WESTCHESTER COUNTY

DEPARTMENT of FINANCE

EMPLOYEE BENEFIT POLICY and ADMINISTRATION

INDEX

Benefits Administered by the Westchester County Dept. of Finance and administered through various third party companies

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Enrollment Information

All new County employees eligible for benefits are required to complete a Benefit Enrollment Form and should attend the orientation session on the first working day of the pay period in which they commence employment. They should bring with them a W-4 Form, a Benefit Enrollment Form and a New York State Retirement System Application. Managers who enroll for the voluntary group accident coverage will also need to complete that enrollment form. These forms will be collected at the end of the session.

Employee Contributions

Employee contributions if required are subject to change. For current information, please access the Finance Dept. Intranet Website under Benefit Information.

Eligibility

A new employee is not automatically eligible for benefits. The employee must meet certain eligibility requirements.

The employee must work 17-1/2 hours or more a week on an annual salary basis (21 hours a week for Nurses) or

The employee must be a paid elected or appointed official. Non-

eligibility

New employees who are not eligible for benefits are:

Employees who are terminated before what would have been their effective date of coverage.

Employees who are appointed or elected to a position for less than three months.

Employees who are paid on an hourly basis and not on an annual salary line.

Eligible Dependents

An employee enrolling for health benefits may wish to have family coverage if he or she has eligible dependents. An eligible dependent would be an employee's:

Spouse

A spouse legally separated may be covered as a dependent.
Divorced spouses are not eligible. Same sex spouses of same sex marriages lawfully entered into will be considered eligible. Proof of marriage will be required. A working spouse subject to the Working Spouse Rule is not eligible. The Working Spouse Rule is explained under the section headed Coordination of Benefits.

Children

Health Coverage

Child under 26 years of age.

Child that is incapable of self-support by reason of mental or physical disability and who became incapable before reaching age 26.

Definition of eligible child for health coverage :

The employee's own child, whether by birth or adoption.

A stepchild of the employee.

A child that an employee has or had legal permanent custody of until the age of emancipation.

Dental and Vision Coverage

Unmarried child under 25 years of age.

Unmarried child 25 years of age that is incapable of self-support by reason of mental or physical disability and who became incapable before reaching age 25.

Definition of eligible child for dental and vision coverage:

The employee's own child, whether by birth or adoption.

Step-children who reside in the Employee's household as long as the biological parent remains married to the Employee and also resides in the Employee's household.

A child that an employee has or had legal permanent custody of until the age of emancipation.

Additional forms may be required to determine dependents eligibility.

- Statement of Dependence – For dependents with a last name different than the employee and/or dependents other than the employee's natural or adopted child.

- Application for Enrollment of a Disabled Dependent – For a totally disabled dependent.

Dependent Child No Longer Eligible (Refer to COBRA)

When a dependent is no longer an eligible dependent, his or her coverage will terminate As follows:

Health Benefits

When a dependent becomes 26 years of age and is not totally disabled, coverage will terminate on the last day of the month of his or her 26th birthday.

Dental and or Vision Benefits

When an eligible dependent becomes 25 or ceases to receive more than half his or her support from the employee, coverage will terminated the last day of the month of his or her 25th birthday.

Domestic Partner

A domestic partnership is one in which partners are 18 years of age or older; unmarried and not related by marriage or blood in any way that would bar marriage; residing together, involved in a committed (lifetime) rather than casual relationship, and mutually interdependent financially. The partners must be each other's sole domestic partner and must have been involved in a domestic partnership for a period of not less than one year. Documentation of all these criteria will be required for the enrollment to be permitted. ****Working spouse rule applies (see Working Spouse Rule is explained under the section headed Coordination of Benefits.)**

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Domestic Partner's Children. An eligible employee may provide coverage for a partner's child (children) who are under the age of 26 and for whom the Employee provides 51% or more support and maintenance. Documentation will be required. Loss of eligibility follows the same guidelines as loss of eligibility by dependent children.

Enrollment of a Domestic Partner

When domestic partner coverage is requested, a domestic partner enrollment package will be given to the employee. This package includes:

- Instructions
- Affidavit of Domestic Partnership
- Affidavit of Financial Interdependence
- Dependent Tax Affidavit
- Termination of Domestic Partnership Form

First, the employee and partner must complete the Affidavit of Domestic Partnership and the Affidavit of Financial Interdependence. These documents along with two items of proof of financial interdependence and proof of residence for both partners must be submitted to the Employee Benefits Section of the Finance Department.

