

  
Galaxy

**Health and  
Welfare Benefits  
User Guide**

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# Understanding the Galaxy Health and Welfare Benefits Module

## What are Health and Welfare Benefits?

Health and welfare benefits are the medical, dental, vision, and life insurance benefits that you offer to employees and retirees. These benefits also include coverage for participants who qualify under the *Consolidated Omnibus Budget Reconciliation Act (COBRA)* due to a layoff, reduction in hours, or other event. Your district may pay for all or part of the premiums for the plans in which employees and other participants are enrolled.

*Workers' Compensation* is a form of insurance that provides medical care for employees who are injured or become ill on the job. These employees may accrue industrial leave time for surgery or to recover from their injuries, see physicians, or attend physical therapy sessions.

Managing health and welfare benefits consists of entering and maintaining information about benefit plans and options, plan membership, and premium costs. The Galaxy Health and Welfare Benefits module effectively manages this information, provides the means for making regular premium payments, and shares pertinent information with other Galaxy modules.

If your district collects premium payments from COBRA participants, the Health and Welfare Benefits module helps you to track the payments and verify premium cost accuracy before requesting a payment to COBRA vendors.

In addition, the Health and Welfare Benefits module enables you to track the number of days and hours charged against Workers' Compensation claims and modified duty assignments.

## What Will Galaxy Health and Welfare Do For Me?

The Galaxy Health and Welfare Benefits module enables you to perform a variety of day-to-day business tasks to help you manage and process your health and welfare benefits information.

Health and Welfare  
Benefits  
**inBRIEF**

- Manage Control Data
- Manage Employee Benefits
- Manage COBRA Benefits
- Process Billing Groups
- Track Workers' Compensation Hours
- View Health & Welfare Information

## Manage Control Data

- Define billing groups which specify how, when, and to whom benefit plan premiums payments are made.
- Define benefit plan options that specify benefit plan codes and annual premium rates.
- Make plan options available to all or specific employee groups and specify employee and district premium cost splits.
- Define custom codes to clarify benefit plan option coverage types.
- Deactivate inactive billing groups.

For more information, see *Manage Control Data* on page 11.

## Manage Employee Benefits

- Manage employee plan enrollment.
- Create a census list of plan enrollees.
- Make health and welfare benefit-related payroll adjustments.

For more information, see *Manage Employee Benefits* on page 55.

## Manage COBRA Benefits

- Manage COBRA plan enrollment.
- Record payments from COBRA participants.

For more information, see *Manage COBRA Benefits* on page 101.

## Process Billing Groups

- Reconcile premium billing by verifying head counts and cost details against vendor invoices.
- Modify employee/COBRA records; make cost adjustments as needed.

- Process claims for district portion of premium payments.
- Transfer payments to holding accounts for self-insurance and post-employment retirement benefits.

For more information, see *Process Billing Groups* on page 111.

## Track Workers' Compensation Hours

- Manage information about Workers' Compensation claims and associated modified duty assignments.
- Track Workers' Compensation claim hours.

For more information, see *Track Workers' Compensation Hours* on page 143.

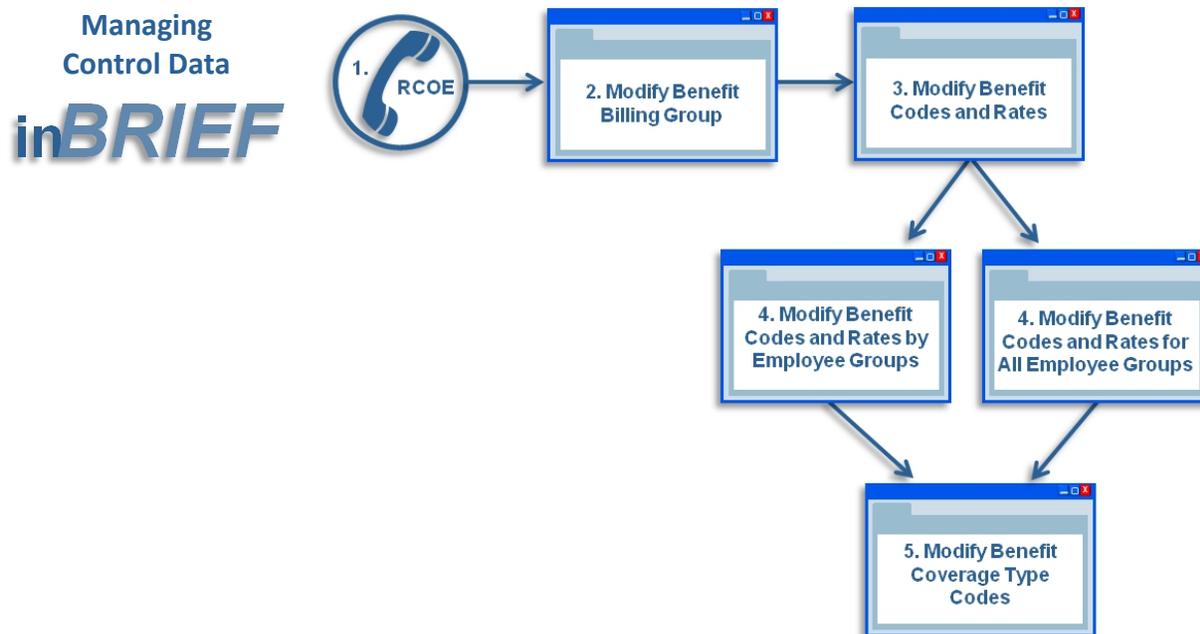
## View Health and Welfare Benefits Information

- View benefit codes, coverage type codes, and information associated with these codes.
- View employee benefit information and benefit plan costs.
- View billing groups, the status of billing groups, and the actual costs for a billing group.

For more information, see *View Health & Welfare Information* on page 157.

# Manage Control Data

## Overview



*Control data* is a foundation layer of information that is needed to perform specific processes in Galaxy. This chapter presents concepts and procedures to help you learn how to set up the control data that is used by the Galaxy Health and Welfare Benefits module. The diagram above illustrates the basic steps you need to take to establish control data.

- 1 Call the RCOE Service Desk to request a change in Galaxy to prevent employee deductions from occurring during this setup process. This call should be made before you start to add billing groups and other data to the Health and Welfare Benefits module. After setup is complete, call to have the change reversed.
- 2 Create and/or open billing groups and billing periods (see pages 20 and 25).
- 3 Specify plan codes and rates and enter the annual rate as the premium cost (see page 37).
- 4 Make plan codes and rates available to employee groups; specify employee and district premium cost splits (see pages 45 and 40).
- 5 Optionally specify benefit coverage type codes (see page 52).

## Understanding Control Data Concepts

The following topics discuss key concepts about Health and Welfare Benefits control data that may be new or unfamiliar to you. You should familiarize yourself with these concepts before you begin to use the procedures presented in this chapter.

### What is Control Data?

*Control data* is the foundation layer of information that must be present in Galaxy before you can perform specific tasks or run certain processes. Control data for the Galaxy Health and Welfare Benefits module consists of:

- Benefit billing groups
- Benefit plan options
- Employee group plan options
- Benefit coverage codes

### What are Benefit Billing Groups?

*Benefit billing groups*, also called *billing groups*, serve several purposes:

- To identify vendors to whom benefit premium payments are made.
- To identify holding accounts to which payments for *self-insurance* plans and *post-employment retiree health plans* are made.
- To establish a schedule for making district premium payments.
- To associate expected employee premium payroll deductions to billing periods.
- To facilitate the reconciliation of invoices prior to paying premium amounts to vendors or making payment transfers.
- To facilitate the encumbrance of funds needed for premium payments.

For example, if your district receives monthly invoices from both Blue Shield and Kaiser for medical plans you offer to your employees, you would set up one billing group for Blue Shield and another for Kaiser. Each billing group specifies the number of payments to be made in the fiscal year and associates those payments to specific payroll runs. From these payroll runs, deductions from employee paychecks are made to pay for the employee portion of insurance premiums. When the billing group is processed, a claim for payment is generated for the district portion of benefit premiums.

