DATE SUBMITTED: 1/13/2020
PREPARED BY: Carlee Nave

Meeting Date Requested: 1/21/2020
PRESENTED BY: Carlee Nave

ITEM: (Select One) X Consent Agenda

Brought Before the Board
Time needed:

SUBJECT: Authorizing special enrollment period for 2020 benefits for M Beaton

FISCAL IMPACT: Indirect fiscal impact for administrative time to administer the updated enrollment and to calculate and execute any payroll reconciliation necessary as a result of new plan selections

BACKGROUND:
For the purposes of benefits administration, Franklin County elected officials, such as M Beaton, County Auditor, are considered employees. The County has allowed employees to waive County medical coverage for a number of years, if they are covered by another qualified group medical plan. As far as I can tell, the County has always required a Waiver of Medical Coverage Form to be submitted with enrollment along with proof of other qualifying group coverage, but I have confirmed this has been a requirement since 2012.

In late 2017, the Board approved a major overhaul to the Franklin County Benefits Administration Policy as the policy had been in place for a number of years. The previous policy, approved in 2011, included the requirement that a Waiver form be completed and turned in by the open enrollment deadline or the employee would be “enrolled in employee only coverage for the lowest cost medical plan available.” In the 2017 update, the verbiage was largely the same, except that we added a deadline of seven days following enrollment, in order to address Waiver of coverage requests that occurred outside of the open enrollment period.

The open enrollment period for 2020 employee benefits was November 4 – November 17. HR engaged in a robust communication strategy for open enrollment for 2020 benefits, in addition to the detailed information available in the online enrollment platform. Communications included:

October 17, 2019
E-mail was sent to Benefits Committee representatives letting them know the dates of open enrollment, including the benefits fair. Reps were encouraged to share this information with their groups so they could plan and watch for the additional information that would be coming.

October 29, 2019
All-County e-mail was sent out notifying employees of the benefits fair date/time, enrollment site instructions, and link to all benefits materials on the public drive. This communication specifically included the requirement to return a Waiver form within seven days of enrollment in order to waive medical coverage. This same day, another All-County e-mail was sent out with updated Benefits Administration Policy, maintaining the Waiver form requirements for employees wishing to waive medical coverage.

October 30, 2019
Open Enrollment announcement and materials were posted on Employee Online in time for employees to reference when pulling their pay stub for the October 31 payroll.
November 4, 2019
All-County e-mail was sent out reminding employees that open enrollment begins today, date/time for benefits fair, where materials can be accessed (including directly from HR where hard copies were available), and included a reminder about submitting medical waiver information within seven days of enrollment. Additionally, the enrollment site was configured so that when an employee elected to waive medical coverage, a reminder (in red) was displayed reminding the employee to complete the waiver form.

November 6, 2019
All-County e-mail was sent out at the beginning of the benefits fair, reminding employees that Conover Insurance reps were available to assist with enrollment. An additional communication went out about halfway through the benefits fair encouraging attendance. At the end of the day, an additional e-mail was sent communicating the prize winners, reminding employees of the open enrollment deadline, and giving the Conover rep information if they would still like assistance with enrollment.

November 8, 2019
All-County e-mail was sent out with Life Flight FAQ. Additional e-mail went out to Benefits Committee reps with completion status information and encouraging them to reiterate the open enrollment deadline with their groups. HR also solicited information regarding any employees on leave so that we could reach out to those employees directly (if we weren’t previously aware of their leave status).

November 12, 2019
All-County e-mail sent out with enrollment site instructions, deadline, consequences of not completing enrollment, and Conover contact information for assistance with enrollment. This communication reiterated the requirement to turn in a Waiver form within seven days of enrollment in order to waive medical coverage.

November 13, 2019
E-mail to Benefits Committee reps, HR, EO/DH, key admin staff, and union reps (where applicable) listing employees in each group who had not completed enrollment along with a listing of the plans they will be enrolled in if they take no action, and requesting them to let us know if there are any employees on leave who we need to contact directly.

November 15, 2019
E-mail reminder to employees’ County and personal e-mail addresses (where available) reiterating the enrollment deadline, listing the plans they will be enrolled in if they fail to take action, and giving them Conover contact info for assistance with enrollment. For employees with no e-mail address available, HR contacted them with the same information via telephone.

