

Benefits

For employees eligible for benefits:

Open Enrollment

There will be an annual open enrollment period. During this time, employees will be able to change some of their benefit decisions based on which benefits and coverages are right for them.

Benefit choices made during the open enrollment period will become effective July 1st and remain in effect until the following June 30th. Please refer to the “Changing Your Election” section for more information regarding benefit changes outside of the open enrollment period.

Eligibility for Coverage

You and your dependents are eligible for health benefits coverage from the District as detailed in the applicable collective bargaining agreement that you follow. If you are an hourly employee who works on average 30 hours or more per week, you are also eligible to enroll yourself and your children in benefits. Eligibility is reviewed prior to the annual Open Enrollment for a July 1 start date during the District’s measurement period (September- April) and following the initial measurement period. Each dependent of an employee will become covered at the same time as the employee’s coverage begins. New dependents of employees become covered on the first day of the month following the qualifying date except in the case of a birth, in which case, the dependent becomes active immediately.

You are required to contact the School District Benefits Specialist any time you have a change in your family status so that your benefits are properly administered. If you do not notify the School District Benefits Specialist within 30 days of an event, you will be responsible for the cost of the claims or the difference in premium expenses, (whichever is greater). For instance, if you do not advise the School District Benefits Specialist of a divorce, you will be responsible for the cost of your ex-spouse's claims or the difference in premium expenses (whichever is greater) after the date of the divorce.

Dependents Eligible for Enrollment

Eligible dependents include your lawful spouse and children under twenty six (26) years of age. Your lawful spouse means your legally recognized marital partner. The Commonwealth of Pennsylvania no longer recognizes common-law marriages, therefore the District does not recognize common law marriages.

Dependent children shall include your natural children, stepchildren, adopted children or children placed with you in anticipation of adoption provided that they are primarily dependent upon you for support.

The phrase “child placed with you in anticipation of adoption” refers to a child whom the District employee intends to adopt, whether or not the adoption has become final, who has not attained the age of nineteen (19) as of the date of such placement for adoption. The child must be available for adoption and the legal process must have been commenced.

A Dependent child who is incapable of self-sustaining employment by reason of mental illness, mental retardation or physical handicap, and who is primarily dependent upon you for support and maintenance and covered by the District when reaching the limiting age

shall be eligible for coverage under the Plan. The District requires periodic proof of continued eligibility for coverage under the rules of the Plan and subsequent proof of the child's disability and dependency.

Any child of a District employee who is an alternate recipient under a Qualified Medical Child Support Order ("QMCSO") shall be considered as having a right to Dependent coverage under this Plan.

When the District receives a medical child support order, the District will provide a notice to the employee and each alternate recipient stating that a medical child support order has been received and outlining the procedure(s) to determine if the order is qualified.

Changing Your Election

Changes to your Medical Benefits can only be made during the open enrollment period, which occurs during the month of May and/or June. The benefits you elect during the enrollment period will remain in effect through June 30, of the following year. For Bus Drivers, the benefits you elect during the enrollment period will remain in effect through August 31, of the following year. During the year, you can make certain changes only if you have a Qualifying Change in Status or a Special Enrollment Event.

If you wish to change your coverage, you must submit the appropriate form. If you are not making any changes, no forms or action is required. Any benefit changes must be made no later than 30 days after the event and must be consistent with the Qualifying Change in Status or Special Enrollment Event.

A Qualifying Change in Status includes a change in:

- Employee's legal marital status;
- Number of employee's dependents;
- Employment status of employee, employee's spouse or dependent that is a termination or commencement of employment, a strike or lockout, a commencement of or a return from a leave of absence, or a change in worksite;
- Employment status of employee, employee's spouse or dependent that causes the individual to become or cease to be eligible for benefits;
- Eligibility of employee's dependent for benefits;
- Judgment, decree or court order for coverage of children;
- Medicare/Medicaid eligibility
- Residency or worksite of employee, employee's spouse or dependent.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' coverage). However, you must request enrollment no later than thirty (30) days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment no later than thirty (30) days after the marriage, birth, adoption or placement for adoption.

Employee Contributions toward Medical Benefits

Contributions for medical coverage from July 1 through June 30 will take place over 24 pays (the first two pays of the month), excluding Bus Drivers. For Bus Drivers, contributions for medical coverage from September 1, through August 31 will occur over 18 pays from the second pay in September through the second pay in May. Please refer to the applicable collective bargaining agreement/ agreement for information on the amount of the premium contribution. All employee premium contributions will be taken out pre-tax. Employees who do not wish their premium contributions to be taken out pre-tax must submit their request in writing to Benefits. Hourly employees may be required to make separate payments for their benefits in lieu of payroll deduction.

If an Employee is out of work, not receiving a pay and eligible for FMLA, the employee is still responsible for the premium contributions. Employees out of work for more than thirty days must contact Benefits to discuss their specific situation. Benefits of an employee who fails to pay their premium contributions during an unpaid leave will be terminated.

Medical Benefits During Leave Without Pay

Employees who are out of work, not receiving pay and ineligible for FMLA (or FMLA has ended) are responsible for the entire amount of their benefit premiums (including medical, prescription, vision and dental) during their absence. Employees should contact the Benefits Department as soon as they are aware that they will be out of work without pay and ineligible for FMLA. District contribution toward the employee's benefits will end the last calendar day of the month in which the employee's FMLA ends, the employee is no longer paid by the district, or two months of extended medical coverage for every year of service has been applied (for employees out on unpaid medical leave only), whichever is later. If an Employee fails to pay for the benefits premiums owed during their unpaid leave, their benefits will be terminated.

Once the employee returns to the District and receives pay, the District contribution will resume, according to the collective bargaining agreement. If the Employee returns to work any other day than the first business day of the month, the premiums owed will be pro-rated up to the date of the employee's return to work.

Receipt of Pay Upon Return from Unpaid Leave

Employees returning from an unpaid leave must return at least 5 business days prior to the regular pay date to receive a pay. If an employee returns to work less than 5 business days prior to the regular pay date, they will not receive a pay until the following regular pay date.