

**COUNTY BOARD OF HEALTH
POLICY # HR-03104
FLEXIBLE BENEFITS POLICY**

Approval:	 Pamela Logan, District Health Director	1/7/2020 Date
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Public Health
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1.0 PURPOSE

This policy contains guidelines for the Flexible Benefits Program and the insurance benefits it offers to eligible employees of the County Board of Health.

2.0 AUTHORITY – The County Board of Health (CBOH) Flexible Benefits Policy is published under the authority of the CBOH and in compliance with the following:

2.1 State Personnel Board Rule 478-2-.02 through 478-2-.10 - Flexible Benefits Program

3.0 SCOPE

This policy applies to all eligible employees (as defined in this policy) of the County Board of Health.

4.0 POLICY

The policy of the CBOH is to make all eligible employees aware of flexible benefits and spending account options.

5.0 DEFINITIONS

5.1 CBOH – County Board of Health

5.2 DPH – Georgia Department of Public Health

County Board of Health POLICY AND PROCEDURES	Policy No.	HR-03104		
	Effective Date:	10/24/19	Revision #:	0
Flexible Benefits	Page No.	2 of 4		

5.3 HR – Human Resources

5.4 HRA – Department of Administrative Services, Human Resources Administration

6.0 RESPONSIBILITIES

6.1 It is the responsibility of the eligible employee to enroll in the benefit plans offered during the Open Enrollment Period or when they begin work/pay status.

6.2 It is the responsibility of the eligible employee to make changes to their coverage due to a qualifying life event.

7.0 PROCEDURES

7.1 ELIGIBILITY

7.1.1 Classified and unclassified employees who work at least thirty (30) hours per week and whose duties are expected to continue for at least nine (9) months in positions that are set up for benefits are eligible to participate in the Flexible Benefits Program.

7.1.2 Employees on Leaves of Absence without Pay or Suspensions without Pay may continue all insurance options in which enrolled for up to twelve (12) months by paying the required premiums.

7.2 ENROLLMENT AND CHANGES

7.2.1 Eligible employees have the opportunity to enroll in the Flexible Benefit Program upon employment with CBOH. Coverage normally begins on the first day of the month following one complete month of employment. If employees are not in work status or paid leave on this date, coverage begins on the date of return to work/pay status.

NOTE: Employees transferring to the CBOH from another state or CBOH agency without a break in service keep the same flexible benefits upon transfer.

7.2.2 Eligible employees have the opportunity to enroll in the Flexible Benefits Program or make changes to coverage during the Open Enrollment period each year.

County Board of Health POLICY AND PROCEDURES	Policy No.	HR-03104		
	Effective Date:	10/24/19	Revision #:	0
Flexible Benefits	Page No.	3 of 4		

- 7.2.2.1 Open Enrollment is a designated period of time no earlier than October 1 and ending no later than November 30th. Exact dates are announced each year.
- 7.2.2.2 Enrollments and changes are made during the Open Enrollment period become effective on January 1st. If employees are not in work status or on paid leave on this date, coverage begins on the date of return to work/pay status.
- 7.2.2.3 Eligible employees can enroll or make changes to coverage at other times ONLY when a qualifying event occurs, such as a change in family status (marriage, birth, adoption, etc.) For specific information, including applicable deadlines, employees should contact GaBreeze Call Center or visit the online website: www.GaBreeze.ga.gov.

7.3 EXTENDED COVERAGE

- 7.3.1 Federal law may entitle employees and their qualified dependents to a temporary extension of coverage in the enrolled dental option or health care spending account when coverage would otherwise end.
 - 7.3.1.1 Events that qualify for extended coverage include:
 - 7.3.1.1.1 Resignation
 - 7.3.1.1.2 Staff reduction
 - 7.3.1.1.3 Other separation from employment for reasons other than gross misconduct.
 - 7.3.1.1.4 Leave without pay (LWP) for more than twelve (12) months.
 - 7.3.1.1.5 Reduction in work hours below the minimum required for program participation.
 - 7.3.1.2 Events that qualify for extended coverage for qualified dependents include:
 - 7.3.1.2.1 Death of employee
 - 7.3.1.2.2 Divorce or legal separation from covered employees

County Board of Health POLICY AND PROCEDURES	Policy No.	HR-03104		
	Effective Date:	10/24/19	Revision #:	0
Flexible Benefits	Page No.	4 of 4		

7.3.1.2.3 Dependent children lose their qualified status

7.3.1.3 The GaBreeze Administrator provides employees and dependents with written notice describing continuation rights when loss of eligibility for flexible benefits is reported.

For additional information or assistance, please contact the GaBreeze Call Center (877)342-7339. Information is also available on www.team.ga.gov/my-benefits or on the GaBreeze website www.GaBreeze.ga.gov, or contact Human Resources.

8.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	October 24, 2019	Initial Issue

9.0 RELATED FORMS

None