

HERMITAGE SCHOOL DISTRICT

2017-18 EMPLOYEE BENEFITS OPEN ENROLLMENT NOTICE

Open Enrollment Overview

Introduction/Message to Employees: The Hermitage School District's 2017-18 Employee Benefits Open Enrollment Period is May 15, 2017 through June 15, 2017, for coverage beginning July 1st 2017. During this period, eligible employees may enroll in and/or add/delete eligible family members to/from the District's medical, dental, and vision plans. Please refer to your collective bargaining agreement/employment contract for employee eligibility requirements.

What do you need to do during the OPEN ENROLLMENT period?

- **If you do not want to make any changes to your current benefit elections you do not need to take any action.** All of your current benefit elections will automatically carry over and remain in effect.
- **If you want to change any of your current benefit elections,** you will need to contact the Business Office, see contact information below, to obtain the necessary forms. Please note that all forms must be completed and received by the Business Office no later than Thursday, June 15, 2017.

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Switch from part-time employment to full-time employment

You have **31** days from a change in family status to make changes to your current coverage.

CONTACT INFORMATION: Monique Horvath, Business Manager
411 North Hermitage Road, Hermitage PA 16148
(724)-981-8750 ext 6201
monique_horvath@hermitage.k12.pa.us

REMINDERS:

Open Enrollment Period: May 15, 2017 to June 15, 2017
Open Enrollment forms are due to the Business Office by Thursday, June 15, 2017.

Who is eligible for benefits?

- **Please refer to your collective bargaining agreement/employment contract for employee eligibility requirements.**

Eligible Employees	Effective	Available Benefits
You and your eligible dependents	First of Month, following hire date	All benefits, as per collective bargaining agreement/employment contract

If you do not enroll now, you must wait until open enrollment or have a qualifying event.

Eligible dependents include:

- **Your spouse** under a legally valid existing marriage.
- **Your dependent children:**
 - Natural child
 - Newborn children
 - Stepchildren
 - Children legally placed for adoption
 - Legally adopted children
 - Children awarded coverage pursuant to a court order
- **Dependent children between the ages of 19 and 26 are eligible to participate in your health plan. This includes children whose coverage ended or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26.**

The child does not need to be a full-time student, reside with you, or be able to be claimed by you as a tax dependent. The child can be employed, married, or even have children of their own and still be eligible to participate as a dependent in your health plan. However, the spouse and/or their children are not eligible.

- **Please Note - Dependent children who are full time students between the ages of 19 and 25 are eligible to participate in your dental and vision plans; however, you must provide proof of full time student status semi-annually. You are responsible for notifying the Business Office when these child(ren) cease to be full time students (this includes, but is not limited to, loss of full time status during a semester and at graduation).**

Making Changes

Consider your benefit options carefully. Once you choose your benefits, they will be in effect for the entire fiscal year (July 1st-June 30th), unless you have a qualified status change – an event that causes you or a covered dependent to gain or lose eligibility for coverage. Following are examples of qualifying events:

- Marriage, divorce or legal separation.
- Birth, adoption, or placement for adoption.
- Death of a spouse or child.
- A change in your or your spouse's employment status that affects eligibility for coverage.
- A child loses dependent status.
- Your spouse's health care coverage through his or her employer changes.
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status.
- Entitlement or loss of entitlement to Medicare or Medicaid.

- Coverage of a child due to a Qualified Medical Child Support Order (QMCSO).
- Changes consistent with Special Enrollment rights and FMLA leaves.

If you have a change in status, you must notify the Business Office within 31 days of the change.

You and your dependents may also enroll in this plan if you (or your dependents):

- Have coverage through Medicaid or a State Children's Health Insurance Program (CHIP) and you (or your dependents) lose eligibility for that coverage.
- You must request enrollment within 60 days after the Medicaid or CHIP coverage end date.

Remember, it's your responsibility to notify the Business Office when dependents are no longer eligible for benefits.

Failure to properly notify the Business Office regarding family changes in status may subject you to repayment for costs of covering ineligible dependents.