



## **CIS BENEFITS ADMIN MANUAL**

This manual provides information and resources to assist members in benefits administration. The CIS Benefits program is governed by the following two documents:

### **Governing Documents**

The two governing documents can be found at [www.cisoregon.org/About/TrustDocs](http://www.cisoregon.org/About/TrustDocs):

- CIS Employee Benefits Trust Plan
- CIS Benefits Rules

**Please note** - This manual does not contain all benefits administration information included in the governing documents.

## **CIS Benefits Eligibility for Employees**

### **Benefits Rules**

The CIS Benefits Rules, which are updated and adopted by the CIS Board of Trustees each plan year, include a section that defines who is eligible for insurance.

Benefit Rule EB5: Health Insurance – Enrollment Eligibility, determines who is eligible to be enrolled on the medical, dental, life and disability coverage. Following are a few subsections of this rule:

- A. To qualify for health insurance, employees must work at least: (1) half of the full-time schedule stated by the Member (but no less than 17.5 hours per week), or (2) the minimum number of hours specified by the Member, whichever is greater. Employees may qualify for medical and vision (if applicable) coverage only if they don't meet the full-time schedule defined by the employer but meet the minimum number of hours (30) defined by the Patient Protection and Affordable Care Act.
  
- B. No seasonal, temporary, or limited duration employees can be covered unless eligible under the Patient Protection and Affordable Care Act. Contract employees (through a temporary employment agency or personal services contract) and volunteers are not eligible for coverage.
  
- C. Domestic partner coverage is only available to same sex partners that file a Certificate of Registered Domestic Partnership with the applicable county. Same and opposite sex domestic partners covered prior to January 1, 2016 due to completion of an Affidavit of Domestic Partnership remain eligible to be covered until the employee voluntarily terminates the coverage or the partnership dissolves.
  
- D. Employees adding a spouse or domestic partner to health coverage are required to provide documentation. Acceptable documentation is a marriage license/certificate or a copy of the Certificate of Registered Domestic Partnership.
  
- E. Health Insurance may be made available for elected officials who do not qualify as employees as long as coverage is authorized by the governing body, the Member pays at least 50% of the rate and the group or subgroup meets a 75% participation requirement (see Rule 6(A)). Elected officials do not qualify as a unique subgroup.
  
- F. A member may waive its stated waiting period for new employees under the following conditions:
  - 1. The employee comes from another CIS Benefits-covered Member;
  - 2. There is no break in CIS coverage;
  - 3. The waiver must apply to all CIS coverage offered by the employer, as long as the employee was enrolled in them at the previous employer; and
  - 4. If the employee was not previously enrolled in a specific type of coverage such as LTD, the waiting period cannot be waived for that coverage.

## Web Resources

CIS provides a wide range of web resources for employers and employees.

### **Employer Site: [www.cisoregon.org](http://www.cisoregon.org) / CIS Benefits**

Employers can access the site to:

- Print new hire material (Enrollment Material)
- Access/Print forms (Forms)
- View/Print the monthly invoice (Monthly Billing)
- View/Print Plans and Rates
- View the Request for Coverage (RFC)
- View/Print CIS Employee Benefits Trust Plan or CIS Benefits Rules
- Admin Portal: employers process the following events on the Admin Portal
  - Add/terminate employees
  - Update salaries
  - Make changes in hours worked per week
  - Move employees to a different employee group

### **Employee Site: [www.cisbenefits.org](http://www.cisbenefits.org)**

Employees can access the online enrollment website to:

- Enroll in or view existing coverage
- Update personal information such as mailing address and assign/update beneficiaries for life insurance
- Record life events such as a birth, marriage, new domestic partner, dissolution of marriage/domestic partnership, death and corresponding benefit election changes
- Access health insurance carrier websites to view detailed benefit information specific to his/her plan, view claim status and payment information, search for participating providers, download a member handbook, prescription formulary lookup and order ID cards
- Access information about the Healthy Benefits programs including program eligibility requirements and Employee Assistance Program (EAP) information
- Access a link to complete the Evidence of Insurability (EOI) required for certain amounts of supplemental life.

**Please note:** Employees have 31 days from the date of the event to enroll or make changes, and to provide required documentation. If the deadline is missed or if documentation is not provided, the enrollment or change will not be effective.

## Annual Open Enrollment

Each year employers are required to complete a Request for Coverage (RFC) to designate the plan(s) that will be offered to employees and to outline eligibility requirements. CIS Benefits will assemble and provide employers with open enrollment packets to be distributed to employees during the designated open enrollment period. Or, employers can choose to access the enrollment material online and distribute the material to employees electronically. Employees will access their enrollment online at [www.cisbenefits.org](http://www.cisbenefits.org) and make plan and/or enrollment changes for the new plan year.

## New Hire & Volunteer Fire/Police

### New Hire

New hires that meet the eligibility requirements as stated on the **Request for Coverage (RFC)** are eligible for coverage. Employers must enter the employment data on the Admin Portal using the **New Enrollment** event. The **New Enrollment** event will automatically enroll the new hire in employer paid life, disability, or statutory life coverage (if applicable), once the event is completed.

- New hires must go online at [www.cisbenefits.org](http://www.cisbenefits.org) to self-register. After registering, employees can elect coverage and enroll eligible dependents. Employers will receive a weekly email when new hires have completed their enrollment, or when other employees have made changes online that impact payroll. The employer will need to run the Event Processing Report to identify what elections or changes were made.

New hires have 31 days from the date of hire to enroll in coverage. Coverage is always effective the first of the month following the completion of the waiting period.

### ACA Eligible Employees

Patient Protection and Affordable Care Act (ACA) benefit enrollment and termination is administered by CIS Benefits. Based on ACA requirements, employers meeting large employer status may have non-benefits eligible employees who meet ACA eligibility by:

- Employers must measure their variable hour employees during annual look back periods to determine eligibility. Employees that are found to meet eligibility under the ACA are eligible to enroll themselves and any eligible dependents in any CIS medical, dental and vision coverage the employer offers to their full time employees.
- Employees working in fixed, non-benefitted positions, who meet hourly ACA eligibility requirements are eligible to enroll themselves and any eligible dependents in any CIS medical, dental and vision coverage the employer offers to their full time employees. The fixed hour ACA Eligible Employee will have the same waiting period and effective date as a regular newly hired full time employee.