## District and Employee Cost Vendors

Premium payments for insurance plans are paid to companies or organizations set up as *vendors* in the Galaxy Purchasing module. Blue Shield is an example of one vendor and Kaiser is an example of another vendor. Keenan & Associates is an example of a *third-party administrator (TPA)* who processes insurance claims or certain aspects of employee benefit plans for your district. TPAs in this capacity are also vendors in Galaxy.

For each benefits vendor, two vendor records must be set up in Galaxy as follows:

- **District Cost Vendor**  
Your district sets up one vendor record in your Galaxy Purchasing module for each company or organization who will receive warrants for the district-paid portion of premiums.
- **Employee Cost Vendor**  
Your County Office of Education sets up one vendor record in their Galaxy Purchasing module for each company or organization who will receive warrants for the employee-paid portion of premiums.

Each benefits vendor will generally receive two or more warrants to cover the total cost of billed premiums. Since billing groups identify the vendors to whom these payments are made, the vendors must be set up in Galaxy at your district and at your County Office of Education before you can add a new billing group.

## COBRA Benefits

COBRA participants usually pay the entire premium amount for insurance coverage. Districts that collect payments from COBRA participants generate a warrant to the benefits vendor for the amount collected. For these districts, COBRA plan options can be included in the same billing group as regular plan options for the same vendor.

## Self-Insurance Funds

Some districts choose to transfer funds on a regular basis to a holding account, from which expenses are paid for self-insured plans. One billing group for each self-insurance holding account is required.

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### Note

Transferring funds to a holding account requires prior approval from the District Fiscal Services department of your County Office of Education.

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## Post-Employment Retirement Benefits

Some districts offer benefit plan coverage to their retirees. These districts must set aside money in a holding account to subsequently pay for future plan premiums. Two billing groups must be added to schedule regular payments to funds set aside for this purpose. One group is for certificated employees and the other is for classified employees.

## Premium Payment Schedules

When you add a new billing group, the number of scheduled payments is established. The schedule anticipates when employee premium payroll deductions will be made and associates the deductions to expected payroll periods. The schedule can be modified and is for your information only.

Some districts use previous month payroll deductions to pay for current month benefit vendor invoices (“June pays July”). Other districts use current month deductions to pay for current month invoices (“June pays June”). To correspond with your district’s method, you can choose which type of schedule to create when you add a new billing group.

## Preparing Existing Billing Groups for a New Fiscal Year

If there is no change in vendors or billing groups from one fiscal year to the next, you just open and save each existing billing group in the new fiscal year. This process establishes the number of scheduled payments for the new fiscal year.

## What are Benefit Plan Options?

*Benefit plan options* are the variants of plans in which employees can enroll. For example, perhaps your district offers two Kaiser medical plans to your employees -- one plan has a high deductible with a low premium rate and the other has a low deductible with a higher premium rate. Each of the two plans also has different premium rates depending on the number of dependents (for example, individual subscriber, subscriber with a spouse, and a subscriber with a family of two or more). Each of these plan variants translates into a benefit plan option. Galaxy users often refer to benefit plan options as *plan codes and rates* as each plan option has different annual premium rates and is entered into Galaxy using different identifying codes.

Each benefit plan option serves three purposes:

- 1 To establish the variants of plans offered to employees.
- 2 To associate each plan variant with a billing group.
- 3 To specify the annual premium cost of each plan variant (the total cost that includes both district and employee portions of plan premiums).

## What are Employee/Spouse Benefit Premium Waivers?

If an employee and their spouse both work for your district and are enrolled in the same benefit plan, they would pay a higher amount of premium individually than they would if one were included as a dependent on the other's plan. The *Galaxy Employee/Spouse Benefit Premium Waiver* feature enables the couple to share premium costs and reduce the portion of premium your district would otherwise pay for the couple. Special plan options are used to facilitate this waiver. For more information, see *Employee/Spouse Benefit Premium Waivers* on page 32.

## What are Employee Group Plan Options?

Benefit plans and associated employee premium contributions are often subject to negotiation with employee bargaining units (unions). For this reason, most employees may only be able to enroll in a particular subset of the benefit plan options your district offers. A key control data item in the Health and welfare Benefit module allows you to make negotiated plan options and district/employee premium cost splits available to specific groups of employees.

*Employee groups* are established in the Galaxy Personnel/Position Control module to identify major classifications of employees. Usually, a district will set up different employee groups for classified union members, certificated union members, supervisors, managers, board members, and so on, depending on the district's needs. Each position added in the Galaxy Personnel/Position Control module is then associated with an employee group.

In the Health and Welfare module, a set of plan options are then assigned to specific employee groups. Plan options can be assigned to one employee group, several employee groups, or all employee groups, depending on the plans offered by your district. This association mechanism assures that employees may later be assigned in Galaxy only to the plans in which they are entitled to enroll.

## What are Coverage Types?

You can optionally use *coverage types* to help clarify or differentiate plan options that are assigned to an employee. For example, you can define a set of these codes to clarify the number of dependents associated with a plan option:

- Single
- Employee + Spouse
- Employee + Family

Benefit coverage type codes are for your information only, and are not required for Galaxy processing. If you choose to use these codes, they must be set up as control data in the Health and Welfare Benefits module. They will then be available to associate with plan options.

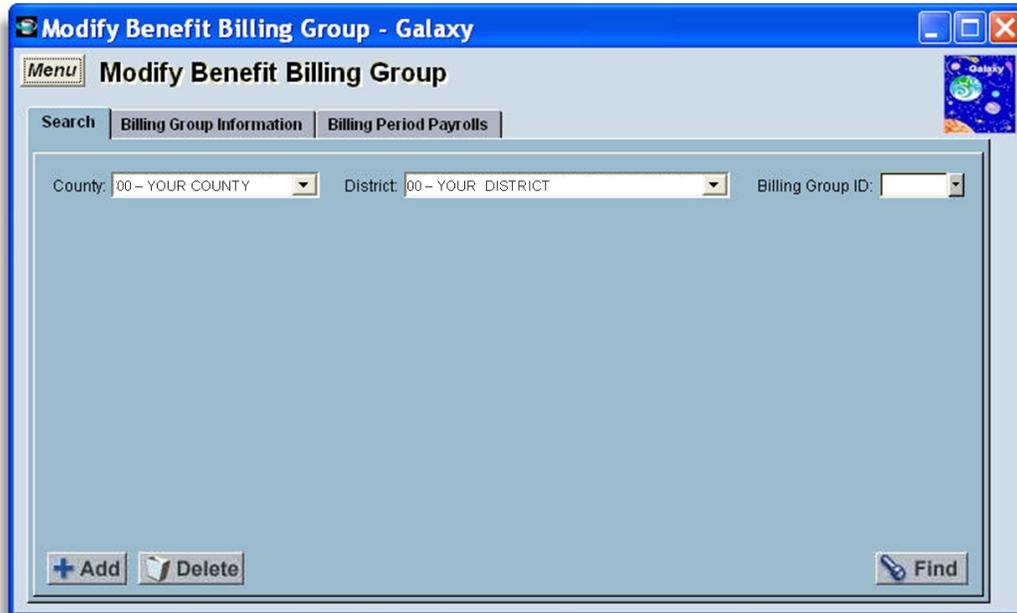
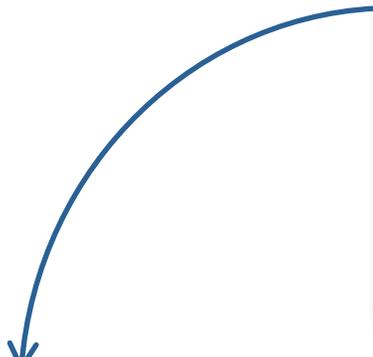
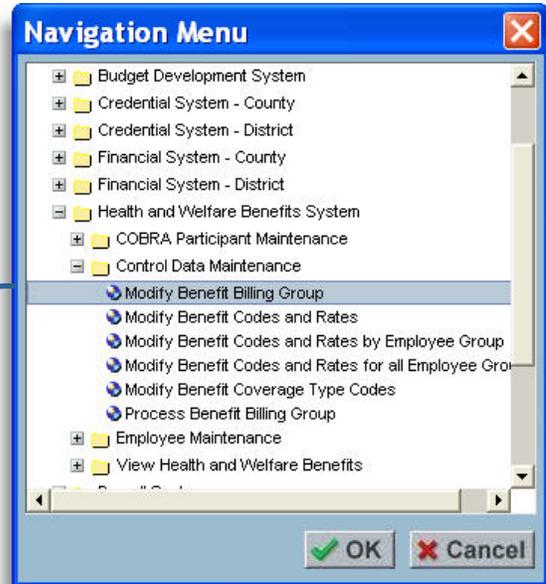
## Add a Billing Group



Use the Modify Benefit Billing Group screen to add new billing groups to Galaxy.

