City Personnel Policy

GROUP HEALTH, LIFE, DENTAL, OPTICAL, AND LONG TERM DISABILITY PLANS

POLICY: 503

Council approval: # Pages: 2

POLICY:

It is the policy of the City to establish and maintain a group health, life, dental, optical, and long term disability plan designed to assist employees in meeting financial burdens in cases of illness, injury, death, and disability. The City retains the right to modify, amend, or terminate any or all benefit plans for any and all persons eligible for benefit under the plans.

APPLICABILITY:

All regular full-time employees, designated contract employees, and qualified beneficiaries of a plan as mandated by state or federal law. Regular part-time employees who are scheduled to work at least 20 hours per week are eligible to participate in group health insurance only.

Seasonal/Temporary employees may be eligible for group health insurance only if they work an average of thirty (30) hours per week during a defined measurement period of twelve (12) consecutive calendar months as provided in the Affordable Care Act (as amended).

Note: Police Union, Police Supervisory, Fire Union & Fire Supervisory including Police Chief and Fire Chief are covered by the Municipal Fire & Police Retirement System of Iowa as it pertains to long term disability.

PROCEDURE:

1. The Summary Plan Description (SPD) governing each benefit plan shall be maintained in the Human Resources Department. These documents are available for examination by any plan participant or beneficiary. The terms and conditions of the SPD shall be controlling in all matters. Where applicable, a SPD will be provided in a manner consistent with applicable laws. The Plan Administrator shall have the discretion and authority to determine eligibility and benefits under the plan.

2. Eligibility to participate in any of the benefit plans shall be determined by labor contract or as authorized by the City Council.

3. Coverage in a benefit plan may require contribution from the eligible member. The amount contributed by the employee shall be determined by labor agreement or by

the City Council, whichever is applicable. For purposes of calculating the insurance contribution rates under a self-insured program, the accrual rate as recommended by the insurance administrator shall be used. The Human Resources Department shall maintain information on contribution rates for all covered members.

4. Where employee contribution is required, such payment shall normally be made through payroll deduction so that payment is made by the due date of the first of the month for which coverage is applicable. In the event that such payroll deduction cannot be made, it is the responsibility of the employee or qualified member to make cash payment to the City Treasurer by the due date. Failure by the employee

or qualified member to make the required contribution within 31 days of the date payment is due shall result in termination of coverage.

5. The date an employee is eligible for coverage and the date that coverage will terminate shall be as described in theS P D . Information concerning continuation of coverage or conversion rights shall be available in the Human Resources Department.

6. No cash payment will be made to any employee in lieu of providing coverage under the group benefit plan.

7. In the event that two employees who are married to each other have elected family health or dental coverage carried by and through one of the employees, the required employee contribution rate for additional dependent coverage will be paid by the City in lieu of providing separate employee coverage in an amount not to exceed the cost of a single (employee only) plan. These employees shall be allowed to change coverage from a family plan to separate coverage without penalty.

8. It shall be the employee's responsibility to notify the Human Resources Department in writing when a change of coverage is desired and to maintain current beneficiary designations.

9. Claims under the benefit plans must be filed on a form provided by the Claims Administrator. A procedure for appealing a claim or administrative decision can be found in the SPD. A copy of the appeal procedure can also be obtained from the Human Resources Department.

10. In the case of a non-FMLA personal leave of absence for more than 30 days, the employee's group coverage shall cease beginning with the first day of the month following the beginning date of the leave. However, the employee may maintain group coverage by paying the full cost of the insurance. For additional information regarding a personal leave of absence, refer to Policy 708.

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