

A RESOLUTION AUTHORIZING THE IMPLEMENTATION OF DOMESTIC PARTNER
BENEFITS, AS WELL AS RECOMMENDED PROCEDURES AND SUMMARY OF BENEFITS

WASHTENAW COUNTY BOARD OF COMMISSIONERS

November 30, 2000

WHEREAS, on March 15, 1967, and December 17, 1968, the Washtenaw County Board of Supervisors approved a resolution stating its commitment to a policy of nondiscrimination in employment and services to the public; and

WHEREAS, on June 20, 1973, the Washtenaw County Board of Commissioners approved a resolution which stated its intention to comply with all Federal and State legislation covering non-discrimination; and

WHEREAS, in November, 1978, the Board of Commissioners adopted an updated plan for affirmative action which established goals for 1979; and

WHEREAS, on April 4, 1979, the Board of Commissioners modified its plan to include disabled veterans and veterans of Vietnam era; and

WHEREAS, on October 5, 1983, the Washtenaw County Board of Commissioner again reaffirmed its commitment to non-discrimination; and

WHEREAS, Washtenaw County is committed to promoting and valuing diversity for all County employees by extending the benefits programs to same-sex domestic partners; and

WHEREAS, this matter has been reviewed by the County Administrator's Office, the Finance Office, Human Resources, Corporation Counsel and the Ways & Means Committee

NOW THEREFORE BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners hereby authorizes the implementation of domestic partner benefits and recommended procedures and summary of benefits provided, as attached hereto and made a part hereof

BE IT FURTHER RESOLVED that the described Domestic Partner Benefits shall be extended to Non-Union employees and that the Washtenaw County Board of Commissioners hereby authorizes the County Administrator to negotiate said benefits with the various union groups.

BE IT FURTHER RESOLVED that the Washtenaw County Board of Commissioners directs the Human Resources Department to make the necessary changes and/or modifications to the existing employee benefits policies as referenced in Volume II, Article XI so that the extension of Domestic Partner Benefits is included and not conflicting with the existing policy language.

DOMESTIC PARTNER BENEFITS

Procedure for Coverage

Definition of Domestic Partner

- couples who are of the same-sex, and
- are not legally married to another individual, and
- are not related by blood in a manner that would bar marriage, and
- are registered either publicly or privately as a Domestic Partnership with a municipality offering formal registration, and
- have allowed at least six (6) months to pass since a statement of termination (available from the City of Ann Arbor) of a previous same-sex domestic partnership.

Benefits Provided

- CMM250 or MM50 health care through Blue Cross / Blue Shield or plans offered through the Flexible Benefits Program, or equivalent
- Dental care through Delta Dental, or equivalent
- Optical care through Blue Cross / Blue Shield at the employees expense, or equivalent

Eligibility

To be eligible, the employee must be a regular County employee and have filed a ***City of Ann Arbor Declaration of Domestic Partnership*** form. The employee and partner must provide an executed ***Application / Affidavit for Employee Domestic Partnership Benefits***. With this application / affidavit, the employee and his/her partner swear that the following facts are true:

- They are in a relationship of mutual support, caring and commitment.
- They share the common necessities of life.
- They are not related by blood in a manner that would bar marriage in the State of Michigan.
- Neither one of them is married or in any other domestic partnership.
- They are at least 18 years of age and otherwise competent to enter into a contract.
- They share a common legal residence.

In addition, the partners will be required to present evidence to prove mutual economic dependence, such as a joint lease, mortgage, or power of attorney. They will also be required to show evidence of common legal residence by presenting driver's licenses, voter registrations or other identification.

Obtaining Coverage

Annual Open Enrollment Period: Each Fall, the Human Resources Department holds the annual Open Enrollment Period during which employees can change benefits, including adding or deleting persons covered under their benefits. Any additions made during Open Enrollment are effective January 1 of the following calendar year.