### Health and Welfare Benefits System

- ▶ Control Data Maintenance
  - ▶ Modify Benefit Billing Group



## ✓ Before You Begin

- Gather all the information required to add benefit billing groups (see *Plan Billing Group Schemes* on page 17).
- Familiarize yourself with descriptions of the fields that appear on this screen (see *Field Descriptions* on page 185).
- If this is your first time entering health and welfare information into Galaxy, call the RCOE Service Desk to request a change in your Galaxy settings to prevent employee deductions from occurring during this process.
- If you are adding a billing group to transfer funds to a self-insurance or post-employment retirement holding account, make sure you have obtained prior approval from your County Office District Fiscal Services department.

- 1 On the Modify Benefit Billing Group screen, type a 4-digit number in the **Billing Group ID** field, and then click **Add**.

The Billing Group Information tab appears.

The screenshot shows the 'Billing Group Information' tab of a software interface. At the top, there are three tabs: 'Search', 'Billing Group Information' (which is selected), and 'Billing Period Payrolls'. Below the tabs, the form is organized into several sections. The first section contains 'Billing Group ID: 8541', 'Billing Group Name: [empty]', and 'Billing Year: 2011'. The second section is split into two columns: 'District Cost Vendor' with 'Vendor Number: [empty]' and 'Vendor Name: [empty]', and 'Employee Cost Vendor' with 'Vendor Number: [empty]' and 'Vendor Name: [empty]'. The third section, 'Self Insurance / Retiree Benefits SACS Account', has two radio buttons: 'Self Insurance' (selected) and 'Retiree Benefits'. Below these are dropdown menus for 'Fund', 'School', 'Resource', 'Project Year', 'Goal', 'Function', and 'Object'. The fourth section, 'Payment Schedule Information', has three input fields: 'Number Of 1st Scheduled Payment To Be Made: 1', 'Total Number Of Scheduled Payments: 12', and 'Number Of Last Payment Made: 0'. Below these are two checkboxes: 'Payment includes current month employee payroll deductions.' (unchecked) and 'Generate New Billing Periods' (checked). At the bottom of the form are three buttons: 'Print', 'Save', and 'Cancel'.

Use the Billing Group Information tab to specify details about a new billing group.

- 2 Do one of the following:
  - ▶ To issue warrants for premium payments to a benefits vendor, enter:
    - Billing Group Name\*
    - District Cost Vendor Number\*
    - Employee Cost Vendor Number\*
    - Number of 1st Scheduled Payment To Be Made\* (1)
    - Total Number of Scheduled Payments\* (12)

► To transfer payments to a self-insurance or post-employment retiree holding account, enter:

- Billing Group Name\*
- Number of 1st Scheduled Payment To Be Made\* (1)
- Total Number of Scheduled Payments\* (12)
- Self Insurance option or Retiree Benefits option\*
- Fund, School, Resource, Project Year, Goal, Function, Object\*

The screenshot shows the 'Billing Group Information' tab for a billing group named 'MEDICAL EYE SERVICES' with ID 0004 and Billing Year 2011. The form is divided into several sections:

- District Cost Vendor:** Vendor Number: 14865, Vendor Name: MEDICAL EYE SERVICES
- Employee Cost Vendor:** Vendor Number: 1480, Vendor Name: MEDICAL EYE SERVICE
- Self Insurance / Retiree Benefits SACS Account:** Radio buttons for 'Self Insurance' (selected) and 'Retiree Benefits'. Below are dropdown menus for Fund, School, Resource, Project Year, Goal, Function, and Object.
- Payment Schedule Information:** Number Of 1st Scheduled Payment To Be Made: 1, Total Number Of Scheduled Payments: 12, Number Of Last Payment Made: 2. There are checkboxes for 'Payment includes current month employee payroll deductions.' and 'Generate New Billing Periods'.

Buttons for 'Print', 'Save', and 'Cancel' are visible at the bottom.

This example shows how to define a billing group used to generate warrants for benefit vendors.

The screenshot shows the 'Billing Group Information' tab for a billing group named 'DISTRICT HEALTH PLAN - CLASSIFIED' with ID 9987 and Billing Year 2011. The form is divided into several sections:

- District Cost Vendor:** Vendor Number and Vendor Name fields are empty.
- Employee Cost Vendor:** Vendor Number and Vendor Name fields are empty.
- Self Insurance / Retiree Benefits SACS Account:** Radio buttons for 'Self Insurance' (selected) and 'Retiree Benefits'. Below are dropdown menus for Fund (67), School (615), Resource (0172), Project Year (0), Goal (0000), Function (0000), and Object (8674).
- Payment Schedule Information:** Number Of 1st Scheduled Payment To Be Made: 1, Total Number Of Scheduled Payments: 12, Number Of Last Payment Made: 0. There are checkboxes for 'Payment includes current month employee payroll deductions.' and 'Generate New Billing Periods' (checked).

Buttons for 'Print', 'Save', and 'Cancel' are visible at the bottom.

This example show how to define a billing group used to transfer payments to a holding account.

- 3 Do one of the following:
  - ▶ To associate premium payments with current month payroll deductions, select the **Payment includes current month employee deductions** check box.
  - ▶ To associate premium payments with previous month payroll deductions, do not select the **Payment includes current month employee deductions** check box.
- 4 Make sure the **Generate New Billing Periods** check box is selected.
- 5 Click **Save**, and then click **OK** to clear confirming messages.

The billing group is added to Galaxy.
- 6 Click the **Billing Period Payrolls** tab.

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## Note

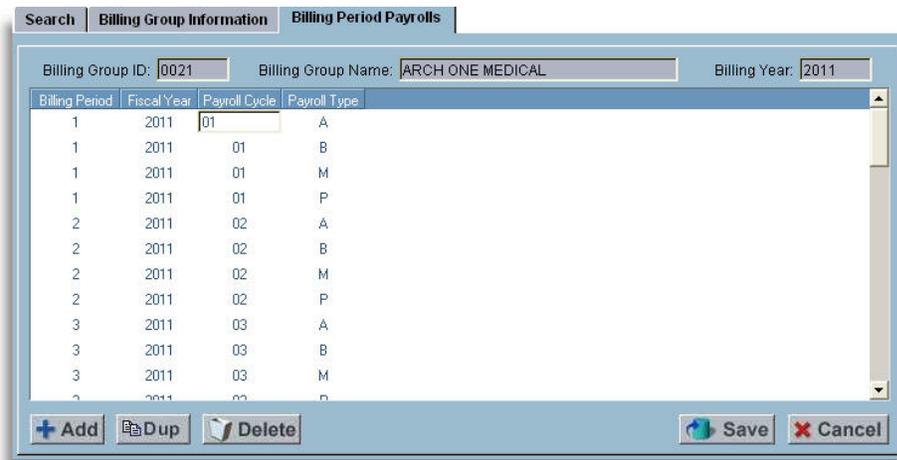
If you entered **1** in the **Number of 1<sup>st</sup> Scheduled Payment To Be Made** field, and if you entered **12** in the **Total Number of Scheduled Payments** field, then a payment schedule is automatically created and appears on the Billing Period Payrolls tab, as shown in the following examples.

If you entered any other value in either of these fields, you must create your own schedule on the Billing Period Payrolls tab (see step 7 on page 24). This schedule is for your information only and is not required.