## Enrolling an ACA Eligible Employee

- To enroll the member contacts CIS Benefits for an ACA Enrollment Form for the employee to fill out. The member then returns the completed enrollment form to CIS Benefits. The ACA employee enrollments will be billed to the member on the monthly bill.
- CIS Benefits **must be notified** when the employee loses ACA eligibility, is moving to an active position, is continuing eligibility into the new plan year, or is being terminated from employment.

## "Actively-At-Work" HIPAA regulation

New hires not at work on the date coverage is to become effective due to sickness or other health factor will still have medical and/or dental coverage. HIPAA regulations require the employee's coverage to be effective the first of the month following completion of the waiting period. *This regulation does not apply to life or disability coverage. Employees must be actively at work before coverage can become effective.*

## Volunteers

Volunteer firefighters and police reserves are only eligible to be enrolled in the \$10,000 Statutory Life plan. Employers must enter all new and returning volunteers on the Admin Portal using the **New Enrollment** event. The volunteer will automatically be enrolled in the Statutory Life plan. A new volunteer can go online at [www.cisbenefits.org](http://www.cisbenefits.org) to assign a beneficiary. Coverage will be effective the first day he/she starts as a volunteer.

## Waiving Coverage and Opt-Out

*This section applies to medical and dental coverage only. If offered, the employee must be enrolled in basic life and disability coverage even if opted out of medical/dental coverage. Per Benefits Rule EB6(C), employers need to ensure that the enrollment requirements are met.*

- Waiving Coverage – Employees who do not want to enroll in their employer's health insurance and do not have other employer/group coverage, or who have state/federal health insurance, must elect Waive. Both medical and dental insurance must be waived. No cash is provided for waiving coverage.
- Opt-Out – Opt-out means that an employee is not electing coverage because he/she has other employer/group coverage. Employers are able to provide a limited amount of cash in lieu of medical benefits (See Benefits Rule EB6(F)). Employees who opt-out must provide proof of other group medical/dental coverage to their employer. Employees who elect opt-out for medical can enroll themselves and their dependents on dental coverage.

### **Previously Employed with a CIS Covered Employer**

Employees have the option of waiving waiting periods for new hires previously enrolled on CIS coverage with another CIS covered employer as long as there is no break in coverage (active, COBRA or Retiree). If the waiting period is waived, employees will be enrolled in coverage the first of the month following the date of hire. Employers must be consistent in administering this exception.

- The waiting period will only be waived for coverage employees were previously enrolled in at their previous CIS employer.
- New employees who elected and were approved for Supplemental Employee/Spouse Life coverage at their previous CIS covered employer can elect to continue the same coverage.

### **Current Employee Newly Eligible for Benefits**

This section applies to employees who become benefit eligible due to:

- Increase in hours per week making an employee eligible for benefits
- Moving from one employee group to another (e.g., union vs. non-union, police vs. fire) with different benefits
- Moving a fire/police volunteer to an eligible active employee

Employees who meet the eligibility requirements for the first time are required to satisfy the employer's waiting period as stated on the RFC.

Employees previously enrolled in a non-CIS plan do not have to satisfy the employer's waiting period. Coverage will be effective the first of the month following the move to the new position/employee group.

Newly eligible employees must go online at [www.cisbenefits.org](http://www.cisbenefits.org) to elect their coverage within 31 days of the event.

### **Re-enrollment in Coverage**

Employees returning to work after layoff or termination must be reinstated on the Admin Portal. Contact CIS Benefits to have the record activated. Employees are required to go online at [www.cisbenefits.org](http://www.cisbenefits.org) to elect coverage within 31 days of the event.

- Employees rehired **within six months** of being laid off may be reenrolled in coverage (along with previously covered dependents) the first of the month following the date they return to work, regardless of any lapse in coverage.
- Terminated employees who are rehired must satisfy the employer's new hire eligibility requirements to be eligible for coverage.

## Salary Updates & Changes

Employees enrolled in a salary based basic life plan (e.g., 1 x salary, 1.5 x salary), Short Term Disability or a Long Term Disability plan need to have their salaries updated in the enrollment system as they occur. Salary increases or decreases must be entered through the Admin Portal by generating a **Salary Update** event. **If an employee dies or experiences an injury or disability, the life or disability benefit will be based on the salary included in the enrollment system at the time of the event. This will not be adjusted at the time of a claim.**

### Mass Salary Updates

If salaries are being adjusted for 15 or more employees, a password protected spreadsheet can be submitted to CIS instead of entering each salary individually on the website. The member runs the **CIS Salary Report** from the Report Console in the Lifeworks Admin Portal, creating an Excel spreadsheet. Remove any employee from the spreadsheet not affected by the salary change. Then add the updated salary and effective date to the spreadsheet in the columns titled **New\_Pay** and **Effective\_Date**. Password protect the spreadsheet and forward to [EmployeeBenefits@cisoregon.org](mailto:EmployeeBenefits@cisoregon.org), *sending the password in a separate e-mail*.

- **Mass Salary Update Instructions** are available under the Quick Guides Section on the Admin Portal webpage: <https://www.cisoregon.org/member/benefits/adminportal>

**Regardless** of the effective date of the salary change, changes **are not retroactive**. Salary changes will be effective the first of the month in which the change is entered in the system or when CIS receives the completed spreadsheet.

## Change in Hours Worked Per Week

Employers must process a **Change in Hours Worked Per Week** event if an employee's hours increase or decrease:

- If a reduction in hours results in loss of coverage, the system will terminate coverage and the employee and his/her dependent(s) will be offered COBRA continuation.
- If an increase in hours results in eligibility for coverage, employees are required to go online at [www.cisbenefits.org](http://www.cisbenefits.org) to elect coverage within 31 days of the event.

