Approved:

City of Riverside, California
Human Resources Policy and Procedure Manual

Human Resources Director

City Manager

Number: V-9 Effective Date: 07/06

SUBJECT: HEALTH INSURANCE

PURPOSE:

To define the City of Riverside's Health Insurance Plan for uniformity of interpretation and application.

DEFINITIONS:

For the purpose of this Policy, Dependents are defined as follows:

Spouse: - A husband, wife, or registered domestic partner[1] (as defined or recognized under State law for purposes of marriage). Proof of marriage must be provided in order to maintain coverage.

Child: - A biological, adopted or foster child, a stepchild, a legal ward (guardianship). The son or daughter must meet the age limitations as set forth in the applicable plan document.

Grandchild: - A biological, adopted, or step-grandchild for whom the employee has legal guardianship. The grandchild must meet the age limitations as set forth in the applicable plan document.

POLICY:

All employees, except temporary non-benefited employees, may enroll in one of the health insurance plans offered by the City.

1. **Premiums**

   The City, under negotiated terms, pays a substantial amount of the premiums. City contributions towards premiums may vary based on bargaining unit. Employees pay any remaining costs.

2. **Enrollment/Termination of Benefits**

   A. Enrollment forms must be submitted within the first 30 days of employment for new hires. If the 30-day deadline is missed, enrollments may not take place until the City's next

1 Domestic partner coverage requires a "Declaration of Domestic Partnership" which can be provided by the Office of Secretary of State.

Open Enrollment period. The Human Resources Director has the authority to make exceptions in the event of unusual or extenuating circumstances.

If an employee is hired on the 1st, 2nd, or 3rd of a month, then benefits are effective the first of the following month. Employees hired on the 4th through the end of the month must wait 30 days from hire date. Coverage is effective the first of the following month.

Current City employees may enroll or switch health insurance only during the Open Enrollment period. Under some circumstances, this may be waived. Such circumstances may include, but are not limited to the following: loss of coverage that is provided through other source, court order, or divorce.

B. Upon an employee's separation from employment, health coverage will end on the 15th or the last day of the month, whichever comes first, following 30 calendar days after the date of separation.

Example: If an employee separates on February 10, 2006, the employee is entitled to 30 days of coverage, calculated as March 12, 2006. City-paid coverage ends March 15, 2006.

An employee has the right to discontinue coverage earlier than the designated benefit end date. An employee must complete the health change form requesting for early termination. The health change form must be received by the Human Resources, Benefits Division no later than the last day of the pay period in which the employee is separating from service.

3. **Changes**

Changes may only be made under the following circumstances:

A. New dependents may be added within 30 days of the qualifying event; i.e., marriage, birth of child, adoption. If the 30-day deadline is missed, the new dependent cannot be added until the next Open Enrollment period and the coverage will not be effective until January 1 of the following calendar year.

B. Dependents may be deleted at any time. It is the employee's responsibility to notify the Human Resources Department if a dependent is no longer eligible for coverage. Once dropped, the dependent(s) may not be added again until the next open enrollment period, if eligible. Unless proof is provided that the dependent has a qualifying event to re-enroll in City coverage.

C. Employees may change insurance carrier only during the Open Enrollment period. Changes made during open enrollment period will become effective January 1 of the following calendar year.

D. Any coverage change, such as adding a dependent or deleting a dependent, is effective the first of the following month of the qualifying event.

4. **Coverage**

It is the employee's responsibility to carefully read and evaluate the plans that are offered prior to enrolling or changing plans. Coverage, restrictions, and/or rates could vary between the plans. For example:

A. Age limits for dependents may vary depending on insurance plan and bargaining unit.

B. Plans may or may not have out-of-area coverage, including international coverage.

C. Co-payments and prescription costs may vary depending on insurance plan and bargaining unit.

5. **Continuation of Benefits**

A. As mandated by the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), separating employees may continue health insurance coverage under the City's plan at the City's rate for a period of 18, 29, or 36 months, depending on the qualifying circumstance. For coverage beyond the COBRA period, participants must contact and make arrangements with the insurance company directly. Some retirees may also be eligible for a retiree plan, which has no time limit.

B. The California State Labor Code, Section 4856, requires that when a sworn Police or Fire employee is killed in the line of duty or dies as a result of an accident or injury sustained in the line of duty, the surviving spouse may continue health benefits under the same terms and conditions provided prior to the death, or prior to the accident or injury that caused the death, unless the surviving spouse elects to receive a lump sum survivors benefit in lieu of monthly benefits. Minor dependents may continue to receive benefits under the coverage provided the surviving spouse or, if there is no surviving spouse, until 21 years of age. The surviving spouse may not add a new spouse or stepchildren under the continued health benefits.

6. **Employee Insurance Advisory Committee**

A committee consisting of representatives from the various bargaining units will meet periodically to discuss employee insurance issues. This committee makes recommendations to the City Manager regarding changing the insurance providers, policies and/or provisions, resolving employee concerns and/or problems and other issues as they arise.

PROCEDURE:

Responsibility	Action
Employee	1. Completes all necessary paperwork to enroll within 30 days of hire and submits to Human Resources.
	2. Completes all necessary paperwork to make changes within 30 days of the qualifying event.

3. Submits appropriate forms to Human Resources if a dependent is no longer eligible for coverage.

Human Resources

4. Processes all paperwork as necessary.

5. Schedules periodic Employee Insurance Advisory Committee meetings.

6. Notifies all employees of health insurance changes via printed notices.

7. Schedules annual Open Enrollment period.

Disclaimer: This policy is for internal processes only. Should a discrepancy exist between this document and the Insurance Plan Document, the Insurance Plan Document will prevail. Should a discrepancy exist between this document and Federal or State Law, the Federal or State Law will prevail.