

A. Coverage

1. The County offers group insurance coverage for its employees and their dependents as follows:
  - a. Medical insurance;
  - b. Dental insurance;
  - c. Life insurance (basic and supplemental);
  - d. Additional plans, as adopted by the Board of Supervisors. Such additional plans may be governed by Administrative Procedures.
2. An employee may be required to share the cost of insurance, except that the County pays for the entire premium cost of the basic life policy.
3. Employees electing coverage may choose to cover eligible dependents.

B. Eligibility for Insurance Coverage

1. A regular full-time or part-time employee hired to work and receiving pay for twenty (20) or more hours per week, or forty (40) or more hours per pay period, is eligible. A variable-time employee hired to work and receiving pay for a minimum of twenty (20) hours per week, or forty (40) or more hours per pay period, regardless of the actual number of hours worked, is eligible. A temporary employee extended beyond the first six (6) months of employment and hired to work and receiving pay for a minimum of twenty (20) hours per week, or forty (40) or more hours per pay period, is eligible.
2. If both spouses or domestic partners work for the County and are eligible for benefits, only one (1) person is allowed to cover eligible dependents (medical and dental insurance only). For the purpose of Pima County insurance coverage, an eligible dependent is a legally married spouse, domestic partner, natural born child, stepchild, adopted child of the employee or domestic partner, child who has been placed for adoption with the employee or domestic partner and for whom the application and approval procedures for adoption pursuant to ARS §8-105 or §8-108 have begun, and/or a child for whom the employee or domestic partner has obtained court ordered guardianship.

- B. 3. An eligible child is insurable up to the age of twenty-six (26), regardless of the child's student or marital status or the availability of the other employer-based coverage for that child. The employee must supply documentation to support the parent-child relationship and the age of the child. As an example, such document may include a birth certificate or applicable court order. An enrolled dependent child will continue to be eligible beyond the age of twenty-six (26) provided he/she is incapable of self-sustaining employment by reasons of intellectual disability or physical disability and is chiefly dependent upon the employee or enrolled domestic partner for support and maintenance. Restrictions may be placed on dependent coverage by an insurance carrier if the dependent is not living within the carrier's defined service area. At any time, an employee may be requested to document dependent status.

C. Enrollment and Effective Date

1. Insurance coverage becomes effective the first day of the month following completion of thirty (30) calendar days of eligibility. An eligible employee electing insurance coverage must enroll with Human Resources within the scheduled enrollment period or wait until the next open enrollment period to obtain insurance coverage. Bi-weekly premium deductions will begin the first pay period following enrollment.
2. A reinstated employee's insurance coverage becomes effective the first day of the month following reinstatement.
3. A reemployed employee shall be treated as a new employee.

D. Open Enrollment

1. Open enrollment for group insurance is held at least once a year and is scheduled by Human Resources. This is a specified period during which an eligible employee may enroll or change medical/dental insurance plans, cancel medical/dental insurance, add eligible dependents, cancel dependents, or enroll in supplemental life insurance (with restrictions).
2. Supplemental life insurance is available on an open and continuous enrollment basis for all employees who elect to purchase benefits with post-tax dollars. Employees who purchase benefits with pre-tax dollars may enroll or change supplemental life insurance coverage only during the annual open enrollment. Evidence of insurability of all applicants, except new employees, will be required for supplemental life insurance.