## Terminating Coverage

Termination of employment or coverage must be reported on the Admin Portal by generating the appropriate event (see below). Timely notification of a termination is very important to ensure the individual has the opportunity to elect COBRA. **Failure to notify CIS of a termination in a timely manner may result in the employee losing his/her COBRA continuation rights.**

Coverage will terminate on the last day of the month for the following events:

- Termination of employment (**Termination of Employment** event)
- Retirement (**Termination of Employment** event)
- Death (**Death of an Employee** event)
- No longer meet the employer's eligibility requirements (**Change in Hours Worked per Week** event)

Upon notification of an employee's termination, retirement or reduction of hours, CIS will send a COBRA and/or Retiree letter and continuation election notice to the employee and/or dependents.

Termination of coverage must be reported in a timely manner, both to meet COBRA requirements and to receive any premium credits. A maximum of three (3) months retroactive premium credit is allowed.

### Continuing Coverage after Termination

If the employee has already paid next month's contribution upon termination, the employer will have to refund the contribution to the employee. Advance payment of premium does not allow the employee to continue coverage for another month. CIS will refund the premium to the employer on the next monthly billing.

Employers electing to continue to pay for coverage for terminated employees need to refer to the **Continuation of Coverage** and **Retirement and Severance** sections.

## Enrolling a Spouse

Employees are eligible to enroll legal spouses in the following coverage, if applicable: Medical, Dental, Vision, Supplemental Spouse Life and Voluntary \$10,000 Dependent Life.

Employees elect coverage for themselves and eligible dependents online at [www.cisbenefits.org](http://www.cisbenefits.org) within 31 days of the event.



## **Enrollment & Documentation Requirement**

- **New Hires** must enroll spouses online.
- **Current Employees** must enroll new spouses online. Enrollment must be completed within 31 days of the date of marriage. Coverage will be effective the date of marriage.
- A copy of the employee's marriage certificate or license must be uploaded online at the time of enrollment or within 31 days from the effective date or date of marriage.
- *If the employee does not enroll his/her new spouse and provide appropriate documentation within 31 days of the date of marriage, the employee must wait until open enrollment to add his/her spouse.*

## **Premium payment is due for adding a new spouse resulting in an enrollment change as follows:**

- Married between the 1st and the 15th, premium payment is due for that month.
- Married between the 16th and 31st, premium payment will not be due for that month

## **Enrolling a Same-Sex Domestic Partner**

Employees are allowed to enroll a **same-sex domestic partner** in the following coverage, if applicable: Medical, Dental, Vision, Supplemental Spouse Life and Voluntary \$10,000 Dependent Life.

If the employee pays a portion of his/her medical and/or dental premium, the premium share for a domestic partner's coverage cannot be deducted on a pre-tax basis. See the Tax Implications later in this section.

## **Definition of a Domestic Partner**

In the State of Oregon Domestic Partnership means a civil contract entered into between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon. If the employee registered their partnership with a county in Oregon, he/she will be issued a Certificate of Registered Domestic Partnership.

## **Enrollment & Documentation Requirements**

- **New hires** must enroll domestic partners online.
- **Current employees** must enroll new domestic partners online. Enrollment must be completed within 31 days of when the new partnership was established. Coverage for new domestic partners is effective the first of the month following the date the domestic partnership was established.
- The **Certificate of Registered Domestic Partnership** must be uploaded at the time of enrollment or within 31 days from the effective date.
- *If the employee does not enroll his/her new domestic partner and provide appropriate documentation within 31 days of the date the new partnership was established, the employee must wait until open enrollment to add his/her domestic partner.*

## **Tax Implications**

CIS Benefits sends out imputed values for domestic partners and/or children to members each plan year. Under federal income tax law, medical and dental premiums for same sex domestic partners are not eligible for pre-tax treatment. Therefore, an employer must report the imputed value amount as income on the employee's W-2. If the domestic partner can be claimed as a tax dependent, the resulting adjustment may be taken as a tax credit when the employee files his/her tax return.

CIS requires employers to certify that the imputed value amount will be reported as income for any employee enrolling a domestic partner and/or child(ren) of a domestic partner. If the imputed value will not be reported as income, the employee will not be allowed to enroll his/her domestic partner and/or children.

## **Enrolling a Child**

Employees are eligible to add children to their medical and/or dental coverage. An eligible child is under the age of 26 who are (See Benefits Rule 5(G)(3)):

- The natural child of the employee, spouse or domestic partner.
- The adopted child, or a child placed for adoption, of the employee, spouse or domestic partner, provided that the child is adopted or placed for adoption prior to attaining age 18.
- A child for whom the employee, spouse or domestic partner has obtained court-ordered legal guardianship or custody.
- A child for whom the employee is obligated to provide benefits pursuant to a qualified medical child support order (QMCSO).

## **Incapacitated Child**

An incapacitated child is an unmarried child over the age of 26 who is incapable of self-support due to a physical, mental or developmental disability, that occurred before the child's 26th birthday and for whom a handicapped dependent certification form has been received and approved by the insurance carrier. A child must have been enrolled in a CIS plan at the time he/she turned 26. A new hire may add a disabled child over the age 26 if the child was disabled prior to his/her 26th birthday. Prior certification from another insurance carrier may be accepted.

A **newly acquired** child is:

- A newborn
- An adopted child or child placed in the employee's home for the purpose of adoption
- Step-child(ren) due to marriage or new domestic partnership
- Child(ren) who the employee/spouse/domestic partner has been awarded legal guardianship.