In addition, if the domestic partner qualifies as your dependent for federal tax purposes and you wish to avoid the additional taxes that may result from this benefit, the Dependent Tax Affidavit must be completed and returned with the other documents. Applications filed without the required affidavits or proof, will not be processed. Ambiguity or lack of clarity will not be interpreted in the employee's/partner's favor.

Imputed Income

Under Internal Revenue Service rules, if a domestic partner is not a "dependent" within the meaning of Section 152 of the Internal Revenue Code, the "fair market value" of the partner's coverage, less any contribution by the enrollee, is treated as income for federal tax purposes. This value referred to as "imputed income" will be added to the Westchester County Employee's annual salary for income tax purposes and will apply even if the employee covers other dependents in addition to the domestic partner. If the partner qualifies under IRC 152, The imputed income will not be added to the employee's salary. A Dependent Tax Affidavit Must be completed and submitted with the other required documentation.

Effective Date for Adding a Domestic Partner

The date of initial eligibility will be one year after the most recent date on the documents of proof that is submitted with the application. The same effective date rules used for a change in coverage due to marriage will apply.

Terminating Domestic Partner Coverage

Coverage for a domestic partner will end the last day of the month that the employee and/or partner no longer meet one or more of the requirements on the two affidavits both have signed. The terms and conditions of this coverage require the employee to report this relationship termination within14 days of its occurrence by completing the Termination of Domestic Partnership form. The employee will not be eligible to enroll another domestic partner or to re-enroll the same partner until 2 years after the Termination of Domestic Partnership Form is submitted to the Employee Benefits Section of the Finance Department. C.O.B.R.A. coverage will be provided using the same rules as those that apply to a divorced spouse. An employee may delete a partner from benefit coverage at any time; even if the relationship is not terminated.

Surviving Domestic Partners

Domestic partners who survive a deceased employee will be eligible for dependent survivor coverage under the same circumstances as surviving spouses.

Declination of Benefits

An employee may not wish to enroll in the Benefit Program at his or her time of initial eligibility. If this is the case, the employee must fill out the Benefit Enrollment Form and state that he or she is declining benefits. The purpose of this is to have a record of the fact that the employee was made aware that he or she was eligible for benefits. They must submit proof of other coverage. The proof must be from a commercial carrier and not the Market place Insurance.

An employee who initially declined benefits may at any time reapply for it as long as he or she still meets eligibility requirements. However, if the employee decides to enroll later than one month from his/her hire date; coverage will take effect the first day of the third month following receipt of the written request for enrollment.

Health Insurance Buyout -

Non-represented Management is eligible for an annual Health Insurance Buyout as per Board Act No. 41-2010 Section 6.

COBA, SOA, Police, Criminal Investigators and Nurses are all eligible as per their union contracts.

The amount of the buyout is as per each negotiated union contract. A health insurance buyout form along with the benefit enrollment form must be completed to be eligible for the buyout. **Proof of Alternate Health Insurance coverage must be provided**.
The County will not reimburse those who are Medicare Primary.

Buyout can only occur at open enrollment annually, and for a new hire within 30 days of hire.

Effective Dates of Coverage

New Employees

The effective date of coverage for a new employee is determined when the application for benefits is received by the Finance Dept. Benefits Office.

If the employee applies within one month of hire date, coverage begins the first day of the second month following hire date, example:

Hire Date	Apply By	Effective Date
6/5	7/5	8/1

If the employee applies later than one month after hire date coverage begins the first day of the third month following the request for coverage, example:

Hire Date	Apply By	Effective Date
6/5	7/20	10/1

*****Exception - if your enrollment is received timely and your start date is the 1st day of a 31 day month your benefits will begin the 1st day of the next month.**

Changes In Coverage

Changes in an employee's family status may make it necessary for a change in the employee's benefit coverage.

If an employee wishes to change from single to family coverage, the effective date of the change would be as follows:

1. If the application for a change from individual to family coverage is made within one month of the date the employee acquires his or her first dependent, the change becomes effective on the first day of the month following the request for a change.

