



Retiree Healthcare Reinstatement Policy

- Retirees and their dependents whose group health and related benefits are terminated for failure to make premium payments are allowed to have their coverage reinstated without loss of coverage if payment of all past due premiums, are made within 15 calendar days from the date the debit was refused by the retiree's financial institution.
- Retirees and their dependents whose group health and related benefits are terminated for failure to make premium payments are allowed the following options to have their coverage reinstated if payment of premiums, are made within 90 days of the termination of coverage:
 - Coverage will be reinstated prospectively, on the first day of the month following receipt of payment.
 - Coverage will be reinstated retroactively, to the date of termination if payment of all past premiums are made for the uncovered period.
 - If payment of premiums are not made within 90 days of termination of coverage, retirees and their dependents are allowed to re-enroll in group health and related benefits at the next open enrollment following termination under the policy.
- Medicare primary retirees with full County contributions, whose group health and related benefits are terminated for failure to make premium payments will be moved to the zero-dollar premium plan for Self Only coverage. This allows for continuation of coverage for the retiree. Dependent coverage may be reinstated in accordance with the options under the policy for the plan enrolled prior to coverage termination.