The Benefits Administration Policy states:

IV. COVERAGE CHANGES
Coverage changes following initial enrollment can be made only in the following situations:

A. Open Enrollment
1. During the annual open enrollment period, employees must make plan elections for the upcoming plan year.
2. Failure to take action on plan elections during open enrollment will result in the employee being enrolled in the lowest cost employee-only plan.
On November 18, 2019 the benefits enrollment system was closed to enrollments and employees who had not completed the 2020 enrollment process were enrolled in the lowest cost employee-only plan for all lines of coverage, in accordance with the Benefits Administration Policy, or, in the case of a missing Waiver form, the employee was enrolled in the lowest cost employee-only medical coverage, with the rest of their benefits elections remaining unchanged. It is necessary to close the system after the open enrollment period to allow for information to be extracted and entered into the ONESolution system for payroll.

Following the auto-enrollment process, all affected employees were sent an updated Benefits Summary and instructions on how to facilitate an appeal to the Board for a special enrollment period. On November 25, 2019, M Beaton received notification that he had been auto-enrolled in medical coverage, in accordance with the Benefits Administration Policy, because he had not completed enrollment by turning in the Waiver of Employee Medical Coverage Form with proof of qualifying group coverage, within seven days of enrollment as required by the Benefits Administration Policy:

VI. WAIVER OF MEDICAL COVERAGE

A. Employees may waive medical coverage with proof of other qualifying group medical coverage. Individual medical plans are not qualifying group medical coverage which will permit waiver of County medical coverage. To waive coverage, eligible employees must:
   1. Complete the Waiver of Medical Coverage Form,
   2. Provide the completed Waiver of Medical Coverage Form, including evidence of qualifying group coverage, to HR within seven days of enrollment.

B. If the Waiver of Medical Coverage Form, including evidence of other qualifying medical group coverage, is not received by HR within seven days of enrollment, the employee will be enrolled in employee-only coverage for the lowest cost medical plan.

Following notifications of the auto-enrollment selections, which included the process for requesting an exception, we had four employees request exceptions to open enrollment for a variety of reasons. Those requests were approved by the Board on December 17, 2019.

On January 6, 2020, Mr. Beaton contacted HR to ask if he had missed something with enrollment. At that time, he was informed that he had been enrolled in medical coverage, in accordance with County policy, due to HR not receiving his waiver form. Mr. Beaton turned in the completed waiver form the same day, and asked how we can remedy the situation. HR contacted Conover insurance to find out if an enrollment change is possible after the plan year has started. Conover worked with Premera and ultimately Premera agreed to grant an exception and allow a change in coverage if approved by the Board.

If approved, the change will be retroactive to January 1, 2020 (the start of the plan year). At this time, we have processed benefits payments on the December and January payrolls, so additional staff time will be involved with the reconciliation process with Premera and payment in lieu of VEBA to Mr. Beaton.

RECOMMENDATION: HR recommends approval of the resolution as presented.
COORDINATION: HR worked with Conover Insurance before and during open enrollment to ensure the availability of enrollment assistance to any employee who requested help. HR also partnered with the Benefits Committee representatives in each office/department/employee group to utilize their help in encourage employees to enroll during the open enrollment period.

ATTACHMENTS: (Documents you are submitting to the Board)

1. Resolution
2. Benefits Administration Policy (for reference)
3. Exception request from M Beaton

HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list name(s) of parties that will need a pdf)

Thomas Westerman

I certify the above information is accurate and complete.

[Signature] Carlee Nave, HR Director
FRANKLIN COUNTY RESOLUTION

BEFORE THE BOARD OF COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

AUTHORIZING SPECIAL ENROLLMENT PERIOD FOR 2020 BENEFITS

WHEREAS, for the purposes of benefits administration, Franklin County Elected Officials are considered employees; and

WHEREAS, the Franklin County Benefits Administration Policy allows employees to waive County medical coverage if they have other qualifying group medical coverage; and

WHEREAS, the Franklin County Benefits Administration Policy requires employees who wish to waive medical coverage to “provide the completed Waiver of Medical Coverage Form, including evidence of qualifying group coverage, to HR within seven days of enrollment;” and

