

Procedure 501-3 – Medical/Dental/Vision Coverage

Employees classified as full-time regular or as part-time partial-plus and elected County officials may elect coverage for themselves and their eligible dependents in the County's medical, dental, and vision plans. Initial benefit elections are effective the first day of the calendar month on or after the date of hire or transfer to a benefits-eligible position. If hired or transferred on the first day of the month, the employee is immediately eligible to participate. Annual benefit elections are effective on January 1 of the following calendar year. Medical/dental/vision benefits will cease upon expiration of paid coverage unless continuation coverage is purchased by the employee.

Cost

The monthly cost of each plan for medical/dental/vision coverage, as well as the portion each employee and the County will pay, is subject to review and adjustment each year prior to open enrollment or at other times as the County deems necessary. Employee contributions are paid with pre-tax dollars.

Declining Medical Coverage

Eligible employees and officials may decline medical coverage only if they are able to provide an insurance card or certificate of insurance documenting coverage through another plan or program. A copy of an insurance card or certificate of coverage must be provided during initial enrollment and annually at open enrollment. If documentation of coverage is not provided, the employee will be automatically enrolled for individual medical coverage under the PPO (Preferred Provider Organization) plan with the highest deductible.

Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue certain coverage under the County's group plan when a qualifying event would normally result in the loss of eligibility. Some common qualifying events include separation from employment, death of an employee, a reduction in an employee's hours or a leave of absence, an employee's divorce or legal separation, and a dependent child no longer meeting eligibility requirements. Employees separated from employment for gross misconduct may not be eligible for continuation coverage.

The monthly cost of continuation coverage is the sole responsibility of the employee or the employee's qualified beneficiaries and is equal to the County's current group rate plus an administration cost, as allowed by law. Individuals have 60 days from the date of the qualifying event or the date they receive notification, whichever is later, to enroll in continuing coverage.

Employees or covered dependents are responsible for informing the County of a divorce, legal separation, or loss of dependent status within 60 days of the event or the date on which group coverage would be lost because of the event. If proper notice is not received within 60 days, continuation coverage may not be available.

The County provides written notice describing rights granted under COBRA when an employee becomes eligible for continuation coverage under the County's medical/dental/vision plans. The notice contains important information about the employee's rights and obligations.

In addition to the continuation rights provided by COBRA, eligible employees may continue medical/dental/vision coverage to age sixty-five in accordance with K.S.A. 12-5040. In order to access this coverage, an employee must have 10 years of credited service with Johnson County and be receiving a retirement or disability benefit with KPERS/KP&F. Credited service need not be consecutive.

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