

**TITLE:** Medical Premium Assistance Program

**EFFECTIVE DATE:** January 1, 2023

**REVISION DATE:** 1/2023

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## 1.0 **PURPOSE:**

1.1 To establish Guidelines pertaining to the Medical Premium Assistance Program.

## 2.0 **SCOPE:**

2.1 These Guidelines apply to all regular full-time benefit eligible Intermountain Healthcare Peaks Region Caregivers (excluding Caregivers of Mother House, Mount Saint Vincent Home, University of Saint Mary, Cristo Rey, and resident physicians) who:

2.1.1 Elect Intermountain Healthcare Peaks Region's medical coverage, and

2.1.2 Have a total household gross income for the applicable year of \$55,000 or less for Caregivers with a household size of one (i.e. only themselves); or \$75,000 or less for Caregivers who have one or more tax dependents within their household.

The total household gross income will include the gross income of the Caregiver and, if applicable, the Caregiver's spouse (including common law spouse) for the applicable year. Similarly, if the Caregiver elects coverage for a Legally Domiciled Adult (LDA), the total household gross income will include the LDA's gross income for the applicable year.

*NOTE: St. James Healthcare and Holy Rosary Healthcare facilities may be subject to their current collective bargaining agreements.*

## 3.0 **POLICY:**

3.1 To provide affordable health coverage through reduced medical premiums for eligible Caregivers participating in the Intermountain Healthcare Peaks Region-sponsored medical plans.

## 4.0 **PROCEDURES:**

4.1 **Voluntary.** Participation into the program is voluntary.

4.2 **Applicable Year.** The term "applicable year", for purposes of this policy, means the calendar year for which the subsidy is requested.

- 4.3 **Enrollment.** Caregivers may enroll at any time.
  - 4.3.1 New hires, re-hires or status changes for Caregivers who become newly benefit eligible will qualify for this benefit the first of the month following their event date. The event date is the new hire, re-hire or status change date.
  - 4.3.2 Enrollment and eligibility into the program is based on an annual calendar year (e.g., Jan. 1 – Dec. 31).
- 4.4 **How to Enroll.** To enroll in the program, Caregivers are required to complete the Medical Premium Assistance Affidavit.
  - 4.4.1 Eligibility will be determined based on the Caregiver's projected annual gross income for the applicable year from Intermountain Healthcare Peaks Region based on payroll records and all other sources of income.
  - 4.4.2 For Caregivers that are married (including common law married) or that elect coverage for a Legally Domiciled Adult (LDA), eligibility will also be based on the spouse's or LDA's projected annual gross income from all sources for the applicable year.
  - 4.4.3 The Affidavit is used to validate eligibility based on the program requirements. The Affidavit must be signed by the Caregiver.
  - 4.4.4 Caregivers are required to complete and return the Affidavit to AskHR via Fax: 303-813-5240 or Email: SO-HRSupport@sclhealth.org.
- 4.5 **HR Review.** AskHR will review and validate the Affidavit.
  - 4.5.1 If the Affidavit is incomplete, communication will be sent to the Caregiver requesting further information.
  - 4.5.2 If approved, the medical premium subsidy will take effect the first of the month following the receipt of the completed Affidavit, beginning January 1, 2023.
  - 4.5.3 Eligibility determinations are based on projected gross income. In projecting gross income, determinations shall be based upon the totality of the circumstances, including current rate of pay and assumed work schedules.

- 4.6 **Notification Requirement.** Caregivers are required to notify AskHR as soon as possible if the Caregiver no longer meets the eligibility requirements for the program. For example, if the Caregiver's spouse receives a salary increase that results in the projected total combined household gross income exceeding the amounts listed above, the AskHR must be notified within 31 days.
- 4.7 **Must Apply Annually.** As long as the Caregiver meets the eligibility requirements, the medical premium subsidy will continue through the applicable year.
- 4.7.1 Caregivers that want to continue their medical premium subsidy must complete a new Affidavit each year.
- 4.8 **Termination of Subsidy.**
- 4.8.1 If a Caregiver no longer meets the requirements of the program, or the projected gross income exceeds the amounts listed above, the subsidy will continue through the end of the month in which AskHR was notified of the change, or in which AskHR notifies the Caregiver that their eligibility has ceased.
- 4.8.2 If a Caregiver is no longer employed with Intermountain Healthcare Peaks Region or is on severance, the subsidy will continue through the end of the month from the last day of employment or through the severance period.
- 4.9 **Leave of Absence.** Caregivers on a leave of absence, Workers' Compensation, or military leave will be eligible for the subsidy as long as they are eligible for benefits.
- 4.10 **Audits.** Intermountain Healthcare Peaks Region may randomly audit a Caregiver's application to verify gross household income for the applicable year or the prior applicable year. Intermountain Healthcare Peaks Region may request the IRS Form 1040, and/or a transcript of tax return from the IRS. If a Caregiver is married, or provides coverage for a LDA, Intermountain Healthcare Peaks Region may request copies of the spouse's or LDA's paystubs and IRS Form 1040, if separate returns are filed. A Caregiver who fails to cooperate with audit requests may receive disciplinary action including loss of eligibility, and permanent removal from participating in this program.
- 4.11 **Program May Change.** Although participation into the program is voluntary, Intermountain Healthcare Peaks Region reserves the right to make changes to or terminate the program at any time.

**4.12 Reliance on Accurate Information.** Caregivers must certify in the Affidavit that they have read and understand this policy and the eligibility requirements of the Medical Premium Assistance Program, set forth above. Caregivers must provide true and correct information. A Caregiver who knowingly and intentionally provides false, incomplete, or misleading facts or information on any benefits form or other document for the purpose of defrauding or attempting to defraud Intermountain Healthcare Peaks Region may receive disciplinary action up to and including repayment of premium subsidies received under this program, permanent removal from participating in this program, and termination of employment.

**5.0 DISTRIBUTION:**

5.1 All Caregivers.