THE SCHOOL DISTRICT OF PHILADELPHIA

Welcome to the School District of Philadelphia

Benefits and Retirement Overview*

For

LOCAL 634

Inside you will find a summary overview of the benefits for which you are eligible as a SDP 634 employee. Please visit our website often for updates, forms, and notifications.

Benefits Office, Suite G-10
Phone: 215-400-4630
Fax: 215-400-4631
Email: benefits@philasd.org

Retirement Office, Suite G-8
Phone: 215-400-4680
Fax: 215-400-4681
Email: retirement@philasd.org

Office Hours: Monday-Friday, 9am-5pm. After hours by advance appointment only.

Revised 01/2020

*This overview is for informational purposes only and is subject to change at the School District of Philadelphia's discretion.

Medical Health Plan

As a School District of Philadelphia (SDP) 634 employee, you are eligible to enroll in a health maintenance option (HMO), Keystone 15, provided you have successfully completed 90 calendar days of service. This is medical coverage only. This plan requires that you select a primary care physician (PCP) and you obtain a referral from your PCP before visiting a specialist. Please visit ibx.com or contact 1-800-ASK-BLUE for a list of participating providers.

Food Service employees **scheduled** to work 5 or more hours a day are eligible to enroll themselves and eligible children dependents in the health coverage offered by the School District of Philadelphia. Food Service employees scheduled 7 or more hours per day may also add a spouse onto their coverage.

Student Climate Staff (formally noon time aides) are not eligible for health coverage through the School District of Philadelphia.

Eligibility for dental, vision, and prescription coverage is determined and administered by your Local 634 union.
Please contact (215) 440-0245 or the Fund Administrator at (833) 228-9212 for more information regarding those benefits.

Life Events

A life event that impacts either your or your dependent(s)'s eligibility must be reported by submitting both a medical insurance application and proof of the life event within **thirty (30) calendar days to the SDP Benefits Department**. If these documents are not submitted to the Benefits office within 30 calendar days of the life event, the requested change(s) to add a dependent or change coverage will not be made. Failure to *remove* an **ineligible** dependent in a timely manner may result in charges for premiums and claims incurred by the ineligible dependent. You have the opportunity to submit changes during our annual Open Enrollment in May in which changes are effective July 1.

Life events include but are not limited to:

- Marriage or divorce of the employee
- An enrolled family member dies
- Loss of alternative health coverage
- Birth or adoption of a child by the employee
- Termination or commencement of employment of the employee's spouse
- The employee or spouse/partner has a significant change in employment status (e.g. part-time to full-time or vice versa, spouse gains employment)
- The employee's family member(s) loses coverage provided by other means

Life Insurance

As an SDP employee represented by Local 634, you are entitled to a term life insurance policy of $20,000, through The Hartford (formerly Aetna U.S. Healthcare) **at no cost to you**. You are not required to undergo a medical examination if you enroll within the first 31 days of your employment. However, if after such time you wish to elect life insurance coverage, you will be required to complete an Evidence of Insurability form. All life insurance coverage becomes effective on the first day of the following month after 30 days of active service with the SDP.

If you were to pass away during active service at the District, the beneficiaries you provide will receive the full benefit, pending Aetna's approval.

If you have had the active policy for the last 10 consecutive years of service and take a Normal Retirement per the State of Pennsylvania regulations (1 year of service at age 62; 30 years of service at age 60; 35 years of service at any age), you will qualify for a fully paid $2,000 Term Life Insurance policy once you separate from the District. You will receive notification from the Benefits Office after your retirement date.

All employees, who leave active service (retired or otherwise), have 31 days to convert all or part of the non-paid-up portion ($2,000 in the case of eligible retirees) of their active policies to a self-billing policy directly with The Aetna Life Insurance Company. All Life Insurance forms can be found on our website: http://philasd.org/offices/benefits

Supplemental Term Life Insurance

In addition to the benefits we currently offer, you have the option to purchase additional term life insurance through convenient payroll deductions. The Aetna Supplemental Term Life Insurance plan is being offered on a guaranteed issue basis up to $150,000 without proof of good health within 30 days of hire. A professional advisor from Benefit Harbor will be available to assist you with the enrollment process. The advisors will ensure that you have a complete understanding of coverage and various features available to you.