New Hire: For a newly hired employee at Washtenaw County, benefits are effective the 1st of the month following regular new hire status. If an employee desires coverage for his/her

partner, they will need to list him or her on the application completed at the time of New Hire Orientation with the Human Resources Department. Both the employee and his/her partner will have the same effective date of coverage.

New Partnership Registration: Employees have 30-days from the date of partner registration of their relationship with a municipality or governmental entity to add the partner to available coverage. If notification is provided within 30-days of the qualifying event, coverage shall be effective the date of the qualifying event. If registration is not completed within the first thirty (30) days, the partner must wait to be added during the annual Open Enrollment Period.

Other Qualifying Events: If an employee's partner involuntarily loses his/her group health benefits, he/she may be enrolled in the employee's Washtenaw County coverage. A letter from the partner's employer is required indicating the date and reason for termination of coverage. This addition must be done within thirty (30) days of the date of the partner's loss of coverage. If notification is provided within 30-days of the qualifying event, coverage shall be effective the date of the qualifying event. If not completed within the first thirty (30) days, the partner must wait to be added during the annual Open Enrollment Period.

Procedure

- The employee and domestic partner must complete the ***Application / Affidavit for Employee Domestic Partnership Benefits***, which requires both signing and have notarized to apply for benefits.
- The application / affidavit with an attached ***City of Ann Arbor Declaration of Domestic Partnership*** form must be submitted the Human Resources Department.
- The Human Resources Director shall review and concur that the eligibility requirements have been met. Notification shall then be made to the Benefits Administrator and the employee.
- Upon notification, the Benefits Administrator will add the domestic partner to the appropriate insurance programs for coverage. The employee must complete the appropriate enrollment forms.

Changes in Coverage

- Where there are changes in the circumstances attested to in the ***Application / Affidavit for Employee Domestic Partnership Benefits*** the employee must communicate such changes to the Human Resources Department within 30-days.
- If after review it is determined that the circumstances do not warrant a change in benefits, no action is required.
- If after review of such circumstances it is determined that the partnership is no longer eligible for benefits, notification will be made to the Benefits Administrator and the employee.

Termination of Partnership

If you and your partner terminate your relationship, you must remove that person from your benefits. In order for the former partner to be eligible for COBRA benefits, notification must occur within 60-days of the termination of partnership.

Procedure

- The employee must complete an ***Affidavit of Termination of Domestic Partnership*** when the relationship ends. This affidavit must be delivered to the Human Resources Department, a copy sent or delivered to the domestic partner and the City of Ann Arbor Clerk's Office.
- The employee affirms that he/she understands that another ***Application / Affidavit for Employee Domestic Partnership Benefits*** cannot be filed for a period of six (6) months from the date of termination of domestic partnership.

Summary of Benefits Provided

Washtenaw County provides County employees with health care, dental care and life insurance benefits under the terms and conditions of fifteen (15) collective bargaining agreements, as well as by way of County Policy. In addition, optical and long-term disability insurance are provided for employees in the Flexible Benefit Program. These benefits are also provided to employees in accordance with applicable State and Federal laws and regulations.

The County provides these benefits to the covered employee groups in a complex program of insurance and self-insurance. This program is designed to make the best use of insurance market conditions with the ultimate goal of self insuring predictable losses and protecting against catastrophic losses.

Health Care

Part-time regular employees and members of AFSCME Locals 2733 and 3052 may enroll in one of two traditional Blue Cross / Blue Shield of Michigan programs, or a waiver program. All other regular full-time employees may enroll in one of the following programs:

- Preferred Provider Organization (PPO)
- Health Maintenance Organization (HMO), in which there are currently two program options
- Traditional Blue Cross / Blue Shield, in which there are currently two program options
- Waiver program

The Blue Cross / Blue Shield program are the basic foundation of the health care programs available to the County's employee groups. All Blue Cross / Blue Shield contracts are Self-Insurance Retention (SIR) programs, from the first dollar of incurred costs to \$100,000 of loss. Once a specific claim reaches the \$100,000 attachment point in a policy year, the remainder of the loss during the policy year (January 1 to December 31) will be paid by the insurance carrier.