---

Billing Period	Fiscal Year	Payroll Cycle	Payroll Type
1	2010	12	A
1	2010	12	B
1	2010	12	M
1	2010	12	P
2	2011	01	A
2	2011	01	B
2	2011	01	M
2	2011	01	P
3	2011	02	A
3	2011	02	B
3	2011	02	M
3	2011	02	P

*The Billing Period Payrolls tab displays the benefit premium payment schedule. In this example, deductions from previous month payrolls are associated with current month premium payments (“June pays July”). The first payroll cycle (12) is June (the twelfth month of a July to June fiscal year). The first billing period (1) is July (the first month of the fiscal year).*



*In this example from a different billing group, deductions from current month payrolls are associated with current month premium payments (“June pays June”). The first payroll cycle (1) is July (the first month of a July to June fiscal year). The first billing period (1) is also July (the first month of the fiscal year).*

- 7 For each row to optionally add to the billing schedule, do the following:
  - a Click **Add**. A row opens on the Billing Period Payrolls tab.
  - b In the new row, enter the following:
    - Billing Period\*
    - Fiscal Year\*
    - Payroll Cycle\*
    - Payroll Type\*
- 8 Click **Save**, and then click **OK** to clear confirming message.

The billing schedule is added to Galaxy.

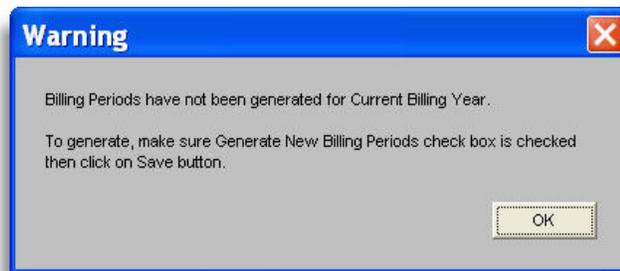
## Open a Billing Group

If you defined billing groups for the previous fiscal year that do not require modification for the current fiscal year, you must “open” them to schedule new billing periods. These groups must be opened before the first billing is processed in the current fiscal year.

### ✓ Before You Begin

- Familiarize yourself with descriptions of the fields that appear on this screen (see *Field Descriptions* on page 185).

- 1 On the Modify Benefit Billing Group screen, type or select a 4-digit **Billing Group ID** number, and then click **Find**. The following message appears.



- 2 Click **OK**. The Billing Group Information tab appears.

A screenshot of a software interface showing the "Billing Group Information" tab. The interface has three tabs: "Search", "Billing Group Information" (selected), and "Billing Period Payrolls". The "Billing Group Information" tab contains several sections: "Billing Group ID" (0001), "Billing Group Name" (KAISER CLASSIFIED), and "Billing Year" (2011). Below this are "District Cost Vendor" (Vendor Number: 26345, Vendor Name: KAISER FOUNDATION HEALTH PLAN) and "Employee Cost Vendor" (Vendor Number: 1017, Vendor Name: KAISER). There is a "Self Insurance / Retiree Benefits SACS Account" section with radio buttons for "Self Insurance" and "Retiree Benefits", and a "Project" section with dropdown menus for Fund, School, Resource, Year, Goal, Function, and Object. The "Payment Schedule Information" section includes "Number Of 1st Scheduled Payment To Be Made" (1), "Total Number Of Scheduled Payments" (12), and "Number Of Last Payment Made" (0). At the bottom, there are checkboxes for "Payment includes current month employee payroll deductions." (unchecked) and "Generate New Billing Periods" (checked). There are "Print", "Save", and "Cancel" buttons at the bottom of the form.

Information for the specified billing group appears on the Billing Group Information tab.

- 3 Make sure the **Generate New Billing Periods** check box is selected.
- 4 Click **Save**, and then click **OK** to clear confirming messages.

The billing group is opened and new payment schedules are created for the fiscal year.

- 5 Click the Billing Period Payrolls tab. New billing periods appear along with associated payroll schedules.

## Maintain a Billing Group

After a billing group is added to Galaxy, you can do the following:

- **Modify** any information that appears in an open field on the Modify Benefit Billing Group screen.
- **Delete** a billing group , as long as long as you have not requested a claim. You must first remove plan codes assigned to the billing group.
- **Process** a billing group to generate premium payments and transfers (see *Process Billing Groups* on page 111).
- **Deactivate** a billing group that is no longer needed. Deactivation releases funds encumbered by the billing group. For instructions, see *Deactivate a Billing Group* on page 139.

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## Managing Benefit Plan Options

This section of the chapter explains how to create and maintain plan options and associate the options to employee groups.

- *Define Plan Option Schemes* on page 27 identifies the information you need to gather and coordinate before adding plan options to Galaxy.
- *Add Plan Options* on page 37 explains how to add plan options and how to specify the annual premium for each option.
- *Add Plan Options to Specific Employee Group* on page 40 explains how to make plan options available to specific employee groups and how to specify district premium cost and employee premium payment contributions for each option.
- *Add Plan Options to All Employee Groups* on page 45 explains how to make plan options available to all employee groups and how to specify district premium cost and employee premium payment contributions for each option.
- *Maintain Plan Options* on page 49, offers tips for modifying and deleting plan options after they have been added to Galaxy.
- *View Plan Options* on page 49 identifies the kind of information you can view in Galaxy about plan options and directs you to the appropriate procedure in this guide.

### Define Plan Option Schemes

Before you add plan options to Galaxy, you should gather and coordinate all the information you need to define the plan option schemes you will use. Use a tool such as Excel to assist you in defining these schemes. Figure 3 on page 29 shows a sample Excel worksheet that you can use as a model.

The plan option schemes you design should include the following, as pertinent for your district.

- Define one plan option for each plan variant you offer to your employees. For example, you offer two basic Blue Shield plans to all employees. One has a low premium with a high deductible, and the other has a high premium with a low deductible. In addition, premium rates are calculated on a sliding scale, based on the number of people covered. The lowest rates are for employees only, the next highest rate is for an employee and their spouse, and the highest rate is for an employee and all members of their family. For this scenario, you need to define six plan options – three for the low premium plan (employee, employee plus spouse, and employee plus family) and three for the high premium plan.

Typically, the district pays for the plan premium, up to a maximum amount, and the employee pays for the remaining premium cost.

- Some plan options are available to some employee groups but not to others. For example, certificated and classified employees may have different sets of plan options available to them. In some cases, it is often easier to establish a different set of plan options for each employee group, even if there is no difference in premium cost splits between the district and the employees.
- If you are billed by different vendors for medical, dental, vision, and life insurance, you will need to create separate plan options for each vendor.
- COBRA plans require their own set of plan options because employees pay for the entire premium cost.
- Active employees and retirees can be associated with the same plan options, if the SACS object code is specified as 3400 for these plan options and if the retirement status for each enrolled retiree is set on the Modify Employee Benefits screen. Otherwise, retirees must be associated with separate plan options that are established using a SACS object code of 3700.
- Since many district employees work 10 or 11 months per year, you can simplify your plan option scheme by using a 10 month payroll deduction for some or all employees. For more information, see *10-Month Premium Payment Scheme* on page 31.
- The Health and Welfare FTE feature allows you to reduce the number of plan options you would otherwise need for part-time employees who qualify for benefits. For more information, see *Health and Welfare FTE Calculation* on page 32.

