



CHAPTER: Additional Benefits

SUBJECT: Benefits Offered by Sedgwick County

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DEPARTMENT OF PRIMARY RESPONSIBILITY: HUMAN RESOURCES

SPECIAL NOTES: This Policy/Procedures Manual does not in any way constitute an employment contract. Sedgwick County reserves the right to amend this Manual at any time subject only to approval by the Board of County Commissioners and the Governing Body of Sedgwick County Fire District Number One.

I. Purpose

The purpose of this Policy is to outline the available benefits in which Sedgwick County employees may participate. It is the policy of the County to provide an employee benefits package that is effective in attracting and retaining qualified and competent individuals.

Sedgwick County provides various group insurance plans to eligible full-time and permanent part-time employees and their dependents to help offset costs resulting from illness, injury, or death. Complete terms of coverage and eligibility offered by group insurance plans are contained in the Summary Plan Descriptions and Plan Documents of each plan. Copies of the Summary Plan Descriptions and Plan Documents are available from Human Resources, or the plan vendor via internet website.

Sedgwick County reserves the right, at its sole discretion, to modify, revoke, suspend, terminate or change the benefits to its employees at any time or to require or increase employee premium contributions toward any benefits to the extent permitted by law. This can occur without the consent of, and without prior notice to, any active or retired employee and eligible dependent covered by Sedgwick County Employee Benefit Plans.

The following benefits are summarized in separate booklets and/or Summary Plan Descriptions (SPDs) available to all eligible employees:

- Medical, Prescription, Vision and Dental Insurance
- Life, AD&D, and Dependent Life/KPERS Long-Term Disability Insurance
- 457(b) Deferred Compensation and U.S. Savings Bond Plans
- Section 125 Flexible Spending Accounts
- Employee Assistance Program
- COBRA

- Association of County Employees

II. Policy

A. Employee Eligibility: Any full-time or benefited part-time employee working at least 30 hours per week may join the medical, prescription drug, dental, life insurance, vision, flexible spending accounts (FSAs), and KPERS retirement/disability plans which the County offers. The Sedgwick County Benefits Book should be consulted for specific information regarding coverage details. Non-benefited part-time and temporary employees are not eligible.

B. Genetic Information Nondiscrimination: Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination related to benefits based on genetic information. GINA restricts employer's acquisition of genetic information and limits disclosure of genetic information. This includes information about genetic tests of applicants, employees or their family members; the manifestation of diseases or disorders in family members and requests for or receipt of genetic services by applicants, employees or their family members.

The exception to the above GINA prohibition is when the information is sought as part of a wellness program with the plan participant's prior voluntary written authorization. This exception includes a requirement that the genetic information be provided only to the plan participant and the licensed health care professional or board certified genetic counselor involved in providing the services.

C. COBRA: Upon separation of employment, retirement, or other circumstances resulting in the loss of benefit coverage, employees and/or their dependents may be extended the right for continuation of benefit coverage under federal law. A qualified beneficiary (employee, spouse or dependent), must notify the employer/plan administrator of a COBRA qualifying event within 30 days. Failure to report a COBRA-qualifying event may result in financial responsibility for payment of claims.

D. 457 Deferred Compensation: This is a savings plan that allows employees to take income and invest it to provide additional retirement funds. These funds are taxed during retirement when one may be in a lower tax bracket. The amounts deferred are diverted "pre-tax" dollars and any investment earnings on these dollars are allowed to accumulate without incurring personal federal or state income tax. These federal or state income taxes are deferred until retirement or withdrawal from the plan. Employees may voluntarily elect to participate in the 457 Deferred Compensation Program offered through payroll deduction.

E. U.S. Savings Bonds: An employee may enroll by signing authorization to divert a specific amount per pay period for the purchase of savings bonds, which are delivered when the purchase price has been accumulated. Once the authorization card has been signed, it remains in effect until canceled. Changes can be made at any time in the amount of the allotment, the inscription or the denomination of the bond simply by filling out a new authorization card.

