

**Manhattan Area Technical College
Institutional Policy & Procedure Manual**

Policy No. 7.4.1

Title: Benefits—Health Insurance	
Originated by: Vice President of Business Services	
Signature	Date
Approved:	
Signature	Date
Reviewed: August 2011	Revised:

Policy Statement: The College offers a comprehensive benefit package that includes health insurance coverage. Health insurance coverage provides for the general health and well-being of the MATC workforce.

Rationale: Faculty and staff are critical to the success of the institution. Individuals with health insurance generally enjoy better health and, therefore, are more productive workers.

Procedure: The College offers group health insurance coverage to employees that work at least 30 hours per week. All full-time or temporary full-time employees and their unmarried dependents, up to age twenty-three (23), are eligible to be covered. For new employees, coverage is effective the first day of the month following employment. Medical coverage is paid at the single coverage rate; any additional cost is paid by the employee. Dental and Vision coverage is not included in that group health insurance plan but is available through the cafeteria plan.

Enrollment: Each new employee has an opportunity to enroll in Group Health Insurance at the time his or her employment begins. This is a one-time enrollment option and there are no further “open enrollment” opportunities. Employees who do not enroll in the health insurance plan within 30 days of employment for either themselves or any eligible dependents will be required to sign a Waiver of Coverage. Once an employee either waives coverage or enrolls in the plan, changes may only be made if there is a qualifying change in family status such as marriage, divorce, adoption, or birth of a child. Changes may also be made if there is a change in spouse’s employment. An example of this might be if the spouse of an employee loses his or her benefits from another organization’s group health plan. For complete details regarding plan requirements, the Summary Plan Description should be consulted.

1. Cost: The College pays full coverage for an individual employee coverage. If the employee chooses a plan option that involves his or her spouse and/or dependents the employee pays the additional cost of premiums for the plan.
2. Plan Year: The Group Health Insurance Plan year is July 1 through June 30.

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3. Preexisting Condition Limitation: All new enrollees are subject to a waiting period for any preexisting conditions unless they have had prior continuous creditable insurance coverage with another health plan. Pregnancy is not included as a preexisting condition.

4. Continuation of Coverage: Upon termination of employment with Manhattan Area Technical College, an employee and/or his or her qualified dependent(s) who would lose coverage due to the termination, have the opportunity to temporarily continue participation in the Group Health Plan as provided through the Comprehensive Omnibus Budget Revision Act (COBRA) of 1986. This continuation of coverage is paid by the employee and/or dependent(s) and is available only under certain circumstances. It is the responsibility of the employee to notify Human Resources within 30 days of any change in family status and/or when dependents no longer meet dependent eligibility.
 - a. Premium Payments. Should an employee or his or her eligible dependents elect to continue as members of the College's plans, he or she (or they) will be charged the applicable premium charged to the College plus an additional 2 percent.
 - b. Modification of Premiums. The premium charged to participants is subject to change if the rates that are being charged to the College increase or decrease.
 - c. Termination of Continuation Coverage. Continuation coverage may end if any of the following events occurs:
 - a. Failure to make timely payments of all premiums,
 - b. Coverage exists under another group health plan that does not exclude or limit coverage based on a preexisting or limiting condition,
 - c. Enrollment in Medicare, or
 - d. Termination of the College's group health plan.

7. Procedure. The College's Group Health Plan administrator will attempt to contact the employee (as well as his or her spouse and children are qualified beneficiaries) about this continuation coverage at the time termination occurs or work hours are reduced, or in the event of the employee's death.

In the event an employee becomes divorced or legally separated or one of his or her dependent children ceases to be eligible for coverage under the College's group health insurance plans, the employee, his or her spouse, or children are responsible for contacting Human Resources and the plan administrator within sixty (60) days of the qualifying event to discuss their continuation rights.

The employee and/or his or her children are also responsible for notifying Human Resources and the Plan administrator within 60 days of qualifying for

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Social Security disability benefits to ascertain whether eligibility for a disability extension exists.

- a. Covered employees may elect to continue coverage if coverage is lost due to a reduction in hours, termination of employment, or for reasons other than gross misconduct.
- b. Eligible beneficiaries may elect to continue coverage if coverage is lost due to the death of the employee, termination of employment or reduction of hours for reasons other than gross misconduct, divorce or legal separation, entitlement for Medicare, or when a dependent child ceases to be a dependent child under provisions of the health plan.
- c. Those electing continuation of coverage are responsible for paying the entire premium cost plus administration costs allowed by law. All costs must be paid in a timely fashion for coverage to continue.
- d. Additional information is available in the Human Resources Department.

It is the responsibility of the employee to inform the Department of Human Resources, within 30 days, when certain qualifying events occur that would allow him or her or his or her dependents to continue coverage.