

STATE OF OHIO
ADJUTANT GENERAL'S DEPARTMENT
2825 WEST DUBLIN GRANVILLE ROAD
COLUMBUS, OHIO 43235-2789

MEMORANDUM

TO: SEE DISTRIBUTION

FROM: Gregory L. Wayt, Major General (Ohio), The Adjutant General 

DATE: January 5, 2005

SUBJECT: **POLICY - State Employee Procedure Letter #9**
State Employee Health, Vision and Dental Insurance Programs

1. REFERENCES:

- a. Section 124.82, Ohio Revised Code.
- b. Department of Administrative Services Rule 125-1-03.

2. SCOPE: This policy applies to all full-time permanent and part-time permanent state employees of the Adjutant General's Department. Temporary, seasonal, student help, college interns and other non-permanent employees are not entitled to health care coverage.

3. COVERAGE AVAILABLE:

- a. The employee has an annual option to participate in the single or family plan or not to participate at all. Insurance is not mandatory.
- b. When husband and wife are both employed by the state, both cannot carry family coverage. They have the following options.
 1. Both may carry single coverage.
 2. One employee may carry family coverage and the other single coverage, but the spouse with single coverage may not be listed as a dependent under the family plan.
- c. The state offers a statewide standard health insurance program and optional health maintenance organization (HMO) plans. The HMOs vary for different counties. Employees may select coverage with HMOs only if the HMO is offered in his or her county of residence and only if the HMO is approved by the State of Ohio. The standard statewide health insurance plan is effective statewide regardless of home of record.

4. COST: The cost of coverage is published by separate payroll insert letter annually.

5. DENTAL AND VISION CARE INSURANCE: For vision and dental coverage, employees become eligible on the first day of the month following completion of one year of continuous employment with the state. Service credit for employment in other political subdivisions (e.g., city, county, etc.) does not count. Also, employees on an approved leave of absence may re-enter the health benefit fund, if requested, within thirty-one days after returning to employment. Also, an employee may enroll in the dental and vision care program without being a member of a state sponsored health insurance program.

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6. ELIGIBLE DEPENDENTS INCLUDE:

- a. An employee's spouse or common law spouse who entered into the common law marriage prior to October 10, 1991.
- b. Unmarried children from the time of birth until the end of the month in which such children attain the age of nineteen (19).
- c. Children who are enrolled students until they reach the age of twenty-three (23).
- d. Unmarried children who are incapable of self-support because of a developmental disability, severe mental illness or physical handicap that commences prior to the end of the month in which he or she attains the legal age described above and who are primarily dependent upon the employee for his or her maintenance and support. The employee shall provide written proof of the child's incapacity and primary dependency within thirty-one days after the child's attainment of the age described above by submitting form ADM 4729, Affidavit of Dependent Status and form ADM 4730, Request to Extend Limiting Age for Mentally Retarded and Physically Handicapped Child. Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.
- e. The term "children" includes:
 1. The employee's own or legally adopted children
 2. Any stepchildren or foster children who depend upon the employee for support and who normally resides in the employee's household
 3. Children of divorced or separated parents when the children are not residing with the employee, but are required by law to be supported by the employee
 4. Children for whom the employee has been appointed legal guardian

7. INELIGIBLE DEPENDENTS INCLUDE:

- a. A spouse from whom the employee is legally divorced or separated
- b. Children age 19 and older that are not enrolled in an accredited school except those who are incapable of self-support as described in 6.d. **(Effective 7/1/2003)**
- c. All former stepchildren **(Effective 7/1/2003)**
- d. Current stepchildren who do not live in an employee's home more than half the time **(Effective 7/1/2003)**
- e. Same sex partners
- f. Live in boyfriends or girlfriends
- g. Parents or parents-in-law
- h. Grandchildren – unless the employee is the court-appointed legal guardian
- i. Married children
- j. Employee, spouse or child currently in the military service
- k. Adults under guardianship of employee
- l. Common Law spouse in which the relationship began after October 10, 1991
- m. A child who is eligible as an employee of the state is not eligible for coverage as a dependent of a state employee