Application to enroll a newly acquired child must be made online and within 31 days of the event. *If the employee does not enroll his/her newly eligible child within 31 days of the event, the employee must wait until open enrollment to add the newly acquired child.*

### **Enrollment & Documentation Requirement**

- **New employees** must enroll child(ren) online.
- **Current employees** must enroll newly acquired child(ren) online. Enrollment must be completed within 31 days of the event.
  - Coverage for a newborn child is effective as of date of birth.
  - Coverage for newly acquired child(ren) due to marriage is effective as of marriage date.
    - A copy of the **Marriage Certificate/License** must be uploaded online within 31 days from the effective date.
  - Coverage for a newly acquired child(ren) due to a new domestic partnership is effective the first of the month following the date the domestic partnership was established.
    - A **Certificate of Registered Domestic Partnership** must be uploaded online within 31 days from the effective date.
  - Coverage for an adopted child/child placed in the home for the purpose of adoption is effective the date the dependent is adopted or placed in the home.
    - A **Certificate of Placement** must be uploaded online within 31 days from the effective date.
  - Coverage for a child whom employee/spouse/domestic partner has been granted legal guardianship is effective the first of the month following the date of the court order.
    - A signed **Affidavit of Dependency and a copy of the court order** must be uploaded online within 31 days from the effective date.
  - Coverage for a child whom the employee is required to provide health insurance is effective the first of the month following the date of the court order.
    - A **copy of the Qualified Medical Child Support Order (QMCSO)** must be uploaded online within 31 days from the effective date.

**If required documentation is not provided within 31 days, the employee must wait until open enrollment to add the child.**

**Premium payment is due for adding a newly acquired child resulting in an enrollment change as follows:**

- If the event is the 1st through the 15th, premium payment is due for that month.
- If the event date is the 16th through the 31st, premium payment will not be due for that month.

## Life & Disability Insurance

This section will discuss enrollment and eligibility for employer paid life and disability plans, as well as enrollment for Voluntary Employee paid Short Term Disability, Supplemental Employee/Spouse Life and Voluntary \$10,000 Dependent Life coverage. These plans are only available for employees to enroll in if the employer elected to offer these benefits. Employees may enroll in the supplemental or voluntary coverages during their New Enrollment Event, Open Enrollment, or other qualifying life event allowing enrollment.

Certificates of Coverage for all life and disability plans are provided to the employer to distribute to covered employees.

### Employer Paid Life, Accidental Death & Dismemberment (AD&D), Statutory Life, and Long Term Disability (LTD) Coverage

The **New Enrollment** event will automatically enroll eligible employees in the employer paid life, AD&D, statutory life, LTD or dependent life coverage upon completion of the event.

### Voluntary Employee Paid Short Term Disability (STD)

Short Term Disability (STD) insurance helps protect the income of employees by filling in the waiting period gap to Long Term Disability or if the employee experiences a disability that is short term. Coverage is for non-work related injuries or illnesses only and is paid as a flat weekly benefit based on the option chosen by the employee. Premiums are paid by the employee and should be paid through a post-tax employee payroll deduction. If premiums are taken pre-tax, the benefit becomes taxable. The coverage is only available to those employees whose employer chose to offer the plan. Guarantee Issue is granted to employees who enroll as a new hire and/or during open enrollment.

Plan options are:

- 60% of weekly earnings up to \$200
- 60% of weekly earnings up to \$300
- 60% of weekly earnings up to \$400
- 60% of weekly earnings up to \$500

**Premiums will not be adjusted if an employee elects a plan that exceeds 60% of his or her weekly earnings.**

### Supplemental Employee Life

New employees can elect Supplemental Life coverage in \$10,000 increments to a maximum of \$300,000 with a guarantee issue (evidence of insurability not required) amount of \$100,000. See next page for elected amounts over the guarantee issue (GI) amount.

New employees previously approved for amounts over the GI amount with a previous CIS employer can be enrolled in the same amount with no evidence of insurability, if there is no break in coverage.

**Special Enrollment Events:** Employees can add or increase Supplemental Employee Life coverage mid-year due to birth or marriage/new domestic partnership. The new or additional amount will be subject to evidence of insurability.

Employees can increase, decrease, or terminate Supplemental Employee Life coverage due to dissolution of marriage/domestic partnership or death of spouse/domestic partner.

### **Supplemental Spouse Life**

New employees can elect Supplemental Spouse Life coverage in \$10,000 increments to a maximum of \$300,000 with a GI amount of \$20,000. The amount elected for spouses cannot exceed the amount elected for the employee's supplemental life election. See elected amounts over the GI amount section.

Spouses previously approved for amounts over the GI amount with a previous CIS employer can be enrolled in the same amount with no evidence of insurability, if there is no break in coverage and as long as the employee is enrolled in at least the same amount.

**Special Enrollment Events:** Employees can add or increase Supplemental Spouse Life mid-year due to marriage/new domestic partnership. To elect supplemental spouse life, the employee must currently be enrolled in or electing at least the same amount of supplemental employee life at the same time. The spouse/domestic partner is eligible for the \$20,000 GI amount. Any amount over the \$20,000 GI is subject to evidence of insurability.

### **Voluntary Dependent Life**

New employees can elect Voluntary \$10,000 Dependent Life coverage for spouses/domestic partners and/or eligible children.

**Special Enrollment Events:** The Voluntary \$10,000 Dependent Life can only be added due to birth or marriage/new domestic partner if the employee does not already have other eligible dependents. Coverage will be effective the first of the month following the date of birth or marriage/domestic partnership.

*If an employee currently has dependents and experiences a mid-year status change, the employee will have to wait until open enrollment to add the Voluntary \$10,000 Dependent Life coverage.*

### **Supplemental Life Elections Over the Guarantee Issue (GI) Amount**

Employees electing amounts over the GI amount (\$100,000 for employee or \$20,000 for spouse) must provide evidence of insurability (EOI) by completing a Personal Health Application (PHA). Employees must complete the PHA for both the employee and/or spouse online through the employee website ([www.cisbenefits.org](http://www.cisbenefits.org)).

The PHA must be completed within 60 days from the date of enrollment. If the requested coverage is approved, the new election will be effective the first of the month following 31 days after the date of approval. If the employee's coverage is denied but the spouse's is approved, the spouse will be allowed the additional coverage.

## **Termination**

Depending on the reason for termination, employees may be able to continue Supplemental Employee/Spouse and Dependent Life on a self-pay basis. The employee will need to complete a portability/conversion application and submit it directly to the carrier. This form can be located at [www.cisoregon.org](http://www.cisoregon.org) /CIS Benefits/Forms.

