

HEALTH AND DENTAL CARE BENEFITS

A. Generally

The Regional School Board recognizes that access to quality health care is an important benefit to employees. As part of its overall compensation plan, the Regional School Board will negotiate with health and dental providers to offer a comprehensive and cost-effective benefit package for employees.

Periodically, the director will recommend and the Regional School Board will approve contracts with health and dental providers as part of the school's overall compensation plan.

B. Active Employees

- 1) In order to qualify for subsidized health and dental benefits, instructional staff must teach at least 4 of 5 sections, and non-exempt staff must work at least 30 hours per week.
- 2) Effective January 1, 2021, any newly hired employee in the .2 FTE, .4 FTE, .5 FTE, and .6 FTE categories will not be eligible to participate nor to purchase health and dental care benefits at the full-cost of the premiums. Also effective January 1, 2021, if there are any active school employees in these categories of FTE that purchase health and dental benefits, they will be considered 'grandfathered' and may continue to participate with a pro-rated subsidy. The 'grandfathered' employee is responsible for premiums over months they are not under contract (ex: July and August).
- 3) Rates and benefits are negotiated with the health and dental providers on an annual basis. The benefit period begins October 1 and ends September 30 each year. The Regional School Board shall approve the contribution level annually. Changes as a result of provider negotiations will be distributed to employees during open enrollment to be held each September.
- 4) New employees have thirty-one (31) days from the date of employment to enroll in health or dental coverage. If coverage is not selected within the thirty-one (31) day period, the employee is not eligible for coverage until the next open enrollment period unless there is a qualifying family status change.
- 5) A new enrollment, addition of eligible dependents, termination of all coverage or removal of a spouse or dependent outside the open enrollment period is permitted only if there is a qualifying family status change. Official documentation of the status change is required. Coverage for all changes must be made within thirty-one (31) days from the date of the event that qualifies as a status change.
- 6) Premiums may be deducted from an employee's salary on a pre-tax basis with a deduction taken two times per month (middle and last day of month) for the period the premium occurs. An employee who prefers after-tax deductions must complete a Premium Only Plan Enrollment Form/Salary Reduction Agreement annually during the open enrollment period. Changes in coverage or new enrollments may result in multiple premiums being deducted from an employee during any one-pay period.

C. Separation of Employment

Termination of MLWGS health and dental subsidies will cease upon the last day of the month of an employee's separation from employment, regardless of any pending spread pay salary that is anticipated. Employees will be provided with information regarding COBRA coverage and may enroll within thirty (30) days of separation.

D. Leave of Absence Without Pay

The employee is eligible during a leave of absence to continue all insurance coverage; however, the employee must make arrangements to pay the entire premium for such insurance except in the case of approved medical leave. For approved medical leaves, Maggie L. Walker Governor's School will continue to pay its portion of the medical and/or dental insurance for up to six months.

E. Retirees

An individual, who is identified as qualifying under VA Code §22.1-85, hereafter referred to as 'employee,' must be enrolled as an active member of the Maggie L. Walker Governor's School plan prior to retirement and be in good standing in order to be eligible for any retiree benefit.

- 1) An employee who retired or is disabled as determined by the VRS, shall be eligible for health and dental care benefits subject to the following:
 - a. An individual must have been an employee of MLWGS for at least five (5) years to be eligible.
 - b. The employee must have applied and been approved for retirement under the rules and regulations of the VRS or the Social Security System, or identified as eligible for continued participation as negotiated with the health care providers.
 - c. The employee will be responsible for the full costs of selected health and dental care plans offered by MLWGS for an amount equal to the respective monthly premiums from health care providers.
 - d. When the employee (retiree) becomes eligible for Medicare, eligibility for coverage under MLWGS's health care plan(s) will become null and void. Dental coverage enrollment may continue beyond Medicare eligibility with the employee responsible for payment in an amount equal to the respective monthly premium from the dental provider.
 - e. Under no circumstance will any payment for retiree health care be made by MLWGS.

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Health and Dental Benefits
Staff Fringe Benefits