Figure 3: Sample Plan Option Schemes

YOUR DISTRICT GALAXY PLAN OPTIONS WORKSHEET For Fiscal Year 2010-11										
Benefit Code									Annual Premium Cost	
Benefit Plan	Benefit Plan Group	Benefit Plan Description	Benefit Type	Billing Group ID	Benefit Cost Object	10-Month Deduction	Adjust by H&W FTE	Premium Cost	Employee Cost	District Cost
01	A	Red Stone Med CL-High-Riv-1	Medical	0090	3400	N	Y	\$9,000.00	\$1,800.00	\$7,200.00
01	B	Red Stone Med CL-High-Riv-2	Medical	0090	3400	N	Y	\$11,500.00	\$2,300.00	\$9,200.00
01	C	Red Stone Med CL-High-Riv-3+	Medical	0090	3400	N	Y	\$13,500.00	\$2,700.00	\$10,800.00
02	A	Red Stone Med CL-Riv-LA-1	Medical	0091	3400	N	Y	\$8,500.00	\$1,700.00	\$6,800.00
02	B	Red Stone Med CL-Riv-LA-2	Medical	0091	3400	N	Y	\$11,000.00	\$2,200.00	\$8,800.00
02	C	Red Stone Med CL-Riv-LA-3+	Medical	0091	3400	N	Y	\$13,000.00	\$2,600.00	\$10,400.00
03	A	Red Stone Med CE-High-Riv-1	Medical	0092	3400	Y	N	\$9,000.00	\$1,700.00	\$7,300.00
03	B	Red Stone Med CE-High-Riv-2	Medical	0092	3400	Y	N	\$11,500.00	\$2,200.00	\$9,300.00
03	C	Red Stone Med CE-High-Riv-3+	Medical	0092	3400	Y	N	\$13,500.00	\$2,600.00	\$10,900.00
04	A	Red Stone Med CE-Riv-LA-1	Medical	0093	3400	Y	N	\$8,500.00	\$1,600.00	\$6,900.00
04	B	Red Stone Med CE-Riv-LA-2	Medical	0093	3400	Y	N	\$11,000.00	\$2,100.00	\$8,900.00
04	C	Red Stone Med CE-Riv-LA-3+	Medical	0093	3400	Y	N	\$13,000.00	\$2,500.00	\$10,500.00
05	A	Care4U Dent-CL	Dental	0094	3400	Y	Y	\$920.00	\$120.00	\$800.00
05	B	Care4U Dent-CE	Dental	0094	3400	Y	Y	\$920.00	\$115.00	\$805.00
05	C	Care4U Vis-CL	Vision	0094	3400	Y	Y	\$200.00	\$0.00	\$200.00
05	D	Care4U Vis-CE	Vision	0094	3400	Y	Y	\$200.00	\$0.00	\$200.00
01	S	Spouse Waiver	S	0094	3400	Y	Y	\$0.00	\$0.00	\$0.00
01	W	Medical Waiver CL \$50	W	0090	3400	N	Y	\$0.00	-\$500.00	\$0.00
02	W	Medical Waiver CL \$75	W	0090	3400	N	Y	\$0.00	-\$750.00	\$0.00
03	W	Medical Waiver CE \$50	W	0092	3400	Y	N	\$0.00	-\$500.00	\$0.00
04	W	Medical Waiver CE \$75	W	0092	3400	Y	N	\$0.00	-\$750.00	\$0.00

The components of the billing group schemes shown in Figure 3 are described below.

- **Benefit Plan** – A 2-character, alphanumeric code that you choose to identify a group of plan options. Consider using the same code for all plan options that pertain to a particular vendor or to a major subset of plan options.
- **Benefit Plan Group** – A single letter or number that identifies one plan option.
- **Benefit Plan Description** – A descriptive name for each plan option. Consider incorporating the name of the vendor into this name along with information that uniquely describes each plan option.
- **Benefit Type** – Note whether the plan option is for medical, dental, vision, or one of the other benefit types.
- **Billing Group ID** – The ID of the billing group that will be associated with each plan option.

- **Benefit Cost Object** – The SACS object code to assign to each plan option. Use **3400** for all plans that will be assigned to active employees and retirees, unless:
  - The plan option will be assigned to retirees only.
  - The retirement status for each retiree is set to **RETIRED – RECEIVES H/W, NO PAYROLL DED** on the Modify Employee benefits window (see *Associate Plan Options to One Employee* on page 60).

For plan options that meet the above retiree criteria, use benefit cost object **3700**.

---

### Note

When processing a billing group, cost detail is generated. As part of this process, the last digits of the benefit cost object you specify are changed as follows:

- 3401** – Active certificated employees.
- 3402** – Active classified employees.
- 3701** – Retired certificated employees.
- 3702** – Retired classified employees.

You can view these object codes on the Modify Employee Benefit Billing Group District costs screen (see *Verify and Correct Head Count* on page 123).

---

- **10-Month Deduction** – Indicate if you want to use the 10-Month Deduction calculation for each plan option.
- **Adjust by H&W FTE** – Indicate if you want to use the Health and Welfare FTE calculation for each plan option.
- **Premium Cost** – Specify the total premium cost for each plan option. Each plan option premium cost must equal the employee cost plus the district cost. The annual premium cost of **S** and **W** plan type options used for Employee/Spouse Benefit Premium Waivers must be zero.
- **Employee Cost** – Specify the annual employee cost for each plan option. This is the amount that will be deducted from employee paychecks. The annual employee cost of **W** plan type options used for Employee/Spouse Benefit Premium Waivers must be specified as a negative dollar value. **S** plan type options must be specified as zero.
- **District Cost** – Specify the annual district cost for each plan option. The annual district cost of **S** and **W** plan type options used for Employee/Spouse Benefit Premium Waivers must be zero.

## Premium Cost Calculation Methods

Districts often pay for employee benefit premiums, up to a maximum annual amount. Employees are then responsible for paying the remainder of the premium cost via payroll deductions. Retirees and COBRA participants may also pay all or part of their premiums (usually, the district pays 100 percent of retiree premiums and zero percent for COBRA participant premiums). This method of dividing premium payments between the district and employees is called the *premium payment split* and is established as part of each benefit plan option.

There are various ways to calculate the employee and district portions of premium payments. These methods include the 10-Month Premium Payment Scheme, Health and Welfare FTE Calculation, and the Late Start Premium Deduction.

### 10-Month Premium Payment Scheme

Premium contributions are typically deducted from employee earnings based on their pay frequency. For example, if an employee works 12 months of the year and is paid monthly, their premium contribution is deducted in 12 equal installments (one from each paycheck). Similarly, if a 12 month employee is paid twice a month, their premium contribution is deducted in equal installments from both paychecks each month.

Some employees work only 10 or 11 months out of the year and do not receive a paycheck for the non-working months (usually July and/or August). This creates a situation where your district must cover the cost of the employee premium payments for the non-paid months, as shown in Table 1 below.

**Table 1: Sample 10-Month Premium Payment Scheme**

10 Month Premium Payment Scheme Example							
	July	Aug	Sep	Oct	Nov	Dec	Annual Premium
District Payment Amount	\$180	\$300	\$300	\$180	\$180	\$180	\$2400
Employee Deduction Amount	\$120*	0	0	\$120	\$120	\$120	\$1200
Total Monthly Premium	\$300	\$300	\$300	\$300	\$300	\$300	\$3600

\*This amount is from the June Payroll for "June pays July."

In Table 1, the premiums deducted from the employee’s paycheck remain constant for every check they receive. The premium payments made by the district increase in August and September to cover the amounts not paid by the employee.

To simplify your payroll, your district may choose to implement this 10-month premium payment scheme for some or all of your employees. One of the Health and Welfare control data options enables you to use this scheme for all members of an employee group who are enrolled in a particular benefit plan option, regardless of their pay frequency.

This feature is implemented by selecting the **10-Month Deduction** check box on the Modify Benefit Codes and Rates for All Employee Groups screen or the Modify Benefit Codes and Rates by Employee Group screen. Both of these screens are discussed later in this chapter.

## Employee/Spouse Benefit Premium Waivers

If an employee and their spouse both work for your district and are enrolled in the same benefit plan, they would pay a higher amount of premium individually than they would if one were included as a dependent on the other’s plan. The Galaxy Employee/Spouse Benefit Premium Waiver feature enables the couple to share premium costs and reduce the portion of premium your district would otherwise pay for the couple.

For example, John and Jane Doe are both classified employees who work for your district. John and Jane are enrolled in the same medical plan and they do not have any children or other dependents at this time. Without the Spouse/Waiver benefit, John and Jane would pay premiums individually as shown in Table 2 below.

**Table 2: Individual Plan Premiums**

Employees	Employee Cost	District Cost	Annual Cost
John (Employee)	\$3,250	\$1,750	\$5,000
Jane (Employee)	\$3,250	\$1,750	\$5,000
<b>Total</b>	<b>\$6,500</b>	<b>\$3,500</b>	<b>\$10,000</b>

With an Employee/Spouse waiver, Jane enrolls as a dependent on John’s plan. The annual cost of this plan is higher than the individual plan because it covers two members. The district portion of the premium payment does not change because \$1,750 is the maximum your district pays for classified employee medical plans. Therefore, your district pays half the premium you would have paid had John and Jane enrolled in individual plans.

