

All Personnel

BP 4154
4254
4354

HEALTH AND WELFARE BENEFITS

The district shall provide health and welfare benefits for certificated and classified employees in bargaining units. Benefits will be provided in accordance with the law and negotiated employee agreements.

Benefits for employees who are not in bargaining units shall be the same unless otherwise specified in Board policy or individual contract.

The Superintendent or designee shall advise all employees of their rights and responsibilities related to continuing their health insurance benefits when their eligibility changes.

Employees of the district who are employed less than four hours each day and not more than 20 hours each week shall not be eligible for district-paid medical and/or dental benefits.

Employees on authorized leave of absence may remain on the district medical and/or dental benefit plan(s) provided they pay six months premium to the district in advance. Premium deductions for all medical and/or dental benefit plan(s) shall be in accordance with provisions of Education Code.

(cf. 3530 - Insurance Management)

(cf. 4141/4241 - Agreement)

Legal Reference:

EDUCATION CODE

1252 Power to contract for group workers' compensation insurance (county superintendent)

7000-7005 Health and welfare benefits, retired certificated employees

7008 Employees disabled by violent act in scope of employment

35208 Liability insurance

35213 Reimbursement for loss, destruction or damage of personal property

35214 Liability insurance (self-insurance)

44041 Deductions in salary payment as requested by employee

44042 Payroll deduction for collection of insurance premium

44986 Leave of absence for disability allowance applicant

45136 Benefits for classified

GOVERNMENT CODE

22009.03 Public agency includes school districts

22156 Medicare coverage for school district employees

22754 Definitions

22858 Application of education code provisions relating to mandatory inclusion of certain retirees in local health and welfare benefit plans

22859 Participation in medicare reimbursement program

53200-53210 Group insurance, especially

53200 Definitions: group insurance, local agency; health and welfare benefits, employees

UNEMPLOYMENT INSURANCE CODE

2613 Education program; notice of rights and benefits

CONSOLIDATED OMNIBUS RECONCILIATION ACT Public Law 99-272

NOTICE OF RIGHT TO CONTINUE COVERAGE UNDER COBRA

Very Important Notice

On April 7, 1986, a Federal law was enacted (Public Law 99-272, title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the Plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.)

If you are an employee of (Name of Employer) covered by (Name of Group Health Plan) you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by (Name of Group Health Plan), you have the right to choose continuation coverage for yourself if you lose group health coverage under (Name of Group Health Plan) for any of the following four reasons:

1. the death of your spouse;
2. a termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment;
3. divorce or legal separation from your spouse; or
4. your spouse becomes entitled (that is, covered) under Medicare.

In the case of a dependent child of an employee covered by (Name of Group Health Plan), he or she has the right to continuation coverage if group health coverage under (Name of Group Health Plan) is lost for any of the following five reasons:

1. the death of a parent;
2. the termination of your parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment with (Name of Employer);
3. parents' divorce or legal separation;
4. a parent becomes entitled (that is, covered) under Medicare; or
5. the dependent ceases to be a "dependent child" under (Name of Group Health Plan).

Under the law, the employee or a family member has the responsibility to inform (Name of Plan Administrator) of a divorce, legal separation, of the Social Security determination that a qualified beneficiary was disabled at the time of the employee's termination or reduction in hours, or a child losing dependent status under (Name of Group Health Plan) within 60 days of the qualifying event or Social Security determination of disability. (Name of Employer) has the responsibility to notify the Plan Administrator of the employee's death, termination of employment or reduction in hours, or Medicare entitlement.

NOTICE OF RIGHT TO CONTINUE COVERAGE UNDER COBRA
(continued)

When (Name of Plan Administrator) is notified that one of these events has happened, (Name of Plan Administrator) will in turn notify you that you have the right to choose continuation coverage. Under the new law, you have at least 60 days from the date you would lose coverage because of one of the events described above to inform (Name of Plan Administrator) that you want continuation coverage.

If you do not choose continuation coverage, your group health insurance coverage will end.

If you choose continuation coverage, (Name of Employer) is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. The new law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 18 months, unless the Social Security Administration determines that you were disabled at the time of termination or reduction of hours and you inform (Name of Plan Administrator) before the end of the 18-month period, in which case your coverage may be extended up to 29 months. If, during that 18 months another event takes place that also entitles you to coverage, coverage may be extended. In no case may the total amount of continued coverage be more than 36 months. However, the new law also provides that your continuation coverage may be cut short for any of the following reasons:

1. (Name of Employer) no longer provides group health coverage to any of its employees;
2. the premium for your continuation coverage is not paid in a timely fashion;
3. you become covered under another group health plan that does not include a pre-existing conditions clause that applies to you or to a covered dependent; or
4. you become entitled (that is, covered) under Medicare.
5. you extended coverage for up to 29 months due to your disability and there has been a final determination that you are no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, under the new law, you may have to pay all or part of the premium for your continuation coverage. You will have a grace period of at least 30 days to pay the premium. The new law also says that, at the end of the 18-month, 29-month, or 36-month continuation coverage period, you must be allowed to enroll in an individual conversion health plan provided under (Name of Group Health Plan) if a conversion option is offered by (Name of Group Health Plan).

If you have any questions about the law, please contact (Plan Administrator's name and business address). Also if you have changed marital status, or you or your spouse have changed your addresses, please notify the Plan Administrator at the above address.