

# Civil Service Rule Amendments

## Rule 5-11, Group Insurance Plans

Approved February 10, 2010, effective April 1, 2010

Added text is double-underlined. Deleted text is ~~struck-through~~.

### 1 **5-11 Group Insurance Plans**

#### 2 **5-11.1 Types of Group Insurance Plans**

3 **(a) Types of group insurance plans.** The civil service commission has approved the following  
4 group insurance plans for eligible employees:

5 (1) [A] ~~A~~One medical benefit plan for employees hired before April 1, 2010 and [B] a  
6 separate medical plan for employees hired on or after April 1, 2010.

7 (2) A dental benefit plan.

8 (3) A vision benefit plan.

9 (4) A life insurance plan.

10 (5) An accidental death benefit plan.

11 (6) A long-term disability income protection plan.

12 **(b) Recommendations.** The employer, limited recognition organizations, and nonexclusively  
13 represented employees may annually recommend changes in the group insurance plans in  
14 the coordinated compensation process. The coordinated compensation panel shall make a  
15 final recommendation to the civil service commission.

16 **(c) Action by the commission.** The civil service commission shall review the final  
17 recommendation of the coordinated compensation panel and may approve, reject, or modify  
18 the recommendation of the coordinated compensation panel.

19 **(d) Publication.** The state personnel director or plan provider shall make available to  
20 employees documentation describing each group insurance plan approved by the civil  
21 service commission.

22 **(e) Administration.** The state personnel director is responsible for implementing and  
23 administering the group insurance plans approved by the civil service commission.

24 **(1) Complaints.** The state personnel director shall provide an expedited administrative  
25 review of employee complaints regarding group insurance benefits. The director's  
26 administrative review process is the exclusive procedure for reviewing employee  
27 complaints regarding group insurance plan benefits. An employee aggrieved by a final

administrative decision may appeal the decision to the civil service commission as provided in the civil service rules and regulations.

**(2) Agreements with other public entities.** The state personnel director may approve agreements with other public entities to permit their employees to participate in group insurance plans authorized by the civil service commission if 100 percent of any additional total cost of participation is paid by the participating public entities or their employees.

**(f) Other benefits.**

**(1)** The state personnel director may establish and administer flexible spending accounts authorized under federal law.

**(2)** The state personnel director may authorize payroll deduction of premiums for other insurance or benefit programs if the employee pays 100 percent of the total cost.

**5-11.2 Eligibility for Group Insurance Plans**

Classified employees are eligible for group insurance benefits approved by the civil service commission in accordance with the following eligibility table:

<b>EMPLOYEE STATUS</b>					
<b>BENEFIT PLAN ↓</b>	<b>CAREER APPOINTMENTS (INDEFINITE AND LIMITED-TERM):</b>				<b>NONCAREER APPOINTMENTS</b>
	<b>FULL-TIME</b>	<b>PART-TIME</b>	<b>INTERMITTENT</b>	<b>SEASONAL</b>	
<b>HEALTH PLAN A</b> <a href="#">[Hired before 4-1-10]</a>	Eligible	Eligible	Eligible	Eligible	Not Eligible
<b>HEALTH PLAN B</b> <a href="#">[Hired after 3-31-10]</a>	<a href="#">Eligible</a>	<a href="#">Eligible</a>	<a href="#">Eligible</a>	<a href="#">Eligible</a>	<a href="#">Not Eligible</a>
<b>DENTAL PLAN</b>	Eligible	Eligible (if working > 40% of full-time)	Eligible (if working > 40% of full-time)	Eligible if working full-time at least 8 months per year	Not Eligible
<b>VISION PLAN</b>	Eligible	Eligible (if working > 40% of full-time)	Eligible (if working > 40% of full-time)	Eligible if working full-time at least 8 months per year	Not Eligible
<b>LIFE INSURANCE PLAN</b>	Eligible	Eligible (if working > 40% of full-time)	Eligible (if working > 40% of full-time)	Eligible (if working > 40% of full-time)	Not Eligible
<b>ACCIDENTAL DUTY DEATH</b>	Eligible	Eligible	Eligible	Eligible	Not Eligible
<b>LONG-TERM DISABILITY PLAN</b>	Eligible	Eligible (if working > 40% of full-time)	Eligible (if working > 40% of full-time)	Eligible if working full-time	Not Eligible

1    **5-11.3    Costs of Group Insurance Plans**

2    **(a)    Costs.** The state personnel director shall annually determine the total cost per employee to  
3       provide each group insurance plan benefit approved by the civil service commission.  
4       During the coordinated compensation process, the employer may propose that the cost of  
5       each group insurance plan be paid in part or in whole by an employee.

6    **(b)    Costs for part-time employees hired after December 31, 1999.** Notwithstanding any  
7       apportionment of costs approved by the civil service commission, an eligible part-time  
8       career employee is required to pay one-half of the total cost of the medical, dental, vision,  
9       and life insurance plans if (1) the employee has a regular work schedule of less than 50  
10      percent of full-time and (2) the employee was hired into the classified service after  
11      December 31, 1999.

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Changes to Current State Health Plan PPO and HMO Plan Designs approved by the Civil Service Commission on February 10, 2010, for all employees newly hired into nonexclusively represented positions on and after April 1, 2010:

[See next page]

## New Hire State Health Plan PPO and New Hire HMO Designs

	Current SHP PPO	New Hire SHP PPO	Current HMO	New Hire HMO
Employer Premium Share	90%	80%	95% of the premium up to the amount paid for the same coverage code under the SHP PPO	85% of the premium up to the amount paid for the same coverage code under the SHP PPO
Prescription Drug Copays	R-\$10/\$20/\$40 M-\$20/\$40/\$80	R-\$10/\$30/\$60 M-\$20/\$60/\$120	R-\$5/\$10 M-\$10/\$20	R-\$10/\$30/\$60 M-\$20/\$60/\$120
<b><u>In-network</u></b>				
Preventive Limit	\$ 1,500	\$ 1,500	na	na
Deductible (Not applied to OOPM)	\$300 / \$600 Not Applied to OOPM	\$400 / \$800 Not Applied to OOPM	na	na
Office Visit Copay	\$15	\$20	\$10	\$20
Emergency Room Copay	\$50	\$200	\$50	\$200
Coinsurance	0% after Ded	10% after Ded	na	na
Out-of-Pocket Maximum (%)	\$1000 / \$2000	\$1500 / \$3000	na	na
<b><u>Out-of-Network</u></b>				
Preventive Limit	Not Covered	Not Covered		
Deductible	\$600 / \$1200 Not Applied to OOP	\$800 / \$1600 Not Applied to OOP		
Office Visit Copay	10% after Ded	20% after Ded		
ER Copay	\$50	\$200		
Coinsurance	10% after Ded	20% after Ded		
Out-of-Pocket Max (%)	\$2000 / \$4000	\$3000 / \$6000		