ADDITIONAL DISTRICT BENEFITS

In addition to insurance coverage, the district offers a significant number of valuable benefits to eligible employees. These benefits include, but are not limited to, the following: vacation leave, personal leave, sick leave, catastrophic sick leave bank, workers compensation coverage, early retirement plan, contribution to a tax-deferred annuity plan, participation in the Utah State Retirement System, and flexible benefit plan.

For more information about these benefits, review the current Educators or Classified Negotiated Agreements available on the district website at: www.davis.k12.ut.us or contact the District Payroll or Human Resources Departments.

BENEFICIARY CHANGES

Employees may change beneficiary designation for basic and supplemental life insurance coverage at any time. Change forms are available from the District Insurance Office.

BENEFIT PLAN INFORMATION

Information about district benefit plans can be found on the district website (www.davis.k12.ut.us). From the homepage, select "Departments" then "Insurance" for the "Davis School District Benefits Guide," insurance change forms, insurance company website links, Medicare notice, privacy practices notice, etc.

CANCELLATION OF COVERAGE

Employees who wish to cancel insurance coverage do not need to wait for an open enrollment period. Any policy may be canceled by submitting a **written request** to the District Insurance Division. Coverage will be terminated the end of the month in which the request is received.

CHANGE OF ADDRESS

Employees who have a change of address need to notify the Insurance Division at 801-402-5200, or the Payroll Office at 801-402-5236. Correct address information helps assure that information mailed from the insurance companies (e.g. membership cards, updated policy information, Explanation of Benefits, etc.) is received in a timely manner.

CHANGE OF NAME

By law, the district must use the name on an employee's social security card for payroll purposes. This assures that social security contributions are credited appropriately. The district also uses the name on the social security card for insurance identification purposes. Therefore, it is important that the same name is used when accessing health care services to avoid unnecessary claim denial. Employees should contact the Social Security Administration to make a name change on their card. The new social security card must be taken to the Payroll Department to update district records.

CHANGE OF STATUS

Employees who experience a change of status (marriage, birth, adoption, divorce, death, addition of children, deletion of children who lose dependent status, loss of spouse's job) must submit written notice of same to the District Insurance Division within 30 days of the effective date of the event. If notice is not submitted in a timely manner, coverage opportunities may be lost and/or delayed. **Failure to submit timely notice regarding spouse and/or dependents losing eligibility status may be considered insurance fraud and subject employees to district disciplinary action.**

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

Premium Assistance under the Medicaid and the
Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Meidicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Utah, you can contact the Utah Medicaid office at http://health.utah.gov/chip or 1-877-543-7669 to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact the Utah Medicaid office as indicated above, or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, **and you must request coverage within 60 days of being determined eligible for premium assistance.**

CONTINUATION OF COVERAGE UNDER COBRA

"COBRA" stands for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA is the federal health care continuation law that allows a "qualified beneficiary" who loses employer-provided coverage due to a "triggering event" to continue coverage. COBRA coverage has limited duration. In most cases, the maximum COBRA period from the date of the qualifying event is 18 months for employees and 18 to 36 months for dependents. In cases of disability, COBRA coverage may be continued for up to 29 months. If you divorce, are legally separated, or your child loses dependent status, be sure to submit written notice to the District Insurance Division within 30 days of the event.

COORDINATION OF BENEFITS

Employees covered under more than one group medical and/or dental plan have primary coverage through the plan where they are an active employee. Claims are processed first by the **primary plan**. The Explanation of Benefits (EOB) received from your primary plan should be subsequently submitted to your other coverage, or **secondary plan**, for consideration.

As a general rule, when a child is covered as a dependent of both parents, under two separate plans, the primary plan is the plan carried by the parent whose birthday falls earliest in the calendar year. If both parents have the same birthday, the plan that has been in effect for the longest period of time is the primary plan. If an employee and his/her spouse both work for the District, refer to the Eligibility note in this section for coordination information.

In order to assure the appropriate processing of claims, you are required to provide information to all insurance companies regarding other coverage. Failure to provide requested information may result in a delay of processing or denial of claims.

EARLY RETIREMENT PLAN (ERP)

- **Eligibility** - To be eligible for the ERP, employees must have ten years of salary schedule service credit (including five years current service in the district) and meet the eligibility requirements for and be receiving Utah State Retirement System benefits within 90 calendar days following retirement. Employees with at least five but fewer than ten years of salary service credit who meet the above criteria may also apply for these benefits on a pro rated basis. Employees and/or their dependents who are eligible for Medicare are not eligible to continue participation in the district's Early Retirement Plan.

