DIOCESE OF WINONA-ROCHESTER

HEALTH INSURANCE PLANS

Participation and Form Directions

Administered by Medica and Delta Dental

Eligible participants are those employees who work at least 20 hours a week or at least one-half academic load during the school year. Employees hired on a temporary basis working 30 or more hours per week are eligible for health (medical and dental) insurance on the first of the month following 60 days of continuous employment (call HR/Benefits for further explanation). Health insurance starts on the first of the month coincident with or following the date of hire. **New employees have 30 days from their initial date of employment/eligibility to enroll. When the 30 days are over, employees can sign up at yearly renewal on January 1 or upon a qualifying event for a special enrollment.**

Please note, social security numbers are required on the enrollment forms for 1095-C purposes.

FORM REQUIRED TO ENROLL AN EMPLOYEE:

Health Insurance Enrollment/Change/Cancel/Waive form for Group Coverage Form A-1

PURPOSE: To initiate medical and dental coverage by collecting required information.

a. If enrolling, employees should complete sections A, C, D (for family coverage), and G. Sections E and F needs to be completed if the employee or dependents being covered are
   1. Continuing health coverage with another company **And/OR**
   2. If the employee or dependent being covered is enrolled in Medicare.
b. Upon enrollment, the employee should register online with both Medica and Delta Dental, where they can access their summary plan descriptions and other information.
c. When enrolling, the employee enrolls in both the medical and dental insurance, as a health insurance package. They may not choose one or the other.

FORM REQUIRED TO WAIVE GROUP COVERAGE:

Health Insurance Enrollment/Change/Waive Form for Group Coverage Form A-2

PURPOSE: To prove the employee was offered the medical/dental insurance and wishes to waive their right to this benefit. *This form is only used for new employees.*

If a new employee does not wish to participate in the medical/dental plan, they MUST complete Section A and B, including their signature and date.

FORM REQUIRED TO BE GIVEN TO ALL BENEFIT-ELIGIBLE EMPLOYEES:

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

PURPOSE: The U.S. Government requires the diocese to give a copy of CHIP notice to EACH employee who works 20 or more hours per week – regardless of whether the employee is enrolled in the health care plan.

No action is required.

FORM REQUIRED FOR CHANGES TO EXISTING EMPLOYEES:

Address Change – no form needs to be completed – location to notify diocese by email.

Canceling Coverage – A-1

PURPOSE: To cancel coverage for medical and dental insurance for all health insurance coverage, all dependent coverage, or specific dependent coverage.

a. Employee should complete sections A (make sure effective date is entered), B (stating why canceling coverage), D, and G.
b. Notify the employee once they cancel coverage, they will not be able to enroll in health insurance until open enrollment unless they have a qualifying event. See below for special enrollment period.

Name Change – Health Insurance Enrollment/Change/Waive Form A-1

PURPOSE: To change name with no coverage changed. This form must be completed within 30 days of change. The employee's signature is required.

a. Employee should complete sections A and G. Social security number and date of birth do not need to be entered.
b. Please write former name on the top of the form.

Special Enrollment Period Health/Dental Enrollment/Change/Waive Form A-1

PURPOSE: A Special Enrollment Period, which requires a qualifying event is a period during which the employee and/or employee's family has a right to enroll or make changes to existing health coverage. Special Enrollment Period qualifying or triggering events are listed below. Note: Form A-1 is used for special enrollment.

- Loss of minimum essential coverage (does not include loss due to failure to pay premiums or rescission)
    - Loss of eligibility for employer-sponsored coverage
    - Termination of employment or reduction of hours
    - Legal separation or divorce
    - Loss of dependent child status
    - Death of employee
    - Move outside HMO service area
    - Exceeding the plan's lifetime maximum
    - Employer bankruptcy
    - Employee becomes entitled to Medicare
    - Loss of minimum essential coverage
- Gaining or becoming a dependent due to marriage
- Gaining a dependent due to birth, adoption or placement for adoption,
- An individual gains or loses eligibility for Medicaid or MinnesotaCare (notice must be received within 60 days of the event).

a. Notice period is 30 days except for Medicaid/SCHIP events.
b. Employee completes section A (including effective date) and should always complete section C, noting the "Special Enrollment." Depending on what changes the employee needs to make, sections C, D, E, and F may need completion. The employee always needs

to sign section G. Documentation of the qualify event or special enrollment notice must be included with enrollment form and included in your employee file.

TERMINATING EMPLOYEES

Notice of Employee Termination of Employment Form 001

PURPOSE: It is *very important* to complete and return this form promptly to comply with all COBRA regulations and MN Continuation laws. The Diocese of Winona-Rochester contracts with a third-party administrator (Alerus) for COBRA administration on the health and life insurances. **Please complete the Notice of Employee Termination of Employment form** and return it to the Employee Benefits Coordinator in Winona **within five days of the employee's termination**. The COBRA third party administrator will contact the employee directly regarding their option to continue this health and dental coverage.

NOTE – Upload ALL FORMS to Dropbox for processing. Location to maintain original for their employee records.

GENERAL INFORMATION:

Medical/Dental Group Numbers:

	Health	Dental
$2,500 Deductible	43849	00918
$5,000 Deductible	43850	00918

Renewal:
Annual renewal is January 1, with open enrollment occurring prior to the annual renewal. Employees may sign up or change deductible amounts only during open enrollment unless the employee has a qualifying event.

Single Medical/Dental Coverage:
Single coverage is coverage for only the employee.

Family Medical/Dental Coverage:
Family coverage is coverage for the employee and each member of the family.

- Employees may keep their adult children on the health/dental plan through age 26. A month before the adult child turns 26, the employee should notify the diocese, so COBRA may be offered to the adult child.
- Employees enrolling in family insurance will receive their health insurance identification cards from Medica; every member in the family will receive their own ID card. Delta Dental will provide cards with the employee's name only.

Insurance Address/Phone Information:

- Medica
  401 Carlson Parkway Minnetonka, MN 55305 877-347-0282

- Delta Dental of Minnesota
  PO Box 9304 Minneapolis, MN 55415 877-268-3384