- If you would like to enroll, call Benefit Harbor at **1-888-391-3841** and a counselor will guide you through the enrollment process. The call center hours are Mondays through Thursdays from 9:00 AM to 6:00 PM, and Fridays from 9:00 AM to 5:00 PM. You also have an option to enroll online at: https://www.memberbenefitlogin.com/ees/psd.html

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis through payroll deductions to pay for eligible health care, dependent care, and / or commuter/parking expenses. This provides a tax break to cover out-of-pocket health and dependent care expenses. When employees purchase benefits on a pre-tax basis, their compensation is reduced for purposes of calculating wages subject to federal and F.I.C.A. taxes and, in most states, state income tax. For residents of Pennsylvania, state taxes are saved on Health Care FSA elections, but not Dependent Care FSA elections.

The "Use It or Lose It" Rule:
If you do not use all the money you have contributed to any FSA account, you will lose any remaining balance in the account at the end of the eligible claims period. This rule exists under the IRS guidelines for tax-advantaged plans; **it applies to the medical and dependent care FSA only.** The plan year runs from January 1 through December 31. You have two and a half month carryover period to use all deposited contributions. In summary, you have until March 15 of the next year to use up your balance from the previous year.

If you resign, retire or separate from the District any time during the year, you have 90 days to submit any claims from the beginning of the plan year to your separation date. Below are the tax-advantaged FSA accounts we offer through **AmeriFlex**, our third party administrator. You can learn more about the products at www.flex125.com

Enrollment:
Enrollment is different for each program:
- Employees may enroll for the Commuter Reimbursement Accounts at any time throughout the year.
- Enrollment in the Dependent Care FSA can be completed during the Open Enrollment period, held by AmeriFlex. Open Enrollment is held in November, effective January 1.
- The Medical Flexible Spending Account is available to newly eligible employees after completing one full year of service. Employees can enroll during the Open Enrollment period, held by AmeriFlex. Open Enrollment is held in November, effective January 1.

Elections are made per calendar year (January through December) during the voluntary benefits open enrollment held each November.

Medical Flexible Spending Account (FSA)
Also known as Health FSA, you can use your pre-tax contributions to pay for eligible health care costs such as:
- medical and dental out-of-pocket expenses and co-pays
- eye exams, contact lenses/solutions and glasses
- prescription drugs
- orthodontia and dental care
- medical devices such as hearing aids and diabetic testing supplies

Please be aware that if you pay for a visit with a provider who does not accept our insurance and later get reimbursed by the insurance company, only the out-of-pocket expense is eligible for the FSA reimbursement. *Example: You visit the dentist and write a check for the full charge of $150. United Concordia then sends you a reimbursement check for $100. You can submit a claim to AmeriFlex for your out-of-pocket cost of $50.*

Dependent Care Account (DCA)
A DCA allows you to get reimbursed for eligible childcare expenses that enable you and your spouse to be employed. Typical eligible expenses are:

- The costs of babysitter, daycare, after-school care, Pre-K program, and day camp for dependents **under** 12 years old, the dependent must be your dependent under federal tax rules.
- Services must be for the physical care of the child, not for education, meals, etc.
- Expenses for overnight camps and kindergarten are **not** eligible for reimbursement.

Commuter and Parking Reimbursement Accounts (CRA)
A CRA allows you to use pre-tax contributions to pay for eligible mass transit, parking, and van-pooling expenses.

- Transit Account – to be used for public transportation such as costs for SEPTA monthly passes, tokens, and regional rails.
- Parking Account – to be used for parking costs at or near your work location, or the parking costs at a train station where you get transportation to work.

The IRS sets a monthly reimbursement limit annually, please refer to the below above for the current plan year. You have to pay out of pocket (post tax) for any amount over the IRS monthly limits. You have the ability to adjust future contributions to avoid excess or shortage by completing a form to change your payroll deductions.

Visit the AmeriFlex website at www.Myameriflex.com and select "Employees" for more information about the FSA plans, a list of eligible expenses, and forms.

