

Eligibility

All employees of the School District of Indian River County are considered eligible for benefits if they work 30 hours or more per week.

Eligibility is determined at the time of hire, or when you transfer positions, or if you enter a job share position. If you are not sure of your eligibility status, please contact the benefits department by email at sdircbenefits@indianriverschools.org.

New Hire Enrollment must be completed within 30 days of the employee's start date. Please see the enrollment instructions found on page 13 in this Guide.

Effective Dates

The Open Enrollment effective date of the benefits is based on the Plan Year which is October 1st through September 30th.

The effective date of benefits for a newly hired employee is the first of the month, following one full calendar month of continuous active employment. For example, if the hire date is January 5th, then benefits will become effective March 1st. This is also true if you transfer positions or if you enter a job share position.

New Hire Enrollment must be completed within 30 days of new hire date. **Enrollment is not completed until you click "submit" to confirm and print a copy of the CONFIRMATION sheet.** Be sure you print a hard copy of your new benefits summary to compare to your payroll deductions to ensure that the deduction amounts are correct. Please Note: Printing your confirmation will not confirm your enrollment, you must click "submit" to confirm.

Dependent Eligibility

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse and eligible children who reside in your household and depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse to provide coverage. Age limits vary depending on coverage, so be sure to check each benefit. In order to cover dependents under District benefits, you will be required to upload documentation proving their eligibility under each plan. This will include a marriage certificate for spouses, birth certificates for dependent children and college enrollment documents for children over age 26 for health insurance.

Medical Plan Dependent Coverage

Under the Affordable Care Act, you can cover your children under the District's medical plan until the end of the month in which they reach age 26 regardless of full-time student status, marital status or place of residency. Under Florida legislation, you may cover your eligible dependent children through the end of the calendar year in which they turn 30. To qualify, your adult child must meet all of the following eligibility criteria each year and documentation must be provided and verified:

- Be unmarried and have no dependent children of his/her own
- Be a resident of the state of Florida or a full or part-time student whose parents reside in Florida
- Have no medical insurance as a named subscriber, insured enrollee or covered person under any group or not to be entitled to benefits under the Title XVII of the Social Security Act.

Other Plans Offering Dependent Coverage (Dental, Vision and Life)

Dependent children under the dental plan are covered until the end of the year in which they turn **25**. Vision coverage for dependent children will cease at the end of the month in which an eligible dependent reaches **age 25**, regardless of student status, if the dependent is unmarried. Voluntary child life coverage is available for unmarried children through age 25.

Benefits and Leave

Paying for your Benefits

All benefits are paid through payroll deductions, unless you are placed on an “unpaid leave” status (see below). Benefits are payroll deducted to pay for the current month of coverage. Many of the benefits are paid pre-tax. Some of the cost of the benefits are paid by the District, some by you, and some are shared by you and the District. Please refer to the following chart for specifications.

BENEFIT	WHO CONTRIBUTES?	TAX BASIS
Medical & Prescription	Employee & The District	Pre-Tax
Basic Life/AD&D, EAP	The District	Not Applicable
Dental, Vision, Health Savings Accounts, Retirement Plans	Employee	Pre-Tax
Additional Life/AD&D, Disability, Additional Elective Benefits	Employee	Post-Tax

Family Medical Leave Act — Approved Leave with Benefits

The District will continue to pay the employer’s contributions for your health and employer paid basic life insurance coverages for up to 12 weeks while you are on approved FMLA leave; however, you are responsible for paying the employee cost for any insurance coverage you have elected for yourself, and, if applicable, your family.

These payments will continue to be payroll deducted until such time you go into an “unpaid leave status.” At that time, you will be required to make premium payments directly to the District for each pay period as premiums are no longer payroll deducted. **Failure to pay insurance premiums by the 30th of the month will result in immediate cancellation of coverage.**

District Payment Instructions: Direct payment can be made by check or money order (cash payments are not accepted) to the address below. Please include your Employee ID on the check and a copy of your benefit confirmation page. **Failure to pay insurance premiums by the 30th of the month will result in immediate cancellation of coverage.** The amount owed is the amount normally deducted per pay as shown on your paystub in Focus.

Make payments to: School District of Indian River County (SDIRC)

Mailing Address: Employee Benefit Department
6500 57th Street, Vero Beach, FL 32967

NON-FMLA Leave

If you go out on an approved Non-FMLA leave, you will be responsible for paying 100% of your health insurance premium. You will no longer receive the Board paid contribution. **Failure to pay insurance premiums by the 30th of the month will result in immediate cancellation of coverage.**