   Example:

Date of Marriage	Request For Change	Effective Date
6/13	Before 6/30	7/1

Date of Marriage	Request For Change	Effective Date
6/13	Before 7/10	8/1

   If an employee already has family coverage and acquires a new dependent child, the employee must complete a benefit enrollment form adding the child within 30 days of the birth of the child in order for the child's coverage to be effective on the date of birth. A copy of the birth certificate should also be sent to the Benefits Office as soon as it is received.

   If an employee is unmarried and requests a change from individual to family coverage because of the birth of a dependent child, the effective date for family coverage begins on the first day of the month of the birth date of the child.

If an employee already has family coverage and acquires a new spouse, a completed benefit enrollment form along with a copy of the marriage certificate must be received by the Benefits Office within 30 days of the marriage in order for the spouse's coverage to be effective on the date of marriage.

2. If the application for a change from individual to family coverage is made later than one month from the date an employee acquires an eligible spouse or child, the change becomes effective the first day of the **third month** following the request for a change.

Date of Marriage	Request For Change	Effective Date
6/13	7/20	10/1

From Family to Individual Coverage

An employee may no longer have any eligible dependents, or may no longer wish to cover the eligible dependents he or she already has. The effective date for the change would be as follows:

If an employee requests a change from family to individual coverage, the change becomes effective the first day of the month following the request for a change.

Important: If an employee is divorced, the employee must notify the Benefits Office in writing that he or she is divorced and must include the first and last page of the divorce decree indicating the names of the employee and spouse and the date the divorce is final. This information must be sent to the benefits office as soon as the divorce is finalized. A divorced spouse is **not** an eligible dependent and cannot continue coverage under the employee's plan.

Procedure To Request A Change In Coverage

Any time an employee wishes to change his or her benefit coverage, from individual to family or vice versa, the employee must see the departmental personnel representative and complete the Benefit Enrollment Form requesting the change in coverage. The completed form will be sent to the Employee Benefits of the Finance Department, Room 730, and 148 Martine Ave. White Plains, NY 10601

This procedure should always be done within thirty days of the circumstance that necessitated the request for a change. If a request is not made in the thirty day period, the employee must wait until the first day of the third month following the request for the change.

Coordination of Benefits

Sometimes employees and their dependents are covered under two health benefit plans. If this is the case, bills for medical services must be submitted to the primary plan first. If there is still a balance after the primary plan payment, then the bills may be submitted to the other plan. This is known a coordination of benefits. The County of Westchester has this provision in its health benefit plan to avoid payment in excess of the billed charges.

Working Spouse Rule – This rule currently applies to **CSEA, Teamsters, and Confidential employees hired after December 30, 2008** who are eligible for health benefit coverage. Please check with your current collective bargaining agreement to see if this rule applies to you. An employee whose **non-County spouse/domestic partner** (as defined in the County) has health insurance available through another employer is ineligible for County provided health insurance for the non-County spouse/domestic partner.

If both parents have family health benefit coverage, the birthday rule will continue to apply for eligible dependent children. If the non-County spouse/domestic partner has individual coverage available, while the non-County spouse/domestic partner is ineligible to be covered under the County's plan, the County shall cover eligible dependents.

Coordination of Benefits Cont.

If an employee and/or dependents are covered under more than one plan, the plan that will be primary is as follows:

Bills For	Primary Plan	Secondary Plan
Employee	Employee's Plan	Spouse's Plan
Spouse	Spouse's Plan	Employee's Plan
Dependent Children	The plan of the parent whose birthday (month and date) falls earlier in the year is primary.	
Example 1: Mother 3/14/50 Second Father 7/02/47	Mother's Plan Primary	Father's Plan
Example 2: Mother 5/03/54 Second Father 2/15/52	Father's Plan Primary	Mother's Plan

If a mother and father are separated or divorced, the plan of the parent with whom the child resides is primary unless a court document specifies otherwise. If the parent that

the child lives with is married and his or her spouse has employer sponsored coverage, then the plan that will be primary is as follows:

Primary Plan	Secondary Plan	Third Plan
Parent child lives with	Step-Parent child lives with	Parent child does not live with

Employee With 2 Plans	If the employee is covered under one plan as an active employee and another plan as a retiree, the plan that covers the person as an active employee is primary. If both plans cover the employee as active or retired, the plan that has covered the person the longest is primary.

