
	<b>ADMINISTRATIVE PROCEDURE MANUAL</b>		
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**Purpose**

The purpose of this procedure is to outline general information on the group health, dental and vision insurance plans.

**Procedure**

- A. All full-time active employees will be offered the group health, dental and vision insurance plans effective the first day of the month following the date of employment; however, employees may opt out if proof of coverage is provided. The College pays for the employee's coverage as approved by the District Board of Trustees. Employees may elect to cover eligible dependents under the same group insurance plans (medical, dental, vision) the employee elected. Dependent insurance coverage will be effective the first day of the month following the employee's date of employment. Employees who have dependent insurance coverage (medical, dental, vision) are responsible for paying the College monthly dependent insurance premium when full premiums cannot be deducted from the employee's payroll check. Failure to pay the premiums will cause a lapse in coverage.
- B. An employee who does not elect to cover dependents at the time they are first eligible must provide proof of creditable coverage to the College on each dependent to be covered during a life event change. During the annual Open Enrollment period dependents may be added to the insurance plans without proof of creditable coverage.
- C. An employee who retires and takes a distribution from the Florida Retirement System or an Optional Retirement Plan (ORP) may elect to continue the group health, dental, vision and/or life insurance coverage by making the required monthly premium payment to the College's Third Party Administrator. Retirees must be actively enrolled in the insurance plans before enrolling a spouse/domestic partner or eligible dependent children. If the active retiree elects to discontinue coverage in one or all of the available insurance plans, the spouse/ domestic partner and/or dependent(s) will also become ineligible for coverage in the plans. In the event of the actively enrolled retiree's death who has a spouse/domestic partner and/or eligible dependent child(ren) on the plan(s), at the time of death, the coverage may continue as long as the monthly premium(s) are paid. A spouse/domestic partner cannot add any new dependents on the plans.
- D. As required by the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA):
  - 1. An employee who terminates (other than for gross misconduct) or whose class of employment changes from full-time to part-time may elect to continue health, dental and/or vision coverage as well as dependent coverage being carried at the time of the termination or change in status, for a period up to eighteen (18) months or the occurrence of one of the following whichever occurs first:
    - a. Coverage by any group health, and dental and vision plan
    - b. Eligibility for Medicare

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- c. Failure to pay the monthly premium on time
  - d. Termination of the College's group-health plans
2. Dependents may be eligible to extend the eighteen (18) months of coverage up to an additional eleven (11) months of coverage to a maximum of twenty-nine (29) months of coverage if the Social Security Administration determines that the dependent was disabled on the date of the qualifying event.
  3. Dependents who have been covered under the group health, dental and/or vision plan and become ineligible for coverage may elect to continue coverage under the group plan for a period up to thirty-six (36) months or the occurrence of one of the following whichever occurs first:
    - a. Death of a covered employee
    - b. Divorce
    - c. Legal separation
    - d. Overage dependent
    - e. Eligibility for Medicare
    - f. Failure to pay the monthly premium on time
    - g. Termination of the College's group health, dental and/or vision plans
  4. An employee is responsible for notifying the Benefits Office of a change in a dependent's health, dental and/or vision plan status. Examples of change in status are divorce or a child reaching the maximum age for coverage under the Plan.
  5. When employees and/or dependents have exhausted the coverage provided under COBRA, they will have the option to convert the insurance to an individual policy, if available, with the insurance carrier within thirty-one (31) days of the end of COBRA coverage.

REFERENCES: F.S. 1001.64, 1001.65, COBRA

Adopted Date: November 2, 1987

Revision Date: March 26, 2002, June 9, 2015, October 17, 2016