
POLICY TRANSMITTAL NO. 09-39

DATE: JUNE 23, 2009

HUMAN RESOURCES MANAGEMENT
DIVISION

DEPARTMENT OF HUMAN SERVICES
OFFICE OF LEGISLATIVE RELATIONS AND
POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OKDHS:2-1-65 through 2-1-66; and 2-1-71.

EXPLANATION: OKDHS:2-1-65 is revised to comply with Section 1371 of Title 74 of the Oklahoma Statutes.

OKDHS:2-1-66 is revised to reflect the title of the former Sooner Choice Change Request Form that has been changed to Change Request Form.

OKDHS:2-1-71 is revised for compliance with House Bill 3112.

Original signed on 6-17-09

Diane Haser-Bennett, Director
Human Resources Management Division

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WF # 09-L (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

REMOVE

OKDHS:2-1-65

OKDHS:2-1-66

OKDHS:2-1-71

INSERT

OKDHS:2-1-65, 1 page only, revised 7-1-09

OKDHS:2-1-66, pages 1-2, revised 7-1-09

OKDHS:2-1-71, 1 page only, revised 7-1-09

OKDHS:2-1-65. Benefits and enrollmentRevised 7-1-09

(a) All eligible Oklahoma Department of Human Services (OKDHS) employees are required to purchase core benefits. The core benefits include health, dental, basic life, and disability insurance. There is no waiver of insurance coverage.

(b) An employee who meets the requirements of this subsection may opt out of participation. The employee will not receive a benefit allowance. An employee may opt out of participation when he or she has retired from a branch of the United States military.

(c) A new employee completes a New Hire Enrollment form provided by the Employee Benefits Council (EBC) and submits the form to the Human Resources Management Division (HRMD) within two days of entry on duty (EOD). Within the employee's first 30 days of enrollment date, the employee may make changes to his or her elections.

(d) Failure to submit the New Hire Enrollment form to HRMD within 30 calendar days of EOD results in default enrollment. An employee who fails to make a valid election is deemed to have elected employee-only coverage under the state health medical plan, state dental plan, basic life plan, and the disability plan. It is the responsibility of the employee to read the contents of the Enrollment Guide prepared by EBC prior to electing benefits. Coverage is effective the first day of the month following the month in which the employee is employed in an eligible status.

OKDHS:2-1-66. Option Period and allowable benefit election changesRevised 7-1-09

(a) **Enrollment.** Choices of benefit plans are made on an annual basis, as defined by the Employee Benefits Council (EBC), by eligible employees during the Option Period.

(1) EBC establishes eligibility requirements for all benefit plan options.

(2) Eligible employees are required to elect medical and dental plans. Employees who have retired from a branch of the United States military may opt out of participation per OKDHS:2-1-65(b).

(3) Employees who fail to make a valid election are deemed as electing the same core benefit plans during the previous Option Period in which a valid election was made if that election is available. EBC will establish a default election if the previous election is not offered. Employees who meet the requirements and choose to opt out of participation must renew this election each year. Failure to submit the appropriate form and documentation results in the employee receiving default enrollment.

(4) Coverage is effective January 1 of the plan year.

(5) Flexible Spending Accounts (FSA) do not roll over and must be elected during Option Period.

(A) The elected amount must be utilized within the plan year.

(B) FSA claims must be submitted for services received within the previous plan year within 90 days following the end of the plan year.

(C) The elected amount in the plan is forfeited if claims are not received according to Section 125 of the Internal Revenue Service Code.

(b) **Changes outside of Option Period.** Changes may be made only as a result of a qualifying event. Qualifying events are defined in the current EBC Enrollment Guide.

(1) The Change Request Form, with supporting documentation, must be submitted to the Benefits Section of the Human Resources Management Division (HRMD) within 30 days of the qualifying event.

(2) Effective dates of changes are determined by the policies of the governing

boards.

(3) The effective dates of coverage for changes made to correct errors are determined by EBC.

OKDHS:2-1-71. Eligibility for insurance

Revised 7-1-09

(a) **Employee.** Active Oklahoma Department of Human Services (OKDHS) employees scheduled to work at least 1,000 hours per year are eligible for insurance. Temporary or seasonal employees are not eligible for insurance.

(b) Eligible dependents.

(1) Eligible dependents include the employee's:

(A) spouse;

(B) unmarried child(ren) up to age 25; or

(C) regardless of age, a child(ren) who is totally disabled and unable to be self-supporting because of an incapacity that occurred and was verified prior to age 25.

(2) State eligibility rules require that current employees must apply for coverage on all eligible family members if electing dependent coverage for health, dental, dependent life, or vision. If one dependent is covered, all dependents must be covered, unless proof of other group coverage is provided.