



POLICIES AND PROCEDURES MANUAL

SUBJECT Health and Dental Insurance	DEPARTMENT Human Resources		DEPARTMENT IDENTIFICATION 1400	
	SECTION 1413	PAGES 1-9	EFFECTIVE DATE 1/1/82	REVISION DATE 09/20/16

1.0 PURPOSE:

To describe the policies and procedures of the City of West Allis in regard to Health and Dental Insurance Programs.

2.0 ORGANIZATIONS AND PERSONS AFFECTED:

This policy applies to all City of West Allis departments, boards, commissions, employees holding a minimum of a 0.5 FTE (full-time equivalent) budgeted position, and Elected Officials.

3.0 POLICY:

It is the policy of the City to provide health and dental insurance coverage for its employees holding a minimum of a 0.5 FTE (full-time equivalent) budgeted position, and Elected Officials. The City’s health and dental insurance programs offer coverage to said qualified employees and their dependents.

4.0 REFERENCES:

City of West Allis Revised Municipal Code Sections 2.76(12) and (14)
 City of West Allis Policies and Procedures Manual, Policy 1420 – Military Leave
 Protective Service Collective Bargaining Agreements

5.0 PROCEDURES:

5.0.1 COBRA: Under Federal law, if group health and/or dental benefits end due to a “qualifying event”, a participating plan member may elect coverage under the plan provided they are not: (a) entitled to Medicare or (b) covered under another group plan (Medicaid/Title19 included) that does not have a pre-existing exclusion or limitation affecting them. The individual has the right to elect coverage under the plan for up to 18, 29 or 36 months depending on the qualifying event. The Human Resources Division is responsible for administering COBRA benefits.

5.0.2 Privacy Rules (Health Insurance Portability and Accountability Act [HIPAA]; Protected Health Information [PHI]). Privacy Rules require the City of West Allis, as a group health plan, a health care provider and a plan sponsor with access to protected health information, to comply with various administrative requirements contained within the Privacy Rules. City Policy 1472 addresses compliance with the administrative requirements mandated by the Privacy Rules.

5.0.3 Labor/Management Insurance Committee. The City may establish a Labor/Management Insurance Committee comprised of management and staff employees for the purpose of

educating the workforce on the benefits provided by the City, as well as reviewing benefit levels, trends, utilization, etc., and recommending benefit adjustments accordingly.

- 5.0.4 Wellness Committee. The City may establish a Wellness Committee that, under the direction of a Wellness Coordinator, strives to promote employee wellness and reduce health risks through awareness, education and support, and wellness activities.

5.1 DENTAL INSURANCE - GENERAL POLICIES

- 5.1.1 Initial Eligibility and Effective Date of Coverage. Employees become eligible for Dental Insurance on the first day of the month following completion of six (6) months service.

- 5.1.2 Enrollment/Change of Status.

Enrollment. An employee who chooses to participate in the City's Dental Insurance shall enroll upon their initial eligibility and/or during the City's annual Health/Dental/Section 125 Open Enrollment. Enrollment at any other time is permitted within 30 days of a change in City employment status or due to a hardship (i.e. loss of other coverage).

Change of Status. Any change in status (i.e.: marriage, birth or adoption of child, military reinstatement, dependent eligibility reinstatement, etc.) is effective upon the date of the qualifying event if notification/proper paperwork is received by the Human Resources Division within 30 days of the event.

- 5.1.3 Monthly Premium Share. The City pays the monthly premium share on behalf of a full-time employee (1.0 FTE), an Alderperson, and the Municipal Judge; a part-time employee is prorated based on FTE. Said premiums qualify under the City's Section 125: Flexible Spending Program (see Policy 1483, Voluntary Benefit Programs).

- 5.1.4 Benefits. The City shall provide benefits as specified in the Summary Plan Document(s).

- 5.1.5 Termination of Coverage. Coverage ceases in accordance with the provisions contained in the Summary Plan Document(s). When applicable, continuation coverage (COBRA) will be offered.

