



Medina County Policy Manual



Policy: Health Coverage During LOA	Section: Time Off	Number: 4.015
Issued: 09/17/07	Reviewed/Revised: 07/09/12 – Res. 12-0660	Page #: 1 of 4

Previous Res. 07-900, 09-0229

A. Group Health Plan Eligibility while on Family Medical Leave (FML)

1. Full time employees covered by an approved Family Medical Leave (FML) and currently enrolled in one of Medina County's group health plans shall have that plan maintained during their FML that would otherwise be provided as if the employee were working.
2. Throughout the employee's FML eligibility period the employee shall remain responsible for payment of their share of the plan's normal premium.
 - a. If the employee is receiving compensation, i.e. vacation, compensatory time, sick time, the plan premium payment will be deducted from their warrant (check) as if the employee were otherwise working.
 - b. Where any portion of the employee's FML is unpaid, the employee shall remain responsible for payment of their share of the plan's normal premium. Payment must to be submitted by the employee no later than the last business day of the month when it is due. The employee will have a maximum 30-day grace period in which to make payment. If payment is more than 30 days late, group health insurance will be canceled following written notification mailed to the employee at least 15 days before the date the employee's health coverage will lapse.
3. If the employee chooses not to continue health care coverage during their FML, the employee will be entitled to reinstatement into the benefit plan immediately upon return to work.
4. The County may recover for any health insurance premiums paid on behalf of the employee if the employee fails to return to work from FML.
5. Employees who are reinstated will not lose any service credit and FML will be treated as continuous service for the purpose of calculating any benefits that are based on length of service.

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B. Group Health Plan Eligibility Upon Exhausting Family Medical Leave (FML)

1. Employees exhausting their FML eligibility and remaining off work under an approved alternative leave policy, and having consumed all available sick and vacation time, shall be afforded the opportunity to continue their health benefits under the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA). When the employee's hours are reduced to the extent they no longer qualify for coverage under the County's group health plan this shall constitute a "qualifying event" as set by COBRA.
2. COBRA provides the insured employee whose condition prevents them from returning to work the right to continue coverage under the County's group health plan for a period of up to eighteen (18) months.
3. The continuation of coverage is **not** automatic. The employee and/or their eligible dependent(s) must make an affirmative election of coverage before coverage will begin.
 - a. The employee and/or their eligible dependent(s) shall be notified of their rights and the stipulations necessary to continue coverage under COBRA.
 - b. The employee's election to continue coverage must be made within 60 days of the date coverage is lost or the date of the notice of eligibility, whichever is later.
4. During this eighteen (18) month extension period the employee will be required to pay the full cost of the insurance, i.e. the County's cost and the cost the employee would normally pay, plus an administration fee. The coverage provided during this period is identical to the coverage provided to similarly situated beneficiaries to whom the qualifying event has not occurred.
5. Once COBRA continuation is elected, there will be a 45-day grace period for the employee to pay the initial premium payment. The initial premium payment covers a period beginning the date coverage was originally lost to the end of the current coverage month. Subsequent monthly premium payments are due on the first day of each month of coverage and must be sent within 30 days from the due date. When paying by check, the check should be made out to the name located on their COBRA packet.

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If payment is more than 30 days late, the employee's group health insurance will be canceled following notification in writing at least 15 days before the date the employee's health coverage will lapse.

C. Group Health Plan Eligibility while on Workers' Compensation Leave in Conjunction with Family Medical Leave

1. A workers' compensation leave (refer to [Workers' Compensation Policy, 6.030](#)) is a type of leave from employment which results from an employee's incapacity to work, and which has been determined to have resulted from an injury or occupational disease such that the employee is entitled to benefits required by the Ohio Bureau of Workers' Compensation (BWC).
 - a. Ohio Revised Code Section 4123.56(A) provides for payment for lost wages called temporary total disability (TT). TT is compensation provided to compensate an injured worker who is totally disabled from work on a temporary basis or a short period of time due to the work related injury or occupational disease. TT is generally the initial award of compensation paid to an injured worker to compensate for lost wages.
 - b. Per ORC 4123.55, the injured worker is not entitled to temporary total compensation for the first seven days of the disability period unless he/she is disabled for 14 or more consecutive days. Example: If the injured worker would miss 12 days of work, they would be paid for the 8th day through the 12th day. If the injured worker missed 14 work days or more due to their allowed injury or illness by the BWC, they would be compensated for the total number of work days missed from the date of the injury/occupational disease.
 - c. Per ORC 4123.56(A) and ORC4123.61, the injured worker's weekly rate for the first 12 weeks of disability will be paid at 72% of their average weekly wage (subject to the statewide maximum and minimum for the injury year)
 - d. TT may be terminated where
 - i. the employee has returned to work;
 - ii. the employee's physician has made a written statement that the employee can return to the former position of employment;

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- iii. employment within the employee's physical capabilities is made available;
or
 - iv. the employee reaches maximum medical improvement. Maximum medical improvement is defined by Ohio Administrative Code Section 4121-3-32(A)(1) as "a treatment plateau." Basically, where the employee has reached a point in their recovery where their condition will not change.
2. Workers' Compensation leave and FML shall commence on the same date and run concurrently, i.e. at the same time, the employee begins missing work regardless of whether the injured employee:
 - a. Chooses to uses accrued sick hours in lieu of TT payments from the Third Party Administrator (TPA); or.
 - b. Receives only TT payments for missed work hours due to their injury or illness.
 3. Sick hours paid in lieu of TT due to a work-related injury or illness will **not** be restored to the employee.
 4. The County shall comply with the Family Medical Leave Act's requirement to maintain the employee's group health plan benefits while eligible for FML provided the employee was covered by the County's group health plan on the day before the first day of their FML and makes timely premium payments. The employee will be required to pay their share of the plan's normal monthly premium in order to maintain plan benefits.

D. Reporting Leaves of Absences to the County Auditor's Office which Trigger a COBRA "Qualifying Event"

1. Human Resources will report the name of any employee to the Auditor's Office who is off work on an unpaid leave of absence and is otherwise eligible for health coverage.
2. This shall ensure the required COBRA notification be sent to the employee for the purpose of electing continuation of health care coverage pursuant to Sections A., B., C., and D. of this policy.