With the money your district saves on premium payments, you give Jane a \$950 waiver stipend, which she can apply, as shown in Table 3 below, to her spouse’s medical plan premiums, thus reducing their total premium payment.

**Table 3: Employee/Spouse Waiver Plan Premiums**

Employees	Employee Cost	District Cost	Annual Cost
John (Spouse/Enrollee)	\$7,250	\$1,750	\$9,000
Jane (Employee/Dependent)	-\$950.00 stipend	\$0.00	\$0.00
<b>Total</b>	<b>\$6,300</b>	<b>\$1,750</b>	<b>\$9,000</b>

---

### Note

The terms *spouse* and *employee* have a specific meaning with regard to the Employee/Spouse Benefit Premium Waiver feature.

- The *employee* is the person who waives their insurance to become a dependent on their spouse’s plan. In our example, this would be Jane.
- The *spouse* is the person who is enrolled in the insurance plan. In our example, this would be John.

---

To implement the Employee/Spouse Benefit Premium Waiver feature, do the following.

- **Set up Employee/Spouse Benefit Premium Waiver plan options.** Two plan option types must be added to Galaxy:
  - **W** type plan—The plan option that will be associated with an employee waiving insurance and signing up as a dependent on their spouse’s plan. Create at least one **W** type plan with zero premium cost specified. You can create several of these plan options with different descriptions that indicate the monthly waiver amount, employee type (Certificated or Classified), and the plan type (medical, dental, and so on).
  - **S** type plan—The plan option that will be associated with the spouse enrolled in the plan. Create one **S** type plan with zero premium cost specified.

For instructions on adding plan options to Galaxy, see *Add Plan Options* on page 37.

- **Associate S and W plan options to employee groups.** Add the **S** and **W** plan options to employee groups, as described later in this chapter. Specify zero employee and district cost for the **S** plan. For each **W** plan, specify a zero district cost. Specify the employee cost as the amount of the waiver. For example, if you will give a \$750 annual waiver stipend to Jane Doe, specify **-\$750** for the annual employee cost of the **W** plan that applies to Jane.
- **Associate plan options.** For each employee, specify the plan options in which they are enrolled. However, do not associate the **W** or **S** plan to either employee. Instructions are provided in Chapter 3.
- **Link the employees and apply the waiver.** Use the Modify Employee/Spouse Waiver Benefits screen to link the two employees by associating the **S** and **W** plan options, and then apply the waiver according to your district policy and the employee's choices. Waivers can be applied in any of the following ways:
  - Apply waiver to spouse's medical premium to reduce the cost.
  - Apply waiver to employee's dental, vision, or optional plan premium(s).
  - Transfer waiver amount to a Tax Sheltered Annuity (TSA) account. The transfer can apply to the employee's TSA account, their spouse's TSA account, or both.

An employee can choose to do nothing with the waiver amount and it will not be used.

For instructions on linking employees and applying waiver stipends, see *Add an Employee/Spouse Benefit Premium Waiver* on page 79.

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### Important!

Implementing Employee/Spouse Benefit Premium Waivers requires prior approval by your County Office of Education. If you want to use this feature, contact the RCOE Service Desk.

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## Health and Welfare FTE Calculation

Some employees work part-time but qualify for benefits. The maximum amount paid by the district might be lower for these employees, so the employee would need to contribute a higher amount of premium than a full-time employee enrolled in the

same plan. To reduce the number of plan options needed for these employees, you can implement the Health and Welfare FTE calculation feature.

The Health and Welfare FTE calculation feature requires certain values to be entered into several fields, as follows:

- The **Emp. H&W FTE** field on the Modify Employee Benefits screen is used to specify the percentage by which the premium amount should be adjusted for a particular employee. This field should not be confused with the **H&W Percent** field in the Personnel module. For instructions on using this field, see *Associate Plan Options to One Employee* on page 60.

---

### Note

For employees sharing premium costs with the Employee/Spouse Benefit Premium Waiver feature, you must use the Modify Employee/Spouse Waiver Benefits screen to update the **Emp. H&W FTE** field (for more information, see *Add an Employee/Spouse Benefit Premium Waiver* on page 79).

- The **Adjust by H&W FTE** field specifies whether or not to use this feature for specific benefit plan options. This field is available on the Modify Benefit Codes and Rates for all Employee Groups screen and the Modify Benefit Codes and Rates by Employee Group screen (see pages 45 and 40, respectively). When you associate plan options with employee groups, you type a **Y** in this field to indicate that you want a particular plan option to be adjusted by the Health and Welfare FTE calculation.

---

### Important!

Even though plan options are assigned to employee groups before employee plan details are specified, you must enter the **Adjust by H&W FTE** field value on the Modify Employee Benefits screen first (or, for employees sharing premium costs, the Modify Employee/Spouse Waiver Benefits screen). Then, you can type a **Y** for the pertinent plan options for employee groups.

---

## Late Start Premium Deductions

Normally, monthly premium payments are calculated by dividing the annual premium amount by the employee's pay frequency. For example, the monthly district premium payment for a 12-month employee would be the annual district premium cost divided by 12. The employee's deduction would be the annual employee contribution divided by 12. Premium contributions for employees who

work 10 or 11 months out of the year are calculated by dividing their annual contribution by 10 or 11, respectively.

If a 10 or 11-month employee's benefits start mid-year, due to a post-July hire date or mid-year plan change, their premium payment calculation becomes incorrect. The Late Start Premium Deduction calculation corrects this situation by disregarding the employee's pay frequency and dividing the annual employee contribution by 12 to arrive at a monthly premium deduction amount. The District portion is also divided by 12 to arrive at the payment amount. The employee contribution calculation reverts back to the annual contribution divided by their pay frequency at the beginning of the next fiscal year.

The Late Start Premium Deduction calculation is activated in the Personnel/Position Control module for specific employee groups. If activated, the Late Start Premium Deduction is automatically calculated based on the plan option start date(s) specified on the Modify Employee Benefits screen (see *Associate Plan Options to One Employee* on page 60).

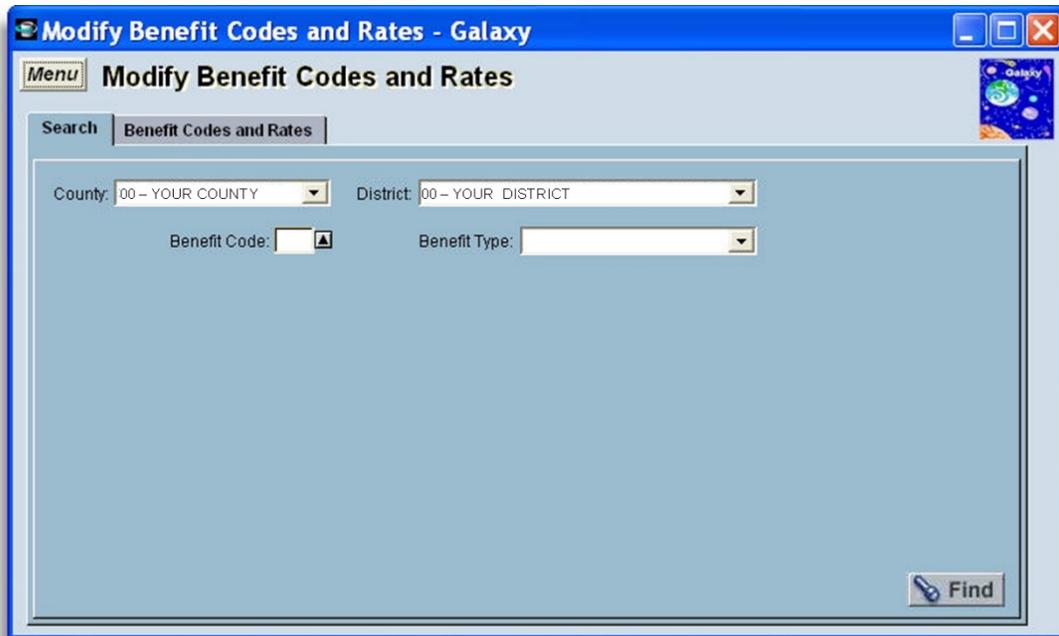
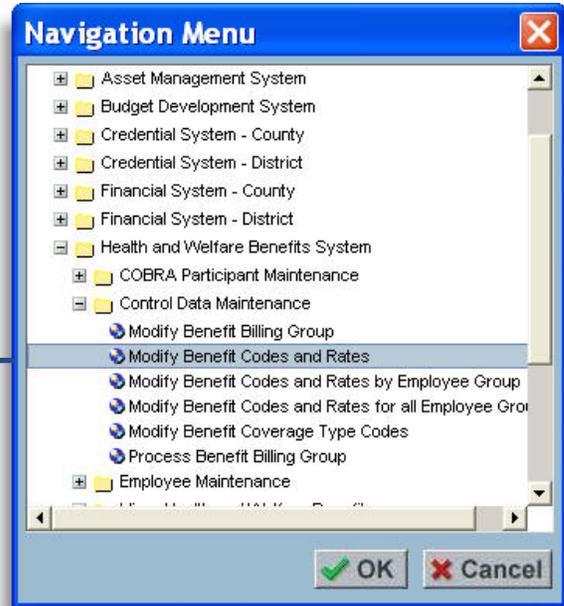
## Add Plan Options