- **Enrollment** - Enrollment in the ERP is contingent upon the retiree completing an enrollment form and contributing the same premium for all coverage as required of active employees for the first three years and the full premium, as determined by the District Insurance Committee, for the following seven years. At time of retirement, employees may choose to take a credit of 21.5 percent of the value of their accumulated sick leave to be applied toward the payment of ERP insurance premiums during retirement.

- **Period of Coverage** - Employees who retire under the Early Retirement Incentive Program may continue to be enrolled in group medical and dental programs under the ERP until they become eligible for medicare, or for the ten consecutive years following retirement, whichever occurs first. By electing participation in this plan, employees and their dependents are electing an alternative to COBRA participation.

- **Life Insurance** - Participants in the ERP may also continue to carry life insurance during the first three years of retirement or until they become eligible for medicare, whichever occurs first. Employees who continue supplemental term life insurance coverage will be responsible for direct payment of premiums or for establishing a direct payment plan from their bank account. The initial premium must be paid within 30 days of the date of retirement. Additional premium payments are due the first of each month to the Davis School District Accounting Department, P. O. Box 588, Farmington, UT 84025-0588. If premiums are not paid on a timely basis, coverage will terminate at the end of the month for which premiums have been paid.

- **Dependent Coverage** - Special provisions apply for dependent coverage continuation in the ERP in cases where the retiree loses coverage eligibility. See the District Insurance Office for details. Please note, dependents eligible for medicare are ineligible for coverage under the ERP.

- **Return to Active Employment** - Special provisions apply to retired employees who receive Davis School District retirement incentives and subsequently return to employment with the Davis School District. See the District Insurance Office for details.

- **Additional Information** - For more information on the ERP, refer to the Educators or Classified Negotiated Agreements or call the Insurance Division at 801-402-5636.

EFFECTIVE DATE/TERMINATION DATE

The effective date of coverage for an insurance eligible employee is the first day of the month following 30 calendar days after his/her start date. An employee who loses insurance eligibility because of a break in service with the district does not have a 30-calendar day waiting period before the insurance effective date if the employee begins coverage, or is hired into an insurance eligible position, or combination of positions, by the district within 12 months of losing coverage eligibility.

When dependent eligibility occurs subsequent to the employee's initial eligibility (e.g. marriage, birth, adoption) coverage will be effective the date of the event. Coverage that requires underwriting will not be effective until underwriting approval is completed. **Remember, no coverage will be effective without completion of appropriate Insurance Enrollment Forms and appropriate documentation.**

If an employee terminates employment or when coverage eligibility is lost, insurance coverage shall terminate the last day of the month in which eligibility was lost. However, if an employee working in a licensed position loses eligibility after the end of the school year, coverage may continue through: August 31 for employees working on a traditional schedule or retiring from district employment; July 31 for employees working on a year round schedule. If a dependent loses eligibility status unrelated to the termination of the employee (e.g. marriage, divorce, death, or child reaches age 26) insurance coverage shall terminate the last day of the month in which eligibility was lost.

ELIGIBILITY

- **Employees Eligible to Participate in District Group Insurance Plans Include:**
  Employees with an employment start date July 1, 2004, or later, working in a position that is: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; OR, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

  Employees with an employment start date and insurance eligibility date June 30, 2004, or earlier, working in a position that is: authorized for an average of twenty (20) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of twenty (20) or more hours per work week and authorized for a total of at least 704 hours each fiscal year.

  Employees with an employment start date June 30, 2004, or earlier, but not eligible for insurance July 1, 2004, working in a position that is: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

  Employees working in a combination of positions that are: authorized for an average of thirty (30) or more hours per work week and authorized for at least 168 days each fiscal year; **OR**, authorized for an average of thirty (30) or more hours per work week and authorized for a total of at least 1,008 hours each fiscal year.

- **Retired Employees**
  A retired employee who has retired under the district incentive program and elected the Early Retirement Incentive Medical and Dental Plan (ERP) is eligible to participate as specified in the ERP.

- **Change in Work Hours**
  An eligible part-time employee who declined coverage when first eligible, but later experiences a change in approved work hours may apply to enroll if done so within 30 days of the change in hours. The change must be to a total of 35 hours or more per work week for licensed positions and 37.5 hours or more per work week for classified positions. The employee is responsible for contacting the Insurance Division to request and complete enrollment.

- **Married Couple Working for the District**
  If an employee and his/her spouse work for the District, both employees shall be eligible for coverage if they meet other eligibility guidelines. Dental coverage shall be provided under the name of one spouse only, with the other spouse as a dependent, rather than as coordinated coverage for both. Each spouse may elect to carry medical coverage, in which case they may include each other as a dependent on their coverage. Alternatively, they may elect to carry medical coverage under the name of one spouse only, with the other spouse as a dependent on that coverage, in which case the employee portion of the premium may be waived.

