

Buffalo & Erie County Public Library
PERSONNEL POLICIES AND PROCEDURES MANUAL

SUBJECT: Employee Health & Dental Insurance Plans

CHAPTER: IX

SECTION: 1

EFFECTIVE DATE: 6/81

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I. STATEMENT OF POLICY

The Buffalo & Erie County Public Library provides all full-time and regular part-time employees with access to a choice of health insurance benefits. The B&ECPL also offers dental insurance coverage to full-time and regular part-time employees. Some employees who retire from service with the B&ECPL may be eligible for retiree health insurance.

II. GUIDELINES

A. Eligibility

1. All full-time and regular part-time employees in permanent positions are eligible for health insurance, on the first of the month following thirty (30) calendar days of employment.

2. Employer contribution varies depending on the type of employment and the applicable collective bargaining agreement. Employees are advised to refer to their respective collective bargaining agreements and/or contact Human Resources for specific information on the availability and cost of insurance coverage.
3. Contributions to health and dental insurance premiums vary and are subject to change.

B. Plan Options

1. Full-time and regular part-time employees may choose from the plan offerings established by the Labor Management Health Fund. Employer contribution will vary depending on the plan and the benefits afforded to the employee under his/her respective collective bargaining agreement or benefits manual.
2. Some part-time employees have the option to enroll in the “Bronze” Plan offered by the Labor Management Health Fund. The B&ECPL does not contribute to the cost of the applicable health insurance premium for part-time employees. It is the sole responsibility of the employee.
3. Full-time and regular part-time employees have the option to select family coverage.
 - a. Family health insurance coverage is designed to cover the employee, his/her spouse, and all children/stepchildren who are under age 26; or a widowed, divorced, or single employee who has children under age 26.

- b. Family dental insurance coverage includes the employee, his/her spouse, and children under 20.
- c. Mentally disabled or physically handicapped children who are unable to support themselves may remain on the family contract regardless of age, under any health insurance plan.
- d. Proof of relationship must be provided.
 - i. A marriage certificate and the previous year's tax Form 1040 (pages 1 and 2) must be provided to put a spouse on the insurance.
 - ii. Birth certificates and social security cards must be provided to put children or step-children on the policy.
- e. Human Resources or the Labor Management Health Fund may periodically request confirmation of familial status.

C. Enrollment

1. Employees may enroll and select a plan at the start of employment or during the yearly open enrollment period. New employees will be advised of their options and provided with materials relating to the various health plans when they start employment. All employees will be notified of the yearly open enrollment period.
2. An eligible employee's health and dental insurance coverage are not automatic upon his/her starting employment, nor does coverage resume automatically when a previously covered employee has allowed his/her coverage to lapse.
3. In order for employees to receive any health or dental coverage, they must complete the appropriate application form and submit it to

Human Resources with proof of family status. Prompt completion of the application form at the time of employment, or when the employee returns to active service, is the responsibility of the employee.

D. Reporting Changes

1. All changes affecting employee coverage including: name, address, marital status, death of spouse, etc. must be reported to Human Resources.
2. Employees who marry and wish to change their previous single coverage to family coverage must submit a new application and a copy of their marriage certificate in order to secure family coverage.
3. If the application for family coverage is received within thirty (30) calendar days following the date of marriage, family coverage will become effective as of the marriage date. However, if the new application for family coverage is received more than thirty (30) days after the date of marriage, family coverage will not become effective until the first day of the month following receipt of the completed application.
4. Any change in the employee's status may affect either eligibility for coverage or the type of coverage the employee and his/her family needs. Failure to make inquiry and/or to record changes in status promptly can result in lack of adequate coverage for employees and their families.
5. Any falsification of insurance records is cause for disciplinary action.

E. Leaves of Absence

1. Coverage and employer contribution will continue during times of paid leave. The employee must continue to pay his/her contribution of the insurance premium on or before the first of the month each month.
2. An employee on Workers' Compensation leave may be entitled to coverage by employer health insurance after all paid leave has been exhausted. To maintain coverage, the employee must continue to pay his/her contribution of the insurance premium on or before the first of the month each month. Employees should refer to their collective bargaining agreement for more information.
3. An employee on Leave Without Pay due to illness will be covered by employer health insurance up to the first 120 days of leave provided that the employee continue to pay his/her contribution of the insurance premium on or before the first of the month each month. After the 120 days, the full monthly premium must be paid by the employee on or before the first day of each month to maintain coverage.
4. An employee on Leave Without Pay (not due to illness) must pay the full monthly premium on or before the first day of each month to maintain coverage.
5. The B&ECPL will not be responsible for coverage if the premium is not paid. Failure of the employee to pay premiums as set forth above will result in lapse of coverage.

6. Employees returning from leave where they allowed their health insurance to lapse must complete a new application and provide proof of family status. They will then re-enter the Group on the first day of the month following return to duty. Employees returning from LWOP must return to the same health insurance plan in which they were enrolled at the time such leave of absence started.
7. Additional rules may apply depending on the applicable union. Employees should consult their collective bargaining agreement.

F. Retirement/Resignation

1. When an employee resigns or leaves B&ECPL service at any time during a month, his/her health and dental insurance coverage will be cancelled on the first day of the month following his/her termination/resignation.
2. Full-time and regular part-time employees with six (6) months or more of continuous service who are enrolled in a health and/or dental insurance plan who resign or retire, then return to B&ECPL service within one (1) year from the date of resignation or retirement, will have their employee health and/or dental insurance coverage reinstated only upon completion of a new application form and family documentation. This policy applies to all previously permanent B&ECPL employees who are rehired within one (1) year, regardless of whether the new appointment is permanent, provisional, or temporary.

3. Some employees may be eligible for retiree health insurance coverage upon retirement.
 - a. Employees should consult their collective bargaining agreement or benefits manual for information regarding eligibility for retiree health insurance coverage.
 - b. If an employee is eligible for retiree health, they must reenroll.
 - c. At the present time, retiree health is administered by the Erie County Personnel Department.

G. Death of Active Employee

Should a permanent B&ECPL employee for whom the B&ECPL is providing paid family health insurance coverage die, the employee's health insurance shall be continued for the employee's survivors during the month in which the death occurs and for two calendar months thereafter.

H. COBRA Coverage – Continuation of Insurance

1. Employees who leave B&ECPL service for almost any reason and are covered under a County health/dental insurance plan the day before they leave are offered the opportunity to continue their health/dental coverage under the County's COBRA program.
2. Dependents of employee health/dental insurance subscribers who would otherwise lose such coverage because of death of the subscriber, divorce, legal separation, or a dependent's reaching the age of 26 may continue their coverage under a COBRA plan. The eligible dependent must enroll in the COBRA plan within sixty (60) days of occurrence, or COBRA eligibility is lost.

3. Coverage period under COBRA varies depending on the circumstances. COBRA covers the period until the dependent or former dependent reaches age 65 or otherwise becomes eligible for Medicare; until the dependent becomes covered under another group health and/or dental plan; or until the dependent ceases to be a dependent, whichever is sooner, up to a maximum of thirty-six (36) months.

4. The B&ECPL does not make any premium contributions toward COBRA coverage. It is the sole responsibility of the former employee or dependent.