## **Statutory Life Insurance**

The State of Oregon requires public entities to provide life insurance for all **active police officers, firefighters, and fire volunteers**. Coverage for police reserves is optional and is the choice of the employer. This coverage must be requested on the Request for Coverage (RFC).

ORS 243.025 reads "*...every police officer and firefighter in the service of a public employer shall be issued, pursuant to the contract provided for in ORS 243.015, a certificate of insurance in the face amount of \$10,000, covering death caused by injury sustained during working hours as a police officer or firefighter or death resulting from such an injury within 365 days.*"

The New Enrollment event will automatically enroll eligible employees in statutory life. Coverage is effective the first day of employment/duty for all active employees or volunteers. Coverage will terminate at the end of the month following the employee's or volunteer's termination date.

## **Pre-Tax Plans**

Pre-Tax plans include the Flexible Spending Accounts (FSA). CIS offers the Healthcare FSA, Dependent Care FSA and Premium Only plans (POPs). This section will explain the eligibility and enrollment process for the CIS pre-tax plans.

### **Eligibility**

New employees who meet the eligibility requirements for health coverage are eligible to participate. Employees do not have to be enrolled in a medical/dental plan to participate in the pre-tax plans. The pre-tax plans are always effective the first of the month following completion of the waiting period. Annual elections and contribution amounts will be calculated based on the date of enrollment and the number of remaining pay dates for the plan year.

Employees experiencing a family status change can make changes to their election within 31 days of the event as long as the election change is consistent with the event. The election change will be effective the first of the month following the event. The annual election will be recalculated based on the new contribution amount, multiplied by the number of remaining pay dates for the plan year and adding in the total contributions made to date.

## **Enrollment**

There is no enrollment for the Premium Only Plan (POP). Employers just note that they want to participate in the POP on the RFC. This allows medical and/or dental premiums paid by the employee to be taken pre-tax.

New enrollments and mid-year status changes for the Healthcare or Dependent Care FSA must be made on CIS' Enrollment Form and can only be processed by CIS. Enrollment forms can be located at [www.cisoregon.org](http://www.cisoregon.org) /CIS Benefits/Forms. Once enrolled, an employee will receive a confirmation letter from ASIFlex, the third party administrator. Any enrollment errors must be reported within 31 days. Open enrollment elections for the Healthcare or Dependent Care FSA for the next plan year must be made online at [www.cisbenefits.org](http://www.cisbenefits.org).

## **Dissolution of Marriage/Domestic Partnership or Legal Separation**

Employees experiencing a dissolution of marriage or domestic partnership must go online to [www.cisbenefits.org](http://www.cisbenefits.org) to report the event. Reporting the event terminates his/her spouse or domestic partner from health coverage and/or Supplemental Spouse Life.

Coverage ends for spouses or domestic partners on the last day of the month in which the dissolution of marriage/ domestic partnership is signed by the court.

Spouses/domestic partners and covered dependent(s) will be offered COBRA continuation. Coverage cannot be continued under the employee's active coverage for a spouse/domestic partner even if court ordered to continue coverage. Continuation of coverage for any children is dependent on whether they still meet the definition of an eligible dependent.

Employees have the option to keep or remove a spouse from coverage due to legal separation. However, the employee cannot add his/her spouse back on coverage if they reconcile. The employee has to wait until open enrollment to add his/her spouse back on to coverage.

### **Documentation Requirements:**

Dissolution of Marriage: A copy of the front page and the signature page of the **dissolution of marriage, or other documentation that shows the date of dissolution and the judge's signature**, must be uploaded online within 31 days.

Legal Separation: A copy of the **court document** needs to be uploaded online within 31 days to terminate a spouse from coverage. If documentation is not received within 31 days, the employee will be required to keep the spouse on coverage until open enrollment or until the dissolution is final and a copy of the dissolution of marriage is provided.

Dissolution of Domestic Partnership: If the employee submitted a State of Oregon **Certificate of Registered Domestic Partnership**, he/she must upload a State of Oregon **Dissolution of Registered Domestic Partnership** certificate within 31 days to terminate a domestic partner from coverage.

## Loss of Eligibility for Children

Coverage for enrolled child(ren) will end on the last day of the month in which the child turns 26. The system will automatically terminate the enrollment and CIS will send the child a COBRA continuation notice.

Child(ren) can only be removed from coverage mid-year due to gaining other group coverage through marriage or employment. Terminating child(ren) from coverage due to gaining other group coverage is optional for employees. Employees must go online to [www.cisbenefits.org](http://www.cisbenefits.org) and generate a **Gain Other Coverage** event to remove his/her child(ren) from coverage.

The request to terminate child(ren) from coverage must be made online. The request and supporting documentation showing proof of other coverage must be made/uploaded within 31 days of obtaining other group coverage.

## Retroactive Terminations

Due to healthcare reform rescission provisions, coverage can only be terminated on a retroactive basis for fraud, non-payment of premium or late notification by an employee of a dependent becoming ineligible (e.g., dissolution of marriage/domestic partnership). If notification is received after 31 days of the event, CIS will contact the employer to determine the appropriate termination date to comply with federal regulations.

## Mid-Year Enrollment Changes, Special Enrollment & Termination Events

In addition to marriage/new domestic partnership and birth/adoption, there are other events that provide an employee or dependent the opportunity to add or terminate coverage outside of Open Enrollment. This section explains those special events.