E. Coverage Changes, Cancellation of Coverage, Changes in Family Status

1. An employee may enroll in or cancel insurance coverage and/or add or delete dependents only during the regularly scheduled open enrollment, unless a family status change has occurred. A family status change is defined to be:
  - a. Marriage;
  - b. Divorce;
  - c. Legal separation;
  - d. The establishment or dissolution of a domestic partner relationship;
  - e. Birth;
  - f. Adoption;
  - g. Placement for adoption pursuant to ARS §8-105 or §8-108;
  - h. Court ordered guardianship;
  - i. Dependent leaves the service area (for certain medical and dental plans);
  - j. Employee's spouse, domestic partner or other dependent obtains new employment, becomes eligible for benefits with current employer, becomes ineligible for benefits with current employer, terminates employment and as a result of the termination loses coverage with his or her employer;
  - k. Leave of absence without pay;
  - l. Dependent child attains age 26.
2. These changes must be made within thirty-one (31) calendar days of the date of occurrence. Premium changes will be effective the first day of the period following notification. An employee may not change from one plan to another except during the scheduled open enrollment period.
3. Cancellation of coverage shall occur for non-payment of premiums.
4. An employee's insurance coverage terminates at midnight on the last day of the month for which premiums were paid.
5. Unless a family status change has occurred, an employee whose coverage has been canceled in the current plan year may re-enroll for insurance coverage only during the next regularly scheduled open enrollment.
6. Reinstatement of coverage following cancellation for non-payment of premium and outside of the open enrollment period may be authorized by the County Administrator.

F. Leave Without Pay; Reduction of Hours

1. An employee starting a leave of absence without pay may continue coverage under any of the County's group insurance programs by submitting a Leave of Absence Insurance Form prior to such leave.
2. An employee on a leave of absence without pay, who terminates prior to the end of such leave, shall be responsible for payment of insurance premiums up to the date of termination.
3. If the employee's insurance coverage is terminated due to non-payment of premium, cancellation will be effective the end of the payroll period for which premiums were paid.
4. Insurance coverage under a reduction of hours will be as follows:
  - a. If an employee receives pay for less than forty (40) hours in one (1) pay period, or is on an approved leave of absence without pay for one (1) pay period, the County shall continue its contribution for medical and dental insurance coverage for the employee.
  - b. If the employee receives pay for less than forty (40) hours in two (2) or more consecutive pay periods, or is on an approved leave of absence without pay for two (2) or more consecutive pay periods, the employee will be responsible for paying the employee's share and for reimbursing the County for its share of the medical and dental premiums.
5. An employee on leave for a workers' compensation injury shall be responsible only for that portion of the premium(s) which would normally be deducted from her/his biweekly paycheck.
6. Unless the employee is transferred to a non-insurance eligible status position, the County will continue to pay for basic life insurance coverage throughout the approved leave of absence without pay, or when the employee is receiving pay for less than forty (40) hours per pay period.

G. Leave Taken Under the Family and Medical Leave Act (FMLA)

1. When an employee is on an approved leave of absence without pay under the provisions of FMLA, the County will continue to pay to insurance providers the County's contribution for medical, dental and basic life insurance coverage for up to twelve (12) weeks during any twelve (12) month period. An employee taking leave under FMLA will be responsible for payment of the employee's share of premium costs for any County-sponsored insurance benefits.

- G. 2. An employee starting an FMLA leave of absence without pay may continue coverage under any of the County's group insurance programs by submitting an FMLA Leave of Absence Insurance Form prior to such leave.
3. The County may recover insurance premiums paid on behalf of an employee during an unpaid leave under the provisions of FMLA if:
- a. The employee fails to return from leave after the leave period has expired, and
  - b. Fails to return for a reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to take FMLA leave, or other circumstances beyond the employee's control.

H. Retirement Benefits

In Arizona, retirement benefits, including health benefits for retirees of State and County government, are governed by Arizona statute. Pursuant to Arizona constitutional and statutory law, the State of Arizona has established, operates and maintains a retirement system, known as the Arizona State Retirement System (ASRS) for State and County employees. There are separate systems, also established by Arizona law, for law enforcement personnel, corrections system personnel, and county elected officials.

I. Complaints

Formal complaints may be made in writing to Human Resources.

J. Continuation of Group Medical, Dental and Employee Assistance Program Coverage

Under Public Law Number 99-272, as amended, certain employees and dependents are eligible to continue group medical benefits, dental insurance benefits and employee assistance program benefits. This continuation requires the eligible employee or dependent to pay the full premium (without County contribution) plus a 2% administration fee.