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Village Police: 607-749-2022
Newton Water Works: 607-749-2511
Glenwood Cemetery: 607-749-3517
Streets and Parks: 607-749-3813
Recreation: 607-749-2161
Codes: 607-745-3177
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806 Disclosure of Insurance Benefits

Summary - The following is a brief description of the insurance benefits offered by the Village to eligible employees. Eligibility for benefits is dependent upon a variety of factors, including employment classification and length of service. The description of the benefits provided is only an overview. The plan documents or specific government regulation provide a full description of the specific benefit.

Plan Administrator – The Village Treasurer, or designee, serves as the Administrator of the Village's benefits plans. The Administrator is responsible for all communications and disclosures concerning Village benefits and is available to answer questions concerning the benefit plans. A description of each of the plans may be obtained from the Village Treasurer or designee.

Plan Documents - Benefits are administered according to applicable government regulation, benefit plan documents, insurance carrier master policy, or Village policy. Should there be a discrepancy between the information presented in this Employee Handbook and the benefit plan document, the Board of Trustees has the discretionary authority to determine eligibility for benefits and to interpret the plan's terms. The Board of Trustees is responsible for compliance with all applicable laws and regulations. The Board of Trustees may, at its discretion, change carriers, and/or offer alternative insurance plans.

Changes in Benefits – Any benefit offered by the Village to employees or Elected Officials is subject to change by resolution of the Board of Trustees.

Waiver of Benefits - An employee who is eligible to participate in any of the available insurance plans but who elects not to participate must sign an appropriate waiver of enrollment form.

Enrollment Information - The Village Treasurer, or designee, will provide the employee with the enrollment forms and assist with the administrative and operational aspects of the various insurance plans. Enrollment in a benefit plan is not automatic. Employees must complete the appropriate enrollment forms and applicable payroll deduction authorizations in order to receive benefits.

Changes in Status - Employees whose status changes from full-time to part-time are notified of the changes to their Village benefits. This notification contains all legally mandated information regarding applicable benefits, including COBRA health insurance continuation. An employee

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must immediately notify the Village Treasurer or designee in the event that the employee has a change in marital or family status that may affect coverage, such as marriage, divorce, legal separation, death of a spouse or dependent, acquiring or losing a dependent, and changes in address.

Beneficiary – Under some of the Village's benefit plans, each employee must designate a beneficiary for the employee's death benefits. This designation must be made in writing and on the form provided by the plan Administrator.

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807 Medical Insurance

Full-Time Employees - the Village provides full-time employees and their dependents with health insurance. The Village contributes 75 percentage towards the cost of individual or family coverage.

Part-Time Employees – the Village does not provide this benefit for part time employees

Temporary and Seasonal Employees - the Village does not provide this benefit for temporary or seasonal employees.

Board of Trustees and Mayor - the Village provides health insurance to members of the Board of Trustees. Board of Trustees Members and the Mayor may elect either health insurance or medical reimbursement. The Village will contribute 75 percentage towards the cost of individual coverage for Board of Trustees or the Mayor. All additional amounts for family coverage are paid by the employee. If the Mayor or Board of Trustees do not accept the Village insurance than the Village will contributes up to one thousand dollars ($1,000) per fiscal year towards the cost of individual or family expenses. Each Board of Trustees member and the mayor must make the choice during open enrollment. Reimbursed expenditures are paid in December to the following February of the covered year, to ensure no qualified change of life changes are made regarding health insurance.

Pre-Tax Insurance Premiums - An employee may elect to pay the employee portion of the medical insurance premiums with pre-tax dollars.

Health Insurance for Retired Employees

Full-Time Employees - the Village of Homer shall allow eligible full-time employees who retire from the Village and their eligible spouses the option to continue their health insurance coverage upon retirement. Employees are responsible for the full cost of individual or family coverage.

To be eligible to purchase health insurance coverage beyond the limits allowed by COBRA (see section 809), the retiree (employee) must be age fifty-five (55) or older, have at least ten (10) years of service with the Village, and be eligible to receive a pension from the New York State Employees' Retirement System. Such health insurance will continue as long as all required contributions are made to the Village in the manner prescribed.

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Upon the death of such eligible retiree, the retiree's spouse may continue health insurance coverage. The retiree's spouse will be responsible for the total cost of the insurance premiums.

Generally, health insurance coverage will be at the same level it was at the time of retirement. However, the Board of Trustees reserves the right to change the health insurance plan at any time, including, but not limited to, type of coverage, employee (retiree) contributions, and type of carrier.

Health Insurance - General Information

Enrollment of eligible new employees is not automatic. Employees must complete the necessary enrollment forms that are provided by the Village Treasurer. New employees become eligible upon hire. Eligible employees may also enroll in the insurance plan during open enrollment periods or date specified by the carrier or if the employee experiences a qualifying change in life event.