For those subscribers who have primary benefits through a Health Maintenance Organization or similar organization, the subscriber must first seek such services, facilities, and supplies that can be performed or are eligible for payment through those organizations. Services and/or facilities, prescriptions and supplies that can be covered or performed under these organizations will not be considered for payment under the Westchester County Plan.

Leave Without Pay

An employee who is on authorized leave without pay or a departmental suspension without pay may continue his or her health benefit coverage by making direct payments to the Employee Benefits Section of the Finance Department. Dental and vision coverage are not continued while on an authorized leave.

An employee whose services have been terminated due to the abolition of his or her job or who has been placed on a preferred list for a reinstatement may continue coverage by making direct payments for a maximum of one year or until re-employed.

An employee who has enlisted in the Armed Services is not eligible to continue coverage. Ordinarily, the Armed Forces provide complete health services for military personnel and their dependents.

An employee who wishes to continue his or her health benefit coverage while on an authorized leave without pay, is required to remit the entire cost of family or individual coverage (whichever the employee has) to the Benefits Section of the Finance Department.

The procedure for making direct payments while on an authorized leave is as follows:

When the Benefits Section receives notification via a report from Human Resources that an employee is on a LWOP, a bill will be sent to the employee. The bill indicates to the employee the cost of the coverage on a monthly basis. It also indicates the date the coverage will be terminated if no payment is received. There will be no COBRA notice for continued coverage issued if an employee's coverage is terminated while on an authorized leave without pay.

If an employee's coverage is terminated for failure to remit payment, or because the employee chooses not to continue coverage and does not apply for direct payments, the employee may not be re-enrolled for health benefits until he or she is back on the payroll with the following exception.

If an employee whose coverage has been canceled for failure to remit payments while still on leave and wishes to make direct payments, coverage can be reinstated as of the first day of the third month following the date of request.

If coverage is canceled for non-payment and not reinstated while the employee is on leave, it may be reinstated upon his or her return to the payroll.

If an employee's request for reinstatement of coverage is received before the expiration of his or her leave, or on the day of his or her return to the payroll, or within one month (30 days) of his or her return to the payroll, then coverage will be reinstated effective the first day of the month following the date of return to the payroll.

Example: An employee's leave will expire on July 30, and he or she will be returned to the payroll on August 1. On July 15, he or she requests reinstatement of coverage. Coverage will be reinstated as of August 1.

Example: An employee is returned to the payroll on July 1. On July 15, he or she request reinstatement of coverage. The employee's coverage will be reinstated effective August 1.

If the employee's date of return to the payroll is the first day of a month and the request for reinstatement was received on or before that date, coverage will be reinstated on that date.

Example: An employee is returned to the payroll on June 1. He or she requests reinstatement of coverage on June 1. The employee's coverage will be reinstated on June 1.

If the employee's request for reinstatement of coverage is received more than one month following his or her return to the payroll, coverage will be reinstated as of the first day of the of the third month following the date of the request.

Example: An employee is returned to the payroll on June 5. He or she requests reinstatement of coverage on August 3. The employee's coverage will be reinstated on November 1.

Waiver of Payment While on an Authorized Leave Without Pay

A waiver of payment for a period of up to one year in duration may be granted to an employee who is totally disabled while on an authorized leave without pay or while his or her name is on a Civil Service preferred eligible list.

In order to be eligible for such a waiver, the employee must meet all of the following conditions:

1. He or she must be totally disabled, as a result of sickness or injury and have been continuously disabled for at least three months.

2. The employee must be on authorized leave without pay or on a Civil Service preferred eligible list.

3. He or she must have kept coverage in effect during their period off the payroll.

In order to apply for a waiver of payment, an employee must obtain an Application for Waiver of Payment form the Benefits Section of the Finance Department. The form must be completed by the employee and his or her physician and returned to the Benefits Section of the Finance Department.

If approved, the waiver will begin on the first day of the fourth calendar month following the occurrence of the disability or on the first day of the calendar month following exhaustion of accrued sick leave, whichever is later.

The waiver will continue during the period of total disability but, in no event, for more than one year. If any of the following conditions occur before the expiration of the year, the waiver will cease:

Cessation of the disability
Return of the employee to the payroll
Approval of a request for retirement
Separation from Service
Death of an enrollee

Vested Rights

Enrolled employees who terminate their employment before retirement age may continue their health benefit coverage if they have five (5) years of paid service with the County of Westchester and **have vested as a member of a retirement system administered by the State of New York.**

The 5 years of paid service with the County of Westchester requirement is waived for Westchester County elected officials and appointed department heads who have been vested as a member of a retirement system administered by the State of New York.

