

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.
2. An employee may be required to share the cost of insurance, with the exception of the Basic Life Policy and the Employee Assistance Program (EAP), for which the County pays the full premiums.
3. Employees electing coverage may choose to cover eligible dependents.

B. Eligibility for Insurance Coverage

1. The following employees are eligible for insurance coverage:
 - A. A regular full-time, part-time or variable-time employee scheduled to work twenty (20) or more hours per week in a benefits eligible employment classification as defined in Administrative Procedure 23-22 II.A.;
 - B. An employee that meets the requirements defined by federal guidelines;
 - C. A temporary employee (employment classification G) after six (6) months of continuous employment.
2. If both spouses or domestic partners work for the County and are eligible for benefits, only one (1) person is permitted to cover eligible dependents. 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, a 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 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 documents 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 the child 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 via the Benefits online enrollment system within the scheduled enrollment period or wait until the next annual enrollment period to obtain insurance coverage. Bi-weekly premium deductions will begin the first payday 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.
4. A former employee that was benefits eligible at the time of termination and is rehired within thirteen (13) weeks shall have their previous benefits reinstated effective on the date of rehire as mandated by federal guidelines.

D. Annual Enrollment

1. Annual 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 in, change or cancel medical/dental insurance, add eligible dependents, and cancel dependents. This also applies to supplemental and ancillary benefits.
2. Supplemental and dependent life insurance is available on an open and continuous enrollment basis. Evidence of insurability of all applicants, except newly eligible employees and dependent children, will be required.

E. Coverage Changes, Cancellation of Coverage, Qualifying Life Events

1. An employee may enroll in or cancel insurance coverage and/or add or delete dependents only during the regularly scheduled annual enrollment, unless a qualifying life event has occurred. A qualifying life event 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 gains or loses other coverage;
 - 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 payday following enrollment effective date. An employee may not change from one plan to another except during the scheduled annual 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 qualifying life event has occurred, an employee whose coverage has been canceled for non-payment in the current plan year may re-enroll for insurance coverage only during the next regularly scheduled annual enrollment.
6. Reinstatement of coverage following cancellation for non-payment of premium and outside the annual enrollment period may be authorized by the County Administrator.

F. Leave Without Pay

1. An employee starting a leave of absence without pay may continue coverage under any of the County's group insurance programs based on policy guidelines of the plan.
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 last day of employment.
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.

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. 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.
2. An employee starting an FML leave of absence without pay may continue coverage under any of the County's group insurance programs by making benefit and payment arrangements with Human Resources 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 FML, 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.