Contribution Limits:
Note: Annual elections will be spread over 20 pay periods, excluding the summer months. See below for the contribution limit and eligible expenses for each plan type.

Plan	Maximum Election Limits (as of 1/1/2020)	Examples of Eligible Expenses
Medical	$2,700 Annually	Co-pays for office visits and prescriptions, deductibles, amounts above plan limits, eye exams and glasses, contact lenses, orthodontia, not covered medical and dental expenses
Dependent Care	$5,000 annually	Day care, day camp, preschool, pre-kindergarten
Transit CRA	$270 per month	Subway or bus passes, van or car-pooling costs
Parking CRA	$270 per month	Parking expenses incurred to park your vehicle near your employer or near mass transit/commuter facilities

Wage Continuation (Salary Continuation):

You may purchase Wage Continuation coverage to protect yourself from sustained salary loss due to an illness or non-work related injury that extends beyond your sick time. New employees may enroll at the beginning of SDP service; however, you will not be eligible for the program until after you have completed your employment probation, at which time your premium contributions will begin to be deducted from your pay. Should you become ill and exhaust all sick leave, at the conclusion of a short waiting period, you will be compensated a daily amount consistent with 75 percent of your salary for up to 6 months (26 weeks), pursuant to SDP approval.

Employees who do not apply for the Wage Continuation program within the first 30 days of employment will be required to wait until Open Enrollment, which is held during the full month of May. Changes made during Open Enrollment are not effective until July 1. Employees will be required to submit an application during Open Enrollment to participate in the program.

The cost of this indemnity program is dependent upon your amount of unused sick days and salary.

The premium rates for this plan are as follows:

Wage Continuation Premium Rates		
Accumulated Sick Leave	Total Annual Waiting Period	Bi-weekly deduction per $100 grossed
Less than 10 days	7 work days	$2.95
10 but less than 30 days	6 work days	$2.10
30 but less than 60 days	5 work days	$0.31
60 but less than 90 days	4 work days	$0.00
90 but less than 120 days	3 work days	$0.00
120 but less than 150 days	2 work days	$0.00
150 but less than 180 days	1 work days	$0.00
Greater than 180 days	0 work days	$0.00

Below is an example on how to find your bi-weekly premium:

Formula	Biweekly Gross pay (before taxes)	÷	100	×	Rate listed in the chart above	=	Total biweekly premium
Less than 10 days	$900.00	÷	100	×	$2.95	=	$26.55 per pay
10 but less than 30 days	$900.00	÷	100	×	$2.10	=	$18.90 per pay
30 or more days	$900.00	÷	100	×	$0.31	=	$2.79 per pay

The purpose of this formula and calculation is to give an approximate value of the biweekly deduction. Actual biweekly deduction amounts may vary.

Cancellation of the program is limited to Open Enrollment.
Enrollment in the Wage Continuation program does not guarantee eligibility of use. You must be approved by the Health Services Department for use of this program.

403(b) and 457(b) Retirement Savings Plans

A 403(b) or 457(b) plan are voluntary retirement plans offered to employees of the School District of Philadelphia. At any time during your employment, you may contribute a portion of your salary on a pre-tax (traditional) or an after-tax (Roth) basis to an authorized SDP program-participating carrier.

All contributions are made by employees; there is no employer match or contribution to either 403(b) or 457(b) plan. While you are an active employee, you may be eligible to withdrawal from these accounts per the rules of section 403(b) and 457(b) of the IRS Code and the School District of Philadelphia Plan Documents.

CONTACT INFORMATION

Please contact any of these agents directly to determine which plan best meets your financial needs and to begin the enrollment process. The carrier of your choice will assist you with the necessary forms.

The **approved** providers for the School District's 403(b) and 457(b) Plans are:

AIG Retirement Services	(877) 889-1589
AXA Advisors	1-800-628-6673
Lincoln Investment Planning	800-242-1421 extension 1434

More information on the program, the benefits of participating and a comparison of the programs can be found on our website, http://philasd.org/offices/benefits.

