



**ADMINISTRATIVE
POLICIES AND PROCEDURES MANUAL**

**DATE ISSUE
6/1/98**

**REVISION
3**

**PAGE
D4-120.0.1**

SUBJECT

EMPLOYEE INSURANCE AND BENEFITS

SUB-TOPIC

HOSPITALIZATION AND MEDICAL INSURANCE, Continued

OTHER CONSIDERATIONS

Consult the plan certificate booklet for information regarding subrogation and non-duplication (dual coverage/payment for the same illness or injury), filing for benefits, changes in an employee's family, leaving the Plan, death of a member employee, continuation of previous coverage, and termination of the Plan.

For information regarding coverage of retirees or disabled retirees, see D4-121.0, this Manual.

HEALTH MAINTENANCE ORGANIZATIONS

A free-standing health maintenance organization (HMO) is offered to regular employees and their eligible dependents. For a co-payment per visit, HMO expenses range from routine doctor appointments to major surgery. Emergency services are provided for, with the understanding that the members must make use of hospitals and physicians affiliated with their particular HMO. An employee may enroll as a member within sixty (60) days of his/her initial employment. Those employees not enrolling within the sixty (60) day limit can do so later during the annual enrollment period. Consult the Human Resources Office for more detailed information.

DENTAL INSURANCE

A comprehensive dental program is offered to regular employees and their eligible dependents. An employee is provided dental coverage under the automatic coverage from the first day of employment. An employee may enroll eligible dependents in the dental plan within the first sixty (60) days of his/her regular employment. Those employees enrolled in the dental plan are required to be enrolled in a medical plan, and vice versa. This requirement does not apply to an employee's eligible dependents.

The Dental Plan booklet which is available in the Human Resources Office should be consulted for specific benefit coverage and benefit year maximum per individual.