IEBP Eligibility Guidelines

Membership Webcast

October 2, 2018

Improving the IEBP Membership Experience
Invest in the Tenured Political Subdivision Employees with TML MultiState IEBP, Your Trusted Advisor for All Things Healthcare
**MISSION STATEMENT**

To provide excellent service offering competitive health benefits and administrative services to eligible municipalities and other governmental entities in Texas and other states by utilizing innovative, viable, affordable alternatives while maintaining financial integrity.

**TRUSTEES AT LARGE**

- **Appointed by Chair**
  - Gayle Sims
  - Dr. Lew White
  - Mike Slye
  - Glen Metcalf
  - Jay Stokes
  - Larry Fields

- **Ex-officio Trustees**
  - Bennett Sandlin
  - Terry Henley
  - Andres Garza

**TRUSTEE SUPPORT**

- **Direct** the organization in the best interests of the members
- **Protect** the interests of the organization’s membership
- **Respect** the membership by listening, communicating and understanding their interest
- **Reflect** on the organization’s performance
- **Select** talented people to lead the organization
- **Inspect** the performance of the organization
Participation Requirements

- The IEBP Pool requires 100% participation of:
  - all active, benefit eligible employees
  - elected or appointed employees
  - council members, if employer chooses to provide council coverage

- IEBP will exempt the following employees from the 100% participation requirement:
  - If an individual is hired to work for a political subdivision and can provide the Employer with documentation of benefits from prior employment due to retirement;
  - An employee who is accessing a parental healthcare plan to the attained age of twenty-six (26);
  - Employee chooses to be covered under the spouse’s healthcare plan in place of the IEBP Plan;
  - An employee or employee's spouse accessing the TRICARE plan (Employer provided financial incentive is disallowed);
  - An employee who chooses to be on a Medicare plan with NO financial incentive;
  - An employee who accesses the coverage offered to tribal members;
  - An employee who accesses another plan due to Full Time Equivalency status with two Employers (30 hours a week, 130 hours a month or 120 seasonal days a year).

- Effective 2018-2019 plan years thereafter, the above waivers will apply to elected officials and council members, if employer allows their participation on the benefit plan.
Eligibility Definitions & Timelines

• **Active Employee** - Is an employee who works and is paid by the Employer for at least twenty (20) hours per week or is accessing vacation, sick, personal, paid time off, or paid/unpaid Family Medical Leave Act of 1993 (FMLA) and is receiving the same benefits as all other employees. Persons who are receiving long or short term disability payments or workers’ compensation income benefits are not otherwise on the payroll of the Employer are not Active Employees, nor do those benefits accrue toward the twenty (20) hour requirement.

• In order for any form of leave that is not accrued on a weekly, monthly, annual or other periodic basis to be considered as vacation, sick, personal, or paid time off leave under the previous paragraph, Member’s leave policy must be (1) in writing, (2) on file with IEBP prior to the start of the Employer’s plan year, and (3) available uniformly to all employees. This non-accruing leave shall include but not be limited to sick pool leave, catastrophic leave, disability leave, non-FMLA medical leave, workers’ compensation injury leave, and emergency leave. In order for compensatory time to be considered as actively at work hours, the Member’s compensatory policy must be (1) in writing, on file with IEBP prior to the start of the Employer’s plan year, (2) available uniformly to all employees, (3) clearly documented on each payroll document, and (4) in compliance with U.S. Department of Labor requirements. Employees that do not meet the definition of an Active Employee in the benefit book are not eligible for medical benefits.

• A Family Medical Leave Act (FMLA) certification shall extend the period of coverage for Active Employee(s) when the FMLA documentation is provided in writing to IEBP within thirty (30) days of the certification and one hundred and twenty (120) days of the beginning date of the FMLA leave.

• **Enrollment Timeline** - To receive coverage, IEBP must receive enrollment information within thirty-one (31) days of the commencement of employment regardless if the Employer has a waiting or a waiting and orientation period. If an employee is not enrolled within thirty-one (31) days of hire, the employee cannot be added to the Plan until the next Open Enrollment period or a qualifying event occurs. Upon timely enrollment, coverage will begin the later of:
  – the date you became an Active Employee working at least twenty (20) hours per week; or
  – the date you complete any waiting period established by your Employer.

• Employees must be enrolled within the initial enrollment period following a qualifying event or wait until the next Open Enrollment period. During the Open Enrollment period, changes in enrollment may occur without a qualifying event. Coverage will become effective on the date of the qualifying event.