Use the Modify Benefit Codes and Rates screen to specify the plan options you offer to your employees and to specify the annual premium cost of each option.

### Health and Welfare Benefits System

- ▶ Control Data Maintenance
  - ▶ Modify Benefit Codes and Rates

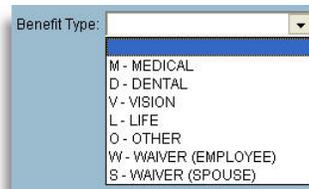


## ✓ Before You Begin

- Gather all the information required to add benefit plan options (see *Define Plan Option Schemes* on page 27).
- Familiarize yourself with descriptions of the fields that appear on this screen (see *Field Descriptions* on page 185).

1 On the Modify Benefit Codes and Rates screen, find existing plan options. Do one of the following:

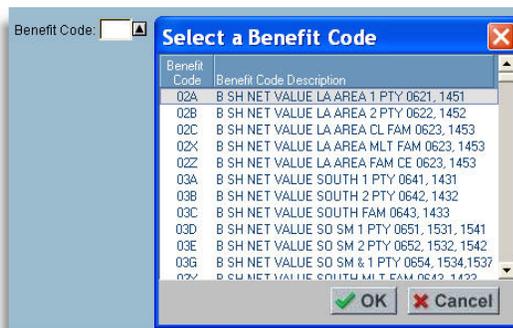
- ▶ To view all plan options, click **Find**.
- ▶ To view plan options using optional search criteria, do one or both of the following:
  - To view plan options of a particular type (medical, dental, and so on), select the benefit type in the **Benefit Type** field, and then click **Find**.



- To view a particular plan option, type the 3-character plan option code, with or without wildcard characters, in the **Benefit Code** field, and then click **Find**.

## Tip

As an alternative, select a benefit code from the **Benefit Code** popup list.



The Benefit Code and Rates tab appears.

Benefit Plan	Benefit Plan Group	Benefit Plan Description	Benefit Type	Billing Group ID	Benefit Cost Object	Premium Cost	Premium Cost Rate
02	A	B SH NET VALUE LA AREA 1 PTY 0621, 1451	M	0001	3400	4,435.68	0.00000
02	B	B SH NET VALUE LA AREA 2 PTY 0622, 1452	M	0001	3400	8,871.48	0.00000
02	C	B SH NET VALUE LA AREA CL FAM 0623, 1453	M	0001	3400	11,532.84	0.00000
02	X	B SH NET VALUE LA AREA MLT FAM 0623, 1453	M	0001	3400	11,532.84	0.00000
02	Z	B SH NET VALUE LA AREA FAM CE 0623, 1453	M	0001	3400	11,532.84	0.00000

*In this example, all plan options with a Benefit Plan code of 02 appeared after specifying 02\* in the **Benefit Code** field on the Search tab.*

- 2 For each plan option you want to add, do the following:
  - a Click **Add**. A row opens on the Benefit Codes and Rates tab.
  - b In the new row, enter information into the following columns:
    - Benefit Plan\*
    - Benefit Plan Group\*
    - Benefit Plan Description\*
    - Benefit Type\*
    - Billing Group ID\*
    - Benefit Cost Object\*
    - Premium Cost (**0.00**)
    - Premium Cost Rate (**0.0000**)

Benefit Plan	Benefit Plan Group	Benefit Plan Description	Benefit Type	Billing Group ID	Benefit Cost Object	Premium Cost	Premium Cost Rate
02	A	B SH NET VALUE LA AREA 1 PTY 0621, 1451	M	0001	3400	4,435.68	0.00000
02	B	B SH NET VALUE LA AREA 2 PTY 0622, 1452	M	0001	3400	8,871.48	0.00000
02	R	B SH NET VALUE LA AREA RET FAM 0623, 1453	M	0001	3400	11,532.84	0.00000
02	C	B SH NET VALUE LA AREA CL FAM 0623, 1453	M	0001	3400	11,532.84	0.00000
02	X	B SH NET VALUE LA AREA MLT FAM 0623, 1453	M	0001	3400	11,532.84	0.00000
02	Z	B SH NET VALUE LA AREA FAM CE 0623, 1453	M	0001	3400	11,532.84	0.00000

*The third row in this example is a new plan option.*

- 3 Click **Save**, and then click **OK** to clear confirming messages.

Your plan options are saved in Galaxy with corresponding annual premium costs.



# Field Descriptions

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## Overview

This appendix provides descriptions of fields that appear on Galaxy Health and Welfare Benefits screens. Since a number of fields in this module appear on multiple screens, fields are described here once, in alphabetical order. Unless otherwise specified, a field description pertains to all instances of fields with the same name in the Galaxy Health and Welfare Benefits module.

### **(+/-) Hours**

The number of hours charged against a Workers' Compensation claim for an employee.

### **10-Month Billing**

Indicates whether employee deductions for plan premiums are deducted over a 10 month period. This value appears on the Modify Employee Spouse/Waiver Benefits screen. *See also 10-Month Deduction.*

### **10-Month Deduction**

Indicates whether employee deductions for plan premiums will be deducted from their paychecks as follows:

**Y** – Deduct premiums 10 months out of the year regardless of employee pay frequencies.

**N** – Deduct premiums according to employee pay frequency. For example, if an employee is paid monthly, premium deductions will be made monthly. If an employee is paid 11 months out of the year, premium deductions will be made out of each of the 11 paychecks.

For more information on this feature, see *10-Month Premium Payment Scheme* on page 31.

### **Action**

Indicates if an employee was added or dropped from a benefit plan since the previous billing period.

**ADD** – The employee was added to the plan since the last billing period.

**DROP** – The employee was terminated from the plan since the last billing period.

### **Actual Amount Deducted**

The total dollar amount of payroll adjustments to date that have been deducted from the employee's paycheck. This value appears on the Modify Employee Benefits screen.

### **Actual Times Deducted**

The number of times that a corresponding payroll adjustment has been deducted from the employee's paycheck. This value appears on the Modify Employee Benefits screen.

**Adjust by H&W FTE**

Activates the Health and Welfare FTE calculation for a plan option. This value is specified on the Modify Benefit Codes and Rates by Employee Group screen and/or the Modify Benefit Codes and Rates for all Employee Groups screen.

**Y** – Activates the Health and Welfare FTE calculation for the associated plan option.

**N** – Inhibits the Health and Welfare FTE calculation for the associated plan option.

Make sure the **Emp. H&W FTE** field is specified for an employee on the Modify Employee Benefits screen before typing a **Y** into this field. For more information on this feature, see *Health and Welfare FTE Calculation* on page 32.

**Adjustment Comment**

On the Modify Employee Benefits screen, this is a comment you can enter to explain the reason for a payroll adjustment.

On the Modify Employee Benefit Billing Group District Costs screen, this field is used to describe the reason for entering a district cost adjustment.

**Amount Paid**

The amount of a premium payment received from a COBRA participant.