WHEREAS, the Franklin County Benefits Administration Policy states “if the Waiver of Medical Coverage Form…is not received by HR within seven days of enrollment, the employee will be enrolled in employee-only coverage for the lowest cost medical plan;” and

WHEREAS, the Open Enrollment period for 2020 benefits was November 4, 2019 – November 17, 2019; and

WHEREAS, M Beaton completed 2020 benefits enrollment on November 14, 2019; and

WHEREAS, the Waiver of Medical Coverage Form was not received from M Beaton after his enrollment and on November 25, 2019, he was enrolled in employee-only coverage pursuant to the Franklin County Benefits Administration Policy; and

WHEREAS, M Beaton is requesting a special enrollment period to allow him to complete the required process to waive County medical coverage; and

WHEREAS, the Board of Franklin County Commissioners constitutes the legislative authority of Franklin County and deems this to be in the best interest of the County.
NOW, THEREFORE, BE IT RESOLVED the Franklin County Board of Commissioners authorizes a special enrollment period of January 21, 2020 – January 24, 2020 for 2020 benefits for Matt Beaton.

APPROVED this ___ day of ____________, 2020.

BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON

_____________________________
Chair

_____________________________
Chair Pro Tem

_____________________________
Member

ATTEST:

_____________________________
Clerk to the Board
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. September 1st of previous calendar year through August 31st 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 Reconciliation Act (COBRA): Federal law which, among other things, requires continuation 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. Open Enrollment: A period of time during which employees are able to elect or make changes to benefits plans for the upcoming plan year.

E. Plan Administrator: Franklin County Human Resources (HR) is the designated Plan Administrator for all Franklin County-sponsored employee benefits plans.

F. Qualifying Life Event: A change in an employee's situation triggering eligibility for a Special Enrollment Period, which allows the employee to enroll in health insurance outside of the annual Open Enrollment Period.

II. ELIGIBILITY

A. Employee eligibility shall be determined through budget approval, resolution, 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.

1. Eligible dependents include:
   a. Legally married spouse.
   b. State-registered domestic partner in accordance with RCW 26.60.
   c. Child under 26 years of age.

   1. Coverage may continue beyond the age of 26 for an unmarried, dependent child who cannot support themselves due to a developmental or physical disability as certified by a physician.
III. **COVERAGE**

A. Coverage will be effective the first calendar day of the month following the employee’s date of hire into a benefits-eligible position.

B. Coverage will terminate the last day of the calendar month of the last day physically worked in a benefits-eligible position.

IV. **COVERAGE CHANGES**
Coverage changes following initial enrollment can be made only in the following situations:

A. Open Enrollment
   1. During the annual open enrollment period, employees must make plan elections for the upcoming plan year.
   2. Failure to take action on plan elections during open enrollment will result in the employee being enrolled in the lowest cost employee-only plan.

B. Qualifying Life Event
   1. The special enrollment period allows plan changes within 30 days of a qualifying life event.

V. **MANDATORY ENROLLMENT**

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

   1. Dental
   2. Vision
   3. Life/Accidental Death and Dismemberment (AD&D)
   4. Long Term Disability (LTD) / Employee Assistance Program (EAP)

VI. **WAIVER OF MEDICAL COVERAGE**

A. Employees may waive medical coverage with proof of other qualifying group medical coverage. Individual medical plans are not a qualifying group medical coverage which will permit waiver of County medical coverage. To waive coverage, eligible employees must:

   1. Complete and sign the Waiver of Medical Coverage form,
   2. Attach evidence of group coverage for the employee to the Waiver of Medical Coverage form, and
   3. Provide the Waiver and Evidence of group coverage to HR within seven days of enrollment.
B. If proof of other qualifying medical group coverage is not received by HR within seven days of enrollment, the employee will be enrolled in employee-only coverage for the lowest cost medical plan.

VII. CONTRIBUTION AMOUNT AND PAYMENT

A. The Board of County Commissioners will establish, through resolution or collective bargaining agreement, the monthly employer contribution amount for approved Franklin County benefits plans.

B. Premium amounts in excess of the County’s monthly maximum benefit plan contribution amount shall be the sole responsibility of the employee.

1. Payroll deductions for benefits premiums will be processed on the second pay period of the month.
2. Employees have the opportunity to choose after-tax or pre-tax deductions at the time of enrollment.

