



New York Medical College

Policy and Procedure Manual

Section: HUMAN RESOURCES	No.: HR.316
	Date: April 18, 2005
Subject: HEALTH CARE PLANS	Page 1 of 5
	Supersedes: 6/21/94

I. Purpose

To establish guidelines for medical, dental, and hospitalization benefits for eligible employees and their dependents.

II. Scope

This policy applies to all regular full-time and staff, regular part-time employees, and full time Geographic Voluntary faculty (see Policy HR. 332 – Fringe Benefits for Geographic Voluntary Full-Time Faculty).

Union employees are covered under their respective Collective Bargaining Unit Agreements.

The College reserves the right to amend or suspend these benefits at any time without prior notice.

III. Definition

- A. Date of Eligibility – the first day of the month coinciding with or following the date of employment or eligibility caused by a change in status as defined in section III.F.
- B. Eligible dependents – spouse and unmarried children including stepchildren, foster children, and legally adopted children provided they wholly depend on the employee for support and maintenance who are:
 - 1. Less than 19 years of age;
 - 2. Unmarried between age 19 and 25 years of age who are wholly dependent upon the employee for support and are full-time students in an educational institution;

Issued By:	Approved By:
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- C. HMO – a Health Maintenance Organization.
- D. Close relative – spouse, child, brother, sister, or parent of the employee or their spouse and are not considered “providers”.
- E. Provider – any doctor, registered nurse, chiropractor, certified nurse, midwife, optometrist, physical therapist, occupational therapist, speech therapist, podiatrist, psychologist, certified social worker, hospital, skilled nursing facility, home healthcare agency, pharmacy, or hospice.
- F. Change in Status
 - 1. The employee or spouse gives birth, adopts, acquires foster child(ren) or stepchild(ren).
 - 2. The employee marries.
 - 3. A loss of other coverage carried by the spouse occurs due to divorce, death, loss of employment or termination of the plan.
 - 4. The employee becomes regular full-time or has been employed six (6) months and is regular part-time.
- G. Open Enrollment – the time in which any changes may be made to the employee’s insurance coverage, scheduled for each December.
- H. Deductible – as defined by the medical/dental plans, the employee’s out of pocket expenses that must be incurred before the plan will provide reimbursement.

IV. Policy

It is the policy of New York Medical College that all eligible employees be provided the option of electing from among the health benefits offered.

V. Procedure**A. Enrollment****1. Employees may enroll in benefit plans:**

a. During their initial benefits orientation (within thirty-one (31) days following employment).

b. When a change in status occurs (within thirty-one (31) days of that change).

c. During open enrollment.

2. All employees enrolled in a health benefit plan are required to pay a portion of the premium. This amount will be established at the beginning of each plan year and is paid through payroll salary deduction.

3. New hires elect the type of coverage that meets their needs during their initial orientation and complete the following:

a. Master Enrollment Form (HR-1);

b. Insurance carrier or third party Administrator enrollment forms;

Each employee must provide accurate dependent information including social security numbers, spouse's place of employment, insurance coverage and personal data (such as date of birth, address, etc.).

4. If employees wish to waive coverage, they may do so by providing the Benefits Administrator with proof of other coverage.

None of the College-offered plans have pre-existing condition clauses.

5. The Benefits Administrator reviews all the applications and processes the payroll/insurance forms.

Each carrier will forward the appropriate identification cards to employees.

6. The effective date depends on the date of hire and/or change.

B. Use of coverage

See plan descriptions provided to each employee at time of enrollment and periodically as plan design changes.

C. Claims

1. Hospital, Major Medical and dental Claims

See plan descriptions provided to each employee at time of enrollment and periodically as plan design changes.

2. HMO members show their identification cards and some pay a co-payment for the doctor's visits and prescriptions. If a payment in full to the doctor or pharmacist is required, claim forms are available from the Human Resources Department for reimbursements.

3. Each employee is responsible for payment of all unpaid claims whether they are being reviewed or rejected.

VI. Responsibility

A. Employees

1. Enroll in a health benefit plan within thirty-one (31) days of becoming eligible.

2. Provide complete information to the Human Resources Department to ensure that all eligible dependents are covered and that all personal data is accurate.

B. Affiliation Office

1. Responsible for conducting benefit orientation meetings for new hires or newly eligible employees and assuring that all the necessary forms have been completed for insurance coverage.

2. Forward enrollment forms to the Human Resources Department in Valhalla.
3. Provide advice and guidance with respect to the interpretation and administration of this policy.

C. Human Resources Department

1. Central Records must notify the Employment Manager when a new hire Personnel Action Form (PAF) (HR-31) form is received, or when an employee's status has changed making them eligible for benefits.
2. The Employment Manager is responsible for conducting benefit orientation meetings for new hires or newly eligible employees and assuring that all the necessary forms have been completed for insurance coverage.
3. The Benefits Administrator reviews all the forms and applications, processes the paperwork to the appropriate offices, maintains all insurance coverages and processes all premium payments.
4. Provide advice and guidance with respect to the interpretation and administration of this policy.