

LEGISLATIVE BILL 325

Approved by the Governor June 7, 1993

Introduced by Speaker Baack, 47, at the request of the Governor

AN ACT relating to state employees; to amend section 84-1611, Revised Statutes Supplement, 1992, and section 84-1606, Revised Statutes Supplement, 1992, as amended by section 35, Legislative Bill 14, Ninety-second Legislature, Third Special Session, 1992; to change provisions relating to optional coverage and the state contribution for state employee health insurance; to provide an operative date; to repeal the original sections; and to declare an emergency.

Be it enacted by the people of the State of Nebraska,

Section 1. That section 84-1606, Revised Statutes Supplement, 1992, as amended by section 35, Legislative Bill 14, Ninety-second Legislature, Third Special Session, 1992, be amended to read as follows:

84-1606. The personnel division of the Department of Administrative Services may elect to offer a group health insurance option to employees subject to sections 84-1601 to 84-1615, ~~in which the total cost of the single, two party, four party, and family coverages are less than the rates listed in section 84-1611. The state shall provide such coverage at no cost to the employee. Such benefits shall be offered at the rates listed in section 84-1611, and additional contributions necessary to cover the costs of such benefits may be required from employees.~~

Sec. 2. That section 84-1611, Revised Statutes Supplement, 1992, be amended to read as follows:

84-1611. (1) For any contract period or periods beginning on or after July 1, 1993, the state shall make the following contributions from the various funds toward payment of a health insurance or maintenance program which may include coverage for dependents:

(a) For any employee with a service date of May 4, 1993, or after, the state shall pay seventy-nine percent of the total cost of the plan, option, and coverage chosen by the employee;

(b) For any employee who has a change in plan, option, or coverage after April 25, 1993, the state shall pay seventy-nine percent of the total cost of the plan, option, and coverage chosen by the employee;

(c) For any employee who is required to change health carriers because of the termination of the plan and who does not change either the option or coverage, the state shall pay an amount equal to seventy-nine percent of the total cost of the optional major medical plan for the same coverage as the plan chosen by the employee, subject to the limitations in subsection (2) of this section;

(d) For any employee who chooses any coverage of the

basic major medical plan, the state shall pay an amount equal to seventy-nine percent of the total cost of the optional major medical plan for the same coverage chosen by the employee; and

(e) For all other employees, except as limited in subsection (2) of this section, the state shall pay an amount equal to seventy-nine percent of the optional major medical plan for the same coverage as the plan chosen by the employee.

(2)(a) Under no circumstances shall the state's contribution exceed the actual cost of the plan, option, and coverage chosen by the employee.

(b) The state's contribution shall not be less than seventy-nine percent of the total cost of the plan, option, and coverage chosen by the employee.

(3) For purposes of this section, (a) coverage shall mean the rate categories of one-party, two-party, four-party, and family, as offered under any contract entered into for medical benefits, (b) option shall mean one of the choices of levels of medical and other benefits offered by a carrier, and (c) service date shall mean the date maintained in the Nebraska employees information system and used for calculating vacation and sick leave benefits.

(4) If any provision of this section varies from the terms of a labor contract, the terms of the labor contract shall prevail for the employees covered by the labor contract. In order to continue to provide the current health insurance program to state employees who are subject to sections 84-1601 to 84-1615, the state shall contribute the following sums from the various funds toward payment of a health insurance program which may include coverage for dependents, except as provided in section 84-1606: (1) For the first contract period beginning on or after July 1, 1991, for single coverage, the monthly sum of one hundred dollars and fifty seven cents, for two party or four party coverage, the monthly sum of two hundred fifty one dollars and forty two cents, and for family coverage, the monthly sum of three hundred fifty six dollars and ninety two cents; and (2) for any contract period beginning on or after July 1, 1992, for single coverage, not more than the monthly sum of one hundred seventeen dollars and twenty seven cents, for two party or four party coverage, not more than the monthly sum of two hundred ninety three dollars and seventeen cents, and for family coverage, not more than the monthly sum of four hundred sixteen dollars and eighteen cents.

Sec. 3. This act shall become operative on July 1, 1993.

Sec. 4. That original section 84-1611, Revised Statutes Supplement, 1992, and section 84-1606, Revised Statutes Supplement, 1992, as amended by section 35, Legislative Bill 14, Ninety-second Legislature, Third Special Session, 1992, are repealed.

Sec. 5. Since an emergency exists, this act shall be in full force and take effect, from and after its passage and approval, according to law.