

Clark County
Retiree Health Plan
Program Guidelines



Revised September 29, 2022

RETIREE HEALTH BENEFITS Program Guidelines

Public employees and their eligible family members have access to the County's health plans to continue coverage under certain conditions. PERS, LEOFF 2, or PSERS retired employees who are enrolled in the Clark County medical insurance program immediately prior to retirement are eligible to continue participation in a County medical plan along with their covered dependents when they retire. This retiree continuation program is a benefit made available by Clark County, and is not considered a matter of contractual rights.

WHO'S ELIGIBLE - Retirement Criteria

◆ **PERS 1**

● **From Active Service**

- Any age with 30 or more service credit years, or
- At least age 55 with at least 25 service credit years, or
- At least age 60 with at least 5 service credit years.

● **From Inactive Service**

- At least age 65 with 5 service credit years, or
- Age 60 with at least 20 years of service credit at separation as long as you were at least age 50 when you separated and left service on or after Jan. 1, 2002, or
- At least age 60 with 5 service credit years, with a reduced benefit.

◆ **PERS 2**

From Active Service:

- At least age 65 with at least 5 service credit years, or
- At least age 55 with at least 20 service credit years, with a reduced benefit (there is less of a reduction if you have 30 or more service credit years).

◆ **PERS 3**

From Active Service:

- At least age 65 with at least 10 service credit years, or
- At least age 65 with 5 service credit years, including 12 service credit months that were earned after age 44, or
- At least age 65 with 5 service credit years that were earned under the PERS 2 Plan before June 1, 2003, or
- At least age 55 with at least 10 years of service credit, with a reduced benefit (there will be less of a reduction if you have 30 or more service credit years).

◆ **LEOFF 2**

From Active Service:

- At least age 53 with at least 5 years of service credit years, or
- At least age 50 with at least 20 service credit years, with a reduced benefit.

◆ **PSERS 2**

From Active Service

- At least age 65 with at least 5 years of service credit years, or
- At least age 60 with at least 10 years of PSERS service credit years, or
- At least age 53 with at least 20 service credit years, with a reduced benefit.

◆ **Disabled Employee**

- Any employee eligible to receive a disability retirement allowance from the PERS, LEOFF 2, or PSERS 2 systems. Different rules and disability criteria apply.

Eligibility for Continuation:

- Based on the retirement criteria shown above, retired employees must be eligible to receive a service or disability retirement allowance under the Public Employees' Retirement System, PERS 1, 2, or 3, LEOFF 2, PSERS 2, or be receiving a service or disability retirement allowance or pension under any other retirement or disability benefit plan.
- Eligible dependents include: legal spouse, domestic partner, and dependent children who meet the eligibility definition as prescribed by Clark County under the terms of the insurance contract(s).
- Employees and their covered spouses or domestic partners who become eligible for Medicare coverage will be required to enroll in both Part A Hospitalization and Part B Medical in order to continue to be eligible for the Retiree Medical Plan.

Election Period:

- Retired employees must elect health coverage for themselves, their legal spouse or domestic partner, and/or eligible dependent children within 60 days of the date active coverage or COBRA ends. Application is made for the Retiree Medical Coverage by completing the election form sent with the continuation letter. Retirees who do not elect coverage during the initial 60 day election period waive their rights to coverage and cannot enroll at a later time. Dental coverage is offered under the continuation provisions of COBRA only and subject to those limitations.
- Retirees may delay their enrollment in the Retiree Medical plan if they are enrolled in their spouse's/domestic partner's coverage, and that spouse/domestic partner is also a Clark County employee or eligible retiree.
 - If the spouse/domestic partner and the retiree were to later get divorced or if the spouse/domestic partner passes away, the retiree will still maintain their individual eligibility for coverage and may elect coverage on their own under the Retiree Medical plan.

Plan Cost and Payments:

The cost of retiree health insurance will be determined by the insurance carrier based upon plan design and other underwriting criteria. The premiums are subject to change at least annually. The retiree and/or covered dependents must pay the full cost of coverage along with a 2% administration fee. Premiums are due the 1st of the month prior to the month of coverage. A 30 calendar day grace period will be provided to make payment. Payments received after the grace period shall not be accepted, and coverage will be terminated back to the period in which premiums were last received.

Premium payments and adjustments must occur in whole month increments. The County will not accept partial payments. If a partial payment is received, the partial payment will be returned to the member and the member will be required to make the full payment. Payments are required within 15 calendar days of a notice.

Retired employees may elect coverage under the COBRA continuation provisions first, and then transfer to the retiree group plan at any time during or immediately following the end of the COBRA continuation period, as long as they meet retirement eligibility. Individuals who elect COBRA continuation after terminating from County employment, and subsequently become retirement eligible during the COBRA period may enroll in the retiree group plan. Coverage under the County active, COBRA continuation, and retiree group plans must be continuous.

Retired employees may continue coverage under the retiree group plan as long as the premium is paid and County continues to offer the retiree program.

ENROLLMENT CHANGES

Adding Eligible Family Members:

- Spouse – a new spouse and/or dependent child(ren) may be added to a retiree's medical coverage by submitting the applicable enrollment forms to the Human Resources (HR) Benefits Department within 30 days from date of marriage. Insurance coverage for the new dependent(s) will become effective the first day of the month following the qualified event. A copy of the marriage certificate for proof of marriage is required, as well as birth certificates for any dependents.
- Domestic Partner – Domestic Partners and their eligible children (if any) may be added during open enrollment, or due to a qualifying event such as if the partnership is registered with Washington state or after 12 months of living together has been completed. You must submit the applicable enrollment form to Clark County within 30 days of the event date and coverage will be effective the first day of the following month. A signed affidavit of domestic partnership must accompany the enrollment form. The affidavit may be obtained from the County Human Resources department. Coverage for domestic partners and their eligible dependent children (if any) enrolled during open enrollment will be effective January 1st of the following year. A copy of the state registration, if applicable, and birth certificates for children are required for enrollment.