Additional Benefits Information

Voluntary Benefits

The School District of Philadelphia has partnered with Winston Benefits to offer the following voluntary benefits:

- Whole Life
- Accident
- Critical Illness
- Pet Insurance
- Identity Theft

These benefits are optional but you may find that they are appropriate to address your needs. There are no changes to your core benefits, and electing these benefits has no impact those enrollments. To enroll in these voluntary benefits log onto https://sso.philasd.org/cas/login and click on the Winston Icon.

Please keep in mind that as a new hire, you must enroll within 30 days of your date of hire. If you do not enroll during your new hire window, you must wait until the next Open Enrollment period to elect your benefits.

For more information, visit our website https://www.philasd.org/benefits/voluntary-benefits/

Tuition Discounts

The School District of Philadelphia has collaborated with several educational institutions to offer tuition discounts to District employees and their families:

Drexel Online
Holy Family University
Peirce College

Unfortunately, the District does not offer tuition reimbursement at this time. You may be able to receive loan forgiveness under the Public Service Loan Forgiveness program. Visit https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service.

Visit https://www.philasd.org/benefits/home/tuition-discounts-and-educational-partners/ for the most up to date information.

Guidance Resources

We are pleased to offer all employees and their families' access to support through the ComPsych Guidance Resources. There is no cost to employees or their families and all information is confidential. No personally identifiable information is sent to the District. This support is designed to assist employees and their families in resolving personal problems (e.g., marital, financial or emotional problems; family issues; substance/alcohol abuse).

On the web: https://www.guidanceresources.com
Web ID: SDP

By phone: 833-812-5180
TDD: 800.697.0353

Leave Policy

As an employee, you are eligible for various types of paid and unpaid leave. You must complete your employment probation period before you begin to accrue leave.

Personal Leave Days: If you begin SDP employment at the beginning of the school year, you will receive **Three** (**3) days per year** for emergencies and for matters that cannot be accomplished during non-working hours. You will receive a prorated number of days if you begin employment after the beginning of the school year. The prorated amount will not exceed 3 days. At the beginning of the following year following your appointment, you will then receive 3 full personal days.

Personal leave cannot be accumulated for use in another year. If you do not exhaust your personal days by August 31, the unused time will be placed in a frozen personal leave bank, which you will be unable to utilize.

Personal Illness Days –If you begin SDP employment at the beginning of the school year 1, you will receive **10 days per year** for personal illness. You will receive a prorated number of days if you begin employment after the beginning of the school year The prorated amount will not exceed 10 days. At the beginning of the school year of the year following your appointment, you will then receive 10 full personal illness days. There is no limit on the number of personal illness days you may accumulate.

The only exception to this is if you have a probationary period that you must exhaust. You do not accrue paid time off during that time and will receive a prorated amount of days at the conclusion of your probationary period.

pennsylvania
Public School Employees' Retirement System

5 N 5th Street
Harrisburg, PA 17101-1905
Toll-Free Number: 1.888.773.7748
Local Number: 1.717.787.8540
Fax Number: 1.717.772.3860
Hours (Mon-Fri) 8:00 a.m. - 5:00 p.m

Public School Employees' Retirement System (PSERS)-Mandatory Pension Plan

PSERS is one of the largest public pension plans in the nation. Participation in this benefit is **mandatory**. This defined benefit plan guarantees you a monthly lifetime benefit based on your age, final average salary and the number of credited service years after you reach a certain combination of age and/or service, provided you are vested.

Beginning July 1, 2019, employees who are members of PSERS will default into a hybrid retirement, pre-tax contribution plan called class T-G, if you are contributing to PSERS **and** hired for the first time on or after 7/1/2019. The hybrid plan consists of a defined benefit (DB) pension plan with PSERS and a 401(a) defined contribution plan (DC) with Voya Financial. You will have the option to switch to one of two other plans, a Class T-H, which is also a hybrid plan, or Class DC plan, which would be contributions to Voya only. **Switching plans is irrevocable**. More information is explained below.

PSERS Membership

When you become a new member of PSERS, you will receive a *Welcome Packet*. The *Welcome Packet* will include reference to creating a Member Self Service (MSS) account to access the *Active Member Handbook*, a *Nomination of Beneficiaries* (PSRS-187) form, and an *Application for Multiple Service Membership* (PSRS-1259). If applicable, you will also receive a *Class T-H and DC Election Packet*.