C. If the County chooses to offer an HRA VEBA health reimbursement savings plan, the difference between the premiums for plans selected by the employee and the amount of the County contribution, if greater, will be deposited to the employee’s VEBA account.

VIII. ENROLLMENT PROCEDURES

A. Newly Eligible Employees

1. Newly benefits-eligible employees shall complete enrollment within 15 days of eligibility.
2. Failure to enroll within 15 days of eligibility will result in the employee’s enrollment in the lowest cost, employee-only tier for all lines of coverage.

B. Open Enrollment

1. During the eligible enrollment period, employees shall indicate their insurance plan choices by the specified method of enrollment by the established deadline.
2. Failure to enroll during the open enrollment period will result in the employee’s enrollment in the lowest cost, employee-only tier for all lines of coverage

IX. LEAVE OF ABSENCE

A. Paid Leave of Absence

1. Benefits coverage and applicable payroll deductions for benefits premiums will continue.
B. Unpaid Leave of Absence

1. Unless the unpaid leave of absence is covered by state or federal law requiring continuation of benefits, coverage will end the last calendar day of the last month in which leave hours are applied.
   a. If benefits coverage is ended due to unpaid leave of absence, the employee will be eligible for COBRA coverage for up to 18 months or until return from leave of absence.

2. The employee’s share of any benefits premiums must be made to the Auditor’s Office by the 25th of the month.
   a. If at any time payment is more than 30 days late, benefits coverage will be cancelled.

X. REINSTATEMENT AFTER UNPAID LEAVE OF ABSENCE

A. If benefits premiums are being paid by the employee while on unpaid leave of absence, County-paid benefits will resume on the first of the month following the employee’s return to benefits-eligible employment.

B. If benefits were canceled due to non-payment of premiums while on an unpaid leave of absence, County-paid benefits will resume on the first of the month following return to benefits-eligible employment. Any monies owed to the County will be re-paid via payroll deduction, in compliance with applicable laws.

C. If benefits were terminated due to loss of eligibility while on an unpaid leave of absence, coverage will resume on the first of the month following an employee’s return to benefits-eligible employment.

XI. RETIREE COVERAGE

A. Under Age 65

1. Employees under age 65 retiring from Franklin County are eligible for coverage under Franklin County’s group medical, dental, and vision plans.

B. Over Age 65

1. Employees age 65 or older retiring from Franklin County are eligible for coverage under Franklin County’s group dental and vision plans.

C. Voluntary Supplemental Life Insurance

1. Employees enrolled in voluntary supplemental life insurance at the time of retirement may convert to an individual policy with the insurance carrier.
XII. POST-SEPARATION BENEFITS

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

1. Separated employees and their dependents aged 65 and over, or on Medicare, are not eligible for COBRA coverage.
2. Employees terminated for gross misconduct are not eligible for COBRA coverage.

XIV. REPEALER

As of the effective date of this policy, any and all prior Benefits Administration policies are hereby repealed and superseded by this policy.
Carlee Nave

From: Matt Beaton
Sent: Friday, January 10, 2020 12:58 PM
To: Carlee Nave
Cc: Eric Wyant
Subject: Board request for

Carlee,

Thank you for your help in this matter. Below is my submission please let me know if this is adequate.

Franklin County Board of Commissioners,

I need your help. I would like restore my benefits package to the selections I made during open enrollment.

Background:

I have been with Franklin County for 9 years and taken the same benefits package every year. I completed my 2020 selections during the online enrollment opening, desiring no changes. An addition paper “Waiver of Medical Coverage Form” based on my selections needed to be submitted by 11/21/2019. That unfortunately was overlooked and didn’t happen. I was out of the office November 19th until December. A reminder email was sent 11/19/2019. That email was not opened. An additional email was sent 11/25/2019 disclosing that I had been “auto enrolled” effectively changing my selections. That email remained unopened as well. I became aware after the Holiday Season while going through back email what had transpired. I called HR and left a message and then submitted the Form.

I have no need for the medical coverage and do not desire to have it. I have been continually covered by the same insurer for 20 years.

Please help me restore my benefits package by granting my request for permission to do so.

I want to thank HR and Conover for their help in this process.

All the best,

Matt Beaton
Franklin County Auditor
1016 N 4th Ave
Pasco, WA 99301
509-545-3840

1