

# About Your Benefits

Stamford Public Schools (BOE) offers certified teachers, administrators and instructional staff - who are members of the Stamford Administrative Unit (SAU), the Stamford Education Association (SEA), the Educational Assistants of Stamford Association (EASA) or the Stamford Board of Education Employees Association (Security Workers and Community Liaison Employees (SCL) - a comprehensive benefits program that includes medical, dental, prescription drug and life insurance coverage.

## Eligibility

### Employee

To be eligible for the benefits described in this book, you must be one of the following:

- a full-time and part-time (.50 or more Full Time Equivalent), certified teacher who is a member of the SEA
- a full-time, certified administrator who is a member of the SAU
- a full-time, employee who is a member of the EASA
- a full-time, employee who is a member of the SCL
- full-time discretionary employees

### Dependents

You may choose to cover your eligible dependents under the medical, dental, life, and accident insurance plans. Eligible dependents include:

- **Your spouse** is the person to whom you are legally married or legally joined in a Civil Union. Ex-spouses are not eligible for coverage. You must notify the Stamford Public Schools Benefits Administration Office immediately should you and your spouse divorce or if your Civil Union is dissolved.
- **Your unmarried, unemployed children** are:
  - Your natural children\*
  - Stepchildren\* who live with you
  - Children\* you support pursuant to a valid court order
  - A child legally placed for adoption pursuant to a valid adoption agency document, court notice or decree\*\*
  - A legally adopted child pursuant to a valid court notice or decree\*\*
  - A child for whom you have been appointed a legal guardian pursuant to a valid court notice or decree\*\*

\*You may cover eligible children up to age 19. Coverage may be extended up to age 25 for children who are full-time students at a recognized college, university or trade school. Coverage may be extended beyond age 25 if your child is unmarried and incapable of self support due to a mental or physical handicap that existed prior to the age of 25, subject to written certification by the benefits administrator of the medical plan. If your child is handicapped, be sure to apply to extend his or her coverage before it would otherwise end.

\*\*The effective date of the coverage will be the placement date as provided in the adoption agency documentation, court decree or notice. If the child needs medical care or prescription drugs prior to the child being enrolled with the medical or prescription drug plan administrator, you

are responsible for expenses for such care. You may file a claim for reimbursement of eligible expenses after the child is enrolled for coverage with the medical or prescription drug plan administrator.

## Levels of Coverage

You decide between the following three levels of coverage for your medical, prescription drug and dental benefits:

- You only
- You and one dependent
- You and your family

## When Coverage Begins

### New Hires

If you are a newly hired employee, as defined in the Eligibility section of this book, and your employment coincides with the start of a school year, your benefits coverage begins on September 1<sup>st</sup>. If your employment begins after the start of the school year or doesn't coincide with the start of the school year, your benefits begin on the first of the month following your date of hire.

If you are hired as a long-term substitute and you are awaiting certification, your benefits will begin on the first of the month following receipt of your certification. For example, if you are hired on August 28<sup>th</sup> and your certification is provided to Stamford Public Schools on October 10<sup>th</sup>, your benefits will begin on November 1<sup>st</sup>. The beginning of your benefits coverage is not retroactive to your hire date.

### Current Employees

The benefit elections you make during the annual open enrollment are effective at the beginning of each program's plan year.

### Benefit Plan Years

Medical	July 1 <sup>st</sup> – June 30 <sup>th</sup>
Prescription Drugs	July 1 <sup>st</sup> – June 30 <sup>th</sup>
Dental	July 1 <sup>st</sup> – June 30 <sup>th</sup>
Voluntary Life Insurance	September 1 <sup>st</sup> – August 31 <sup>st</sup>
Voluntary Accident Insurance	September 1 <sup>st</sup> – August 31 <sup>st</sup>
Flexible Spending Accounts	January 1 <sup>st</sup> – December 31 <sup>st</sup>

## When Coverage Ends

### Termination of Employment Prior to the End of a School Year

- Your medical, prescription drugs and dental coverage end on the last day of the month you terminate your employment.
- Your BOE-provided basic life insurance and basic accident insurance coverage ends on your termination date.
- Your voluntary life insurance coverage ends on the last day of the month during which your employment is terminated.
- Your voluntary accident insurance coverage ends on the last day of the month during which your employment is terminated.
- Your participation in the flexible spending accounts ends on your termination date.

