



Baldwin County Commission

Legislation Details (With Text)

File #: 19-1627 **Version:** 1
Type: Consent **Status:** Passed
File created: 7/9/2019 **In control:** Baldwin County Commission Regular
On agenda: 7/16/2019 **Final action:** 7/16/2019
Title: Personnel Department - Social Security Disability Extension Premium for COBRA Enrollees
Indexes:
Attachments: 1. Letter to Blue Cross Blue Shield

Date	Ver.	Action By	Action	Result
7/16/2019	1	Baldwin County Commission Regular	Approved	

Meeting Type: BCC Regular Meeting
Meeting Date: 7/16/2019
Item Status: New
From: Deidra Hanak, Personnel Director
Submitted by: Deidra Hanak, Personnel Director

ITEM TITLE

Personnel Department - Social Security Disability Extension Premium for COBRA Enrollees

STAFF RECOMMENDATION

Take the following actions:

- 1) Approve the change for the Social Security Disability extension premium for COBRA Enrollees from 150% to 102%; and
- 2) Authorize the Chairman to execute a letter related to said County sponsored health insurance policy change.

BACKGROUND INFORMATION

Previous Commission action/date: N/A

Background: When an employee leaves the County, he or she can fall under the County's COBRA Health Insurance coverage for 18 months at a cost of 102% of the premium. It has been brought to the Personnel Department's attention that once a COBRA enrollee is approved for the Social Security Disability extension for an additional 11 months, the COBRA premium increases 150% from \$558.96 to \$822.00 per month. Personnel Department is requesting to waive the extension premium increase and keep it at 102% for the full 29 months.

FINANCIAL IMPACT

Total cost of recommendation: N/A

Budget line item(s) to be used: N/A

If this is not a budgeted expenditure, does the recommendation create a need for funding?
N/A

LEGAL IMPACT

Is legal review necessary for this staff recommendation and related documents?
N/A

Reviewed/approved by: N/A

Additional comments: N/A

ADVERTISING REQUIREMENTS

Is advertising required for this recommendation? N/A

If the proof of publication affidavit is not attached, list the reason: N/A

FOLLOW UP IMPLEMENTATION

For time-sensitive follow up, select deadline date for follow up: 07/16/2019

Individual(s) responsible for follow up: Personnel - Chairman to sign letter for BCBS policy change.

Action required (list contact persons/addresses if documents are to be mailed or emailed):
N/A

Additional instructions/notes: N/A