It is the responsibility of each employee to:

1. Select individual or family coverage, whichever is applicable.

2. Complete enrollment/waiver forms and return them on time.

Keeping Your Coverage Up-To-Date

To keep your coverage up-to-date, please notify the Village Treasurer if any of the following conditions occur:

1. Your Family Unit Changes:

   a) You marry or divorce
   b) You acquire a dependent
   c) You no longer have any eligible dependents
   d) Your dependent loses eligibility
   e) You no longer wish to provide coverage for a dependent
   f) Your spouse dies

2. Your Status Changes:

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a) You are going to retire
b) You are going on Leave without Pay
c) You have questions about COBRA
d) You want to cancel your health insurance coverage to obtain dependent status under your spouse's coverage
e) You will become eligible for Medicare within the next four (4) months

3. <u>You Have Questions:</u>

a) Concerning your family's eligibility for health insurance coverage
b) About changing your type of coverage (Family or Individual)
c) Your Employee Benefit I.D. Card is lost or damaged
d) You or a dependent did not receive your Employee Benefit I.D. Card
e) You want to know how to coordinate your benefits with Medicare

4. <u>Other:</u>

a) You want to cancel your coverage
b) Your home address changes
c) You would like a Participating Provider Directory

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808 Section 125 Plan

Summary – The Village of Homer offers eligible employees the opportunity to participate in a Village-sponsored Section 125 plan. The benefit of participating in the Section 125 plan is that an employee's contributions to the plan are deducted from the employee's paycheck before federal, state, and social security taxes are calculated. This reduces the employee's taxable income and increases net wages. The options offered under this plan are shown below.

Eligibility - A full-time employee or Elected Official is eligible to participate in this plan. A part-time, temporary or seasonal employee may not participate in this plan.

Pre-Tax Insurance Premiums - An employee may elect to pay the employee portion of the medical insurance premiums with pre-tax dollars.

809 Continuation of Health Insurance Benefits (COBRA)

Summary - The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) offers "qualified beneficiaries" the right to continue existing health insurance coverage, completely at their own expense, under certain qualifying conditions. **All required premiums and administrative fees must be paid in a timely manner in order for coverage to continue.**

Eligibility - An individual is a "qualified beneficiary" if the individual is covered under a group health plan on the day before a qualifying event as either a covered employee or elected official, the spouse of a covered employee or elected official, or a dependent child of a covered employee or elected official. A child who is either born to or who is placed for adoption with the covered employee or elected official during a period of COBRA coverage is also a "qualified beneficiary" entitled to COBRA coverage.

Qualifying Events – If a qualified beneficiary loses coverage under a group health plan as a result of a "qualifying event," the qualified beneficiary is entitled by COBRA to the continuation of group health insurance coverage at the qualified beneficiary's own expense and for a limited time as described below. The COBRA requirements do not put any limit on the number of times a qualified beneficiary may be entitled to COBRA continuation coverage. COBRA coverage is in effect for a period of up to eighteen, twenty-nine, or thirty-six months, depending upon any of the following qualifying events:

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- An **eighteen-month** continuation will be available to a qualified beneficiary in the event of the covered employee's (or elected official's) termination of employment for any reason except gross misconduct, or the covered employee's loss of eligibility to participate due to reduced work hours.

- A **twenty-nine-month** continuation will be available to a qualified beneficiary in the event that the qualified beneficiary is disabled, per a determination under the Social Security Act, or becomes disabled within the first sixty days of COBRA coverage. The qualified beneficiary must provide the plan administrator with notice of the disability within sixty days of the determination of the disability by Social Security and before the end of the original eighteen-month COBRA coverage period. The qualified beneficiary must notify the plan administrator of a determination by Social Security that the individual is no longer disabled within thirty calendar days of such determination.

- A **thirty-six-month** continuation will be available to a qualified beneficiary in the event of any one of the following:

  * Death of a covered employee or elected official;

  * Divorce or legal separation from a covered employee or elected official;

  * A covered dependent child's loss of eligibility to participate in the insurance plan due to the covered employee or elected official becoming covered by Medicare as a result of total disability or choosing Medicare in place of the insurance plan at age sixty-five; or

  * Covered dependent ceases to be a "dependent child" under the health insurance plan.

Limitations - In the event an employee or elected official becomes covered by Medicare, but no loss of coverage results for the employee or elected official or the covered dependents, and a subsequent qualifying event occurs, the duration of coverage for all qualified beneficiaries will be thirty-six months from the date of the termination or reduction in hours. A qualified beneficiary may be covered under multiple qualifying events, but in no case will coverage be continued for more than thirty-six months.

Change in Beneficiary Status - An employee or elected official must notify the Village within thirty calendar days of a legal separation or divorce or when a dependent is no longer eligible for

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insurance due to the age limitations or educational status requirements established by the insurance plan. The Village will not be responsible for any loss of coverage resulting from failure by the employee or elected official to give notification of such an event.

Enrollment Information - The Village Treasurer will provide the employee or elected official with the enrollment forms and assist with the administrative and operational aspects of COBRA. **Enrollment is not automatic. The employee or elected official must complete the necessary enrollment forms and return all COBRA forms to the Village Treasurer within the time indicated**. If the required forms or premium payments are not received at the time specified, medical insurance coverage will cease.