### Termination of Employment at the End of a School Year

- Your medical, prescription drugs and dental coverage ends on August 31<sup>st</sup>.
- Your BOE-provided basic life insurance and basic accident insurance coverage end on August 31<sup>st</sup>.
- Your voluntary life insurance coverage ends on the last day of the month during which your employment is terminated.
- Your voluntary accident insurance coverage ends on the last day of the month during which your employment is terminated.
- Your participation in the flexible spending accounts ends on your termination date.

### Retirement Prior to the End of a School Year

- As an active employee, your medical, prescription drugs and dental coverage end on the last day of the month you retire. Your coverage as a retiree begins consistent with your retirement with the Connecticut Teachers' Retirement System.
- Your BOE-provided basic life insurance and basic accident insurance coverage end on your retirement date.
- Your voluntary life insurance coverage ends on the last day of the month during which you retire.
- Your voluntary accident insurance coverage ends on the last day of the month during which you retire.
- Your participation in the flexible spending accounts ends on your retirement date.

### Retirement the End of a School Year

- As an active employee, your medical, prescription drugs and dental coverage end on August 31<sup>st</sup>. Your coverage as a retiree begins as of September 1<sup>st</sup> if July 1<sup>st</sup> is your retirement date with the Connecticut Teachers' Retirement System the Connecticut Teachers' Retirement System.
- Your BOE-provided basic life insurance and basic accident insurance coverage end on August 31<sup>st</sup> unless you are retiring as an Administrator. If you are an Administrator, your coverage continues in accordance with your collective bargaining agreement.
- Your voluntary life insurance coverage ends on the last day of the month during which you retire.
- Your voluntary accident insurance coverage ends on the last day of the month during which you retire.
- Your participation in the flexible spending accounts ends on your retirement date.

## Death of Employee or Retiree

- Your medical, prescription drugs and dental coverage end on your date of death. Coverage for your spouse and eligible dependents ends at the end of month during which you die.
- Your BOE-provided basic life insurance (active employees) ends on your date of death.
- Your voluntary life insurance coverage ends on your date of death.
- Your participation in the flexible spending accounts ends on your date of death.

## Full-Time to Part-Time Status

Your benefits also end when you go from full-time to part-time status or if you fail to make the required contributions while out on an unpaid leave of absence.

If your health coverage ends, you may be eligible to extend health care coverage for you and your dependents under COBRA. Refer to the COBRA section of this benefits book.

If your life insurance ends, you may convert your life insurance to an individual policy within 31 days. If you die within 31 days of the date your life insurance coverage ends, your beneficiary will be paid the amount in effect before coverage ended. If your dependent dies within 31 days after his or her life insurance ends, you will be paid the amount in effect before coverage ended.

## HIPAA Coverage Certificates

When your health coverage ends (for example, if you terminate employment), Anthem will issue you a certificate that will set forth the period your health coverage was in effect. You can use this certificate to reduce pre-existing condition limitations that may apply to you under a later health plan - for example, the plan of a subsequent employer.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your period of health coverage under the benefits offered by Stamford Public Schools can reduce the period during which a later plan can exclude coverage for pre-existing conditions, provided you do not have a 63-day break in coverage (not counting waiting periods). Coverage certificates permit you to document your period of coverage under the benefits offered by Stamford Public Schools. You will be sent a certificate of your period of coverage under the benefits offered by Stamford Public Schools after your coverage ends. If you extend your regular coverage under COBRA, you will be sent another certificate after your COBRA coverage ends. If your dependent's coverage ends before yours does and you notify the Benefits Administration Office of this cessation of coverage, a certificate will be issued for your dependent.

Certificates will be sent to your last known address, so be sure to notify Human Capital Development (who will notify the Benefits Administration Office) of any address change. Certificates will be issued as promptly as possible, but allow two months for delivery after coverage ends (or after you provide notice regarding a dependent, if later).

You may request a certificate (or a duplicate certificate) by calling Anthem's Member Services at 800-233-4947.

## Cost of Coverage

The cost of your coverage is based upon your employee association's collective bargaining agreement. Pre-tax money is used to pay for medical, prescription drug, dental and flexible spending accounts benefits. You pay for voluntary life and accident insurance coverage with after-tax dollars.

