



## **FAQs for Benefit Continuation for Leaves of Absence and Reduced Work Schedules**

### **What is changing?**

We are implementing a new process change for leaves and/or reduced work schedules and payment of benefit premiums.

### **Why the change?**

Based on conversations with our attorney, our consultant, and other health systems, this change aligns with industry best practice. Additionally, our previous process required employees to make up back payments upon their return to work. This manual process required significant administrative challenges and often resulted in employees receiving significantly reduced paychecks for an extended length of time, which was a dis-satisfier. In addition, in the instances where employees did not return to work, the funds were never recouped.

### **Does this change support our culture?**

Cone Health recognizes the importance of ensuring continuation of benefit coverage for employees during leaves of absence and reduced work schedules. This process will allow us to be more consistent so that all employees, regardless of position/title/situation, will be held to the same payment expectation and timeline.

### **What is happening?**

Employees will be expected to pay for benefit premiums through payroll deduction, use of PAL hours, or direct payment via credit/debit card during their leave of absence or reduced work schedule. If premiums are not kept current, after 45 days (3 pay periods) of non-payment, a letter will be mailed to the employee's address and the employee will have 30 days to get caught up. If not resolved, coverage will end, and COBRA will be offered.

### **When will this process change start?**

The effective date of this process change is July 1, 2021.

### **What is staying the same?**

All of the rules around ADA and ACA, and how to qualify, will stay the same.

### **Who should employees contact?**

Employees should call Benefits at (336) 832-7877 to provide payment information.

### **What about employees who return from approved leave after coverage was terminated for non-payment?**

Once the coverage is terminated, employees will not be able to re-enroll unless they return to work. If an employee elects to re-enroll in coverage after their work status changes back to benefit eligible, the new election period will begin on the first date of the next month that their benefit eligible employment restarts. If they do not request to re-enroll in coverage within 31 days, they will be required to wait until the next open enrollment period.