



PROVIDING BENEFITS

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Cancels: Policy # 087975 • Reference: Individual benefit plan documents

This policy applies to all Whitman County employees, unless otherwise addressed in a collective bargaining agreement.

Definitions:

EAP – Employee Assistance Program

FMLA – Family and Medical Leave Act. FMLA is federal leave providing qualified employees with up to twelve weeks of unpaid, job-protected leave. FMLA protects employee health insurance.

FSA – Flexible Spending Account

Health Care Benefit – Benefits related to an employee’s, physical, emotional, or psychological wellbeing.

HRA/VEBA – Health Reimbursement Account/Voluntary Employee Benefit Account. An HRA/VEBA is an account-based health plan in which employees may use funds to reimburse for qualifying out-of-pocket medical expenses.

On-call – The requirement to be available for work outside an employee’s regular schedule. Employees on-call are not working but are available if requested to do so.

PFML - Paid Family and Medical Leave. PFML is a state leave providing twelve to twenty-six weeks of paid, job protected leave. PFML does not protect employee health insurance.

1. Whitman County Offers a Comprehensive Benefit Package.

Whitman County offers a comprehensive package of medical, dental, vision, life, FSA, EAP, and disability insurance for eligible employees and their dependents. The coverage offered, premium contributions, carriers, and plan provisions are determined by the applicable Collective Bargaining Agreement and as approved by the Board of County Commissioners.

Whitman County makes contributions toward medical, dental, and vision insurance, as well as contributions toward coverages such as life and the employee assistance program as determined through collective bargaining and the Board of County Commissioners. The County reserves the right to modify the plan, the carrier and the amount of contribution provided. Any difference between the benefit premium and the County's contributions shall be paid by the employee through payroll deduction. Temporary employees receive health benefit contributions as determined by the Board of County Commissioners.

Regular, benefit eligible employees in specific position groups will participate in a mandatory, employee paid HRA/VEBA account. Position groups and the corresponding HRA/VEBA criteria are determined by the County Commissioners and through collective bargaining. Questions concerning employee paid HRA/VEBA accounts may be directed to Human Resources.

Other employee benefit programs are provided through or mandated by State or Federal governments such as retirement, worker's compensation and unemployment. Employer contributions, eligibility and termination rules for state and federal benefits are set by the appropriate government agency and do not apply to this policy.

2. Regular Full-Time and Part-Time Employees are Eligible for Benefits.

Regular employees working a minimum of eighty (80) hours per month are eligible for county sponsored benefits. On-call hours are not considered work hours for the purpose of health insurance eligibility.

Temporary employees are not eligible for benefits except those required by law and approved by the Board of County Commissioners.

Eligibility varies by carrier, but if not otherwise specified, shall begin on the first of the month if hired on the first of the month. If the employee is hired after the first of the month, eligibility begins on the first of the month following the date of hire. The same rules apply to current employees who were previously ineligible and become eligible during their employment. Specific decisions made regarding an employee's eligibility will be made in accordance with WCIF, Inland Empire Teamster Trust, ACA and IRS regulations.

Unless specified by the carrier, employees may waive medical insurance conditional upon providing proof of another group coverage. Dental, vision and life insurance may not be waived. In waiving medical insurance, employees do not receive the employer medical contribution beyond that required to cover dental, and vision coverage.

In accordance with federal and state regulations, for employees who begin receiving coverage under FMLA and then receive PFML coverage, the County shall continue health insurance through the PFML and FMLA periods, whichever is longer. (WAC 192-700-020)

3. Waiting Periods May Apply to Specific Benefits.

Waiting periods may apply to specific benefits as determined by County policy, state and federal law, or the policies of the benefit carrier.

4. Enrollment is Conducted On-line and in Hardcopy.

Enrollment procedures are determined by carrier. Information on how to enroll may be obtained by contacting the Human Resources Department.

Deadlines for enrollment and mandatory enrollment requirements are governed by collective bargaining, the Board of County Commissioners and the individual carriers. Employees who do not make selections by the required deadlines, or end employment before their selection, will be defaulted to the lowest cost, employee only coverage. Contact Human Resources for additional information.

5. Enrollment May Occur When Hired, at Annual Open Enrollment, or a Qualifying Event.

Employees and dependents may be enrolled immediately after being hired, at the annual open enrollment period or when a qualifying event occurs. Unless allowed by the carrier, dependents must be enrolled on the same plan as the employee. If an employee elects not to enroll dependents at the time of hire, she/he will have to wait for the Open Enrollment period unless a “qualifying event” has occurred, as defined by the carrier and the federal government. Contact Human Resources for specific requirements.

During Open Enrollment employees may change insurance plans, add dependents, and in some cases, change primary care physicians. The changes selected during an Open Enrollment period will take effect at the beginning of the new plan year

6. Benefits May be Terminated and COBRA Offered.

Termination of coverage may occur due to lack of premium, becoming ineligible, termination of employment, unpaid leave, or other causes as determined by the carrier and federal law. Termination of coverage shall occur on the last day of the month for which the employee became ineligible.

Eligible employees and their families may continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). COBRA enrollees are responsible for paying 100% of the premium and updating Human Resources regarding contact information. Contact Human Resources for further COBRA administration rules.

7. Voluntary Benefit Plans are Available to Employees

A variety of voluntary benefits are available to employees through payroll deduction. These benefits are optional and paid 100% by the employee. Contact Human Resources for a list of current voluntary benefits.