- **Eligible Dependents**
  - Employee's spouse.
  - Employee's children under the age of 26.
  - Employee's children with disabilities age 26 and older (as specifically approved by the insurance carrier).

ENROLLMENT RESTRICTIONS

Employees who decline coverage or who do not apply for benefit coverage within 30 days of insurance eligibility date or change of status date shall not be able to enroll in coverage until the next district open enrollment period. In these cases, coverage is subject to insurance benefit restrictions as outlined in the insurance contracts.

LEAVE OF ABSENCE

Employees anticipating or experiencing an absence exceeding ten consecutive work days shall submit a written request for a leave of absence to the Human Resources Department (regardless of accumulated paid leave). During a leave of absence, insurance coverage eligibility is lost at the end of the month in which an employee:

- not eligible for family and medical leave (FMLA) exhausts approved paid leave (or has no available paid leave for the position). If the employee is insurance eligible as a result of combined positions he/she loses insurance eligibility if paid leave is exhausted in a position that is needed to meet the insurance eligibility threshold.

- eligible for family and medical leave (FMLA) exhausts approved paid leave and is beyond the FMLA period. If the employee is insurance eligible as a result of combined positions, he/she loses insurance eligibility if paid leave is exhausted in a position that is needed to meet the insurance eligibility threshold and he/she is beyond the FMLA period.

Catastrophic sick leave and/or advanced paid leave approval provides paid leave only and does not provide for continuation of insurance eligibility.

MEDICARE "CREDITABLE COVERAGE NOTICE"

The "Creditable Coverage Notice" for Medicare eligible employees and dependents may be found at www.davis.k12.ut.us/insurance. This notice contains important information about the prescription drug coverage provided by the health insurance plans offered by Davis School District.

PREMIUM PAYMENT

- **Payroll Deductions**
  Insurance premiums shall be payroll deducted where possible. Deductions taken from an employee's payroll check at the end of the month are payment for that month's insurance coverage.

- **Schedule (Costs)**
  Where the district participates in the cost of insurance premiums, the contribution is prorated based on authorized average hours per work week for the position or combination of positions. Premium schedules may be found at www.davis.k12.ut.us/insurance.

- **Payment Adjustments**
  Employees are financially responsible for their portion of insurance premiums. When an employee does not receive a payroll check or receives a payroll check with an incorrect or insufficient insurance premium deduction, an adjustment will be made as soon as possible on a succeeding payroll check. Adjustments may consist of a refund or an additional premium deduction. In some cases, the employee may be asked to directly pay any amount owing.

- **Part-Time Employees**
  Employees who are scheduled to receive less than 12 checks per year will prepay a portion of the annual premium. Part-time employees working less than 225 days who are paid in 10 checks rather than 12 will have their annual insurance premium deducted over 9 payroll checks. If coverage eligibility is lost, any prepaid premium amount shall be refunded.

- **Married Couple Working for the District**
  If an employee and his/her spouse both work for the District in insurance eligible positions, the District shall pay up to 100% of the premium cost for one of the employed spouses for medical and dental coverage, provided that coverage is elected for that spouse only, with the other spouse being included as a dependent on that coverage. Eligible, enrolled spouses employed in positions authorized for 32.5 or less hours per work week shall receive a prorated premium contribution reflecting the higher contribution level.

SUMMARY OF BENEFITS AND COVERAGE (SBC) INFORMATON

A summary of Benefits and Coverage (SBC) for each of the health insurance plans offered by the District may be found at www.davis.k12.ut.us/insurance.

WEB SITE INFORMATION

Information regarding insurance benefits can be found on the district web site at:
https://www.davis.k12.ut.us/insurance

By using the district computer system you can:

- learn more about your current insurance enrollments.
- review the current Benefits Guide,
- review and/or print documents related to your coverage,
- link to company web sites.

To review your current insurance coverage, log on to the district's ENCORE System.

1. Click on your name (upper right)
2. Select MyEncore
3. Select Personnel Master
4. Enter your Employee ID #
5. Select Blue Insurance Tab
6. Select Insurance Summary

To review other insurance information go to www.davis.k12.ut.us.

1. Select Departments
2. Select Insurance
3. Select Specific Plan Information

**This is summary information only.
It is not meant to replace or fully interpret provisions
of the negotiated agreements, FMLA, COBRA, district policy
or your insurance benefits.**

**Benefits, eligibility guidelines and premium contributions are
subject to change at any time.**