- 5.1.6 Dental Insurance coverage is not available upon retirement.

- 5.1.7 Exceptions. Department Heads, with the approval of the HR Manager, Manager of Finance/Comptroller Deputy Treasurer, and City Administrative Officer/Clerk-Treasurer, may make exceptions to the provisions contained herein for significant recruitment/hiring reasons. However, no exception to 5.1.6 will be permitted.

5.2 HEALTH INSURANCE - GENERAL POLICIES

Subrogation: In the event the City makes any payment of medical expenses pursuant to the terms of any health insurance plan, the City shall be subrogated to all the employee's/insured's rights of recovery therefore against any third party or his/her insurer for such payment pursuant to Section 2.76(13) of the Revised Municipal Code.

Health Insurance Bill Review and Award Program. The City may establish a Health Insurance Bill Review and Award Program which will function in accordance with the provisions of City Policy 1458.

5.2.1 ACTIVE EMPLOYEES

- (1) Initial Eligibility. Generally, a new employee may select coverage to be effective upon the first day of the month following 30 days of service OR the first day of the month following six (6) months of service.
- (2) Enrollment/Change of Status.

Enrollment. An employee who chooses to participate in the City's Health Insurance shall enroll upon their initial eligibility and/or during the City's annual Health/Dental/Section 125 Open Enrollment.

Enrollment at any other time is permitted within 30 days of a change in City employment status or due to a hardship (i.e. loss of other coverage).

Change of Status. Any change in status (ie: marriage, birth or adoption of child, military reinstatement, dependent eligibility reinstatement, etc.) is effective upon the date of the qualifying event if notification/proper paperwork is received by the Human Resources Division within 30 days of the event.

(3) Monthly Premium Share.

Full-time Employee (1.0 FTE), Alderperson, and Municipal Judge. The City pays the monthly health insurance premium less an employee's monthly premium share as set forth in the City's Salary Ordinance or any applicable collective bargaining agreement. Said premiums qualify under the City's Section 125: Flexible Spending Program (see Policy 1483, Voluntary Benefit Programs).

Part-time Employee (0.5 FTE or more). The City pays a prorated monthly health insurance premium based on FTE for a part-time employee; in addition, a part-time employee is subject to paying a prorated amount of a full-time employee's monthly premium share. Said premiums qualify under the City's Section 125: Flexible Spending Program (see Policy 1483, Voluntary Benefit Programs).

(4) Benefits. The City shall provide benefits as specified in the Summary Plan Document(s).

(5) Termination of Coverage. Coverage ceases in accordance with the provisions contained in the Summary Plan Document(s). When applicable, continuation coverage (COBRA) will be offered.

(6) Surviving Spouse of a Deceased Active Employee.

The City will provide health insurance coverage to the surviving spouse and eligible dependents of an active City employee who dies while in the service of the City, provided the employee has completed 10 or 15 full-time years¹ of service dependent upon date of hire (refer to Section 5.3.1 (1) for qualification), under the following provisions:

- (a) For the surviving spouse and eligible dependents of a deceased active employee who has not attained the normal retirement age, the City will pay 50% of the monthly premium until the surviving spouse is employed by another employer providing health insurance coverage or remarries.
 - In the event the surviving spouse is employed by another employer providing health insurance coverage, the City's health insurance obligation will permanently cease and continuation coverage (COBRA) will be offered.
 - If COBRA coverage becomes effective the first of the month following the employee's death, the City will pay 50% of the monthly COBRA premium for the surviving spouse and/or eligible dependent(s) for the first six (6) months of their COBRA coverage or until their COBRA coverage is cancelled, whichever date/event occurs first.

¹ A part-time employee's service shall be prorated (e.g., a 0.5 FTE employee must work a minimum of 20 years at 0.5 FTE in order to meet the minimum of 10 full-time years of service).