8. ENROLLMENT OR CHANGE IN COVERAGE:

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- a. New employees may sign up for health care insurance within 31 days of their date of employment. If they fail to sign up within this period of time, they must wait until open enrollment to sign up.
- b. Open enrollment to enter the program, change insurance companies, change coverage from single to family coverage, or to add dependents is conducted in the month of May by separate letter of announcement. Coverage is effective on July 1 each year. During years in which there is no open enrollment, a limited enrollment period will be designated by the Department of Administrative Services (DAS). During this limited enrollment period, employees may
 1. Add eligible dependents to their benefit plans.
 2. Increase their supplemental life insurance amount.
 3. Enroll for health, dental, vision or supplemental life insurance benefits for the first time.
- c. Under normal circumstances, employees may not change coverage until open enrollment or at a special enrollment designated by DAS. Employees may, however, add dependents or change coverage from single to family during the year, only if the employee requests such a change within 31 days of one of the following events:
 1. After marriage, death of a spouse, divorce, legal separation or annulment.
 2. Birth, adoption, placement for adoption or death of a dependent.
 3. Termination or commencement of employment by the employee, spouse or dependent.
 4. Reduction or increase in hours of employment by the employee (including layoff or reinstatement from layoff), spouse or dependent, including a switch between part-time and full-time, strike, lockout or commencement, return to work from an unpaid leave of absence, or change in work site.
 5. Return to work through order of arbitration or settlement of a grievance or any administrative body with authority to order the return to work of an employee.
 6. The employee's dependent satisfies or fails to satisfy the requirement of the definition of dependent due to attainment of age, student status or any similar circumstance as provided in the health plan under which the employee receives coverage.
 7. If the plan receives a Qualified Medical Child Support order (QMED) pertaining to an employee's dependent, the employee may elect to add or drop the child to the plan depending upon the requirement of the QMED.
 8. If an employee, spouse or dependent who is enrolled in a health plan becomes entitled to coverage (e.g., enrolled) under Medicare or Medicaid, other than coverage consisting solely of benefits under section 1928 of the Social Security Act (the program for distribution of pediatric vaccines).
 9. If an employee, spouse or dependent is no longer entitled to coverage (e.g., enrolled) under Medical or Medicaid.
 10. The employee no longer resides or no longer works in the service area of the employee's current plan.
- d. All new enrollments and changes must be requested on the Health Care Enrollment and Change Form, ADM 4717. The forms are available by copying the enclosed form or on-line at <http://www.gsd.das.state.oh.us/formsmgt/fmapp/isearch.asp>.

9. INSURANCE PAYMENT:

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- a. The employee's share of his monthly insurance coverage will automatically be deducted from his paycheck via the payroll deduction system. Effective November, 2003, one-half of the monthly premium will be deducted during each pay period.
- b. If an employee is not in active pay status (e.g., military leave without pay, Family & Medical Leave (FMLA), personal leave of absence) at the time the standard payroll deductions for insurance are scheduled, then he or she must make a direct payment of the state and employee's share (check or money order) payable to "Treasurer, State of Ohio". The check or money order must be mailed to SHRD, The Adjutant General's Department, 2825 West Dublin Granville, Road, Columbus, Ohio 43235-2789. If an employee's leave without pay is for a qualifying FMLA absence, please see Procedure Letter #29, Section 11, Employee Benefits.
- c. If an employee is on an approved leave of absence and desires to let his or her insurance coverage lapse until they return to work, he or she may do so. However, to re-activate his or her insurance coverage, they must re-apply on a new form ADM 4717 within 31 days of the return to work. To avoid delays in processing reactivation of insurance coverage, it is recommended that the ADM 4717 be delivered to SHRD not later than 25 days after the employee's return to work.

10. VOLUNTARY CANCELLATION: An employee may cancel insurance coverage at any time by submitting ADM Form 4717.

11. INSURANCE COVERAGE INFORMATION LITERATURE: Each employee who enrolls in a State Health Plan will receive a membership card and a member's handbook directly from that plan.

12. ISSUES WITH INSURANCE PAYMENT: All employees are reminded that SHRD is a point of contact for enrollment forms, price quotes, payroll deduction and distribution of literature. Any issues arising regarding non-payment of claims must be coordinated between the individual and the insurance company.

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