

## SECTION 16 CAFETERIA PLAN

- A. **POLICY STATEMENT:** It is the policy of Hubbard County to offer eligible employees benefits through the Cafeteria Plan, including health insurance. Please see Addendum VII for the current contributions.

Effective January 1, 2015 the County contribution to the cafeteria plan for regular, benefit eligible employees will be \$857; the single plus children contribution will be \$1070 and the family contribution will be \$1508.

Effective January 1, 2016, the County contribution to the cafeteria plan for regular, benefit eligible employees will be \$847, the single plus children contribution will be \$1070 and the family contribution will be \$1508.

**ALTERNATE BENEFIT ELIGIBILITY:** Hubbard County will contribute \$300 toward health insurance alone as provided via the Cafeteria Plan for regular part time employees or non-regular part-time employees who works an average of thirty (30) hours during the Affordable Care Act (ACA) measurement period established by Hubbard County. Contribution amount will be evaluated annually and adjusted, as needed to meet the minimum requirements of the Affordable Care Act (ACA). The participation of employees eligible for this alternate benefit is not required.

In addition, the county will contribute \$2.00 per month/per benefit eligible employee for provision of \$10,000 life insurance coverage in 2015. Effective January 1, 2016, the county will continue to provide each full time benefit eligible employee with \$10,000 life insurance coverage.

- B. **ELIGIBILITY:** A full time employee is eligible for the Cafeteria Plan. Regular part-time employees and non-regular part-time employees may be eligible for the Alternate Health Insurance Benefit. Benefit eligibility will be determined using a measurement period, administrative period and stability period as required by the Affordable Care Act (ACA) and established by the county.

In the event the health insurance provision of this Agreement fails to meet the requirements of the Affordable Care Act (ACA) and its related regulations or cause the Employer to be subject to a penalty, tax or fine, the Employer will develop an alternative provision so as to comply with the Act and avoid any penalties, taxes or fines.

- C. **COVERAGE:**

1. Summary of Coverage: Comprehensive Hospitalization, Medical – Surgical & Major Medical.
2. Dates of Coverage: Coverage becomes effective the first of the month following 30 days of employment and remains effective as long as employee is benefit eligible. Coverage for an employee not maintaining eligibility shall be effective through the last day of the calendar month in which the employee is benefit eligible.

- D. **OPTIONS TO CONTINUE COVERAGE:** Payment of full premiums for continued coverage must be made in the Auditor/Treasurer's Office one month in advance of the desired coverage.

1. An employee not in pay status has the option to continue coverage per current state and federal law.
2. A terminating employee that is PERA annuity eligible may continue their insurance coverage indefinitely.
3. A county employee who terminates after ten or more years of service is eligible to continue coverage on the group plan indefinitely.

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4. A terminating employee that is not PERA annuity eligible may continue coverage per COBRA guidelines. Cobra coverage requirements are available in the Coordinator's Office.
5. Terminating or retiring enrollees can choose to enroll in a different health plan from the county offered plans, only during an open enrollment period.

**Please see the County Coordinator's Office for complete COBRA coverage requirements.**