**Annual District Cost**

The portion of annual premium your district will pay to the benefits vendor. For COBRA and other plans where the participant pays the entire premium amount, the district cost should be zero. For post-employment retirement benefit plans, the district cost should be equal to the annual premium cost. For Employee/Spouse Benefit Premium Waivers, the district cost should be zero. This cost is specified on the Modify Benefit Codes and Rates for all Employee Group screen and/or the Modify Benefit Codes and Rates by Employee Group screen.

**Annual District Cost Amount**

See **Annual District Cost**.

**Annual District Cost Percent**

A custom formula is required to calculate this percentage. For more information, contact the RCOE Service Desk.

**Annual District Cost Rate**

See **Annual District Cost Percent**.

**Annual Employee Cost**

The portion of annual premium employees will pay to the benefits vendor via payroll deductions. For COBRA plans, this is the total premium amount the participant will pay and should equal the annual premium cost. For post-employment retirement benefit plans, this cost should be zero. This cost is specified on the Modify Benefit Codes and Rates for all Employee Group screen and/or the Modify Benefit Codes and Rates by Employee Group screen.

When setting up Employee/Spouse Benefit Premium Waiver, the cost for employee (**W**) and spouse (**S**) plans should be specified as zero on the Modify Benefit Plan Codes and Rates screen. When **W** plans are added to employee groups, the annual waiver amount (a negative dollar amount) is specified instead of the annual employee cost.

**Annual Employee Cost Amount**

See **Annual Employee Cost**.

**Annual Employee Cost Percent**

This field is not currently used.

**Annual Employee Cost Rate**

See **Annual Employee Cost Percent**.

**Annual Employee Deduction**

The annual dollar amount to deduct from an employee's paycheck for plan premiums. This value appears on the Employee/Spouse Waiver Benefits screen and is calculated by subtracting the amount of the waiver from the annual employee cost of a plan.

**Annual Premium Cost**

The annual premium cost of a benefit plan option. This amount represents the total cost that will be invoiced by the benefits vendor for the plan option. The district portion of the premium payment plus the employee portion deducted from their paychecks must total this amount. For COBRA plans, this is the total premium amount the participant will pay. For Employee/Spouse Benefit Premium Waivers, the cost should be zero. This value is specified on the Modify Benefit Codes and Rates screen.

**Annual Premium Cost Percent**

A custom formula is required to calculate this percentage. For more information, contact the RCOE Service Desk.

**Annual Waiver Amount**

The annual dollar amount of an Employee/Spouse Benefit Premium Waiver. This value is specified on the Modify Employee/Spouse Waiver Benefits screen to reduce employee premium costs.

**Begin Date** column

On the Modify COBRA Participant Benefits screen, the date a participant is enrolled in a COBRA benefit plan. On the Modify Employee Workers Compensation Claim Hours screen, this is the first date, within a range, for which you want to search for Workers' Compensation claim hour records.

**Benefit Code**

A 3-character code that identifies a specific benefit plan option. This code is a combination of the **Benefit Plan** code and the **Benefit Plan Group** code, both of which are specified on the Modify Benefit Codes and Rates screen.

**Benefit Cost Object**

The 4-digit SACS object code associated with a benefit plan. This object code must be specified as follows:

**3400** – Health & Welfare benefits (current and/or retired employees with a retirement status code set on the Modify Employee Benefits screen).

**3700** – Post retirement benefits (plan options that contain retired employees only).

**3750** – Other Post Employment Benefits (OPEB).

**3950** – Other benefits.

The benefit cost object code is specified for a benefit plan option on the Modify Benefit Codes and Rates screen.

**Benefit End Date**

On the Modify Employees by Benefit Code – Mass Move screen, this field is used to specify the date employees are terminated from a plan to which they are being transferred. This field is optional and only needs to be specified if the ending date of the new plan is known.

**Benefit Plan**

A 2-character, alphanumeric code that is used to identify a group of benefit plan options. For example, you might want to specify the same code for all the plan options offered by Blue Cross in which classified union members can enroll. This identifier is specified on the Modify Benefit Codes and Rates screen.

**Benefit Plan Group**

A single letter or number used to identify a single option associated with a benefit plan. This identifier is specified on the Modify Benefit Codes and Rates screen. The combination of **Benefit Plan** and **Benefit Plan Group** uniquely identifies a plan option.

**Benefit Plan Description**

The description of a plan option. This description is defined on the Modify Benefit Codes and Rates screen.

**Benefit Premium Cost**

The total cost for a plan option for a particular billing group and billing period.

**Benefit Start Date**

On the Modify Employees by Benefit Code – Mass Move screen, the date employees are enrolled in a new plan after being terminated from another plan.

**Benefit Type**

A 1-letter code that specifies the type of benefit plan:

**M** - Medical insurance.

**D** - Dental insurance.

**V** - Vision insurance.

**L** - Life insurance.

**O** – Other insurance plans.

**S** – Employee/Spouse Benefit Premium Waiver plan. This code is used for the plan associated with the employee receiving the waiver for becoming a dependent on their spouse's plan.

# Glossary

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**Benefit Coverage Type Code (also called Coverage Type Code)**

A type of control data that is used to clarify plan options. These codes are typically used to differentiate which plan options are set up for employees, employees and a spouse, and employees and their family.

**Benefit Plan Option**

See **Plan Option**.

**Billing Group (also called Benefit Billing Group)**

A type of control data that is used to identify benefit vendors, establish a schedule for making premium payments, and to associate anticipated employee payroll deductions with current or previous month paychecks. Billing groups facilitate the reconciliation of invoices prior to making premium payments to vendors and are also used to transfer payments to holding accounts for self-insurance and retiree benefit funds.

**Billing Reconciliation**

The process of verifying head counts and premium costs against a vendor invoice before requesting a payment warrant.

**Census List**

A list of plan enrollees, which is required for all COBRA participants.

**Control Data**

The foundation layer of information that must be present in Galaxy before you can perform specific tasks or run certain processes. For example, plan options (control data) must be defined in Galaxy before they can be associated with employees.

**Disencumber**

To remove the reservation of funds that are set aside for a specific purpose. *Contrast with Encumber*.

**Employee**

With regard to the Employee/Spouse Benefit Premium Waiver feature, the person who is enrolled in an insurance plan to which the waiver may be applied.

**Employee/Spouse Benefit Premium Waiver**

A Galaxy plan option feature that facilitates two spouses that work for your district to share benefit plan premium costs if they are enrolled in the same plan.

**Employee Group**

A class of employees with similar characteristics. Typically, employee groups are defined to coincide with bargaining units (unions). For example, certificated employees and classified employees.

**Encumber**

To reserve funds for a specific purpose. For example, when you process a billing group, funds are reserved (encumbered) to pay for the remaining premium payments for the year. *Contrast with Disencumber.*

**Enrollee**

The employee, their spouse, or a family member enrolled in a benefit plan. *See also Participant.*

**Full Time Equivalent (FTE)**

The ratio of time that an employee works in relation to a full-time position. For example, if 40 hours per week is considered full-time, an employee who works 40 hours per week would have an FTE of 1.0, whereas an employee who works only 20 hours per week would have an FTE of 0.5.

**Head Count**

The number of employees and dependents enrolled in a plan option during a particular billing period.

**Health and Welfare Balancing Account**

An account set up for billing reconciliation adjustments that cannot be allocated to an employee. These adjustments are made to ensure that the billing group cost total matches the vendor invoice.

**Modified Duty Assignment**

A temporary position in which an employee may be placed while recovering from a Workers' Compensation injury. Usually, such assignments are needed for employees released to work with restrictions and are unable to perform their regular job duties.

**Participant**

The employee, their spouse, or a family member enrolled in a COBRA plan. *See also Enrollee.*

**Payroll Cycle**

The frequency in which an employee is paid. For example, an employee could be paid twice per month for 12 months per year, or once per month for 10 months per year. Payroll cycles are sequentially numbered. For example, the numbers **01** through **24** are used to specify the payroll cycles for employees who are paid twice per month for 12 months out of the year.

**Payroll Adjustment**

Information entered into the Health and Welfare module to deduct (or add) an amount from an employee's paycheck, usually to correct an error in previous premium deductions. A payroll adjustment can also be entered to deduct a premium amount that was not taken from a previous employee paycheck.