- F. Association of County Employees (ACE):** This employee organization sponsors and provides recreational and social activities. Membership forms and more information can be found on the County intranet website e-line.
- G. Employee Assistance Program (EAP):** EAP provides professional consultation, confidential assessment, short-term problem resolution and referral services for employees, family members and supervisors. Information regarding the EAP can be found on the County intranet website e-line.
- H. Flexible Spending Accounts:** IRS Code Section 125 relating to pre-taxed insurance premiums also allows for other pre-taxed plans. The Flexible Spending Accounts are pre-taxed plans allowing employees to pay for eligible health and dependent care expenses through the Health Care Reimbursement and Dependent Reimbursement Accounts.

III. Procedure

In general, the benefits division of the Department of Human Resources administers the benefit programs.

- A. Open and Initial Enrollments:** Human Resources shall be responsible for assisting eligible employees with information for enrollment in the payroll deduction plans. An open enrollment for the medical, vision, dental and Section 125 plans is held annually to allow employees to switch plan options, or to add or delete coverage. Employees are not permitted to make such changes to their insurance plans at other times during the year unless a change in family status occurs. New, benefit-eligible employees will be informed of the available benefits when completing new employee initial paperwork and will enroll in benefits using the e-line ESS Initial Enrollment process. Employees eligible for benefits commence participation effective the first of the following month after completion of enrollment and filing benefit forms with Sedgwick County. Enrollment must be completed within 30 days of the employee's hire date. Upon termination, an employee and dependents shall be eligible for coverage only until the end on the month in which they terminated.
- B. Employer and Employee Payroll Deductions:** Sedgwick County offers a variety of insurance coverages and shares in the monthly funding of rates for employee insurance. Employees are paid on a bi-weekly schedule. Payroll periods begin on Sunday and end on Saturday. Insurance payroll deductions and any applicable fees according to statute (i.e., income withholding administrative fee) are taken via payroll deduction.
- C. Insurance Claims:** Although insurance coverage is provided for employees by Sedgwick County and their dependents, conditions covered, claims processing, and actual benefit payments are between the employee and the insurance carrier. The employee is responsible for submitting claims and directly resolving with the insurance company any problems that may occur with the processing of the claim.

Qualified Family Status Change IRS rules:

You may make coverage changes during the year only if you experience a qualified family status

change. The change in coverage must be consistent with the change in status (e.g., you cover your Spouse following your marriage, your child following an adoption, etc.). The following are considered family status changes for purposes of the Plan:

- your marriage, divorce, legal separation or annulment;
- the birth, adoption, placement for adoption or legal guardianship of a child;
- a change in your Spouse's employment or involuntary loss of health coverage (other than coverage under the Medicare or Medicaid programs) under another employer's plan;
- loss of coverage due to the exhaustion of another employer's COBRA benefits, provided you were paying for premiums on a timely basis;
- the death of a Dependent;
- your Dependent child no longer qualifying as an eligible Dependent;
- a change in your or your Spouse's position or work schedule that impacts eligibility for health coverage;
- contributions were no longer paid by the employer (this is true even if you or your eligible Dependent continues to receive coverage under the prior plan and to pay the amounts previously paid by the employer);
- you or your eligible Dependent who were enrolled in an HMO no longer live or work in that HMO's service area and no other benefit option is available to you or your eligible Dependent;
- benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent;
- termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must contact Human Resources within 60 days of termination);
- you or your Dependent become eligible for a premium assistance subsidy under Medicaid or CHIP (you must contact Human Resources within 60 days of determination of subsidy eligibility);
- you or your Dependent enroll in coverage through a federal or state exchange as established by the Patient Protection and Affordable Care Act ("PPACA");
- a strike or lockout involving you or your Spouse; or
- a court or administrative order.

Unless otherwise noted above, if you wish to change your elections, you must contact Human Resources within 31 days of the qualified family status change. Otherwise, you will need to wait until the next annual Open Enrollment.

While some of these changes in status are similar to qualifying events under COBRA, you, or your eligible Dependent, do not need to elect COBRA continuation coverage to take advantage of the special enrollment rights listed above. These will also be available to you or your eligible Dependent if COBRA is elected.

Note: Any child under age 26 who is placed with you for adoption will be eligible for coverage on the date the child is placed with you, even if the legal adoption is not yet final. If you do not legally adopt the child, all medical Plan coverage for the child will end when the placement ends. No provision will be made for continuing coverage (such as COBRA coverage) for the child.