• If the new hire employee enrollment information and/or the Open Enrollment information is not received by IEBP within the designated plan document guidelines, the employee may not be enrolled. A late enrollment will only be eligible coverage during the Plan’s annual Open Enrollment, within thirty-one (31) days of a qualifying event, or if initial enrollment occurs and is received by IEBP between thirty-one (31) days, or sixty (60) working days after commencement of employment if the Employer has 100% participation in the IEBP Plan and pays 100% of the Employee’s cost of coverage.
Eligibility Definitions & Timelines

• **Dependent** - The *spouse or child* of a covered employee who is eligible for benefits under the Plan. A spouse or child who does not meet the definition of spouse or child in this benefit booklet is not eligible for medical benefits.
  – *IEBP may request written proof of the eligibility of any dependent.* For example, IEBP may request a copy of a child's birth certificate or a copy of a divorce decree. These requests are to verify eligibility and to determine if the Plan is primary or secondary.

• **Spouse** - Individual legally married to the covered employee under the laws of any state. IEBP may request written proof of the spousal relationship, such as a copy of the marriage certificate. Proof of a properly filed declaration of informal marriage is required for an informal marriage to be recognized by the Plan.

• **Child** - The term “child” means:
  – a natural child of the covered employee who is under twenty-six (26) years of age;
  – a legally adopted child of the covered employee (including a child placed with the covered employee for adoption) who is under twenty-six (26) years of age;
  – a stepchild of the covered employee who is under twenty-six (26) years of age;
  – a foster child placed by the state in the covered employee’s care who is under twenty-six (26) years of age;
  – a child under twenty-six (26) years of age for whom the covered employee or spouse is legal guardian or conservator;
  – a child under twenty-six (26) years of age for whom a divorce decree or court order requires the covered employee or spouse to provide healthcare coverage for the child;
  – a child age twenty-six (26) or older, provided the child is totally disabled or incapacitated, see *Handicapped Child/Total Disabled/Incapacitated Child*; or
  – a grandchild whose naturally born or legally adopted parent is an eligible child/dependent of the covered employee.
    - The term “grandchild” means a person who is a naturally born or legally adopted child of a naturally born or legally adopted child/dependent of the covered employee. A grandchild who is covered by the Plan must be considered as a dependent of the covered employee for support pursuant to federal income tax law. The grandchild will be eligible until the child/dependent of the covered employee attains age twenty-six (26).
Eligibility Definitions & Timelines

• **Handicapped Child/Total Disabled/Incapacitated Child** - A dependent child age twenty-six (26) or older who is mentally or physically incapable of supporting himself/herself and is primarily dependent upon the Covered Individual for financial support. IEBP may require satisfactory proof of the continued incapacity **documented as a disability by the Social Security Administration (SSA)**. IEBP may have a physician examine the child or may request proof to confirm the incapacity, but not more often than once a year. If you fail to submit proof when reasonably required or refuse to allow IEBP to have the child examined, then coverage for the child will terminate.
Eligibility Definitions & Timelines

• **Dependent Enrollment Timeline** - Existing eligible dependents must enroll and IEBP must receive an enrollment form within thirty-one (31) days of the commencement of your employment.

• Dependents acquired after your eligibility date must be enrolled within thirty-one (31) days of the date acquired or within sixty (60) days of the birth or adoption or placement for adoption of a child. Your dependents will be eligible for dependent coverage on the later of:
  – 1. the date you become covered; or
  – 2. the date a dependent is added.

• Back-dated and retroactive requests are not acceptable. Dependent coverage cannot be effective before the date employee coverage is effective.

• If IEBP does not receive the dependent information within the designated eligibility timeline specified, but the Employer provides IEBP with payroll documentation that contributions were deducted from the employee’s paycheck appropriately, then IEBP will enroll the dependent per the payroll documentation.

• **IEBP may, in its discretion, request written proof of the eligibility of any dependent, including but not limited to, written proof that a spouse or natural child is an eligible dependent.** These requests are to verify eligibility and to determine if the Plan is primary or secondary.
Proof of Dependent Eligibility

• For any newly added dependents, IEBP requires proof of dependent eligibility within 60 days from the dependent’s enrollment effective date.
Proof of Dependent Eligibility

• Follow-up for Missing Dependent Eligibility Documentation
  – As of March 2018, IEBP is posting reports of missing eligibility documentation to the employer website on the 10th of each month.
  – If documentation is not provided within 60 days from the dependent’s enrollment, then the dependent must be terminated from the IEBP benefit plan.
  – Contact your B&E representative if any discrepancies are identified with the reporting.
Resources Available to Help

- www.iebp.org
  - Benefit Books & Eligibility Guides

- IEBP Billing & Eligibility (B&E)
Have a Great Day!

Your Time & Partnership is Appreciated