



General Policies of the County Health Pool
(ADOPTED APRIL 16, 1986 AND EFFECTIVE JULY 1, 1986)

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**GENERAL POLICIES
OF THE
COUNTY HEALTH POOL**
(ADOPTED APRIL 16, 1986 AND EFFECTIVE JULY 1, 1986)

Each Member of the County Health Pool shall comply with the following general policies. Upon request of a Member and for good cause shown, an exception from any policy may be made if approved by at least four Directors on the County Health Pool Board of Directors.

1. DEFINITIONS

Words used herein shall have the meaning as defined in the County Health Pool Bylaws and Intergovernmental Agreement ("Bylaws") and Plan Document. In addition, the following words shall have the following meanings:

- A. "Anniversary" or "Plan anniversary" means January 1 of each year.
- B. "Date of withdrawal" means the date established by a withdrawing Member as the effective date of termination of coverage through and membership in the County Health Pool.
- C. "Dependent unit" means the spouse and any eligible children of an employee (as defined in the Plan Document), but does not include the employee.
- D. "IBNR" means incurred but not reported claims. In order to be considered by the County Health Pool, these claims must be incurred by eligible covered employees and/or dependents of a Member, prior to the Member's withdrawal or expulsion.
- E. "Reserves" means the fund balance after the cost of claims, IBNR, administrative and fixed costs incurred by Members.
- F. "Runout" means eligible reported as well as IBNR claims incurred by eligible covered employees and/or dependents of a Member prior to the Member's withdrawal or expulsion.

- G. "Runout charge" means an amount equal to the amount required to fund the withdrawing Member's IBNR, claims, plus administrative costs, as determined by the County Health Pool Board approved underwriting requirements.

2. ELIGIBILITY OF PUBLIC ENTITY

Any public entity is eligible to become and remain a Member of the County Health Pool upon completion of the Application for Membership and the Resolution/Ordinance of Joinder, only if, in addition to meeting all other applicable conditions and requirements, the entity:

- A. Has at least ten active employees covered or to be covered by the Plan; and,
- B. Elects a tier rate structure that will remain in effect for a minimum of three (3) years.

3. ELIGIBILITY OF EMPLOYEES AND DEPENDENTS

The eligibility requirements of employees of a Member are established in the Plan Document. Employees and dependents must enroll within thirty (30) days of initial eligibility as established in the Plan Document. Late enrollments will not be covered until January 1 of the following year, as provided in the Plan Document.

4. CONTRIBUTIONS ON BEHALF OF EMPLOYEES

A Member shall contribute (in addition to all other required amounts) at least the following percentage of the monthly rate established for the self-funded health program:

For each employee, at least fifty percent (50%) of the "entity selected" plan.

In the event a Member does not contribute 100% for the self funded health program, employees have an option to opt out of Medical coverage and may still retain eligibility to participate in dental and/or vision coverage if offered by their employer.

5. WAITING PERIOD FOR COVERAGE

Each Member shall determine the length of the period of time between the date an employee first becomes an eligible employee and the date that coverage under the Plan commences. Each Member shall notify the County Health Pool in writing of its waiting period.

6. NEW MEMBERS

In addition to all other conditions and requirements for membership in the County Health Pool:

- A. Each Member shall adopt the General Policies, Bylaws and Plan Document(s) in effect at the time of joinder.
- B. Each Member shall purchase and pay one hundred percent (100%) of employee group life insurance coverage in an amount and schedule approved by the group life underwriter.

- C. Each Member may, at its discretion, adopt additional provisions for employee eligibility, contributions, and waiting period (above the minimums required in these General Policies). Such additional provisions shall be put in writing and a copy promptly provided to the County Health Pool upon adoption and any amendment thereof.
- D. Only those claims which are incurred on or after the effective date of coverage through the County Health Pool will be considered for payment.
- E. Rates to be charged any new Member shall be quoted to the Member after receipt by the County Health Pool of the Member's application, including the most current underwriting information available to the Member and requested by the County Health Pool and its authorized agents. The application and rates quoted shall be subject to full underwriting review and the rates quoted shall be subject to the underwriting requirements, as amended from time to time. Different rates may apply based on the number of employees to be covered. The quoted rate, if accepted, shall remain in effect for a time period determined by the Board and agreed upon by the new Member.

7. WITHDRAWAL OF A MEMBER

The following requirements shall apply to withdrawal of a Member in addition to any others which may exist:

- A. A Member may withdraw from the Pool at the end of any policy year by giving notice in writing to the Pool Board of Directors prior to October 1 of that policy year of its desire to withdraw. No Member may withdraw during a policy year.
- B. All eligible runout claims submitted within three months following the date of withdrawal will be considered for payment by the County Health Pool. Any claims submitted after this time frame will not be considered.
- C. A withdrawing Member may elect to pay its own runout claims. The County Health Pool is not liable or responsible for any such claims.
- D. Members who withdraw within the first two (2) years of membership:

If withdrawal occurs anytime within the first two (2) years of membership, a runout charge will be paid by the withdrawing Member. Runout costs, including IBNR, claims, and administrative costs, will be paid only to the extent that the runout charge has been paid by the withdrawing Member.

The County Health Pool is entitled to and will retain any monies contributed by such Members as a reserve fee.

- E. Members who withdraw on or after two (2) years of membership:

Administrative costs will be paid by the withdrawing Member.

- F. All runout claims shall be administered in accordance with the Plan Document provisions in effect on the incurred date of the claim.
- G. The withdrawing Member shall be responsible for, no later than five (5) days following withdrawal, notification to its employees in writing, with a copy thereof to the County Health Pool of such withdrawal.
- H. The County Health Pool Board has the right to redetermine and readjust any runout charge as necessary to reflect any future change in IBNR, claims, or administrative costs.

8. EXPULSION OF A MEMBER

See Bylaws and Intergovernmental Agreement, Article XV.

9. RENEWAL PROCEDURES

Renewal rates will be established by the Board effective each January 1 or from time to time as determined by the Board.