- Newborn or Adopted Children – Newborns, newly adopted children, or children newly placed for adoption are covered for 21 days after birth, adoption, or placement for adoption. Benefits shall not be paid after the first 21 days of life unless the newborn is enrolled for coverage within 60 days of the date of birth. The initial premium payment is adjusted retroactively to the first of the month following date of birth or adoption. A form must be completed and submitted to the Human Resources Benefits Department within 60 days from date of birth along with a copy of the birth certificate.
- Children placed for foster care or legal guardianship – A child that is being placed for foster care or as a result of legal guardianship, may be added to an eligible retiree’s medical plan by submitting an enrollment form within 30 days of the date the new child is legally placed in the physical custody of the retiree or his or her spouse, and the retiree or his or her spouse assumed the financial responsibility for the support and care of the child. An affidavit of dependency or legal guardianship documents from the state agency must be included with the enrollment form. Insurance coverage for the new child shall be effective the first of the month following the qualifying event.
- Loss of Other Coverage – Family members of retirees who lose other group insurance coverage (other than voluntary cancellation of coverage) experience a qualified family status change and may enroll in the County’s Retiree Health plan as a dependent of the retiree within 30 days of the date the other coverage ended. The effective date under the County’s plan is the first of the month following the date the previous coverage ended. Proof of loss of coverage will be required, in addition to applicable marriage and birth certificates.

Removing Ineligible Dependents:

- The retiree is responsible for removing ineligible dependents from their medical coverage by submitting the applicable forms to the Human Resources Benefits Department within 30 days of when the individual becomes ineligible. Coverage terminates on the last day of the month in which they lose eligibility. Failure to remove an ineligible dependent will constitute fraud and will be subject to termination of coverage for you and your covered dependents and coverage will not be allowed in the future.

Dependents that are removed from the Plan due to becoming ineligible are able to continue their coverage under COBRA continuation coverage for up to 36 months. COBRA must be elected within 60 days of the notification.

Dependents are not able to be enrolled in the retiree plan without the retiree. If the retiree turns age 65 and obtains another Medicare Supplement plan separate from the County, the enrolled spouse (under age 65) and eligible children, if any, are able to continue coverage under COBRA continuation coverage for up to 36 months. COBRA must be elected within 60 days of the notification. If the spouse turns 65 during the COBRA enrollment period, coverage will end on the last day of the month prior to turning 65 due to becoming Medicare eligible. Children, if any, may continue until the end of the 36 months.

Retiree Survivor Coverage:

- If the retiree dies during the coverage period, any covered dependents that are under age 65 are able to continue their insurance under COBRA continuation coverage for up to 36 months. COBRA must be elected within 60 days of the qualifying event.
- If the retiree dies during the coverage period, any covered dependents that are over age 65, thus Medicare eligible, are able to continue their insurance under the Retiree Health Plan for up to 6 months.
- Contact the Human Resources Benefits Department regarding the death of the retiree. You will be provided with forms and information needed to make a change in enrollment.

Moving Out of a Plan's Service Area:

- Retirees who move out of the HMO plan's service area and lose the availability of their plan may change to the other plan (PPO) within 30 days of the date that he or she changes residence. Insurance coverage changes will be effective beginning on the first day of the month following the qualifying event. Coverage must be continuous.

Late Enrollment:

- The County's Retiree plan will not accept any late enrollments.

Open Enrollment:

- The county provides an open enrollment period annually for active participants as determined by the County. During open enrollment, retirees will be notified of plan and/or premium changes. Retirees may change medical plans during the open enrollment period with coverage effective the following January 1st. Eligible dependents may be added with appropriate supporting documentation. Retirees will also be asked to verify their address, and if necessary provide updated address and phone information.

Retirees Returning to a Benefit Eligible Status in the County:

- Retirees returning to work on a full-time basis in a regular position, or returning to work on at least half time (20 or more hours per week) or job-share basis are eligible for County benefits provided to active employees. Coverage will be effective under the terms and conditions available to other regular employees working under the same status. Coverage as a retiree will end the last day of the month in which he/she returns to covered employment with the County. Temporary employees are not eligible for County benefits.
- A new enrollment form must be completed to enroll as an active employee.

Retirees Eligible for Medicare:

- Retirees and/or spouses who become eligible for Medicare coverage will be required to enroll in both Part A and Part B in order to continue on the County's Retiree program. Upon proof of enrollment in Parts A & B of Medicare (copy of Medicare card), the retiree and/or spouse may enroll in a Medicare Supplement plan with the County. The monthly premium will be adjusted to reflect the Medicare coverage as primary.
- Retirees who fail to enroll in Medicare at the time the retiree and/or their spouse becomes eligible shall have their coverage terminated on the last day of the month in which the retiree or their spouse reaches age 65 or Medicare eligibility.

Retirees Covered by another Employer Group Health Plan:

- If a retiree is covered by both the County's Retiree Health Plan and a group health plan from a separate employer, the other employer's plan shall pay benefits as primary. The County's health plan shall pay benefits as secondary.

The benefits granted under this section are not considered a matter of contractual right. Should the legislature or County revoke or change any benefits granted under this program, the affected retiree is not entitled to receive benefits as a matter of contractual right.