### When an Employee/Dependent Can Be Added to Coverage

If an employee did not enroll themselves or his/her dependents when initially eligible, he/she must wait until Open Enrollment to make any changes *except* due to the "special enrollment" events described below:

- Employees wanting to add a spouse/domestic partner or a new baby must go online at [www.cisbenefits.org](http://www.cisbenefits.org) to make enrollment changes due to a mid-year status change. **All changes must be reported within 31 days from the date of the event.**



## Medical/Dental Plans

- Employees can enroll themselves and any newly acquired AND currently eligible dependents on coverage due to birth, adoption, marriage or a new domestic partnership. Employees are required to upload documentation online for an adoption, marriage or a new domestic partnership.
- Employees can enroll themselves and/or eligible dependents if other group coverage is involuntarily lost. Employees are required to upload documentation showing proof of loss.
- Employees can enroll themselves and/or eligible dependents if eligibility and coverage under the Oregon Health Plan are lost. Employees are required to upload documentation showing proof of loss.
- Employees can enroll themselves and/or eligible dependents if they become eligible for state or federal financial assistance to offset their CIS' medical/dental premium. Proof of eligibility is required. Employees are required to upload documentation showing eligibility for the assistance.
- Child(ren) can be enrolled in coverage due to a Qualified Medical Child Support Order (QMCSO). Employees are required to upload the QMCSO.
- Employees can enroll themselves and/or eligible dependents if the employee's hours change resulting in a significant cost change. Employees may be required to upload documentation.
- Employees can enroll themselves and any newly acquired or currently eligible dependents on coverage when returning from a qualified FMLA leave. Employees may be required to upload documentation.

## Supplemental Employee/Spouse and Dependent Life Coverage

- Employees can elect Supplemental Employee/Spouse Life due to birth. Evidence of insurability will be required for any new or increased amount.
- Employees can elect Supplemental Employee/Spouse Life due to marriage/new domestic partnership. Evidence of insurability will be required for amounts over the GI amount. The employee must be enrolled in, or elect at least the same amount of Supplemental Employee Life coverage to elect Supplemental Spouse Life.
- Employees can elect Voluntary \$10,000 Dependent Life Coverage when a new dependent is acquired for the first time. Spouses/domestic partners are considered dependents. Evidence of insurability is not required.

Employees must enroll within 31 days of the event. Coverage will be effective the first of the month following the event. Coverage for approved supplemental life coverage will be effective the first of the month following 31 days after the approval.

## **When an Employee/Dependent Can Be Terminated from Coverage**

Employees currently enrolled in coverage cannot terminate coverage mid-year (outside open enrollment) *except* in the circumstances described below. Unless noted, these events do not qualify for COBRA continuation.

## Medical/Dental Plans

- Spouses/domestic partners must be terminated from coverage due to dissolution of marriage/domestic partnership. Employees will be required to upload a copy of the dissolution of marriage/domestic partnership online. Spouses/domestic partners and his/her dependent(s) will be offered COBRA continuation.
- Employees can terminate coverage for themselves or eligible dependents if enrolling in other group coverage. Employees are required to upload documentation showing enrollment in other group coverage.
- Employees can terminate coverage for themselves or eligible dependents if enrolling in the Oregon Health Plan (OHP). Employees are required to upload documentation showing enrollment in the OHP.
- Dependent(s) can be terminated from coverage if a Qualified Medical Child Support Order (QMCSO) is received stating that the employee or spouse is no longer required to provide coverage. Employees are required to upload the QMCSO.
- Employees can terminate coverage for a dependent enrolling in Medicare. If dependent is under 65, employees are required to upload proof of eligibility.
- Employees can terminate CIS' medical/dental coverage for themselves or eligible dependents if eligibility for federal or state financial assistance is lost. Employees are required to upload proof of loss of eligibility.
- Employees can terminate coverage if they experience a significant cost change due to a decrease in hours and employer contribution. Employees may be required to upload documentation. Employees and covered dependent(s) will be offered COBRA continuation.
- Employees can terminate coverage during a qualified FMLA leave. Employees and covered dependent(s) will be offered COBRA continuation.

## Supplemental Spouse Life and Voluntary Dependent Life Coverage

- Spouse Life must be terminated due to dissolution of marriage or domestic partnership
- Spouse Life must be terminated due to spouse/domestic partner's death
- Dependent Life must be terminated if the employee no longer has eligible dependents.

Employees must request termination of themselves or dependents within 31 days of the event. Coverage will be terminated the end of the month following the qualifying event.

## Leaves of Absence

This section addresses eligibility, continuation and termination of medical, dental, life and disability coverage for employees on an approved Family and Medical Leave, Oregon Family Leave, and a Non-Family Medical Leave with or without pay. **Members must work closely with CIS Benefits when employees are on leave** as CIS must enter status changes from Active to Leave and monitor an employee's eligibility. It is important to note that if an employee does not meet eligibility requirements, benefits will not pay even if the premiums are paid.

### **Family and Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA)**

FMLA and OFLA entitles eligible employees to take job-protected, unpaid leave for specified family and medical reasons. FMLA and OFLA requires employers to maintain the same group health benefits at the same level and in the same manner as if the employee had continued to work. Employees may elect (or the employer may require) the substitution of any accrued leave (vacation, sick, etcetera) for periods of unpaid FMLA/OFLA leave. Substitution means the accrued paid runs concurrently with the FMLA/OFLA leave period.

### **Medical and Dental on an Approved FMLA/OFLA Leave**

- Employees on an approved FMLA/OFLA leave **with or without pay** can continue medical and dental coverage for up to 12 weeks.
- Employees are required to pay their share of the premium directly to his/her employer while on leave. Failure to pay can result in the employee's coverage being terminated.
- After 12 weeks, employees can remain on coverage if using accrued leave and receiving pay for at least the number of required hours to be eligible for coverage. If the employee has exhausted accrued leave, coverage will be terminated at the end of the month and COBRA will be offered.

Employees returning from FMLA/OFLA leave are entitled to be restored to the same benefits at the same levels as existed when leave began.

### **Life & Disability on an Approved FMLA/OFLA Leave**

Employees on an approved FMLA leave can remain on life and disability coverage for up to 12 weeks. Employees have the option to continue Supplemental Employee Life, Supplemental Spouse/DP Life, and Voluntary Dependent Life enrollments by paying the premium directly to his or her employer. If choosing to continue, employees must continue all supplemental life and voluntary dependent life coverage enrolled in. Failure to pay will result in the employee's coverage being terminated.

Short Term Disability (STD) cannot be continued during the leave and will be terminated at the end of the month the leave begins.

Employees can convert or port life and/or Long Term Disability (LTD) coverage from group to individual coverage, depending on the reason for the leave. The carrier will determine eligibility and provide a quote.

