



BENTON COUNTY

Benefits Administration Policy

November 2024 for plans effective January 1, 2025

This policy provides Benton County employees with a general description of their benefits administration rights under federal and state law. To the extent an issue is not addressed in the policy, the County will administer these programs consistent with applicable laws and regulations. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law.

This policy will be administered by the Human Resources (HR) Department, in partnership with elected officials, department heads, and the Benton County Auditor's Office.

I. Definitions

- a. Affordable Care Act (ACA) Look-Back Measurement Period: Period of time used to determine which employees qualify as full-time for the upcoming plan year. October 1st of previous calendar year through September 30 of current calendar year.
- b. Child: Biological or adopted child, legal ward, or a child for which the employee stood in loco parentis.
- c. Consolidated Omnibus Budget Reconciliation Act (COBRA): Federal law, which, among other items, requires continuation of medical, dental, and vision coverage to be offered to covered employees, their spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events.
- d. Compensable Hours: All paid hours to include hours physically worked and paid leave.
- e. Open Enrollment: Period of time during which employees are able to elect or make changes to benefit plans for the upcoming plan.
- f. Plan Administrator: Benton County HR is the designated Plan Administrator for all Benton-County sponsored employee benefits plans.
- g. Qualifying Life Event: A change in an employee's situation triggering eligibility for a Special Enrolment Period, allowing the employee to enroll in health insurance outside of the annual Open Enrolment Period.

II. Eligibility

- a. Employee eligibility shall be determined through budget approval, resolution, collective bargaining agreement, plan agreement, or annual review of the ACA look-back measurement period.

- b. Eligible dependents may only enroll in benefits plans offered to the employee if the employee is enrolled in said plan.
 - i. Eligible dependents include:
 - a. Legally married spouse
 - b. Child under 26 years of age
 - c. Some plans may allow coverage to continue beyond the age of 26 for unmarried, dependent children who cannot support themselves due to a developmental or physical disability as certified by a physician.

III. Coverage Start

Coverage effective dates differ between plans. Plan eligibility is determined by plan agreement or Collective Bargaining Agreement (CBA).

- a. Washington County Insurance Fund (WCIF)
 - i. The first of the month if eligibility begins on the first working day of the month. If eligibility begins on any other day of the month, coverage will start the first of the following month.
- b. United Employees Benefit Trust (UEBT)
 - i. The employee must have 40 compensable hours within a month for coverage to be effective on the first of the following month.
- c. Washington Teamsters Welfare Trust (Northwest Administrators)
 - i. The employee must work 40 hours within a month for premiums to be paid the following month, with a coverage effective date of the month after premiums begin.

Example – Employee is hired on February 15th and they work more than 40 hours in the month of February. Premiums are paid in March and the employee’s coverage is effective April 1st.

IV. Coverage End

Coverage end dates differ between plans. End dates are determined by plan agreement or CBA.

- a. WCIF
 - i. Coverage will end on the last day of the month in which employee separates.
- b. UEBT
 - i. Coverage will end on the last day of the month following the final month employee met eligibility requirements.
- c. Northwest Administrators
 - i. If separation is voluntary, coverage will end on the last day of the month following the final month employee met eligibility requirements.
 - ii. If separation is involuntary, coverage will end on the last day of the second month following the final month employee met eligibility requirements.

V. Coverage Changes

Coverage changes following initial enrollment can be made only in the following situations.

- a. Open Enrollment
 - i. During the annual open enrollment period, employees may make plan elections and changes for the upcoming plan year.
- b. Qualifying Life Event
 - i. The Special Enrollment Period allows plan changes within 30 days of a qualifying life event.
 - ii. The effective date of any changes made during the Special Enrollment Period will be the date of the Qualifying Life Event.
 - iii. Employees are encouraged to make enrollment changes as soon as practicable to ensure prompt changes to coverage and premiums, where applicable.

