

## Number 13.0 - GROUP MEDICAL BENEFIT PLANS

Effective Date: March 1, 1996

Revision Date: October 1, 1999

Applicable To: All classified employees, as well as exempt and appointed employees, with the Executive Branch of the State of Vermont, as well as some former employees and members of other groups as dictated by law, regulation or contractual agreement with the VSEA.

Issued By: Department of Personnel

Approved By: Kathleen C. Hoyt, Secretary of Administration

### PURPOSE AND POLICY STATEMENT

The purpose of this policy is to describe procedures for the administration of the State employees' medical benefits program. The State of Vermont offers group medical coverage to its employees and all eligible dependents through the State Employee Medical Benefit Plan (also known as the Choice Plus Plan), The Vermont Health Plan (TVHP), and MVP Health Plan (MVP). The last two plans are health maintenance organizations. Some current and former employees of the Department of Forests and Parks are covered by Blue Cross/Blue Shield, a limited plan which is still in effect [see 3 VSA §631(b)]. The State currently pays 80% of the premium cost of each plan and the employee pays the remaining 20%.

### ELIGIBILITY

Newly hired State employees who are expected to work at least 1040 hours per year are eligible to enroll themselves and their eligible dependents in the medical plan during the first sixty (60) calendar days of employment. Enrolled employees can enroll new dependents within sixty (60) days of the event making the new dependent eligible. Bona fide domestic partners and their eligible dependents are considered to be eligible dependents of State employees.

Temporary employees and contractors **are not eligible** for the group medical benefit plan.

### ENROLLMENT

There are three optional health benefit plans to choose from:

1. The **Choice Plus Plan** is a self-funded fee-for-service indemnity plan that provides employees and their dependents with medical coverage if they become

sick or injured. The plan is designed to allow freedom of choice among health care providers. The plan covers hospitalization at 100%. Other services are subject to annual deductibles and a 20% co-payment. Choice Plus members are also automatically eligible for a managed mental health care program and a mail order prescription drug plan.

2. The **Vermont Health Plan and MVP Health Plan** are non-profit, federally qualified Health Maintenance Organizations (HMOs) which provide full comprehensive health care benefits to employees and dependents. The HMOs are managed care plans and, as such, requires employees to choose a primary care provider from among HMO network providers. HMO plan members pay no annual deductibles and minimal co-payments.

To enroll, an employee must obtain a *State of Vermont Medical Plans Request to Enroll, Add, Remove, or Cancel Insurance Coverage* form from the agency or department personnel officer, complete the form and return it to the personnel officer within the time frames provided. The personnel officer will forward the form to the Payroll Department for processing.

Employees may enroll in the medical insurance program only during the first sixty (60) days of employment. If an employee fails to enroll within that period, (s)he must wait for the annual open enrollment period.

Once enrolled, coverage will begin on day thirty-one (31) of the employee's employment, or the date (s)he enrolls, from day thirty-two (32) through day sixty (60), whichever comes first. Coverage for eligible dependents begins when the employee's coverage begins. If the employee does not enroll within sixty (60) days of employment, (s)he must wait until the next annual open enrollment period to enroll.

An open enrollment period is held each year, usually during the month of November, to allow employees to choose among plans or to add eligible dependents. Enrollment is not allowed outside the open enrollment period, except in the case of marriage, commencement of a qualified domestic partnership, childbirth or adoption, divorce, death of a spouse, or a spouse's job termination. An employee covered by the HMO plans may be allowed to enroll in Choice Plus outside the open enrollment period should the employee permanently move to a residence outside the HMO's service area. Specific terms of the contract or plan documents will apply first if different than stated in this contract.

Signed By Kathleen C. Hoyt, October 25, 1999

---

Approved, Secretary of Administration