Calculation of years of service for an Alderperson or the Municipal Judge. If an Alderperson or the Municipal Judge dies while in office or is appointed to a different full-time position with the City and dies while in the service of the City, service as an Alderperson shall be credited for spousal benefits at the rate of one-half (1/2) year for each full year served; and, service as a Municipal Judge will be credited at the rate of three-fourths (3/4) year for each full year served.

For example: an individual serves four (4) years as an Alderperson and then 8.5 years as a full-time Accountant.

Alderperson (4 yrs * .5)	=	2.0 years
Accountant	=	8.5 years
Total Years of Service	=	10.5 years

- If COBRA coverage becomes effective at any time other than the first of the month following the employee's death, the surviving spouse and/or eligible dependent(s) are subject to paying the full monthly premium per COBRA regulations.
 - In the event a surviving spouse remarries, the City's health insurance obligation will permanently cease and continuation coverage (COBRA) will be offered; the surviving spouse and/or eligible dependent(s) are subject to paying the full monthly premium per COBRA regulations.
- (b) If the deceased employee was of the normal retirement age and considered eligible to receive a WRS retirement annuity per the State of Wisconsin's Department of Employee Trust Fund's requirements, the surviving spouse and eligible dependents would qualify for retiree health insurance benefits (refer to Section 5.3.1).
- (7) Family and Medical Leave (FMLA). Group health insurance coverage will be maintained for an employee while he/she is on FMLA leave in accordance with the provisions set forth in Section 11.0 of the City's FMLA Policy 1448.
- (8) Military Leave Benefit Continuation. Health insurance benefits shall be implemented in compliance with USERRA and any other applicable federal, state, or local laws. In addition to such, the City will provide continuation of health insurance benefits for said employee (who is called up to active military service), his/her spouse, and any eligible dependents, beyond the forty-five (45) days, as if he/she were an active employee; for such continuation of health insurance benefits, the employee, spouse, and/or dependents will be required to pay the applicable monthly premium share in accordance with City policies and procedures.

Extended health insurance coverage shall continue during the entire period of active military service call up and shall cease upon the employee's failure to return to employment following release from active duty. Coordination of benefits shall occur with any military health insurance coverage, and any military or other federal health insurance benefits or services shall be primary.

- (9) Exceptions.
- (a) Department Heads, with the approval of the HR Manager, Manager of Finance/Comptroller Deputy Treasurer, and City Administrative Officer/Clerk-Treasurer, may make exceptions to the provisions contained herein for significant recruitment/hiring reasons.
 - (b) The City Administrator may extend the 30 day reporting requirement in 5.2.1(2), Change of Status, to within 60 days of the event. Any request for a change of status beyond 60 days after the event shall be directed to the Common Council. The City Administrator and the Common Council may require the employee to pay any costs incurred by the City due to failure to report within 30 days of the event prior to allowing the change in status. The employee shall retroactively pay any increase in premium share prior to acceptance of the change in status.

5.3.1 RETIRED EMPLOYEES

(1) Eligibility.

A retired employee is eligible for either a single (employee only), couple (employee plus spouse or employee plus one dependent), or family (employee plus spouse and one or more dependents OR employee plus two or more dependents) plan the first of the month following their date of retirement as approved by the State of Wisconsin, Department of Employee Trust Fund's Wisconsin Retirement System (WRS) as long as the WRS retirement annuity (age limits dependent upon employee

classification as defined by WRS) is effective upon the retirement date and he/she meets the following years of service² requirement:

- AFSCME - Local 80 Public Works and Clerical Union (an employee classified as a union member prior to January 1, 2012), Non-represented, Department Head (including City Attorney): 10 years of regular full-time or part-time employment if hired prior to April 1, 2008, or 15 years of regular full-time or part-time employment if hired on or after April 1, 2008.

For an employee hired on or after April 1, 2008, the City will cease to provide health insurance to any covered member included in the retiree's plan upon that individual's Medicaid/Title 19/Medicare Parts A and B eligibility; all other covered members shall remain participants in the City's retiree health insurance program until a subsequent qualifying event occurs that would otherwise terminate their coverage.

