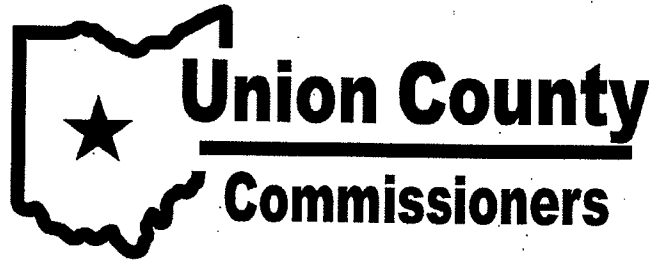


Gary Lee  
Charles Hall  
Steve Stolte



Rebecca Roush, Clerk  
Letitia Rayl, Deputy Clerk

County Office Building  
233 West Sixth Street  
Marysville, OH 43040-1526

Tel. 937- 645-3012  
Fax 937-645-3002  
commissioners@co.union.oh.us  
www.co.union.oh.us

**COMMISSIONERS JOURNAL 50 – PAGE 657 – OCTOBER 1, 2013**

**RESOLUTION NO. 405-13 RE: UNION COUNTY HEALTH INSURANCE BENEFITS PLAN/SPOUSAL ELIGIBILITY POLICY**

A motion was moved by Steve Stolte and seconded by Gary Lee to approve the following policy:

**Part I: Policy**

Effective January 1, 2014, if your spouse is eligible to participate in a group health insurance and/or prescription drug plan (hereinafter referred to as "Union County Health Insurance Benefits Plan"), sponsored by his/her employer, enterprise, and/or any public or private retirement plan, (hereinafter referred to as "Employer"), your spouse will be required to enroll in that Employer sponsored health insurance plan and have that Employer's plan be his/her primary coverage. Also, secondary coverage for spouses will no longer be allowed under the County's benefit plan.

\* **Effective January 1, 2015** - Both employee and spouse (that remain on the plan) will need to complete the wellness scorecard to receive the reduction in premiums.

**Part II: Procedure**

As part of the implementation of the new rules, an annual certification will be required. The form labeled "Spousal Eligibility Certificate" (hereinafter referred to as Certificate) is attached to this policy. Side one of Certificate shall be completed and signed by the employee of Union County. If the employee's spouse is employed but his/her Employer does not offer medical/prescription/dental coverage, side one and two of the Certificate shall be completed by the employee, the spouse and the spouse's Employer. Page three of this policy shall be completed by the employee and spouse as well. Please have the Certificate and page three of this policy completed and returned to the Auditor's Office by the end of open enrollment. Failure to return the completed Certificate and authorization (Page three) to the Auditor's Office will result in the employee's spouse being ineligible to participate in the Union County Health Insurance Benefits Plan.

If the spouse's health care coverage offered through the spouse's Employer has an eligibility waiting period or a contribution waiting period, benefits will be provided under the County's health plan until the waiting period has been satisfied. Once the waiting period is satisfied, benefits will be paid according to the Union County Health Insurance Benefits Plan Spousal Eligibility Policy.

If the County employee has eligible children enrolled in the Union County Health Insurance Benefits Plan, the children may continue to maintain their coverage through Union County regardless of whether his/her spouse remains on the Union County Health Insurance Benefits Plan or enrolls in his/her Employer's plan.

- Any county employee hired January 1, 2013 or after that would like to participate in the Union County Health Insurance Benefits Plan (family or employee +spouse coverage) shall complete and return within thirty (30) days of County employment the Certificate verifying whether the spouse is eligible to participate in any group health insurance coverage sponsored by the spouse's Employer. Page three of this policy shall be completed and returned as well.
- Effective January 1, 2013, any county employee that requests to add his/her spouse to the Union County Health Insurance Benefits Plan shall complete and return the Certificate within thirty (30) days of the qualifying event. Page three of this policy shall be completed and returned as well.
- Employees shall complete and return the Certificate annually. Any employee who fails to submit it by the end of open enrollment will have their spouse removed from the Union County Health Insurance Benefits Plan.
- It is the employee's responsibility to immediately notify the Auditor's Office of a change in the spouse's eligibility to participate in his/her Employer insurance plan.

→ If the employee's spouse *accepts* a new job where coverage is available, he/she must immediately enroll in the Employer sponsored plan and the employee shall notify the Auditor's Office. The employee may not wait until the next annual certification to notify Union County of this change.

→ If the employee's spouse *should lose* coverage during the year, the spouse is eligible for special open enrollment that allows him/her to become covered under the Union County

Health Insurance Benefits Plan at the time of lost coverage if the proper paperwork is provided. The employee shall notify the Auditor's Office within 30 days of the loss of coverage. Completion of side one of the Certificate is required.

- If both the employee and the employee's spouse are eligible employees of Union County, they both may enroll in the county's health plan. Completion of side one of the Certificate is required.
- Legal spouses that have no coverage available through their Employer may be covered under the Union County Health Insurance Benefits Plan. Completion of side one and two of the Certificate is required.
- Legal spouses that are not employed may be covered under the Union County Health Insurance Benefits Plan. Completion of side one of the Certificate is required.
- Legal spouses that are retired and not actively employed or eligible for a group medical insurance plan may be covered under the Union County Health Insurance Benefits Plan. Completion of side one of the Certificate is required.

**Union County Health Insurance Benefits Plan Spousal Eligibility Policy  
Certificate/Authorization**

**Part III Employee Certification/Authorization**

I acknowledge that I have received a copy and read the Union County Health Insurance Benefits Plan Spousal Eligibility Policy

I certify to my employer, Union County, that the answers provided in the Certificate are true and accurate.

I authorize Union County and its authorized employees/agents to contact my spouse's Employer if necessary to verify the accuracy of the information.

If there are any changes in my spouse's employment status, I agree to notify the Auditor's Office of the change as soon as possible.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Part IV Spousal Certification Authorization**

I am the spouse of the Employee identified in Part III. I acknowledge that I have received a copy and read the Union County Health Insurance Benefits Plan Spousal Eligibility Policy.

I certify to my spouse's employer, Union County that the answers provided in the Certificate regarding my employment and eligibility for medical benefits in connection with my employment are true and accurate.

I authorize Union County and its authorized employees/agents to contact my Employer if necessary to verify the accuracy of the information provided on the Certificate.

\_\_\_\_\_  
Spouse Name (Please Print)

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

A roll call vote resulted as follows:

Charles Hall, Yea