If the employee is disabled, unable to work, or filing a claim for disability (including a Workers Compensation claim), **contact CIS Benefits for assistance**. Life and disability can only continue for 90 days, but employer will need to pay the premiums for any missing months if the disability application is resolved after life and disability has been terminated.

### **Non-FMLA/OFLA Leave with Pay**

Employees on a paid approved leave of absence that is not FMLA nor OFLA. "With pay" means they are using accrued leave (including donated leave) and receiving pay for at least the number of hours required to be eligible for coverage as stated on the Request for Coverage (RFC).

- **Medical/Dental/Vision Enrollments** – An Employee on a Non-FMLA/OFLA approved leave of absence **with pay** can continue his or her medical and dental coverage as an active employee until accrued leave is exhausted.
  - The Employee is required to pay his or her share of the premium while on leave directly to the employer. Failure to pay will result in the employee's coverage being terminated.
  - Once the Employee exhausts his or her accrued leave on an approved leave of absence, the medical and dental coverage will be terminated at the end of the month and the employee will be offered COBRA.
- **Life and Disability Enrollments** - Employees on a non-FMLA leave of absence **with pay** can continue the employer-paid life and disability plans for up to **90 days**. Coverage will not continue after 90 days even if the employee is using accrued leave. Coverage will terminate the end of the month following 90 days.
  - Employees can convert or port life and/or Long Term Disability (LTD) coverage from group to individual coverage, depending on the reason for the leave. Employees eligible to port/convert life and LTD coverage must complete an application form and send it to the carrier.
  - Short Term Disability (STD) cannot be continued during the leave and will be terminated at the end of the month the leave begins.

### **Non-FMLA/OFLA Leave without Pay**

Coverage is no longer available to continue for Employees on a Non-FMLA/OFLA Leave without Pay as an active employee through payroll.

- **Medical, Dental, Vision Enrollments** – Employees on an approved Non-FMLA/OFLA Leave without Pay will be terminated in the system on the last day of the month that the unpaid leave begins in and offered COBRA enrollment for medical, dental, and vision.
- **Life, Disability, LTD and STD Enrollments** - Employees on a Non-OFLA/FMLA approved leave of absence **without pay** cannot continue coverage as an active employee through payroll.
  - Possible exception for LTD/STD if eligible condition existed prior to termination of coverage. The employee would continue to pay the premium directly to the employer.
  - Employees can apply to The Hartford to convert or port life and/or Long Term Disability (LTD) coverage from group to individual coverage, depending on the reason for the leave. The carrier will determine eligibility and provide a quote.

### **Reinstatement Upon Return from a FMLA/OFLA or Non-FMLA/OFLA Leave**

If coverage ends while the employee is on leave and the employee returns to work within or at the end of 30 days/90 days/ 12 weeks, coverage will be reinstated the first of the month following his/her return.

If coverage ends while on leave and the employee returns to work after 30 days/ 90 days/ 12 weeks, he/she will be required to satisfy the waiting period before he/she can be enrolled on coverage.

## **Uniformed Services Employment and Reemployment Rights Act (USERRA)**

If a covered employee is called to active duty or joins any of the armed forces of the United States of America, and he/she qualifies for reemployment rights under the Uniformed Services and Reemployment Rights Act (USERRA), the employee and dependents can continue coverage for up to 24 months or the period of uniformed service leave, whichever is shorter.

### **Continuation of Coverage**

In most cases, employees called to active duty are offered health coverage through the military. However, USERRA allows employees and/or dependents to continue group medical and dental coverage through COBRA for up to 24 months or the period of uniformed service leave, whichever is shorter.

Employees and any dependents will be terminated from coverage at the end of the month following the date of deployment. CIS will send employees the COBRA continuation and enrollment information.

Life and disability coverage for an employee who has been deployed may continue for up to 12 weeks. Employees are required to pay the premium for any supplemental/voluntary coverage.

### **Reenrollment**

Employees returning to work after being on active duty with the armed forces will be reenrolled on all coverage (including voluntary life) retroactively to the first of the month the employee returns to work, regardless of any lapse in coverage.

## **Continuation of Coverage**

When an employee terminates employment, or becomes ineligible for coverage, the employee and/or dependents are eligible to continue medical and dental coverage. Timely notification of a change is very important to ensure the individual has the opportunity to elect COBRA. **Failure to notify CIS in a timely manner may result in the employee losing his/her COBRA continuation rights.**

The circumstance that causes individuals to lose coverage is called a “qualifying event”. Such events might include the following:

- Covered employee’s termination of employment or retirement
- Covered employee’s reduction of hours (*including a layoff, strike, etc.*)
- Termination of coverage due to a leave of absence (*family, personal, military*)
- Death of the covered employee
- Dissolution of marriage or legal separation
- Dissolution of domestic partnership
- A child who reaches the age of 26.

### **COBRA Coverage**

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires employer group health plans to continue to offer (but not pay for) the same medical and dental coverage that the terminated employee/dependent would have had as an active participant.

Qualifying events that provide a maximum of 18 months of COBRA coverage for employee, spouse and children:

- Covered employee’s termination of employment or retirement
- Leave of absence (24 months for military leave)
- Covered employee’s reduction in hours.

Qualifying events that provide a maximum of 36 months of COBRA coverage for spouse and covered children:

- Death of the covered employee
- Dissolution of marriage or legal separation, or dissolution of domestic partnership
- A child turns 26 and no longer qualifies as an eligible dependent.

### **Coverage for Spouses Age 55 Years and Older**

Oregon Law, ORS 743.600, allows a spouse/domestic partner who is aged 55 or older and whose eligibility for insurance ends due to a legal separation, dissolution of marriage/domestic partnership or death of the employee, to continue coverage (including coverage for dependent children) under COBRA until he/she becomes Medicare eligible. A child will be terminated from coverage the end of the month he/she turns 26 or when the spouse becomes eligible for Medicare.

### **COBRA Notification and Premium Payments**

Upon notification, the COBRA/Retiree Coordinator sends a COBRA continuation notice and application to the employee and/or dependents. If the employee or dependent elects COBRA, CIS will send a monthly premium invoice and collect payment.

