

**3356-7-22 Employee health insurance programs.**

- (A) Policy statement. The board of trustees authorizes all of the university's employee health care insurance programs. This policy is intended to authorize participation in the medical, prescription drug, dental and vision plan options for professional/administrative and other non-bargaining employees of the university.
- (B) Health care advisory committee. A health care advisory committee ("HCAC") with representation from all bargaining units and non-bargaining employees from each of the university divisions is established in accordance with the HCAC September 2011 policy and guidelines. The charge of the committee is to review and assess existing medical, dental, prescription drug, and vision benefit plan options and other cost-controlling measures.
- (C) Plan design and benefit levels.
- (1) Bargaining unit employees are eligible for medical, dental, prescription drug, and vision coverage in accordance with the applicable collective bargaining agreement.
  - (2) Eligible employees who are not covered by a collective bargaining agreement are eligible for medical, dental, prescription drug, and vision coverage as identified in the "Benefits" section of the website for the office of human resources at <http://web.yzu.edu/hr/> on the [office of human resources website](#).
- (D) Premium sharing.
- (1) Bargaining unit employees who choose to enroll in the medical, prescription drug, dental or vision plan will be required to contribute toward the cost of coverage in accordance with the applicable collective bargaining agreement.
  - (2) Eligible employees who are not covered by a collective bargaining agreement and who choose to enroll in the university's health insurance plans will be required to share in the cost of coverage as follows:

- (a) Employees will contribute, via payroll deduction, an aggregate of fifteen per cent of the funding level. Funding rates will be established for three tiers: the employee only, employee plus one dependent, and family (employee plus two or more dependents) contracts. A flat percentage of salary that is required for funding level to be reached will be identified each July first.
  - (b) Notwithstanding the foregoing formula, employees shall pay no more or no less than the following percentages of the funding rates effective July 1, ~~2015~~ 2017 through June 30, 2018:
    - (i) Minimum of ten per cent, and
    - (ii) Maximum of twenty per cent.
  - (c) Effective July 1, 2018 and thereafter, employees will contribute via pay deduction fifteen per cent of the cost of the employee only, employee plus one dependent, and family (employee plus two or more dependents) of the full premium for fully insured components, or for self-insured components, the established fully insured equivalent rate.
- (3) Payments shall be deducted in equal amounts from each eligible participant's semimonthly paychecks.
- (E) Working spouse/coordination of benefits.
- (1) As a condition of eligibility for coverage under the university's group medical and/or prescription drug plan (referred to as "university coverage"), if an employee's spouse is eligible for group medical and/or prescription coverage which is sponsored, maintained and/or provided by the spouse's current employer, former employer (if retirees), or business for self-employed individuals other than sole proprietors, collectively or individually, (referred to as "employer coverage"), the spouse must enroll for at least single coverage in his/her employer coverage unless he/she is entitled to medicare as of January 1, 2015. The use of the word "spouse" in this policy refers to a legal spouse.

For purposes of this section, in instances where the spouse's employer makes no monetary contribution for employer coverage, such plans will not be considered to be employer coverage. This is intended to apply to situations in which the spouse is a current employee in a business but not to situations in which the spouse is a business owner, including partner of a company and/or firm, is a self-employed individual (other than a sole proprietor) in a business, or a retiree in a group medical and/or prescription drug insurance plan.

- (2) The requirement of paragraph (E)(1) of this rule does not apply to any spouse who works less than twenty-five hours per week and is required to pay more than fifty per cent of the single premium funding rate or ~~three~~ five hundred dollars per month, whichever is greater, in order to participate in employer coverage.
  - (3) An employee's spouse who fails to enroll in employer coverage, as outlined above, shall be ineligible for university coverage.
  - (4) Upon the spouse's enrollment in employer coverage, that coverage will become the primary plan and the university coverage will become the secondary plan, according to the primary plan's coordination of benefits and participation rules. Notwithstanding the foregoing, in the event the spouse is a medicare beneficiary and medicare is secondary to the university coverage and medicare is primary to the spouse's employer coverage, the university coverage will be the primary coverage. Sections 3902.11 ~~and to~~ 3902.14 of the Revised Code shall govern the implementation and interpretation of these coordination of benefits rules.
- (F) Upon becoming eligible, the employee's spouse must enroll in employer coverage unless he/she is exempt from this requirement in accordance with the exemptions stated in this policy.
- (G) All employees choosing to enroll, whose spouse participates in the university's group medical and/or prescription drug insurance coverage, shall, upon request, complete and submit to the plan a written certification verifying whether his/her spouse is eligible for and enrolled in employer coverage. If any employee fails to complete and submit the certification form during the annual certification process, such employee's spouse will

be removed immediately from university coverage. Any information not completed or provided on the certification form may be requested from the employee.

- (H) If an employee submits false material information or fails to timely advise the plan via the chief human resources officer of a change in the eligibility of the employee's spouse for employer coverage within thirty days of notification of such eligibility, and such false information or failure results in the provision of university coverage to which the employee's spouse is not entitled, the employee's spouse will be disenrolled from university coverage. Such disenrollment may be retroactive to the date as of which the employee's spouse became ineligible for plan coverage, as determined by the administrator for the university coverage.

The administrator shall provide at least thirty days advance written notice of any proposed retroactive disenrollment. In the event of retroactive disenrollment, the employee will be personally liable to the applicable university coverage for reimbursement of benefits and expenses, including attorney's fees and costs incurred by the university coverage as a result of the false information or failure. Additionally, if the employee submits false information in this context, the employee may be subject to disciplinary action up to and including termination of employment.

- (I) The details of the working spouse limitations and coordination of benefits requirements are available upon request from the human resource office.
- (J) For purposes of salary deduction toward insurance premium cost sharing, families in which both spouses are employed by the university have the option either to be treated as only one employee, employee plus one or family coverage, or to select individual coverage and for each to pay the single salary share for premium.
- (K) If one spouse/~~domestic partner~~ works for the university and the other does not, the children remain on the university insurance. If both spouses work for the university and choose employee plus one or family coverage, the higher paid employee pays for the employee plus one or family coverage.
- (L) An employee may opt out of health insurance benefits (medical, prescription drug, dental and/or vision) coverage upon submission of sufficient evidence, in accordance with the provisions of this rule, of such coverage from another source.

Effective: 4/6/2018

CERTIFIED ELECTRONICALLY

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Certification

03/27/2018

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Date

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