PSERS is a defined benefit retirement plan, which means your retirement benefit is determined by a defined formula. PSERS' basic formula to calculate retirement benefits is based on a pension multiplier, your credited years of service, and your final average salary.

All full-time and part-time salaried employees are members of PSERS from day one of employment and must make retirement contributions. "Full-time," for retirement purposes, is defined as employees who work 5 or more hours a day, 5 days a week or its equivalent (25 or more hours a week).

Part- time hourly and part-time per diem employees must meet minimum service requirements to qualify for PSERS membership (500 hours or 80 days in one school year). If you fall under this category, you may waive membership in PSERS and can only do so through their MSS account. To qualify for the waiver, the part-time employee must have an Individual Retirement Account (IRA) and request a waiver within the first school year they qualify for PSERS membership. When you waive membership in PSERS, you forfeit all future rights to benefits for that waived school year. If you attain membership, you will be required to contribute to contribute towards PSERS and/or Voya even if membership was waived prior. If you choose to contribute towards your pension, you will not contribute to a 401(a) with Voya until PSERS membership has been attained. If you do not meet the threshold for membership prior to the school year ending, you will receive a reimbursement of your contributions from PSERS. If you attain membership within the school year, you will see contributions towards your 401(a) with Voya deducted unless you opt to switch to the defined contribution only plan.

NOTE: If you are currently a PSERS retiree, your monthly benefit will stop upon re-employment unless you are hired under emergency or extracurricular employment (the provisions of Act 2004-63).

Voya Financial

Voya is one of the largest Defined Contribution record keepers in the country with 6,000 employees throughout the U.S. and 47,000 employer retirement plans to more than 4.5 million plan participants.

Membership Class of Service

The law governing PSERS sets the terms of membership classes as a Voya participant. Your membership class is determined by the date you become a member of PSERS or if you change your class election. The investment lineup for the 401(a) plan can be found on PSERS' website here: https://www.psers.pa.gov/Employers/Pages/403(b)-Updates-and-Clarifications.aspx

Contributions

Employee contribution rates are based on a member's date of hire and class of service and are set by law. The rates are a based on a combined hybrid plan where contributions go to both a PSERS and Voya account or an account that goes only to Voya. The contribution rate for each class is below:

Membership Class	DB Member Contributions (PSERS)	DC Member Contributions (VOYA)	Total Contribution
Class T-G (default)*	**5.50%**	**2.75%**	**8.25%**
Class T-H	4.50%	3.00%	7.50%
Class DC	0.00%	7.50%	7.50%

*Part time hourly and part time per diem employees will default to class T-G only contributing to a PSERS account at 5.5% of gross salary

Each class has a "shared risk" provision that could cause the total contribution levels to fluctuate 3.00% in increments of .75% for the DC plan. With a "shared risk" program, you benefit when investments of the fund perform well and share some of the risk when investments underperform. The employee contribution rate may not go below the above listed base rates.

Purchase of Service-purchasing service credit is when you add additional service to your PSERS account by paying contributions and interest for an eligible period that service and salary would have been reported, but was not. Please contact PSERS directly to check your eligibility to purchase service for the period you believe you did not receive credit.

Vesting will differ for both PSERS and Voya. Please contact PSERS and Voya individually to obtain more information about vesting and your vesting schedule.

The "Footprint" Rule

The "footprint rule" that was utilized in Act 120 of 2010 remains for current employees who leave and return. Therefore, **members who have pre-hybrid tier membership who leave and return to service will be re-enrolled in the class of service to which they belonged prior to the new plans effective 7/1/19.**

If you have former service credited with the Pennsylvania State Employees' Retirement System (SERS) for work performed for the Commonwealth of Pennsylvania (for example, Department of Public Welfare, Labor & Industry, Transportation, etc.), you may elect multiple service, which combines state and school service. You will receive an election form with the PSERS *Welcome Packet*. **You have only 365 days from the date of your enrollment letter to make your multiple service election.**

Keeping Your Data Current

Throughout the year, PSERS and Voya will send you important publications and notifications pertaining to your retirement account. For you to receive this information, you must ensure your demographic information is accurate and current. Please be sure to monitor your salary, service, and demographic information for accuracy. You may contact the Retirement Department if you notice any discrepancies.