An enrolled employee may not continue coverage in an HMO (Health Maintenance Organization) but will have the opportunity to continue coverage in the Westchester County Health Benefit Plan.

Employees are not eligible to continue their dental or vision benefit coverage while in a vested status. Refer to the Retirement Section.

Requesting Continuation of Coverage While In a Vested Status

Eligible employees who wish to continue health benefits while they are vested are required to pay the entire cost their coverage (individual or family) from the 1st day of the month following their separation from the payroll until the 1st day of the month following the date that they are eligible to receive a retirement allowance.

Ex. Last day of employment 6/22/11 Eligible for a pension 4/24/16

Must pay as a vestee from 7/01/11 through 4/30/16. Would be changed to a retiree Effective 5/01/16 with applicable premium (if required).

The employee must submit a written request to the Benefits Section of the Finance Department asking for vested rights to continue health benefit coverage. At this time, a bill will be sent to the employee indicating the amount due each quarter.

Vestees who wish to continue their coverage into retirement and commence dental coverage in retirement must continue their health benefits coverage as an enrollee or a dependent of an enrollee while in vested status.
Vestees whose health benefit coverage is terminated because they made no request to Continue coverage, or failed to make payments after requesting coverage, will not be permitted to reinstate health coverage during vested status or after retirement.

Once an employee has established eligibility to continue health benefit coverage as a retiree, that eligibility shall not be impaired by subsequent employment.

Retirement

An enrolled employee can carry his or her health dental benefit coverage into retirement as long as both of the following eligibility requirements are met

1. The employee must have at least five years of paid service, not necessarily continuous with the County of Westchester.

2. The employee is eligible to receive, or would have received if he had joined, retirement allowance from a retirement system administered by the State of New York or one of its civil divisions.

3. You must be enrolled in a Westchester County Health Plan offered to you as a Westchester county Employee to qualify for retiree benefits.

   The 5 years of paid service with the County of Westchester requirement is waived for Westchester County elected officials and appointed department heads who are eligible to receive a retirement allowance from a retirement system administered by the State of New York or one of its civil divisions.

An enrolled employee may not continue coverage in an HMO (Health Maintenance Organization) but will have the opportunity to continue coverage in the Westchester County Health Benefit Plan.

An employee who is not a member of a retirement system when he or she leaves employment is considered to be retired for benefit purposes if the above requirements are met.

Employees who have qualified for Social Security disability payments are considered to be retired for health benefit purposes, regardless of age, provided that they have at least 10 years of service with the County of Westchester.

The cost for Retiree Health Coverage is determined by many factors. Contact the Employee Benefits Office to determine the current cost of continuing your coverage.

Departmental personnel must separate the employee from the payroll with a Retirement Action Code indicating the employee's date of retirement. If the separated employee is eligible to continue coverage as a retiree but chooses not to collect his or her pension at this time, they must notify the Employee Benefits Office that they wish to continue coverage as a retiree. If the employee is required to pay for the coverage, a bill will be sent to him or her requesting the payment that will be due on a quarterly basis. This payment will be remitted to the Benefits Section of the Finance Department.

Any retiree or spouse of a retiree who becomes Medicare eligible as a result of age or disability should send a copy of their Medicare Card and payment proof to the Benefits Section of the Finance Department so they can begin receiving standard Medicare reimbursement on a quarterly basis. It is required that in order to receive the part B and D reimbursement that a direct deposit form also be sent to the Benefits Section of the Finance Department. Part B and D is paid on a go forward basis and never retroactive, all documents must be received timely. Retirees, spouses, domestic partners and disabled children must enroll in Medicare Part A and B if they become eligible. Failure to do so would result in a reduction in your plan benefits.

Survivor Coverage

If an employee or retiree with individual coverage dies, coverage will terminate on the date of death. If an employee or retiree with family coverage dies, survivors will have extended health benefits at no further cost for a three month period.

Survivors are not eligible to continue dental or vision benefit coverage.

