

TOWN OF PIERCEFIELD  
POLICY AND PROCEDURE MANUAL

**APPENDIX E**

**Employee Eligibility Requirements and Policy For Health Insurance Program**

**Town Of Piercefield Health Insurance Plan - TOPHIP**

**Tiers** - See Page 3 (Main section of Manual) for explanation of **Tier A**, **Tier B**, and **Tier C**.

(Only selected Provisions are shown. Refer to Excellus Insurance Manual for complete regulations.)

1. Persons holding the following positions as employees, elected, or appointed officials are eligible for enrollment immediately upon employment or upon the effective date of the election or appointment of such person and are referred to as “eligible employees“:

<b>Tier A</b>	<b>Tiers B and C</b>
Full time employees, meaning those employees who work an average of 40 hours or more per week throughout the year	Same as Tier A
Town Supervisor	Same as Tier A
Town Clerk	Same as Tier A
Town Highway Superintendent	Same as Tier A
Chairman of the Board of Assessors or the appointed Assessor	Appointed Assessor
Town bookkeeper unless appointed after 1/1/2019 (see review record)	Same as Tier A

2. Any Town official or employee not mentioned in paragraph 1 above may be eligible for inclusion in the Plan upon payment of the entire cost to the Town for such coverage. These employees will not be eligible for health benefits upon separation of service.
3. Any employee who does not meet the eligibility requirements outlined above at the time of employment may later acquire eligibility by virtue of a change in employment conditions. (This change cannot be retroactive.)
4. Dependents include an employee’s:
  - spouse
  - unmarried children under 19 years of age
  - unmarried disabled children 19 or over who become disabled before reaching the age of 19
  - unmarried children under 23 years of age who are enrolled as a full-time student at an accredited institution. This student must be chiefly dependent on the employee for support.

**Note:** Employee’s children include a legally adopted child; a child chiefly dependent upon the employee for support and for whom the employee has been appointed the legal guardian by court order; a step-child who is chiefly dependent upon the employee for

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support; a child for whom the employee is the proposed adoptive parent and who is dependent upon the employee during the waiting period prior to the adoption becoming final.

5. Changes in Enrollment - Separation from Service

An employee’s coverage will terminate on the last day of the month following the month in which his or her status as an employee ends. This results from the fact that all premiums are paid for one month in advance.

Enrolled employees who resign or are terminated have a contractual right to direct-pay contracts of the type currently being issued in their areas of residence by the carriers of their coverage.

6. Leave of Absence

Any employee granted a leave of absence is eligible to enroll through COBRA. They may be reinstated to TOPHIP on their return.

7. Rates of Contribution.

Eligible employees under age 65 and retirees age 62-65 will pay 40% of the total cost of the insurance coverage, including the Employee’s and dependent’s share.

8. Retired Employees

**Note:** Read this information carefully. Retirement System requirements for retirement and requirement for continuation of health insurance in retirement are different. Do not assume that your health insurance benefits will continue automatically when you retire.

<b>Tier A</b>	<b>Tier B</b>	<b>Tier C</b>
<p><b>Continued Coverage</b> Retiring eligible employees shall be eligible for continued coverage provided that he/she has had at least <b>five</b> years of service with the Town, and has been enrolled in TOPHIP prior to separation of service.</p>	<p><b>Continued Coverage</b> Retiring eligible employees shall be eligible for continued coverage provided that he/she has had at least <b>10</b> years of service with the Town, has been enrolled in TOPHIP prior to separation of service, and has reached the age of 62.</p>	<p>Same as Tier B</p>
<p><b>Rate of Contribution</b> Retired employees eligible for continued coverage as outlined above will be required to pay 1/3 of the cost of coverage, including the employee’s and dependents’ share.</p>	<p><b>Rate of Contribution</b> Same as Tier A unless under age 65. See No. 7 above.</p>	<p><b>Rate of Contribution</b> Retired employees eligible for continued coverage as outlined above will be required to pay 100% of the cost of coverage, including the employee’s and dependents’ share.</p>

**Note:** Periods of less-than-full-time employment will be considered as full-time if you met the TOPHIP eligibility requirements.

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Retirees must transition directly from active coverage to retiree coverage. A retiree is not eligible for coverage at any future point if he/she declines coverage when initially eligible.

**Total Disability**

When you are totally disabled, you may continue benefits for covered services to treat the total disability. Check with your Health Benefits Administrator.

**Sick Leave Credits**

Eligible employees are entitled to use all or part of their accumulated unused sick leave to offset all or part of the cost of your health insurance during retirement. Contact your Health Benefits Administrator.

9. Coverage for Dependent Survivors

a. Extended benefits period at no cost

- If you die while you are enrolled in TOPHIP as an eligible employee or retiree, your **un-remarried** enrolled spouse and enrolled dependent children will continue to receive coverage without charge for an extended benefits period of two months after the last month for which you have already paid. However, in no case will extended benefits continue more than three months following the month in which the enrollee dies.
- If you die while you are enrolled in TOPHIP through the State Continuation of Coverage Law or COBRA, your enrolled dependents will be eligible for continuation coverage or conversion to direct-pay contract

b. Coverage after the extended benefits period ends

Your un-remarried spouse and eligible dependent children will be allowed to continue their coverage under TOPHIP after the extended benefits period, if you have completed 10 years of service. An eligible dependent survivor who wishes to continue coverage under TOPHIP must make application for the coverage within 60 days of the death of the enrollee.

c. Spouse death or loss of eligibility

If your surviving spouse dies, your other eligible dependents may continue their coverage as dependent survivors until they no longer meet the eligibility requirements as dependents (see page 1). If they no longer meet these requirements, they may be eligible to enroll through COBRA or convert to a direct-pay contract. If your survivor is eligible for dependent survivor coverage but chooses not to participate or fails to make the required payments, coverage will be terminated permanently. Your survivor may not re-enroll.

d. Not eligible for dependent survivor coverage

If your spouse and dependents are not eligible for survivor coverage under the TOPHIP, they may be eligible to continue their coverage in TOPHIP for a limited time under COBRA, or they may be eligible to convert to a direct-pay contract.

10. Medicare

Medicare is a Federal health insurance program for people age 65 or older and certain

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disabled people. It is directed by the Federal Health Care Financing Administration. Local Social Security Administration offices take applications for Medicare and provide information about the program. Medicare has two parts:

**Part A:** hospital insurance which can help pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care, and hospice care

**Part B:** medical insurance which can help pay for medically necessary doctors' services, outpatient hospital services, home health services and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare

**Primary Coverage**

A health insurance plan provides "primary coverage" when it is responsible for paying health benefits before any other group is liable for payment. Medicare coverage is primary under Excellus BCBS.

**Note:** If you, your spouse, or other dependents become eligible to receive Medicare benefits under the Federal program, you must apply for **both** Part A and Part B Medicare coverage. It is also advisable to apply 3 months in advance of your 65<sup>th</sup> birthday to maintain uninterrupted coverage.

**Medicare Reimbursement**

Eligible employees will be reimbursed by the Town of Piercefield for their share of Part B Medicare premium.