



**FRANKLIN COUNTY RESOLUTION \_\_\_\_\_**

**BEFORE THE BOARD OF COMMISSIONERS  
FRANKLIN COUNTY, WASHINGTON**

*ADOPTING FRANKLIN COUNTY BENEFITS ADMINISTRATION POLICY*

**WHEREAS**, the Benefits Administration Policy has been reviewed and updated to reflect administrative considerations for 2021; 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 does hereby adopt the attached Franklin County Benefits Administration Policy, effective November 1, 2020 for plans effective January 1, 2021.

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 2020.

**BOARD OF COUNTY COMMISSIONERS  
FRANKLIN COUNTY, WASHINGTON**

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Chair Pro Tem

\_\_\_\_\_  
Member

***ATTEST:***

\_\_\_\_\_  
Clerk to the Board



# FRANKLIN COUNTY BENEFITS ADMINISTRATION POLICY

Effective November 1, 2020 for plans effective January 1, 2021

## **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 31 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 things, 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. 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, allowing 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 unmarried, dependent children 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 for medical, dental, and vision benefits will terminate the last day of the calendar month of the last day physically worked in a benefits-eligible position.
  - 1. Coverage for life insurance and disability will terminate on the last day worked.

### **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.
  - 2. The effective date of any changes made during the Special Enrollment Period will be the date of the Qualifying Life Event.
    - a. Employees are encouraged to make enrollment changes as soon as practicable in order to minimize payroll reconciliation.

### **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. Base 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 qualifying group medical coverage that 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 HR does not receive the Waiver of Medical Coverage Form, including evidence of other qualifying medical group coverage, 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 shall be the sole responsibility of the employee.
  - 1. Payroll deductions for benefits premiums will be processed on the first and second payrolls of each month for coverage effective the following 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.
  - 1. Deposits will be processed following the first and second payrolls of each month for contributions effective the following month.
- D. If the County chooses to offer an HRA VEBA health reimbursement savings plan, employee groups may opt out of participation, by mutual agreement.
  - 1. Such agreements will be established through resolution or collective bargaining agreement.
    - a. Any cash payments received, in lieu of VEBA contributions, will be grossed down in the amount of applicable employer payroll taxes to ensure all employees receive the same employer contribution equivalency.

**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 benefit 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 state or federal law requiring continuation of benefits covers the unpaid leave of absence, coverage will end the last calendar day of the last month in which leave hours are applied.
  - a. If benefits coverage ends 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 15<sup>th</sup> of the effective coverage month.
  - a. If at any time payment is more than 30 days late, benefits coverage will be cancelled.

**X. EXCEPTIONS TO ENROLLMENT REQUIREMENTS**

- A.** Exceptions to enrollment requirements, including open enrollment periods, may be granted, via Resolution, by the Board of County Commissioners.
1. Exceptions will only be granted in the case of extreme or extraordinary circumstances that prevented the employee from meeting the enrollment requirements.
  2. Exceptions shall first be approved by the insurance carrier, in accordance with applicable laws and regulations.

**XI. 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.

**XII. RETIREE COVERAGE**

- A. Under Age 65**
1. Regular 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. Regular 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.

**XIII. 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, all prior Benefits Administration policies are hereby repealed and superseded by this policy.