If the deceased employee or retiree has ten years of paid County Service or a combination of 10 years of paid service between Westchester County and another agency participating in the New York State retirement System, survivors are eligible to continue health benefits by directly paying the cost of coverage to the County of Westchester. Survivors are not eligible to continue benefits with an HMO (Health Maintenance Organization). If the deceased employee was enrolled in an HMO the surviving family will be offered the opportunity to continue benefits by enrolling in the Westchester County Health benefit Plan.

If the deceased employee or retiree did not have ten years of County Service, the survivors are not eligible to continue health benefit coverage under Westchester County's group policy. However, the survivor will be offered continuation of coverage under the COBRA Provisions for a maximum 36 month period.

If at any time a survivor spouse remarries, coverage will be terminated. Dependent children can continue to have coverage as long as they would have been eligible had the employee lived.

Requesting Survivor Coverage

If a spouse or dependent children wish to elect survivor coverage, they must notify the Benefits Section of the Finance Department by letter, requesting the continuation of their benefits along with a copy of the former employee's death certificate.

This request should be made within three months from the date of death. When a request is made, the survivor will receive a bill for the full cost of family or individual coverage to be paid on a quarterly basis.

Please note: Eligible Survivors of Police, Criminal Investigators, Superior Correction Officers and Correction Officers who die in the line of duty do not have to pay for survivor coverage. Please refer to the current Collective Bargaining Agreements at the time of death to determine whether survivors would be required to pay for the coverage in the event of a death that is not a line of duty death.

Who May Enroll

If there is a surviving spouse and children (or child), the spouse may enroll for family coverage with the children (or child) as dependents.

If there are only two survivors at the time of the employee's death or at any time thereafter, the two survivors may apply for two individual coverages.

Former Spouse Coverage

If an employee or retiree had ten (10) years of paid County Service or a combination of ten (10) years of paid service between the County and another agency participating in the NYS Retirement System, and at least five (5) of those years were with the County, then the former spouse is eligible to continue health benefits if he/she were eligible for coverage as a spouse for a minimum of the aforementioned ten (10 years) years. The former spouse will be responsible for the total cost of the health coverage.

If the employee was enrolled in a Health Maintenance Organization, the former spouse will be offered the opportunity to continue benefits enrolled in the Westchester County Health Benefit Plan.

If an employee or retiree did not have ten (10) years of County service, his/her former spouse is not eligible to continue health insurance coverage under Westchester County's group policy. However, continuation of coverage will be offered under the COBRA Law. Refer to Continued Health Coverage When Lost Eligibility in this manual for details.

If an employee's former spouse remarries or becomes eligible for other group coverage, the eligibility under the County's Plan ceases and coverage will be terminated. The Finance Dept. Benefits Office must be notified immediately in writing if either of these situations occurs.

Former spouses are not eligible to continue dental or vision benefit coverage.

Procedure- Continuation of Former Spouse

Former spouses must send a request to the Employee Benefits Section, in writing, if they wish to have continued coverage. The request should be made within one (1) month from the date of the divorce decree.

When a request is made, the employee's divorced spouse will receive a bill for the full cost of family or individual coverage to be paid on a quarterly basis. Refer to the last section herein for details regarding Billing and Collection of Premiums for Continuation of Coverage.

Termination of Employment

An employee's benefit coverage terminates on the last day of the month following the month that the employee last worked.

Example:	Last Working Day	Coverage Terminated
	11/5	12/31
	9/1	10/31

The only exception to this rule is when an employee's last working day is the 1st day of a 31 day month; the termination date would be the last day of the month.

Example:	Last Working Day	Coverage Terminated
	10/1	10/31

COBRA

Consolidate Omnibus Budget Reconciliation Act of 1986 ("COBRA") – Public Law 99-272:

The Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) which became effective on January 1, 1987, provides the opportunity for both Health Plan and HMO members to elect to continue medical and dental benefits which would otherwise end as the result of one of the following conditions:

- Termination of your employment (except for retirement due to gross misconduct) or a reduction in your work hours.
- Death of a covered family member.
- Dissolution of your marriage.
- Your dependent child's ceasing to be an eligible dependent under this plan.

The period for which benefits may be continued varies depending on the circumstances. In general, benefits may be continued for:

18 months for terminated employees and their family members, or employees working reduced hours and their family members.

36 months for all others eligible for continued benefits.