If the employer will be paying all or a portion of the COBRA premium, the premium subsidy must be entered at time of termination by the employer. The employer will enter the subsidy percentage, subsidy start date, and subsidy end date. If the subsidy end date is unknown at the time of termination, the employer will leave the end date blank and contact Melinda Lund at CIS Benefits when the end date has been determined. The employer share of the premium will be included in the regular monthly CIS Benefits monthly billing.

## **Retirement**

Oregon Revised Statute 243.303 requires local governments to make health care coverage available to retired officers and employees, spouses and children. Enrolled employees and eligible dependents can continue coverage after retirement if the following conditions are met:

- The employee and/or dependents have not gained Medicare eligibility due to age or disability.
- The employee has received, is receiving, or is eligible to receive benefits from PERS (Public Employee Retirement System) or any other retirement plan offered by the employer.

### **Retiree Plan Options**

Retirees (and covered dependents) are eligible to continue the same plans offered to active employees at the same rates. If enrolled in both medical/vision and dental as an active employee, retirees have the option to continue as is or choose medical/vision only. If dental is not continued, it cannot be added back at a later date.

Retirees can only make changes in plan selections if:

- At the time of retirement, the employer offers a choice of medical and dental plans, retirees have a one-time opportunity to change to a different plan option.
- During Open Enrollment, retirees will automatically be enrolled in the new plan if the employer is changing plans for the new plan year.
- A retiree is enrolled in a Kaiser plan moves out of the Kaiser service area the retiree can elect another plan offered by the employer, if eligible.
- At Open Enrollment, if more than one Regence plan is offered:
  - Retirees can switch from Regence plan enrolled in to other Regence plan offered.
    - Retirees enrolled in a Regence plan cannot switch to a Kaiser plan.
    - Retirees enrolled in a Kaiser plan cannot switch to a Regence plan.

### **Dependent Eligibility**

Retirees have the option of enrolling eligible spouses/domestic partners and/or eligible children on coverage provided they were covered through CIS at the time of the employee's retirement. Dependents not enrolled at the time of retirement may not be added at a later date; however, new spouses or qualified domestic partners, or new dependent child(ren) acquired after retirement are eligible and must be enrolled on coverage within 31 days of the event.

If a retiree is Medicare eligible but has a non-Medicare spouse/domestic partner, the spouse/domestic partner can elect retiree coverage until he/she becomes Medicare eligible due to age or disability.

### **Termination of Retiree Coverage**

Coverage will terminate at the beginning of the month the retiree or spouse/domestic partner becomes Medicare eligible. Coverage will terminate at the end of the month a child turns 26 or when the last parent becomes eligible for Medicare due to age or disability.

A retiree's spouse/domestic partner will not be eligible to continue the coverage if the retiree voluntarily terminates coverage.

In the event of dissolution of marriage/domestic partnership, the spouse/domestic partner's coverage will terminate at the end of the month. The spouse/domestic partner will be mailed COBRA continuation information.

### **Notification and Enrollment**

Upon notification of an employee's retirement, CIS will send a COBRA continuation and Retiree notice. The cover letter will explain the differences between the two continuation options.

Retirees are required to complete and return the Retiree Enrollment Form within 60 days from the date active coverage terminated. CIS will send monthly statements to the retiree and/or bill the employer for all or a portion of the monthly premium if the retiree elects coverage.

### **Retiree Returns to Work**

Retirees returning to work with a CIS covered employer are eligible to enroll in the employer's health insurance; the retiree coverage will be terminated. The retiree can re-enroll in retiree coverage through the new employer as long as the CIS coverage is continuous and he/she is still not eligible for Medicare due to age or disability.

### **Premium Subsidy**

If the employer will be subsidizing all or part of the retiree's premium, the premium subsidy must be entered at time of retirement by the employer. The employer will enter the subsidy percentage, subsidy start date, and subsidy end date. If the subsidy end date is unknown at the time of retirement, the employer will leave the end date blank and contact Melinda Lund at CIS Benefits when the end date has been determined.



## Severance Agreement

*Please note: Due to Federal non-discrimination rules, there are financial penalties for employers and/or employees if the employer continues to pay for coverage after termination for any highly compensated employees (e.g. city managers) but not other terminated employees.*

Employees who are terminated from employment for any reason are no longer considered "Active" employees and do not meet the eligibility requirements to remain on the active medical, dental, life or disability plans. **Employees must be terminated from active employee coverage, even if offered a severance agreement.**

Employees must return a completed COBRA or Retiree Enrollment form to CIS to continue coverage. If the employer will be subsidizing all or part of the COBRA or Retiree participant's premium, the premium subsidy must be entered at time of termination by the employer. The employer will enter the subsidy percentage, subsidy start date, and subsidy end date. If the subsidy end date is unknown at the time of termination, the employer will leave the end date blank and contact Melinda Lund at CIS Benefits when the end date has been determined.

### Life and Disability Coverage

**Terminated employees cannot remain on the active employee life and/or disability plans.** Applications to port or convert the life and/or disability coverage can be found on the CIS website or the employee can contact The Hartford directly. Continuation and payment of these plans will be the responsibility of the employee.

## Plan Booklets and ID Cards

Direct links to the individual carrier websites, as well as toll-free customer service numbers, can be accessed at [www.cisbenefits.org](http://www.cisbenefits.org).

### Plan Booklet/Member Handbook

Plan booklets and/or summaries for Regence, Kaiser, Delta Dental (Moda Health) and Vision Service Plan (VSP) are online and can be accessed on the individual carrier's website after an employee sets up a login and password.

### ID Cards

ID Cards will be sent to new employees within 2-4 weeks after he/she has been enrolled on coverage (except VSP). Employees can generate an ID card from Vision Service Plan (VSP) by going to the website, [www.vsp.com](http://www.vsp.com). *Beginning January 1, 2017, Regence ID Cards will also include VSP.*

Employees needing a duplicate ID card can call customer service or request ID cards online through the carrier website.