Life Event** occurs.

The employee **must** advise the Benefits Division in writing and provide required documentation within thirty-one (31) days of any of the following Qualifying Life Events:

- Events that change the legal marital status of the employee (including marriage, divorce, death of a spouse, legal separation or annulment). **Former spouses and step-children must be removed from the plan within thirty-one (31) days of the date they become ineligible due to a change in the employee's marital status. Failure to do so may result in non-payment or withdrawal of payment of claims by any applicable carrier(s).**

- Events that change the **number of dependents** including birth, adoption, placement for adoption, death or ineligibility of a dependent.

- A dependent satisfying or ceasing to satisfy a plan's requirements. Ineligible dependents must be removed from the plan within thirty-one (31) days of the date they become ineligible. **Failure to do so may result in non-payment or withdrawal of payment of claims by any applicable carrier(s).**

- Changes in **employment status**, namely, a termination or commencement of employment by a spouse or a dependent.

- Changes in **work schedule** that result in a decrease or increase in the hours of employment by the employee, a spouse or dependent, including a switch between part-time and full-time or the beginning of, or return from, an unpaid leave of absence.

Documentation of the Qualifying Life Event is required and must be provided to the Benefits Division within thirty-one (31) days of the event.

Changes that are not requested within this 31-day period will not be able to be made until the next Open Enrollment (Group 1 employees) or Administrative Period (Group 2 employees). In the event of divorce, death, or loss of dependent eligibility, coverage will be terminated as of the date of the event. Failure to notify the Benefits Division within the 31-day timeframe may result in a loss of premiums paid.

Supplemental Life Insurance and AD&D:

Employees **cannot** be both the primary insured and a covered dependent of another employee on any of the City's Life Insurance plans.

See the City publication 'Benefits Line' for enrollment requirements and the available levels of coverage.

Cost of Coverage:

The City currently contributes to the cost of Group Health Coverage for active employees. Premiums for Dental, Vision, Supplemental Life Insurance and AD&D coverage and contributions to a FSA are fully paid by the employee. All premiums and FSA contributions are made via payroll deduction. See the document '**Benefits Line**' for complete details and current rates.

The City may, but is not required to, contribute to the premium cost for group health coverage. The amount and method of determining any such contribution will be determined by the City and may be changed or discontinued at any time at the discretion of the City. Any premium or portion of a premium paid by the City and/or the employee will be adjusted whenever the premium rate changes.

Overpayment or Under-Payment for Elected Benefit Plans:

Corrections necessary due to an employee's underpayment or overpayment of deductions for premiums and/or FSA contributions is governed by the City of St. Petersburg Rules and Regulations Section 4-12 (B), as follows:

1. Underpayment
   If an employee is paid less than the compensation to which the employee is entitled or has been overcharged for coverage in an employee benefit plan, the City shall correct the situation by paying any funds due to the employee in the next payroll check after the proper determination and corrective calculations have been made and processed.

2. Overpayment

   If an employee has been compensated above the appropriate pay rate or has not paid the proper deduction for coverage in an employee benefit plan, financial restitution is due the City. Generally, such restitution shall either be made immediately by personal check to the City or by payroll deduction from the next payroll check after the proper determination has been made. At the employee's option, restitution may be accomplished through payroll deduction over the same period as the employee received the overpayment.

Group Insurance Coverage during Unpaid Leaves of Absence:

A. Group health and life insurance coverage for an enrolled employee and eligible enrolled dependents may be continued as follows:

   1. Unpaid Medical leave of absence related to employee's own health condition – up to twelve (12) months
   2. Other unpaid leaves of absence – six (6) months

B. Whenever possible, an employee shall notify the Benefits Division in advance of the leave of absence and whether he/she wishes to retain or discontinue Group Insurance Program coverage while on leave.

C. An employee who wishes to continue coverage shall make payments to the Benefits Division either monthly or by lump sum payment in advance of the leave period equal to the authorized length of his/her leave of absence.

D. If a request to discontinue health and additional life insurance has been completed, coverage will be terminated on the last day of the month for which coverage has been paid.

E. If payments are not made after sixty (60) calendar days of the agreed upon payment date, coverage will be canceled as of the last day for which coverage has been paid.

F. Health Plan coverage that is canceled during an approved leave of absence coverage may be reinstated upon the employee's return to work. For leaves other than those covered by the Family and Medical Leave Act, an Evidence of Insurability form for supplemental life insurance coverage and/or a 'Certificate of Creditable Coverage' for group health insurance coverage may be required for reinstatement.

G. For an authorized leave period exceeding six (6) months for an unpaid leave other than medical, or twelve (12) months for a medical leave of absence, upon an employee's return to work, coverage may be reinstated after the completion of a waiting period of ninety (90) days.

Military Duty

Full-time employees called to active military duty (other than for weekend drills) are to provide the Benefits Division a copy of their military orders as well a current copy of their military pay stub. The employee must advise the Benefits Division, in writing, whether he or she wants to continue coverage.

If the employee elects to continue coverage while on active military duty active coverage may be continued for up to twelve (12) months; thereafter COBRA coverage will be offered.

If the employee elects to continue coverage, payments for premiums are due monthly at the end of each month. No deductions will be taken from any supplemental military pay paid by the City. Upon return to active employment the employee must provide a copy of form DD214 to the Benefits Division.

If the employee elected to drop coverage while on military duty the employee must request, in writing, to have their coverage reinstated upon return to active employment and provide a copy of form DD214 to the Benefits Division. Contact the Benefits Division at (727) 893-7279 for more information.

Separation of Employment:

In the event of a separation from employment coverage will continue through the last day of the month in which employment ends. Continuation of coverage will be available under COBRA. (Note: COBRA is not available for Supplemental Life Insurance and AD&D coverage.)

Retirement:

Employees who meet the requirements for retirement may be eligible to continue group insurance coverage after leaving active employment. Refer to the documents '**Policy – City of St. Petersburg Retiree Group Insurance Program'** and **'Benefits Line for Retirees'** for complete details including the current cost of coverage for retirees.

Other:

Benefit plan provisions are governed by the applicable insurance certificates of coverage and/or the respective plan documents. The respective insurance carriers or administrative service providers and the City are responsible for plan administration. All questions and concerns regarding claims and services should be directed to the insurance carrier or administrative service provider.

The City reserves the right to change plans, insurance carriers or administrative service providers and to add, change or terminate any plan or any coverage at any time.

Definitions:

Dependents – Eligible dependents are defined as your legal spouse and dependent children (either by birth, adoption, legal custody or guardianship) Dependent children may be covered up to the age defined by the respective plan.

Certifications – Documented evidence that a dependent either qualifies for coverage or should be removed from a group plan. Certification documents include, but are not limited to the following:

- Marriage Certificate for a spouse
- Birth Certificate for a child
- Legal Custody document for Adoption, Foster care and/or Court Ordered Legal Custody (Must be a legal document stamped by a judge or certified state agency)

- Divorce Decree
- Death Certificate

Beneficiaries – An individual selected by a covered employee as a beneficiary in one or more Life Insurance or Accidental Death and Dismemberment plans. Beneficiaries may be eligible to receive payment from a plan in the event a death or covered accident occurs as outlined in the plan and where coverage has been selected and premiums have been paid.

Evidence of Insurability (EOI) – Statement of medical history required by an insurance carrier and used to determine if an employee or dependent is approved for Life Insurance coverage.

Certificate of Creditable Coverage – A document provided by an insurance carrier providing evidence of prior health plan coverage.

Open Enrollment – Annual period during which employees may make changes to their group insurance plan coverage.