## Annual Open Enrollment

The annual open enrollment for medical, dental, voluntary life insurance and voluntary accident insurance benefits occurs at the end of each school year. During this time, you have the chance to review your benefits and make changes that meet your personal needs. You may enroll in, return to, opt out of our plans, and/or add/delete dependents to your benefits coverage. The effective date of your benefit elections is July 1st.

The annual open enrollment for flexible spending accounts occurs each November. You must complete an enrollment form in order to elect to have a flexible spending account for each calendar year. The effective date of your election is January 1<sup>st</sup>.

An open enrollment memo is sent via email to all employees and to each school's Main Office in May for medical, dental, voluntary life insurance and voluntary accident insurance benefits and in October for flexible spending accounts. This memo provides the open enrollment deadline and steps to enroll. The memo also provides your premium contributions for medical/prescription drugs and dental coverage.

All benefit elections or changes must be submitted to the Benefits Administration Office by the enrollment deadline. If you fail to submit your elections before the annual open enrollment deadline, your existing benefits will continue for the next school year. If you fail to make an election during the annual open enrollment for flexible spending accounts, you will not have a flexible spending account for the next calendar year.

## Changing Coverage during the Year

You may make changes to your benefits during the year only if a "Qualified Life Event," as enumerated in IRC Section 125 occurs:

- Marriage or divorce
- Birth or adoption
- Death of your spouse or dependent child
- Dependent child ineligible because of age or ceases to be a full-time student
- Termination or commencement of your spouse's employment
- Change in your or your spouse's job status from full-time to part-time or part-time to full-time
- Taking of an unpaid leave of absence by you or your spouse

**You must report the change to the Benefits Administration Office within thirty (30) days of the event.** See the **What Happens To Your Benefits When...** section of this book to find out how each benefit is affected by your specific change and what action steps you need to take.

You may also make changes to your benefits during the year if there is a significant change in the cost of the plan, which causes a corresponding increase in your contribution during the plan year or if there is a significant change in your or your spouse's health coverage due to the spouse's employment. **You must report such change to the Benefits Administration Office within thirty (30) days of the change.**

## Coordination of Benefits

If you and your covered dependents have medical or dental coverage under more than one group plan, the Stamford Public Schools benefits program has a feature that coordinates benefits to avoid increased costs that result from health care overpayments. Below is a listing of the order of benefit determination rules that you should know.

- Your medical and/or dental benefits plan through Stamford Public Schools is always primary for you.
- If you are covered under your spouse's medical and/or dental benefits plan, that plan is secondary for you.
- If your spouse has coverage through his/her employer, then that benefits plan is primary for your spouse.
- If you cover your spouse, the medical and/or dental plan through Stamford Public Schools is secondary for your spouse.
- If both you and your spouse cover your children, the plan that pays first is determined by the birthday rule, a standard method used in the insurance industry. This means that the plan of the spouse whose birthday falls earlier in the calendar year is primary. (For example, if your birthday is April 1 and your spouse's birthday is October 1, your plan is primary for your children.) If you both have the same birthday, the parent who has been covered longer has the primary plan. Only the month and day of the birthday are considered.
- If you are divorced or separated and a court decree establishes financial responsibility for the health care of a child, the plan of the parent assigned that responsibility will be that child's primary plan. In the absence of a court decree and when not remarried, the plan of the parent with legal custody will be the primary plan. If the parent with legal custody has remarried and the stepparent's plan also covers the child, the plan of the parent with custody will pay first, the plan of the stepparent will pay next, and the plan of the parent without custody will pay last.

When the medical and/or dental benefits plan through Stamford Public Schools is primary, it pays benefits as if it were the only plan. After the medical or dental plan administrator pays benefits, or denies a claim, you may file a claim for any unpaid amounts with your secondary plan.

When the medical and/or dental benefits plan through Stamford Public Schools is secondary, the medical or dental plan administrator determines the benefit that it would pay if it were the only plan (this includes applying the appropriate benefit levels and all other benefit limitations). Then, the benefit amount paid by the primary plan is subtracted. This means that when your medical and/or dental through Stamford Public Schools is secondary, it will pay only the difference, if any, between its usual benefit and the benefit paid by the primary plan. Therefore, coverage through Stamford Public Schools' medical and/or dental benefits plan and another plan may not result in your receiving 100% reimbursement for your medical and dental expenses.

Coordination of Benefits does not apply to the prescription drug program.