



**RESOLUTION TO MODIFY
EMPLOYEE HEALTH INSURANCE PROGRAMS POLICY, 3356-7-22**

WHEREAS, University Policies are being reviewed and reconceptualized on an ongoing basis; and

WHEREAS, this process can result in the modification of existing policies, the creation of new policies, or the deletion of policies no longer needed; and

WHEREAS, action is required by the Board of Trustees prior to replacing and/or implementing modified or newly created policies, or to rescind existing policies.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Trustees of Youngstown State University does hereby approve the modification of the University Policy stated above and attached hereto.

**Board of Trustees Meeting
June 24, 2025
YR 2025-63**

3356-7-22 Employee health insurance programs.

Responsible Division/Office: Human Resources
Responsible Officer: VP for Human Resources
Revision History: March 1998; December 2011; June 2015;
December 2016; March 2018; March 2023; June
2025
Board Committee: University Affairs
Effective Date: June 24, 2025
Next Review: 2030

- (A) Policy statement. The board of trustees authorizes all of the university's employee health care insurance programs. This policy is intended to authorize participation in the medical, prescription drug, dental and vision plan options for professional/administrative and other non-bargaining employees of the university.
- (B) Health care advisory committee. A health care advisory committee (HCAC) with representation from all bargaining units and non-bargaining employees from each of the university divisions is established in accordance with the HCAC September 2011 policy and guidelines. The charge of the committee is to review and assess existing medical, dental, prescription drug, and vision benefit plan options and other cost-controlling measures.
- (C) Plan design and benefit levels.
 - (1) Bargaining unit employees are eligible for medical, dental, prescription drug, and vision coverage in accordance with the applicable collective bargaining agreement.
 - (2) Eligible employees who are not covered by a collective bargaining agreement are eligible for medical, dental, prescription drug, and vision coverage as identified in the [employee benefits](#) section of the office of human resources website.
- (D) Premium sharing.

- (1) Bargaining unit employees who choose to enroll in the medical, prescription drug, dental or vision plan will be required to contribute toward the cost of coverage in accordance with the applicable collective bargaining agreement.
 - (2) Eligible employees who are not covered by a collective bargaining agreement and who choose to enroll in the university's health insurance plans will be required to share in the cost of coverage as follows:
 - (a) Employees will contribute, via payroll deduction, an aggregate per cent of the funding level as recommended by the office of human resources or negotiated through collective bargaining and approved by the board of trustees. Annual funding level percentages will be identified for the new plan year.
 - (3) Payments shall be deducted in equal amounts from each eligible participant's paychecks.
- (E) Working spouse/coordination of benefits.
- (1) Working spouses of university employees who have access to group medical and/or prescription coverage which is sponsored, maintained and/or provided by the spouse's current employer, former employer (if retirees), or business for self-employed individuals other than sole proprietors, collectively or individually, (referred to as employer coverage), are required to enroll for primary coverage at least at the single coverage level unless he/she is entitled to medicare as of January 1, 2015. These spouses are only permitted to have secondary access to university group medical and/or prescription drug plan (referred to as university coverage). The use of the word spouse in this policy refers to a legal spouse.

For purposes of this section, in instances where the spouse's employer makes no monetary contribution for employer coverage, such plans will not be considered to be employer coverage. This is intended to apply to situations in which the spouse is a current employee in a business but not to situations in which the spouse is a business owner, including partner of a company and/or firm, is a self-employed individual (other than a sole proprietor) in a

business, or a retiree in a group medical and/or prescription drug insurance plan.

- (2) The requirement of paragraph (E)(1) of this rule does not apply to any spouse who works less than twenty-five hours per week and is required to pay more than fifty per cent of the single premium rate or three hundred dollars per month, whichever is greater, in order to participate in employer coverage.
 - (3) An employee's spouse who fails to enroll in their employer coverage, as outlined in this paragraph, will remain on the university coverage for secondary coverage.
 - (4) In the event the spouse is a medicare beneficiary and medicare is secondary to the university coverage and medicare is primary to the spouse's employer coverage, the university coverage will be the primary coverage. Sections 3902.11 to 3902.14 of the Revised Code shall govern the implementation and interpretation of these coordination of benefits rules.
- (F) Upon becoming eligible, the employee's spouse must enroll in employer coverage unless he/she is exempt from this requirement in accordance with the exemptions stated in this policy.
- (G) All employees choosing to enroll, whose spouse participates in the university's group medical and/or prescription drug insurance coverage, shall, upon request, complete and submit to the plan a written certification verifying whether his/her spouse is eligible for and enrolled in employer coverage. If any employee fails to complete and submit the certification form during the annual certification process, such employee's spouse will be removed from university coverage. Any information not completed or provided on the certification form may be requested from the employee.
- (H) If an employee submits false material information or fails to timely advise the plan via the chief human resources officer or designee, of a change in the eligibility of the employee's spouse for employer coverage within thirty days of notification of such eligibility, and such false information or failure results in the provision of university coverage to which the employee's spouse is not entitled, the employee's spouse will be disenrolled from university coverage. Such disenrollment may be retroactive to the date as of which the employee's spouse became

ineligible for plan coverage, as determined by the administrator for the university coverage.

The administrator shall provide at least thirty days advance written notice of any proposed retroactive disenrollment. In the event of retroactive disenrollment, the employee will be personally liable to the applicable university coverage for reimbursement of benefits and expenses, including attorney's fees and costs incurred by the university coverage as a result of the false information or failure. Additionally, if the employee submits false information in this context, the employee may be subject to disciplinary action up to and including termination of employment.

- (I) The details of the working spouse limitations and coordination of benefits requirements are available on the office of human resources website at [employee benefits](#).
- (J) For purposes of salary deduction toward insurance premium cost sharing, families in which both spouses are employed by the university have the option either to be treated as only one employee, employee plus one or family coverage, or to select individual coverage and for each to pay the single salary share for premium.
- (K) If one spouse works for the university and the other does not, the children may remain on the university insurance. If both spouses work for the university and choose employee plus one or family coverage, the spouses will determine which employee pays for the employee plus one or family coverage.
- (L) An employee may opt out of health insurance benefits (medical, prescription drug, dental and/or vision) coverage upon submission of sufficient evidence, in accordance with the provisions of this rule, of such coverage from another source.