HEALTH, VISION AND DENTAL INSURANCE PROGRAM

The district may utilize the State Flexible Benefit Allowances as provided to employees per state law to pay a portion of the employer-paid insurance as negotiated by the UCTA and USPA master contracts or as provided by the schedule maintained in the Human Resources Department for administrators and professional support associate employees. The district shall pay up to the cost for the individual premium for the self-insured BASE health plan for the employee's choice of district-offered health plan(s), and up to the cost for the individual premium for vision, dental and disability and life insurance premiums, or the negotiated portion thereof, for certified and support employees according to the provisions of their respective master contracts. The district shall also pay up to the cost for the individual premium for the self-insured BASE health plan for the employee's choice of district-offered health plan(s), and up to the cost for the individual premium for vision, dental, disability and life insurance premiums, or Board-approved portion thereof, for full-time support associate employees and administrators as per the schedule maintained in the Human Resources Department. Professional support associate employees and administrators shall be eligible for insurance on the first day of the month following their date of hire. Support employees shall be eligible for insurance at the first of the month following the completion of two full months of employment or as required by law.

TEACHERS' RETIREMENT SYSTEM (TRS) RETIREE HEALTH, INSURANCE PROGRAM

TRS insurance supplement for Early Retirement Incentive (ERI) participants shall be used to reduce the district's cost of the single health insurance program. The TRS insurance supplement for retirees shall be used to reduce the employee's cost of the single health insurance or Medicare supplement.

RETIREE HEALTH INSURANCE COVERAGE

A district retiree may remove covered dependents or decrease coverage but may not add dependents at retirement or at any point thereafter and may not increase coverage or re-enroll self or dependents (if coverage for self or dependents was previously dropped). Upon termination of coverage, including retiree's death, a covered spouse and/or other covered dependent(s) are subject to COBRA continuation limits.

LIFE INSURANCE AND DISABILITY

District-paid life insurance and disability shall be provided for all full-time employees and for one-half time certified employees. District-paid life insurance shall be provided for all part-time employees. Coverage amounts and effective dates for certified and support employees are specified in the respective master contracts and/or on a schedule maintained in the Human Resources Department. Coverage amounts for administrators are specified in a schedule on file in the Human Resources Department and are effective on the first day of the month following the date of hire.

REVIEW AND NOTIFICATION

Employees and retirees are responsible for reviewing their benefit selections and contributions and immediately notifying the district of any possible concerns or errors.

COMPLIANCE WITH SECTION 125 OF IRS CODE

All qualifying insurance premiums of employees shall be deducted on a pre-tax basis. The district is required to follow Section 125 of IRS code, which prohibits changes to insurance coverage such as medical, dental, vision, etc., at any time other than at open enrollment period(s) or upon a qualifying event as defined in Section 125 of IRS code. Pursuant to Section 125, when an employee experiences a qualifying event (marriage, birth, adoption, divorce, loss of insurance by a spouse or other dependent, and other qualifying events as outlined by Section 125), it is the responsibility of the employee (or other affected individual covered by the benefit plan) to notify the district's benefits office of the qualifying event within a 31-day window of time, measured from the date of the event, so that the benefits office can assist the employee in making the requested change in coverage before the expiration of the 31-day deadline for making the change in coverage.

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