

Involuntary Layoff of Classified Employee Guidelines

Termination of Health Benefits

Coverage will be terminated the last day of the month of your separation date (usually the last day you are scheduled to work). The district will adjust your final pay for any premiums you owe the district or the district owes you for the fiscal year (July 1 – June 30) and will invoice you if your final pay is not sufficient to cover the amount owed.

- 10 month employees who have worked through the end of the school year will have coverage through August 31st.
- 11 month employees who have worked through the end of the school year will have coverage through July 31st.
- 12 month employees will have active coverage through the end of the month of their termination date.

Election to Continue Health Benefits (COBRA)

You will receive paperwork outlining your options to continue your coverage under COBRA laws. In short, you can elect to continue any or all of your health benefits for a maximum of 18 months (may be longer for dependents) at the active employee rates + 2%. You will have 60 calendar days after your separation date to enroll in COBRA. Premiums due will be retroactive to the day after your coverage was terminated.

District Health Benefits Contributions after Separation Date

Per Board Policy 4254, due to your **involuntary layoff**, if you elect to continue coverage, the district will contribute an amount not to exceed your monthly cap at the time of separation for two months following your separation date. See COBRA payments below. Important: You are responsible for taking appropriate action to elect continued coverage and terminate continued coverage if you choose to do so and for making premium payments as indicated below.

COBRA PAYMENTS

For two months following your separation:

If you are enrolled in dental and/or vision coverage only, the district will deduct your monthly cap from the total premiums and invoice you for any difference.

If you are enrolled in medical insurance, the medical carrier will bill you directly for medical COBRA premiums. The district will reimburse you up to your monthly cap--less any dental and/or vision premiums--upon receiving proof you have paid your medical COBRA premium. To be reimbursed for medical premiums, you can 1) submit a copy of a cancelled check(s) payable to your medical carrier or 2) submit a "paid" receipt from your medical carrier or 3) provide other proof that the premiums were paid. You must apply to PVSD for reimbursement no later than the last day of the second month following your separation date. Subsequent Payments: Your medical carrier will invoice you for medical coverage. The district will invoice you for dental and vision coverage.

COBRA Cancellation

You may cancel coverage at any time by contacting your medical insurance carrier and/or the district (dental and vision only). Cancellation takes effect no sooner than the 1st of the month following the date your completed cancellation forms are received.

Contact, Information and Forms

- Marce Arce, PVSD Employee Benefits Specialist, 600 Temple Avenue, Camarillo, CA 93010; 805-389-2100 ext 1164, 805-445-8773 (FAX), marce@pleasantvalleysd.org
- PVSD Web Site: <https://www.pleasantvalleysd.org>