Contacting PSERS: If you have any questions, please contact the PSERS Member Service Center by calling toll-free, 1.888.773.7748. Hours of operation are each business day from 8:00 a.m. to 5:00 p.m. You may also email ContactPSERS@pa.gov. Please visit psers.pa.gov for more, detailed information.

Contacting Voya: If you have any questions, please contact the PSERS Member Service Center by calling toll-free, 1.833.432.6627. Hours of operation are each business day from 8:00 a.m. to 8:00 p.m. Please visit PSERSDCvoya.com for more, detailed information.

Resigning/Retiring
Upon your intent to resign/retire from the SDP, you will need to notify the Retirement Department. Notification of Retirement/Resignation forms are located on the SDP's website under Retirement or available in the Retirement Department.

Continuation Coverage Rights Under COBRA

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.
If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

****For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the SDP's COBRA third party Administrator, Discovery Benefits.****

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Retirees with 30 or more years of service will also be entitled to continue medical health insurance under the Pennsylvania Law Acts 110/43 (COBRA) until age 65, after coverage is terminated by the District.

When the qualifying event is the end of employment or reduction of the employee's hour of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare enrollment, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Special Enrollment Notice
If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and/or your dependents in this pay in the future, provided that you request enrollment within 30 days after your other coverage terminates. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in

your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes-To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Other information-All employees are covered by Independence Blue Cross Family of Companies. The monthly cost to continue coverage under these plans depends on the type of coverage and family status. Other available health insurance plans include dental, vision, and prescription coverage. Please note: if you are represented by the Philadelphia Federation of Teachers (PFT), Local 1201, or Local 634 bargaining units, you must purchase COBRA for dental, vision and prescription plans through the Health and Welfare Office of your respective union. Non-Represented, CASA, and SPAP employees should contact the District's Third Party Administrator, Discovery Benefits directly (see below).

Plan contact information-It is not necessary to contact the School District at the time of your separation from employment for information on COBRA. A notification of the COBRA election will be mailed to the employee's home address by the District's Third Party Administrator, Discovery Benefits, prior to the termination of benefits. If notice is not received within a timely manner, please free to call Discovery Benefits for more information:

Discovery Benefits
P.O. Box 2079
Omaha, NE 68103
866-451-3399

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

WH1420 REV 04/16

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

EMPLOYEE BENEFITS	**www.philasd.org/benefits**
440 N. Broad Street-Suite G10, Philadelphia, PA 19130	**Phone: 215-400-4630**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name **School District of Philadelphia (SDP)**		**4. Employer Identification Number (EIN)** **23-6004102**
5. Employer Address **Employee Benefits 440 North Broad St, Suite G10**		**6. Employer Phone Number** **215-400-4630**
7. City **Philadelphia**	**8. State** **PA**	**9. Zip Code** **19130**
10. Who can we contact about employee health coverage at this job? **EMPLOYEE BENEFITS**		
11. Phone Number (if different from above) **215-400-4630**	**12. Email Address** **Benefits@Philasd.org**	

Here is some basic information about health coverage offered by this employer:

• As your employer, we offer a health plan to:

☐ **All employees.**

☑ **Some employees. Eligible employees are: Determined pursuant to employee job classification and the Collective Bargaining Agreements in which the School District of Philadelphia participates.**

• With respect to dependents:

☑ **We do offer coverage. Eligible dependents are: As defined in the policies and Collective Bargaining Agreements referenced above.**

☐ **We do not offer coverage.**

☑ **If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

**** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

EXPLANATION OF HEATH INSURANCE MARKETPLACE NOTIFICATION

Effective January 1, 2014 the Affordable Care Act (also known as Healthcare Reform) requires all individuals to have health insurance or incur a financial penalty. To assist all individuals in purchasing this required insurance, Health Insurance Marketplaces are being put in place.