In order for your benefits to continue, you must provide a quarterly contribution toward the cost of the benefits. This cost will be 102% of the calculated premium equivalent. Forms for the election of continued benefits will be sent by the administrator of the plan.

In addition to COBRA continuation of coverage, there may be other coverage options for Employees and their families:

• When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium,

deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace.
• Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

Questions about COBRA continuation coverage, contact the COBRA Administrator or contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at1.866.444.3272.

For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

Change of Option

Once a year in the fall, employees are offered the opportunity to transfer from one health option to another. This change will take effect on the first day of January and cannot be changed again until the following annual change of option period. Employees who elect to make such a change should be sure that they have a clear understanding of the benefits available under the plan they have chosen and the applicable payroll deduction if required.

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Accidental Death and Dismemberment Coverage

Certain employees are covered under an Accidental Death and Dismemberment Plan for losses resulting from injuries which are received during the performance of his/her duties as a Westchester County Employee. Those employees and the applicable Death Benefit are as follows:

Correction Officers	$100,000
Management	75,000
CSEA	75,000
Nurses	100,000
Criminal Investigators	100,000

There is no cost to eligible employees for this coverage. Employees must indicate their beneficiary on the Benefits Enrollment Form.

Managerial Long Term Disability Plan (LTD)

The Managerial Long Term Disability Plan (LTD) is designed to provide income protection in the event you become unable to work due to illness and injury. This benefit program is available to all teamster and non represented management employees. The LTD in combination with other benefit income such as retirement and Social Security benefits provides partial continuation of your income during disability to ease financial burdens. There is a five dollar ($5.00) bi-weekly payroll deduction if you enroll in this plan.

Effective date of coverage:

1. If a completed Employee Benefits Enrollment Form is received within thirty (30) days of initial eligibility and payroll deductions begin, the employee is considered enrolled.

2. If the Employee Benefit Enrollment form is received later than thirty (30) days of initial eligibility, there will be a three (3) month waiting period from receipt of the enrollment form before payroll deductions begin and the employee is considered enrolled. Please contact the Benefits Office of the Finance Department Employee for additional information.

Managerial Death Benefit Plan

This plan is available to all teamster and non represented management employees who are actively employed with The County of Westchester.

The Managerial Death Benefit Plan will pay a benefit to an eligible individual's designee in case of death from any cause, at any time, or place.

The Managerial Death Benefit Plan will generate a check for $50,000.00 or salary (whichever is less) . If the named spouse or beneficiary dies before receiving payments, another beneficiary may be designated to receive the remaining payments.

Eligibility for this benefit commences as soon as a completed enrollment form, including the designation of a beneficiary is received by the Westchester County Finance Department Employee Benefits Office.

Coverage will cease if any of the following situations occur:

- The employee is no longer in a teamster or non represented management job title.
- The employee's regular work schedule drops below 17 ½ hours a week.
- The employee is granted a leave without pay for any reason that exceeds one year.

Workers' Compensation

Westchester County provides coverage for job-related injuries and illnesses in accordance with the New York State Workers' Compensation and General Municipal Laws. It is the employee's responsibility to report an accident immediately, or as soon thereafter as it is practical, to his or her supervisor. The Westchester County Employee Injury and Illness form must be completed and forwarded to the Finance Department, as soon as possible. The report will then be sent to our claims administrator who will handle the case. Medical bills should be sent directly to the Workers Compensation/207C Claims Administrator.

Important Telephone Numbers and Website Addresses

County of Westchester
Benefits Office
914-995-4715

UMR For precertification, Verification of eligibility,
General Plan information
1-866-494-4502

www.UMR.com

Allows Enrollees to view and
manage their healthcare
information

CVS CAREMARK Prescription drug
information Pharmacist Help Desk
1-888-727-0494
https://www.caremark.com

Social Security Administration You and your eligible
dependents must enroll in Medicare Part A and Part B as
soon as you or your dependents
are eligible for primary coverage
under Medicare.
1-800-772-1213
www.ssa.gov

Medicare Call for Medicare benefits and
claims information.
1-800-MEDICARE
1-880-633-4227
www.medicare.gov

New York State Retirement System

1-866-805-0990

1-518-474-7736
www.osc.state.ny.us/localgov/

HIP HMO Group 1007 605-000
1-888-839-7380
www.hipusa.com