- Aldersperson and Municipal Judge: if elected prior to April 15, 2008, must have completed a minimum of two (2), four-year terms at the time of retirement; if elected on or after April 15, 2008, must have completed 15 full years of service.

For an employee elected on or after April 1, 2008, the City will cease to provide health insurance to any covered member included in the retiree's plan upon that individual's Medicaid/Title 19/Medicare Parts A and B eligibility; all other covered members shall remain participants in the City's retiree health insurance program until a subsequent qualifying event occurs that would otherwise terminate their coverage.

- West Allis Federation of Nurses (an employee classified as a union member prior to January 1, 2012): 10 years of regular full-time or part-time employment if hired prior to July 1, 2008, or 15 years of regular full-time or part-time employment if hired on or after July 1, 2008.

For an employee hired on or after March 1, 2012, the City will cease to provide health insurance to any covered member included in the retiree's plan upon that individual's Medicaid/Title 19/Medicare Parts A and B eligibility; all other covered members shall remain participants in the City's retiree health insurance program until a subsequent qualifying event occurs that would otherwise terminate their coverage.

- Engineering Technician and Aides Association (an employee classified as a union member prior to January 1, 2012): 10 years of regular full-time or part-time employment if hired prior to August 1, 2008, or 15 years of regular full-time or part-time employment if hired on or after August 1, 2008.

For an employee hired on or after March 1, 2012, the City will cease to provide health insurance to any covered member included in the retiree's plan upon that individual's Medicaid/Title 19/Medicare Parts A and B eligibility; all other covered members shall remain participants in the City's retiree health insurance program until a subsequent qualifying event occurs that would otherwise terminate their coverage.

- West Allis Professional Police Association: 10 years of regular full-time or part-time employment if hired prior to April 1, 2008, or 15 years of regular full-time or part-time employment if hired on or after April 1, 2008.

² "Years of Service" is defined as current-continuous, regular full-time or part-time employment; prior City employment is not included in determining "years of service" unless granted a waiver per Section 5.2.1 (9) herein.

For example, an employee worked for the City in a regular full-time position from 01/01/1990 to 12/31/1999 and then was re-employed in a regular full-time position on 01/01/2005 and worked through a retirement date of 12/31/2010. The employee's years of service would equal six (6) years (01/01/2005 to 12/31/2010) as the 01/01/1990 to 12/31/1999 employment would not be taken into consideration due to the break in service from 12/31/99 to 01/01/2005.

- West Allis Professional Fire Fighter's Union: 10 years of regular full-time or part-time employment if hired prior to February 1, 2009, or 15 years of regular full-time or part-time employment if hired on or after February 1, 2009.

For an employee who retired on or after March 1, 2013, upon an individual's (i.e. the retiree, spouse and/or dependent) eligibility for other health insurance coverage, the coverage with the City for that individual would cease. If the individual is the retiree, then coverage with the City for all members (i.e. the retiree, spouse and/or dependent) would cease.

Upon loss of other insurance coverage, the individual (i.e. the retiree, spouse and/or dependent) may be eligible to re-enroll in the City's coverage provided they meet the eligibility requirements contained within this Policy and/or the City's insurance plan(s).

A represented protective service employee who retired either before, on or after March 1, 2012 OR a non-protective service employee and an unrepresented protective service employee who retired prior to March 1, 2012, are subject to the following:

- If the retiree cancels coverage for themselves for any reason other than becoming eligible for Medicaid/Title 19, their spouse/eligible dependent(s) cannot remain on the City's retiree health insurance program.
- If retired as an employee plus one dependent couple plan, the retiree may add a new dependent if the original dependent is no longer on the plan, but the retiree may never add a spouse.
- If retired as an employee plus spouse couple plan, and the spouse deceases, the retiree may add a new spouse but never a dependent.
- If retired as an employee plus two or more dependents family plan, the retiree may add new dependents but never a spouse.
- If retired as an employee plus spouse and one or more dependents, the retiree may add a new spouse (if original spouse deceases) and new dependent(s).

