

**Category:** 300

**Number:** 344

**Subject:** **HEALTH, DENTAL CARE AND LIFE INSURANCE PLAN**

**Purpose:** The purpose of this policy is to establish and communicate the fringe benefits of all County elected, non-elected and confidential and non-union employees.

**Authority:** The St. Clair County Board of Commissioners. Administrative policies shall be subject to revision or termination by the Board of Commissioners at its discretion.

**Application:** This policy speaks primarily to exempt (non-union) employees. Employees who are members of unions should consult the applicable collective bargaining agreement for the prevailing policy and procedure. Where a collective bargaining agreement is silent, this policy will apply.

**Responsibility:** The Human Resources Director or designee shall be responsible for the administration and enforcement of this policy.

**Policy:** To acquire and maintain health and/or dental benefits, the employee must enroll and register subsequent changes and modifications as they occur and in accordance with the governing regulations established by the County and/or the plan provider.

Human Resources shall notify employees of all insurance benefits upon hire and advise employees of open enrollment periods and procedures to apply for and modify insurance benefits. An employee who fails to provide timely notice of a status change may be required to reimburse the County for the difference in plan costs.

An employee of the County that has a spouse and/or dependent(s) employed by or retired from the County or County agency shall not be eligible for dual County health insurance or other insurance coverages as both a sponsor and a dependent for any insurance coverage provided by this policy. The County shall not be required to provide dual coverage. Should an employee have a qualifying event and lose coverage, he or she would become eligible to re-enroll in the active or retiree health insurance plan.

An employee of the County that has a spouse and/or dependent(s) employed by or retired from the County or County agency shall not be eligible to participate in the Opt Out plan option as both a dependent for any insurance coverage provided by this policy as an Opt Out participant.

### **HEALTH CARE**

Each regularly scheduled full-time employee shall be eligible to participate in the health care plan offered by the County. The core plan is equivalent to the Community Blue PPO Option 8 with the following features that are not inclusive of all benefits:

Annual Deductible:  
\$500 – Employee  
\$1,000 – Family

Annual Co-Pays:  
80% - Plan Approved Charges  
20% - Employee

Out-Of-Pocket Maximum (Including Deductible):  
\$3,000 – Employee  
\$6,000 - Family

\$20 Office Visit Co-Pay

\$20 Chiropractic Co-Pay

Prescription Drugs:

\$15.00 – Generic Prescription Drugs  
\$30.00 – Brand Name Prescription Drugs  
\$45.00 – Non-Preferred Prescription Drugs

MOPD – Mail Order Prescription Drugs

Heritage Vision Plan- Vision Care

HCA – Hearing Care

All participating regularly scheduled full-time employees shall pay an employee premium cost coshare amount equal to 20% of the County's illustrated rate (adjusted annually).

All employee plan costs shall be paid by way of payroll deduction in advance of the effective date of coverage. The plan cost(s) shall be paid in equal biweekly installments over the 26 annual pay periods.

On an approved leave of absence without pay, an employee must continue to pay the Employee Premium Co-share payments or repay required contributions retroactively upon return to work or forfeit plan eligibility and coverage.

The County shall have authority to select the health care provider provided such coverage is substantially equivalent.

**OPT-OUT OPTION**

Each regularly scheduled full-time employee eligible to participate in the plan but who elect not to participate shall be entitled to annual compensation as follows:

\$ 650 - One Person subscriber  
\$1100 - Two Person subscriber  
\$1350 - Family Plan subscriber

Payment shall be made in equal or near equal bi-weekly installments.

**DENTAL CARE**

The County shall provide regularly scheduled full-time employees with the opportunity to select 100/50/50 dental coverage, with the inclusion of orthodontia coverage, as a freestanding rider. When services are provided in network this plan provides 100% of the cost of preventative or routine services, while the employee and the carrier each pay 50% of restorative (i.e., fillings and caps) charges. The carrier's portion is always subject to payment limitations that are reasonable, usual and customary for the area in which the dentist practices but are maximized when services are in network. In the event the carrier pays less than the 100% or 50%, the employee is responsible for the difference.

A. **CORE PLAN**

- a. Plan 100/50/50 to an annual maximum of \$1,000 per individual.
- b. Orthodontia Plan 50/50 to a lifetime maximum of \$1500 per individual.

B. **OPTION I**

\$200 to a flexible reimbursement account.

In lieu of participating in the plan the employee may elect to have \$200 credited to his or her flexible reimbursement account for uninsured health care or dependent care. This credit is provided in twenty-six (26) equal or near equal installments throughout the calendar year commencing with the first payday of a calendar year. A newly hired or newly eligible employee is provided the installments in equal or near equal amounts based on a proration of 1/26 of the credit amount and the remainder of pay periods in the calendar year.

C. **OPTION II**

In lieu of participating in the plan the employee may elect to have \$150 as a cash rebate paid to him or her in twenty-six (26) equal or near equal installments throughout the calendar year commencing with the first payday of a calendar year. A newly hired or newly eligible employee is provided the installments in equal or near equal amounts based on a proration of 1/26 of the cash amount and the remainder of pay periods in the calendar year.

The dental coverage, including orthodontia benefit, may be elected as a freestanding rider (i.e. without electing to participate in health care coverage).

**LIFE INSURANCE**

The County shall provide full-time regular employees with group life insurance in accordance with the following schedule:

A. **CORE PLAN**

<u>Annual Salary</u>	<u>Benefit</u>
\$24,999 or less	\$20,000
\$25,000 to \$30,999	\$30,000
\$31,000 to \$39,999	\$40,000
\$40,000 or more	\$50,000

B. OPTION I

The eligible employee may purchase an additional amount equal to the core at the employer's group rate. The employee shall be subject to and responsible for all taxes on the premium amount as determined by the IRS.

C. OPTION II

The eligible employee may purchase an amount equal to twice the core at the employer's group rate. The employee shall be subject to and responsible for all taxes on the premium amount as determined by the IRS.

**Administrative**

**Procedures:** Any exceptions or unusual circumstances that are not provided for in this policy must have specific prior approval from the Administrator/Controller.

**Periodic**

**Review:** The Administrator/Controller has determined that this policy as submitted to the Board of Commissioners contains the necessary substance in order to carry out the purpose of the policy. Corporation Counsel has determined that this policy as submitted contains content that appears to be legal activities of the St. Clair County Board of Commissioners.

**Adopted:** January 15, 2015  
Revised June 17, 2021