

Health Insurance Benefits Procedure

102.1 POLICY

North Tooele Fire District offers ~~a- health medical , and dental, and vision~~ insurance benefits to eligible employees and their dependents ~~in compliance compliant~~ with ~~applicable federal and state laws, including~~ the ~~2010~~ Patient Protection and Affordable Care Act ~~and the 2010 Health Care and Education Reconciliation Act~~.

The District may offer multiple medical plan options, including a High Deductible Health Plan (HDHP) that qualifies for participation in a Health Savings Account (HSA), as approved by the Board of Trustees.

102.2 ELIGIBILITY

1. An employee will be eligible for insurance only when they work an average of 30 or more hours per standard work week (Saturday through Friday).
2. Employees hired into a full-time position (30 or more hours per week) shall be eligible for medical, dental, and vision coverage effective on their date of hire.
3. If a part-time employee changes to full-time status (30 or more hours per week), eligibility for coverage shall begin effective the date of full-time status as determined by the District.
4. If an employee's hours vary above or below the 30 hour per week threshold for a sustained period of time, they will be determined to be full time if the average hours worked per week over a 12 month period from January 1 – December 31 are 30 or higher.
5. If the average weekly hours are less than 30, then the employee will be considered part time and not eligible for health insurance.
6. A full time employee that is currently enrolled will be terminated from the plan the first of the month following the date that the average hours do not meet the 30 hour minimum requirement.
7. Eligible employees may enroll themselves, their spouse and/or their qualifying dependents in the medical, dental and/or vision portions of the plan. Dependents cannot be enrolled unless the employee is enrolled.

102.3 MEASUREMENT PERIODS

1. For ongoing employees NTFD will use a calendar year (January 1 – December 31) lookback measurement period for eligibility determination.
2. A two month administrative period (January 1 – February 28) will follow the enrollment process.
3. The stability period will coincide with the current policy plan year (March 1 – February 28) and is the time period that an eligible employee can remain on medical coverage.

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However, if an employee changes from full-time to part-time during the stability period, then they would not remain eligible due to the change of status.

4. For new hire variable hour, seasonal, and part time employees the initial measurement period will be up to six months (or sooner if eligibility can be determined) from their date of hire followed by an administrative period of up to one month or sooner if able to be processed.

102.4 CONTRIBUTIONS

1. ~~A portion of the premiums are paid by NTFD~~ ; The District shall contribute a Board-approved percentage of the total monthly medical, dental, and vision insurance premiums for eligible employees enrolled in District-sponsored benefit plans.
2. The employer contribution percentage shall be established and reviewed periodically by the Board of Trustees and may vary based on plan type or tier of coverage.
3. The District's premium contribution shall apply equally to all approved medical plan options, including any High Deductible Health Plan (HDHP) that qualifies for participation in a Health Savings Account (HSA), unless otherwise authorized by the Board of Trustees.
4. ~~This portion may vary according to the plan offered and the cost of the plan.~~ Employer contributions toward insurance premiums are separate from employee Health Savings Account (HSA) contributions. Unless specifically approved by the Board of Trustees, the District does not provide employer contributions or matching funds to employee HSAs.
5. ~~The Board of Trustees shall determine NTFD's contribution for employee insurance and review the NTFD contribution as needed.~~

102.5 HEALTH SAVINGS ACCOUNTS (HSA)

1. The District may offer a High Deductible Health Plan (HDHP) that qualifies for participation in a Health Savings Account (HSA), as approved by the Board of Trustees.
2. Premiums for an HSA-qualified HDHP shall be treated the same as other medical plan options, and the District shall contribute toward the premium in accordance with the previous section.
3. Employees enrolled in an HSA-qualified HDHP may elect to contribute to a Health Savings Account through payroll deduction in accordance with Internal Revenue Service (IRS) regulations and the District's Section 125 Plan.
4. Employee HSA contributions are voluntary and may not exceed annual IRS contribution limits.
5. At this time, the District does not provide an employer contribution or employer matching contribution to employee HSA's unless otherwise approved by the Board of Trustees.