A non-protective service employee and an unrepresented protective service employee who retires on or after March 1, 2012, is subject to the following:

- If a retiring employee does not wish to participate in the retiree health insurance program at the time of retirement, they and their spouse/eligible dependent(s) permanently lose their ability to participate in the City's retiree health insurance program.
 - If a spouse/eligible dependent is removed from coverage, they permanently lose their ability to participate in the City's retiree health insurance program.
 - If a retiree cancels coverage at any time, they and their spouse/eligible dependent(s) permanently lose their ability to participate in the City's retiree health insurance program.
 - A retiree with couple coverage (employee plus spouse) cannot add a new spouse or dependent if they divorce or if their spouse dies.
 - A retiree with couple coverage (employee plus dependent) cannot add a new dependent or a spouse if the original dependent is removed from coverage.
 - A retiree with family coverage is not able to add new family members (that is, if they have or adopt a child or remarry, the new child and/or spouse cannot be added).
- (2) Coverage. A retiree will be placed in either a single (employee only), couple (employee plus spouse or employee plus one dependent), or family plan (employee plus spouse and one or more dependents OR employee plus two or more dependents); said determination is based upon coverage in place at time of retirement. Note: if an employee does not have coverage for a spouse and/or dependents at the time of retirement, a spouse and/or dependents may never be added to the retiree's health insurance program.

Changes are administered by the Human Resources Division in accordance with the above guidelines.

- (3) Enrollment. A retiree who chooses to participate in the City's Health Insurance shall enroll upon their initial eligibility and, thereafter, during the City's annual Health Insurance Open Enrollment.

- (4) Change of Status. A change in status is effective upon the date of the qualifying event (e.g., death of a spouse, re-marriage of deceased retiree's spouse, divorce, legal separation, Medicaid/Title 19/Medicare Parts A and B eligibility, dependent no longer qualifies for health coverage, etc.) if notification/proper paperwork is received by the Human Resources Division within 30 days of the event. Qualifying changes are to be in accordance with City policy.
- (5) Monthly Premium Share.

Calculation of Monthly Premium Share

- Prior to Eligibility for Medicaid/Title 19/Medicare Parts A and B: Upon the date of retirement, the retiree is placed at a "capped rate*" (that is, the maximum amount the City will pay per month towards a retiree's health insurance premium utilizing the highest applicable monthly premium) based on the coverage in place at retirement (see 5.3.1 (2) above) if the retiree is not on Medicaid/Title 19/Medicare Parts A and B. The City continues to pay this premium* (less the applicable monthly premium share* as determined by City Ordinance or union contract) until the retiree and/or their spouse/eligible dependent(s) become eligible for Medicaid/Title 19/Medicare Parts A and B; any increases above the "capped rate"* are paid by the retiree. Any change in coverage (see 5.3.1 (2) above) will result in appropriate adjustments to the monthly "capped rate"* and premium share*.
- Upon Eligibility for Medicaid/Title 19/Medicare Parts A and B (administered per eligibility guidelines in Section 5.3.1 above): Effective upon the first of the month a retiree and/or spouse/eligible dependent(s) becomes eligible for Medicaid/Title 19/Medicare Parts A and B, the City's capped rate and the monthly premium share obligation ceases; the City will pay 50%* of the applicable monthly premium for the City's Medicare supplemental plans and the retiree will pay the other 50%*.

If an individual, per the federal Medicare Program's regulations, does not qualify for Medicare Parts A and B at initial Medicare Parts A and B eligibility (i.e., has not earned the requisite number of quarters to qualify for Medicare Parts A and B/Social Security benefits per the federal Medicare Program's regulations), the City's premium obligation will be no greater than what it would have been had the individual qualified for Medicare Parts A and B. The individual will be subject to paying the difference between the applicable non-Medicare plan rate and the City's obligation.