FMLA or Approved Leave of Absence— Frequently Asked Questions and Answers

- 1. What happens to my benefits when I go out on Leave?** If you are on approved FMLA leave, the District will continue your benefits and pay the District cost of benefits. However, you will be required to pay for your share of the health insurance premiums, see above District payment instructions. If you are on Non-FMLA leave, you will be responsible for paying 100% of the cost of the your health insurance along with your cost of any other benefits you have elected. You will no longer receive the Board contribution to the health insurance.
- 2. How do I know how much I will owe?** You may determine the cost your benefits by reviewing your printed hard copy of the benefit confirmation sheet and your most recent pay stub.
- 3. Can I add my newborn to my policy?** Yes, your newborn may be enrolled on your plan within one month of birth by going online to www.sdirc-benefits.com and processing a qualifying event.
- 4. Can I add other family members to my policy at the same time I add my newborn?** Yes, you can add your spouse or other qualified dependent children at the time you add your newborn.
- 5. What happens to my benefits if I don’t come back from leave after my FMLA expires?** If you are on leave beyond the FMLA period, you will stop receiving the Board contribution towards the District health insurance coverages and will be responsible for paying the total cost, whether through payroll deductions or direct payment. If payments are not received by the end of each month, **benefits will be cancelled immediately.**

Qualifying Events

Making Changes During the Year

Choose your benefits carefully! **You cannot change your benefit options during the year unless you have a qualified life event.** Qualified Life Events include:

- ⇒ Marriage or divorce
- ⇒ Death of your spouse or dependent
- ⇒ Birth or adoption of a child
- ⇒ Change in your employment status —Employment termination or obtaining new employment
- ⇒ Change in spouse's employment status —Employment termination or obtaining new employment
- ⇒ Change in dependent eligibility status

*****You have 30 days from the Qualifying Event Date to submit your benefit changes*****

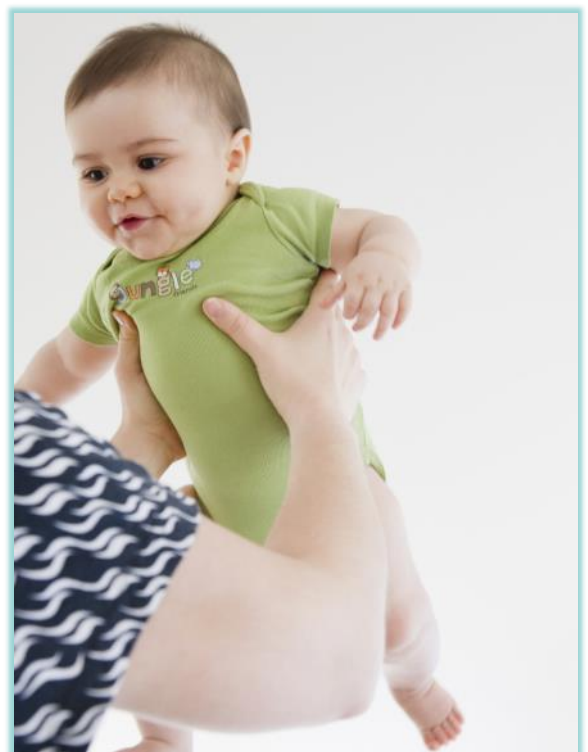
Qualifying Events—Additional Information

- **Newborns** will be covered under your medical plan if you have any of the District medical plans for the first month of life at no charge. **YOU MUST** contact the Employee Benefits Department within the initial 30 days for this coverage to be added to your health insurance deductions. If you wish to enroll the newborn and other eligible dependents to your health insurance, please read below.
- **If you do not have family coverage**, you may enroll the newborn, as well as other eligible dependents, within 30 days of birth. If you do not complete the enrollment for the newborn/other dependents within 30 days from the date of birth, you will not be able to add them until the next Open Enrollment period unless you have another qualifying event. **NOTE:** You will be required to pay the Employee + Family premium from the date the insurance coverage is added (back to date of birth).
- **If you already have family coverage**, be sure to complete the Qualifying Event online within 30 days to add the newborn as a new dependent. There is no increase in your family premium when adding the newborn to your existing family coverage.

A copy of the birth certificate and any other dependent documentation will be required, as backup to the qualifying event.

Submitting Qualifying Events

1. To submit a qualifying event to Employee Benefits please visit www.sdirc-benefits.com.
2. Follow the login instructions on page 13.
3. Select your applicable life event and enter the date of your life event.
4. Follow the instructions provided in the system on each life event to advise what date should be used.
5. Complete the process by following the system prompts.
6. Upload required documentation by clicking on the paper icon above the Florida Blue section.



Benefit Termination

Benefit Termination Policy

Terminated employees are covered until the last day of the month:

- In which employment ends (interim employees are in this category).
- In which you cease being in a benefit eligible position.
- In which you retire.
- In which payments are not received.

Family Medical Leave Act (FMLA)

FMLA — Approved Leave with Benefits

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- If you are an instructional employee and you work through the last day of your contract period and subsequently resign, “not retire,” coverage will be in force **through the period already covered by paid premiums.**

When an employee leaves the District, either involuntary or voluntarily, benefits will end the last day of the month in which the last day was worked, for all paid benefits.