VI. Mandatory Enrollment

All employees are required to enroll in a minimum of employee-only coverage in the following lines of coverage:

- a. Medical
- b. Dental
- c. Vision
- d. Basic Life Insurance

Employees covered by some CBAs may be eligible for Time Loss coverage. Employees are encouraged to review their applicable CBA to determine if they are eligible for this benefit.

VII. Enrollment Procedures

- a. Newly eligible employees
 - i. Newly benefits-eligible employees shall complete enrollment during the onboarding process or on the first day their employment status changes.
 - ii. Failure to enroll within 48 hours of eligibility shall result in the employee's automatic enrollment in the lowest cost employee only coverage offered by applicable CBA or county policy.
- b. Open Enrollment
 - i. During the eligible enrollment period, employees may make changes to their benefit plan choices by the specified method of enrollment by the established deadline.

VIII. Contribution Amount and Payment

The Board of County Commissioners will establish, through resolution or CBA, the monthly employer contribution amount for approval Benton County benefits plans.

- a. The County's contribution will first be applied towards employee life, vision, dental, and medical coverage. Any remaining balance will be applied toward any dependent coverage, or to the employee's VEBA account (if applicable).
- b. Premium amounts in excess of the County's monthly maximum benefit plan contributions shall be the sole responsibility of the employee.
 - i. Payroll deductions for benefits premiums will be processed on the second payroll of each month for coverage.
 - ii. Employees will have the opportunity to choose pre-tax or after-tax deductions at the time of enrollment.
- c. If the County chooses to offer an HRA VEBA health reimbursement savings plan, the terms and conditions will be governed by the applicable collective bargaining agreement for bargaining until employees.
 - i. For non-bargaining employees, the Board of County Commissioners will establish, through separate resolution, HRA VEBA policies which define the contribution methods and eligibility requirements.

IX. Leave of Absence

- a. Paid leave of absence
 - i. Benefits coverage and applicable payroll deductions for benefits premiums will continue.
- b. Unpaid leave of absence
 - i. Unless state or federal law requiring continuation of benefits covers the unpaid leave of absence, coverage will end based on individual plan eligibility requirements as outlined in section IV. Payroll will notify HR once an employee has exhausted their paid leave hours.
 - a) If benefits coverage ends due to unpaid leave of absence, the employee will be eligible for continuing benefits under COBRA for up to 18 months or until return from leave of absence.
 - ii. While on unpaid leave, the employee's share of any benefits premiums must be received by Auditor's Office by the 5th of the effective coverage month.
 - a) If at any time payment is more than 30 days late, benefits coverage will be cancelled.
 - b) HR will provide 15 days' notification to the employee prior to the employee's loss of coverage.
 - iii. If employee was placed on COBRA coverage, or if benefits were cancelled due to nonpayment of premiums or loss of eligibility while on unpaid leave of absence, the employee will be required to re-enroll in benefits upon return and coverage will resume based on eligibility requirements of the applicable plan as outlined in Section III.
 - a) Any monies owed to the County will be repaid via payroll deductions, in compliance with applicable law.

X. Insurance Benefits During Military Service

For employees who are members of the military reserves who are inactively called to active duty, or otherwise required to take leave of absence without pay to fulfill military obligations, the County will continue to pay the regular County contribution for insurance benefits for up to 24 months after the leave of absence begins; or for the period of service, whichever is shorter.

- a. The amount of contribution will be the same amount as before employee was called to active duty.
- b. Employees called to active duty are also allowed to apply any used portion of the benefits contribution to elective coverage, dependent medical coverages, or the HRA VEBA account (if applicable) as they did prior to being called to active duty and prior to being placed on leave without pay. Otherwise, employees are responsible for any employee contributed benefits plans they wish to continue.

XI. Post-Separation Benefits

Continuing coverage under COBRA is available for separating employees for up to 18 months following separation of employment.

- a. Separated employees and their dependents aged 65 and over, or on Medicare, are not eligible for COBRA medical coverage.
- b. Employees terminated for gross misconduct are not eligible for COBRA coverage.