* A part-time employee's monthly premium and premium share obligation is prorated based on an average Full-Time Equivalency [FTE] over the most recent 10 or 15 years worked prior to retirement, depending on eligibility requirements (see section 5.3.1 (1) above).

An annual premium rate notification is prepared by the City's Finance Division and is distributed during the City's annual Insurance Open Enrollment period for those retirees participating in the City's retiree health insurance program.

A retiree is required to participate in automatic withdrawal (ACH) of retiree insurance premiums from a savings or checking account, prepayment of an entire year of premium payments, or some other payment method that meets with the approval of the Finance Manager and City Attorney. Where not prepaid, payments are due by the 10th of the month for the following month's coverage and will be drawn from the respective banking account on the 10th of the month (or prior to such date if the 10th falls on a weekend or holiday). Failure to participate in an automatic withdrawal, prepay for an entire year, or make other mutually agreeable payment methods shall constitute grounds for sanctions under Section 6.0.

Protective Service Employees Only: Per the federal Pension Protection Act of 2006, a protective service employee may have health insurance premiums deducted directly from their Wisconsin Retirement System monthly annuity payment if he/she retired at normal retirement age. The Act contains a provision permitting eligible individuals to exclude up to \$3,000 for qualified health insurance premiums paid by the retiree from their gross taxable income each year, as long as the premiums are deducted from their retirement benefit.

- (6) Benefits. The City shall provide benefits as specified in the Summary Plan Document(s).

Benefit levels for all classifications of employees who retire on or after March 1, 2013, will adjust automatically with active employee benefit levels.

- (7) Termination of Coverage. Coverage ceases in accordance with the provisions contained in the Summary Plan Document(s). When applicable, continuation coverage (COBRA) will be offered (see section 5.0.1). Health Insurance coverage is available to the surviving spouse of a deceased retired employee (see Section 5.3.1 (8) below).
- (8) Surviving Spouse and/or Dependents of Deceased Retired Employee. The above guidelines apply to the surviving spouse and/or dependents of a deceased retired employee who was participating in the City's retiree health insurance program upon death.

In the event a surviving spouse remarries, the City's health insurance obligation will permanently cease for said spouse and dependents; continuation coverage (COBRA) may be offered.

A non-protective service employee and an unrepresented protective service employee who retires on or after March 1, 2012, is subject to the following: In the event a surviving spouse is employed by another employer providing health insurance coverage the City's health insurance obligation will permanently cease for said spouse and dependents; continuation coverage (COBRA) may be offered.

A represented Police Department protective service employee who retired either before, on or after March 1, 2012 OR a non-protective service employee and an unrepresented protective service employee who retired prior to March 1, 2012, OR a represented Fire Department protective service employee* who retired before March 1, 2013 are subject to the following: In the event a surviving spouse is employed by another employer providing more comprehensive or equivalent health insurance coverage the City's health insurance obligation will permanently cease for said spouse and dependents; continuation coverage (COBRA) may be offered.

* For a represented Fire Department protective service employee who retired on or after March 1, 2013, refer to Section 5.3.1 (1) above.

- (9) Exceptions. The City Administrator may extend the 30 day reporting requirement in 5.3.1(4), Change of Status, to within 60 days of the event. Any request for a change of status beyond 60 days after the event shall be directed to the Common Council. The City Administrator and the Common Council may require the retiree to pay any costs incurred by the City due to failure to report within 30 days of the event prior to allowing the change in status. The retiree shall retroactively pay any increase in premium share prior to acceptance of the change in status.

