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**STOREY COUNTY ADMINISTRATIVE  
POLICIES AND PROCEDURES**

**NUMBER:** 701  
**EFFECTIVE DATE:** 12/02/08  
**REVISED:** 08/02/11 | 01/05/15  
01/02/18 | 06/21/22  
08/02/22 | 12/06/22  
07/15/25 |  
**AUTHORITY:** BOC  
**COUNTY MANAGER:** AO

**SUBJECT: HEALTH INSURANCE COVERAGE**

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**I. Purpose:**

To establish eligibility for health insurance benefits. Health insurance benefits is to include hospitalization, major medical, dental and vision, and prescription medications.

**II. Policy:**

**2.1 Definitions**

- **Health Insurance:** Insurance coverage for medical, dental, vision, and prescription consistent with active employee coverage.
- **Initial Date of Hire:** The first date on which an employee or elected official first commenced paid employment.
- **Medicare Eligible:** The point when a retiree or dependent is eligible to enroll in Medicare Part A and Part B; this may be because the retiree has reached age 65 or because s/he has been granted Medicare Part A and Part B due to a disability before reaching age 65. All questions about Medicare should be directed to the Centers for Medicare & Medicaid Service.
- **Open Enrollment:** The period designated annually by the HR Director during which changes in coverage under county plans may be made by participants.
- **Plan year:** The period set forth by the Storey County Board of Commissioners in which program benefits and rates are offered for enrollment.

**2.2 Benefits**

The specific terms and conditions of coverage are specified in the plan document for medical, dental, vision, prescription drug, and Accidental Death and Dismemberment (AD&D) insurance issued by the insurance company. See policy 702 for Life and AD&D insurance.

### **2.3 Eligibility**

Elected officers of the county are eligible to enroll in the group health insurance plan effective the first day of the month following the official administration of the oath of office. Full-time regular employees who are regularly scheduled to work at least 40 hours per week are eligible to enroll in the group health insurance plan effective the first of the month following 30 days of employment. Employee's spouse and dependents are also eligible for coverage under the insurance plan as allowable by the provisions of this policy and the applicable collective bargaining agreement.

### **2.4 Employee Coverage**

- The employer will pay one hundred percent 100 percent of the monthly premiums for health insurance for all regular full-time employees.
- Employees must authorize a payroll deduction of any share of the health coverage premium which is to be paid by the employee.

### **2.5 Dependent and Spouse Coverage**

- The employer will pay 100 percent of the monthly health insurance premiums for the employee's dependents (up to age 26) and 100 percent for the employee's spouse who is not eligible for any other health insurance or Medicare Part A and Part B coverage. This provision also applies to elected officials.
- Effective May 1, 2012, if the employee's spouse is eligible for any other health insurance coverage, or Medicare Part A and Part B, the employee may choose to cover his/her spouse on employer's health, dental, and/or vision plan for a charge equal to 50 percent of the cost of the spouse's coverage under the employer's plan. The employee shall provide the HR office on a county provided affidavit annual certification stating whether his/her spouses is eligible for any other health insurance or Medicare coverage.

### **2.6 Pay In-Lieu of Benefit (Health insurance medical coverage)**

- As allowed by law and without federal penalties to the employer, an employee may opt out of employer provided insurance coverage and accordingly may receive 50 percent of the premium that the employer would have paid for employee only coverage, not to exceed \$450 per month. A premium percentage will be paid to the employee via payroll once per month and will be considered taxable income. The amount paid will be included in calculating the employee's regular rate of pay for the purpose of calculating overtime. Opt out may only be done annually during the open enrollment period or upon an employee becoming newly eligible for coverage. Any employee opting out of health benefits coverage must electronically submit an annual certification using a County provided affidavit stating that the employee and his/her tax-family (e.g., spouse and dependents) will maintain minimum essential health coverage, other than coverage purchased in the individual market and Medicare, as required by the Affordable Care Act.

- No employee who is in any way covered under the county insurance plan may receive Pay In-Lieu of Benefit.

### **2.7 Sick Leave HSA Contribution**

Employees may utilize up to 40 hours of his/her accrued sick leave to be utilized as an HSA contribution or toward their monthly insurance premium in a calendar year, provided that the employee maintains 240 hours of sick leave in their bank. This election opportunity takes place twice annually in the second full pay period in June and December. Signed requests must be submitted to the Comptroller's Office on the Monday of payroll week. Total annual contributions to the HSA cannot exceed the limits outlined in law.

### **2.8 Plan Changes**

The employer will periodically evaluate the health coverage plan that is offered and make adjustments, as the employer deems appropriate, in the level of coverage and the amount of premium cost to be paid by the employer.

## **III. RESPONSIBILITY FOR REVIEW: The County HR Director will review this policy every 5 years or sooner as necessary.**