

Medical and Dental Coverages

HR



About This Policy

Effective Date:

Last Updated:
02-09-2009

Responsible University Office:
University Human Resources

Responsible University Administrator:
Vice President and Chief Financial Officer

Policy Contact:
University Human Resources
policy@iu.edu

Related Information

- * [Medical and Dental Plans](#)
- * [Benefits Change Connection](#)

Related Forms

- * [Affidavit of Domestic Partnership](#)

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Scope

This policy applies to all Academic and Staff employees on full-time appointment.

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Policy Statement

1. Effective date of coverage
 - a. Employees who enroll in a medical or dental plan within 30 days of their appointment are covered from the date of their eligible appointment.
 - b. Employees who do not enroll in a medical or dental plan within 30 days of their eligible appointment, and who wish to participate in such plans, must wait to enroll during the open enrollment period. In this case, coverage begins on January 1 of the next calendar year.
2. Dental care
 - a. Dental coverage is offered as a separate program from the medical plan enrollment. Employees may enroll for dental coverage at two times: at initial enrollment (within 30 days of eligible appointment) or during open enrollment.
 - b. If the dental option is not elected at the time of eligibility for initial enrollment, the option may not be elected again until the next open enrollment date.

Procedure

1. Midyear changes in plans and coverage

- a. Employees may generally change medical or dental plans during open enrollment only. An employee can only change medical or dental plans midyear when a change in residence causes the employee to lose eligibility, for example, enrollment in a regional HMO. In the case of a change in status, an employee may change the level of coverage only. Such changes are retroactive to the date of event, *provided that the employee requests a change within 30 days of the event*.
 - i. Examples of a change in status include marriage, divorce, death, birth, adoption, the starting or ending of a spouse's employment, and establishment or end of a same sex domestic partnership as qualified by the university's [Affidavit of Domestic Partnership](#).
 - ii. After 30 days, changes cannot be made until the following open enrollment with an effective date the following January 1.
- b. These limitations in enrollment changes are in compliance with Internal Revenue regulations which allow employee premium contributions to be made on a pre-tax basis.

2. Coverage during a leave of absence

- a. Staff who are on a leave of absence may continue participating in a medical and dental plan. However, they must continue paying their monthly share of the required premium.

3. Termination of coverage and continuation of coverage

- a. Medical and dental coverage terminates at the end of the day on which the employee no longer meets the criteria for eligibility.
- b. Under certain circumstances, the university continues to make its contribution to medical and dental benefit premiums for an additional four months. These circumstances include termination due to:
 - i. A permanent reduction in force; or
 - ii. Medical reasons related to an employee's illness, injury, or pregnancy that prevent the employee from performing the functions of his or her job.
- c. Under the circumstances in the paragraph above, the university will continue to contribute its share of the premiums for four months and arrange for the employee to pay his or her portion. *To be eligible, an employee must elect continuation of coverage under COBRA provisions.*
- d. At the end of the four-month period, the employee may choose whether to continue coverage for the remainder of the COBRA eligibility period. To do so, the employee pays the entire premiums.

4. COBRA provisions

- a. Public Law 99-272, Title X (COBRA), provides employees and their dependents the right to *continuation coverage* after their eligibility ends. The following section explains general guidelines of COBRA provisions. It is the policy of Indiana University to voluntarily apply COBRA provisions to same sex domestic partners as qualified by the university's Affidavit of Domestic Partnership.
- b. Enrolled employees, their spouse as defined by Indiana law, or the same sex domestic partner as qualified by the university's Affidavit of Domestic Partnership, and qualified dependents -- who lose health and dental coverage for reasons other than gross misconduct -- may choose to continue their coverage in a group plan. To continue, the member must pay 102% of the full monthly premium for one of the following time periods.
 - i. Up to 18 months. Staff and eligible dependents may continue participation for up to 18 months after loss of their coverage, if the loss is due to termination of employment, a reduction of **FTE** appointment, or a layoff.
 - ii. Up to 29 months. If an employee or a covered dependent becomes disabled under the Social Security Act within 60 days after the date of termination, then staff may extend COBRA coverage to a total of 29 months. To do so, staff must notify the University Human Resource Services Office within 60 days.
 - iii. Up to 36 months. Staff and eligible dependents may continue participation for up to 36 months after loss of their coverage, if the loss is due to the employee's death, enrollment in Medicare, divorce, legal separation, end of the same sex domestic partnership, or a dependent ceases to be a dependent under a plan.
- c. Staff or a covered dependent must notify the University Human Resource Services Office within 60 days of an event that causes a loss of coverage. The plan administrator will then notify the covered individuals of their rights to continuation coverage. Individuals have at least 60 days from the date when coverage ends to inform the plan administrator of their decision to continue coverage.

5. Termination of COBRA continuation coverage

- a. Continuation of COBRA coverage may be cut short for any of the following reasons:
 - i. IU no longer provides group health or dental coverage to any of its employees.
 - ii. An employee does not pay monthly premiums on time.
 - iii. An employee is covered under another group health or dental plan that does not contain a limitation for preexisting conditions.
 - iv. An employee becomes entitled to Medicare.
 - v. An employee extends coverage for up to 29 months due to a disability under Social Security and it is determined that the employee is no longer disabled.

Sanctions

Managers, supervisors, and employees who violate this policy are subject to disciplinary action, up to and including termination.

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Additional Contacts

[UHR Health Care and Welfare Program Services](#)