5.4.1 DISABILITY RETIREMENT

An employee who qualifies for a disability retirement under the WI Department of Employee Trust Fund's Wisconsin Retirement System, and adheres to section 5.3.9 (Termination of Paid Sick Leave Benefits) of City Policy 1430 Sick Leave³, is eligible to participate in the City's retiree health insurance program in accordance with the policies set forth in 5.3.1 above with the following exceptions:

- (1) Exception to 5.3.1 (5) Monthly Premium Share:

³ City Policy 1430 Sick Leave, 5.3.9 Termination of Paid Sick Leave Benefits. Ten (10) calendar days from the date a health care provider determines that an employee is permanently and totally disabled, or that the employee will never return to duty within the City of West Allis service, an employee will make application for disability retirement benefits under the State of Wisconsin's Department of Employee Trust Fund's (ETF) Wisconsin Retirement System (WRS), if he or she is otherwise eligible for such benefits. Ten (10) calendar days after the determination date of a disability by ETF, all benefits under this policy will cease and employment will simultaneously terminate, subject to existing rules regarding payment of benefits upon termination.

A non-protective service employee and an unrepresented protective service employee who retired prior to March 1, 2012, and a represented protective service employee, is subject to the following:

Effective the first of the month the retiree attains age 55 (50 for a protective service employee in the Fire service), the retiree is placed at a “capped rate” (that is, the maximum amount the City will pay per month towards a retiree’s health insurance premium utilizing the highest applicable monthly premium) based on the coverage in place (see 5.3.1 (2) above) if the retiree is not on Medicaid/Title 19/Medicare Parts A and B. The City continues to pay this premium* (less the applicable monthly premium share* as determined by City Ordinance or union contract) until the retiree and/or their spouse/eligible dependent(s) become eligible for Medicaid/Title 19/Medicare Parts A and B; any increases above the “capped rate” are paid by the retiree. Any change in coverage (see 5.3.1 (2) above) will result in appropriate adjustments to the monthly “capped rate” and premium share*.

A non-protective service employee and an unrepresented protective service employee who retires on or after March 1, 2012, is subject to the following:

Effective upon an employee’s disability retirement date, the retiree is placed at a “capped rate” (that is, the maximum amount the City will pay per month towards a retiree’s health insurance premium utilizing the highest applicable monthly premium) based on the coverage in place at retirement (see 5.3.1 (2) above) if the retiree is not on Medicaid/Title 19/Medicare Parts A and B. The City continues to pay this premium* (less the applicable monthly premium share* as determined by City Ordinance or union contract) until the retiree and/or their spouse/eligible dependent(s) become eligible for Medicaid/Title 19/Medicare Parts A and B; any increases above the “capped rate” are paid by the retiree. Any change in coverage (see 5.3.1 (2) above) will result in appropriate adjustments to the monthly “capped rate” and premium share*.

* A part-time employee’s monthly premium and premium share obligation is prorated based on an average Full-Time Equivalency [FTE] over the most recent 10 or 15 years depending on eligibility requirements (see section 5.3.1 (1) above).

(2) Exception to 5.3.1 (1) Eligibility:

A represented protective service employee is eligible for either a single (employee only), couple (employee plus spouse or employee plus one dependent), or family (employee plus spouse and one or more dependents OR employee plus two or more dependents) plan the first of the month following their date of disability retirement as approved by the State of Wisconsin, Department of Employee Trust Fund’s Wisconsin Retirement System (i.e., is not subject to the minimum 10 or 15 year service requirement).

A non-protective service employee and an unrepresented protective service employee who retired prior to March 1, 2012, is eligible for either a single (employee only), couple (employee plus spouse or employee plus one dependent), or family (employee plus spouse and one or more dependents OR employee plus two or more dependents) plan the first of the month following their date of disability retirement as approved by the State of Wisconsin, Department of Employee Trust Fund’s Wisconsin Retirement System (i.e., is not subject to the minimum 10 or 15 year service requirement).

6.0 **SANCTIONS:** Anyone who provides false, fraudulent, incomplete or untimely information or who fails to make complete and timely premium payments, may face legal action, reductions or denials of benefits, loss of continuation rights, and/or other action, up to and including termination of coverage.