Medical Insurance

Last Updated: May 31, 2022  Last Reviewed: May 31, 2023
Department/Division: Human Resources

Purpose
To provide eligible employees and their dependents with medical insurance coverage.

Policy
Full-time employees are eligible for medical insurance coverage effective on their first working day.

Spouses who are both employed by Mid have the option of having separate medical plans or both spouses can be covered under one plan. If spouses are covered under one plan, the employee who opted out of being the primary plan holder will not receive the annual medical opt-out payment.

Full-time employees who elect to opt-out of Mid’s medical plan (and who are not covered by a spouse under Mid’s health care plan) are eligible for an annual opt-out payment. The opt-out payment is provided to employees in equal amounts spread over the bi-weekly pay periods during each calendar year.

Employees whose coverage ends partway through the calendar year, or who obtain Mid’s medical coverage partway through the calendar year should refer to the Health Savings Account (HSA) or Health Reimbursement Account (HRA) policies for information about how benefits are pro-rated.

Procedure

- Enrollment must be completed within thirty (30) days after the date of eligibility as a new hire or following a qualifying event resulting in a loss of coverage. Employees who do not enroll within such thirty (30) day period cannot be enrolled until the next open enrollment period.
- Dependents must be added within thirty (30) days of an eligible employee’s hire date or other qualifying event. Dependents that do not enroll within thirty (30) days cannot be enrolled until the next open enrollment period.
- Open enrollment for medical insurance coverage is held once per calendar year. Employees who do not enroll when they first become eligible will have an opportunity to do so during the annual open enrollment period. New enrollments elected during the open enrollment period will become effective on the first day of the new calendar year.
- Details of coverage, along with any limitations, terms, and conditions are specified in the Summary Plan Description provided by Mid’s medical plan carrier. The carrier will also provide employees, spouses, and dependents who are the age of majority with an individual insurance card.
- To accurately maintain medical insurance coverage, certain changes in the personal lives of employees or their dependents must be reported to the Human Resources Department within thirty (30) days of the event. Such qualifying events include: marriage, divorce, death, birth or adoption of a child, military service, and changes in eligible dependent status.
Employees and/or their dependents who are no longer eligible for medical insurance coverage can continue in their coverage for a limited time at their own expense. Mid’s COBRA Administrator, will mail information on continuation coverage and eligibility to the employee’s last known home address.