The County also purchases aggregate stop loss coverage insuring the County's SIR program from an aggregate catastrophic loss during the policy year. This policy is purchased to protect the County from a series of high frequency, but lower severity, losses which would cause a drain of County resources. Blue Cross / Blue Shield of Michigan provides the specific and aggregate stop loss coverage.

Blue Cross / Blue Shield Comprehensive Major Medical (CMM250) covers benefits up to a lifetime maximum of five (5) million dollars per member. CMM250 generally provides for 80% of covered expenses above the deductive amount of \$250 for one person and \$500 for two or more people each calendar year. The remaining 20% of expenses are covered by the

employee (a co-payment). Co-payments for CMM250 coverage in one calendar year shall not exceed \$1,000. This maximum does not apply to co-payments for the treatment of mental disorders, private duty nursing or prescriptions.

Blue Cross / Blue Shield Basic plus Master Medical (MM50) covers Master Medical benefits up to a lifetime maximum of one (1) million dollars per member. MM50 generally provides for 90% of covered expenses above the deductible amount of \$50 for one person and \$100 for two or more people each calendar year. The remaining 10% of expenses are covered by the employee (a co-payment). Co-payments for Master Medical service coverage in one calendar year shall not exceed \$1,000. This maximum does not apply to co-payments for the treatment of mental disorders, private duty nursing or prescriptions.

The **Blue Cross / Blue Shield Community Blue PPO** program creates two (2) varying levels of coverage depending on whether the medical provider participates. If a member seeks treatment with a preferred provider, the following co-pays would be applicable: \$10 for office visits, \$50 for emergency room, 50% for mental health, and \$5 for prescriptions. This program also incorporates up to \$250 of preventative care benefits as long as the member stays within the network of providers. If a member chooses to seek treatment outside the PPO network, they would typically be subject to a \$250/\$500 deductible and 20% co-pay, similar to the CMM250 product. Preventative services are not covered outside the PPO network. Employees may add various riders to the basic PPO reducing emergency room co-pays and/or increasing mental health coverage.

The two **HMOs** offered to our employee groups are **Care Choice** and **M-Care**. These companies act as fully insured programs and insure employees' health care needs from the first dollar of claim expense until the employee is healthy again. Coverage is limited to the terms and conditions of the policy similar to that found in the Blue Cross / Blue Shield program. Because HMO programs are considered first dollar coverage program, policy documents (including terms and conditions) must be filed with the Insurance Commissioner's office of the State of Michigan.

Dental Care

Washtenaw County's CORE dental plan provides a \$750 annual maximum benefit. Another option that is available to Flexible Benefit Program participants offers different co-pays and dollar maximums. Both options emphasize and provide services, which stress the prevention and elimination of dental disease, as well as providing contracts with participating dentists who agree to accept predetermined fees for specific services.

Optical Care

The vision care option, which the employee is obligated to pay 100% of premiums and is only available to Flexible Benefit Program participants, provides for vision care tests and supplies when obtained from a participating provider after the County employee has paid the required co-payment. Co-payments are limited to a total of \$12.50 per member in 24 consecutive months. The vision care option requires that the employee be enrolled for a period of two (2) year increments.

Life Insurance / Accidental Death and Dismemberment (AD&D) Insurance

Washtenaw County's core plan is equal to an employee's annual salary in Life Insurance / AD&D benefits to a maximum of \$35,000 for AFSCME Locals 2733 and 3052 members, and a maximum of \$50,000 for Flexible Benefit Program participants.

In addition to this basic coverage, Flexible Benefit Program participants have two (2) supplemental options available including two (2) times the employee's salary with a maximum of \$100,000, as well as three (3) times the employee's salary with a maximum of \$150,000.

Health & Dependent Care Spending Accounts (Section 125 Benefits)

These benefits would not be available as the IRS does not allow or recognize domestic partners.