

RESOLUTION NO: 24-532

**A RESOLUTION ESTABLISHING ELIGIBILITY RESTRICTIONS FOR SPOUSES ON THE UNION COUNTY EMPLOYEES GROUP HEALTH INSURANCE PLAN**

*WHEREAS*, the Union County Board of County Commissioners endeavors to control health care costs by limiting participation of spouses in the group health insurance plan; and

*WHEREAS*, the Union County Board of County Commissioners has considered eligibility restrictions and procedures for spouses on the Union County Employees Group Health Insurance Plan.

***NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF UNION COUNTY, OHIO, THAT:***

**Section (1).** The Union County Board of Commissioners hereby establishes the following eligibility restrictions and procedures for spouses on the Union County Group Health Insurance Plan:

**Description of Spousal Restriction**

If the spouse of a CEBCO-eligible employee is eligible to participate in an employer-provided health plan, he or she may not be covered under the County's group health insurance plan.

**Procedure to Cover Eligible Spouses**

Spouses may be eligible to join the County's group health insurance plan, in certain instances as described below:

- If the employee's spouse is employed but his/her Employer does not offer health insurance, or if the Employer offers health insurance and the employee does not qualify for coverage.
- 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.
- If the spouse is not employed or is retired.

In these instances, completion of a spousal eligibility certification will be required upon entry to the health plan and annually thereafter to verify spousal eligibility. The form labeled "Spousal Eligibility Certificate" (hereinafter referred to as Certificate) is attached as Exhibit A. Side one of the Certificate shall be completed and signed by the CEBCO-eligible employee of Union County. Side one and two of the Certificate shall be completed by the employee, the spouse and the spouse's Employer in certain instances as outlined on the Certificate. Failure to return the completed Certificate to the Human Resources Department, as directed upon entry to the plan or annually during open enrollment, will result in the employee's spouse being ineligible to participate in the Union County Health Insurance Plan. Any ineligible spouse will not be granted entry, or if already enrolled, will be removed from the Union County Health plan for failure to comply with the recertification requirements.

**Spousal Employer's Waiting Period:** If the spouse's health care covered offered through the spouse's Employer has an eligibility waiting period, the spouse will be eligible to join the County's health insurance plan until the waiting period has been satisfied. Once the waiting period is satisfied, the spouse must be removed from the County's health insurance plan.

**Mid-Year Qualifying Events:** Any eligible employee that requests to add his or her spouse to the County's health insurance plan shall complete and return the Certificate within thirty (30) days of the qualifying event (e.g., new hire enrollment, open enrollment, or a mid-year qualifying life event).

- If it is the employee's responsibility to immediately notify the Human Resources Department 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 Human Resources Department.
- If the employee's spouse should lose coverage during the year, the spouse is eligible for special mid-year enrollment that allows him or her to become covered under the Union County Health Insurance plan at the

time of lost coverage if the proper paperwork is provided. The employee shall notify the Human Resources Department within thirty (30) days of the loss of coverage. Completion of the Certificate is required.

**Section (2).** Deliberations of this Board that resulted in such formal action, were in a meeting open to the public, and in compliance with all legal requirements including Revised Code §121.22.

A motion was made by Mr. David A. Lawrence and seconded by Mr. Dave Burke to approve this resolution and was carried by the following vote:

Steve Robinson	<del>Yes</del>	<del>No</del>	<u>Absent</u>
Dave Burke	<input checked="" type="radio"/>	No	
David A. Lawrence	<input checked="" type="radio"/>	No	

Passed: November 6, 2024

BOARD OF COUNTY COMMISSIONERS  
UNION COUNTY, OHIO

ATTEST: Sara Early  
Sara Early, Clerk

[Signature]  
Steve Robinson

[Signature]  
Dave Burke

Approved as to Form:

[Signature]  
David A. Lawrence

[Signature]  
Thayne D. Gray  
Assistant Prosecuting Attorney  
11/6/2024

# **EXHIBIT**

# **A**

## Union County Health Insurance Annual Eligibility Certification - Spousal Eligibility Certificate

Union County's Coordination of Benefits requires spouses of covered employees to join their Employer's group health plan for primary coverage where such availability to coverage exists. Participation of spouses in the County's CEBCO health insurance program is limited to the instances described below. Employee requests to add their spouse to their health insurance will not be considered until this Certificate is completed in its entirety and returned to the Human Resources Department during open enrollment of each year.

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Union County Employee Name: \_\_\_\_\_  
(print)

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check the one item that qualifies the employee's spouse as eligible for coverage as a dependent on Union County's Health Insurance Plan:

- 1. My spouse is *self*-employed and does not currently have access to a group medical plan.
- 2. My spouse is employed and my spouse's Employer does NOT offer medical coverage for my spouse or my spouse does not meet his/her Employer's medical insurance eligibility requirements.
- 3. My spouse is also employed by Union County.
- 4. My spouse is not employed.

**AFFIDAVIT:** I understand that my spouse must meet the eligibility requirements to qualify for enrollment as my dependent in the Union County Health Insurance Benefits Plan. I attest that the facts above are true and correct to the best of my knowledge and indicate this by my signature below. I understand that if my spouse's coverage status changes, it is my obligation to inform the Human Resources Department within 30 days of any change. Any false statements as it relates to this information shall be considered grounds for disciplinary action.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Item 2 above is checked above, the county employee, spouse and spouse's Employer shall complete Side 2 of the Certificate in order for the employee's request for spousal coverage to be considered.