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6. [Employees are responsible for determining their eligibility to participate in an HSA and for complying with applicable IRS rules regarding contributions and qualified expenses.](#)

102.6 PREMIUM ONLY PLAN (POP SECTION 125)

1. Eligible employees who wish to participate in the insurance program shall be required as a condition of eligibility, to also participate in the Premium Only Plan (POP) Section 125 Plan, insofar as it relates to the employees' payroll deductions necessary to obtain the insurance or other benefits. POP Section 125 Plan payroll deductions are withheld pre-tax.
2. POP Section 125 deductions will be calculated and deducted on the first two paychecks of the month for a total of 24 deductions per year. In months where there is a third paycheck, the deduction will be canceled on that paycheck.
3. POP Section 125 deductions will be accrued in the month that the premium is due and valid to the insurance provider. For example, the premium paid by NTFD due to the insurance provider on April 10th is for the coverage during the month of April 1–April 30. The Section 125 deductions will occur on the first two paychecks that occur in April, in order to offset the premium due during that month.
4. For mid-month coverage effective dates, payroll deductions shall be prorated as required to satisfy the premium obligation.
5. [If the District offers a High Deductible Health Plan \(HDHP\) that qualifies for participation in a Health Savings Account \(HSA\), employee HSA payroll contributions shall be administered in accordance with the District's Section 125 Plan and applicable IRS regulations.](#)

102.7 CANCELTION OF COVERAGE

1. When an employee cancels coverage (such as separation of employment or otherwise becoming ineligible for coverage), per the current contract with the insurance provider, benefits coverage will continue until the last calendar day of the month in which the employee cancels coverage. For example, if an employee resigned effective May 10th the coverage will continue until May 31st.
2. Upon separation, the employee will be responsible for their entire monthly deduction amount. When possible, the deduction will be calculated in the employee's final paycheck.
3. In the instance that the final paycheck does not cover the amount of the premium, the employee will be held liable for the balance.

102.8 OPEN ENROLLMENT

1. The NTFD open enrollment period will be January 15 – February 15 of each year.
2. If an employee needs to make a change in coverage outside of open enrollment, the change must be made in writing within 30 days of an eligible event.

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3. Eligible events include: marriage, adoption, birth, loss of other coverage, full time hire date or divorce.
4. It is the employee's responsibility to complete the necessary change forms and applications for all additions, deletions, and changes.

102.9 COBRA CONTINUATION OF COVERAGE

1. Employees, spouses, and dependents who lose eligibility for District-sponsored medical coverage may be eligible to elect continuation coverage in accordance with applicable federal COBRA or Utah state continuation laws. ~~If an employee, their spouse, and/or dependents have been continuously covered for at least three months prior to the start of continuation of coverage and become ineligible for the current plan, they may be eligible for state COBRA continuation of coverage.~~
2. Continuation coverage shall be administered consistent with employer size requirements under federal and state law. If the District meets the threshold for federal COBRA applicability, continuation coverage shall be provided in accordance with federal COBRA requirements. If the District does not meet that threshold, Utah state continuation provisions shall apply. ~~The employee, their spouse and/or dependents may continue coverage for 12 months at their own expense by paying 100% of the premium, subject to the requirements of Utah State mini-COBRA rules for continued eligibility.~~
3. Individuals electing continuation coverage shall be responsible for up to 100% of the applicable premium cost, plus an administrative fee of up to 2%, as permitted by law. ~~NTFD may charge an administrative fee of up to 2% to the employee to administer COBRA.~~
4. Examples of events qualifying for COBRA coverage include, but are not limited to divorce, a dependent turning 26 years of age, and separation of employment.
5. Upon loss of eligibility for District-sponsored medical coverage, active employee payroll deductions for insurance premiums shall cease. Any individual electing continuation coverage shall be responsible for submitting premium payments directly during the continuation period.
6. Participation in a Health Savings Account (HSA) is not subject to COBRA continuation. Upon separation of employment or loss of eligibility, payroll contributions shall cease, and the HSA shall remain the property of the employee.