

Layoff 2016 - Benefits Frequently Asked Questions

1. How will being placed on a “layoff” affect my benefits?

Your benefit coverage will end the last day of the month in which you work. For example, if your last day worked is June 10, 2016, your benefits will end June 30, 2016. In this example you will be offered COBRA continuation coverage effective July 1, 2016.

2. What is COBRA?

COBRA is a federally mandated program which allows you to maintain your current benefits for a specific period of time upon termination of employment. Under federal law, termination of employment entitles you to 18 months of coverage. The entire cost of the COBRA continuation coverage is borne by the individual.

3. Where can I obtain information on COBRA?

COBRA information and rates are available on the Benefits website at www.browardschools.com/benefits. If you are placed on layoff, a COBRA letter and election form will be mailed to your home address by the individual carriers.

4. If I am enrolled in the Deferred Retirement Option Program (DROP), what will happen with my DROP account if I am laid off?

If you are placed on layoff while participating in DROP, you **MUST** exit DROP and receive the funds in your DROP account from the Florida Retirement System (FRS). Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist regarding your specific circumstance or to schedule a retirement appointment.

5. Can I withdraw my retirement funds if I am enrolled in the FRS Investment Plan?

You **MUST terminate** from all FRS employers before you can receive your funds. Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist or call the MyFRS Financial Guidance line at 1-866-446-9377. There is a wait period before withdrawing your funds.

6. Will I be paid for my unused vacation and accumulated Sick Leave?

You will receive payment for your unused vacation hours. With the exception of the Technical Support Professionals (TSP), unused Sick Leave is paid **only** if you retire in accordance with Bargaining Unit Agreements or School Board policy 4305.

7. Can I retire if I am placed on a layoff?

Yes, you may retire if you are vested with the Florida Retirement System (FRS). Please contact the Benefits Department at 754-321-3100 and ask to speak with a Retirement Specialist to schedule a retirement appointment. General retirement information may be obtained by visiting the Florida Retirement System (FRS) website at www.myfrs.com. Please contact the Benefits Department for School Board based inquiries.

8. If I am recalled from a layoff will there be a lapse in benefit coverage?

If you are recalled on or prior to your calendar start date, your benefits will be reinstated the first of the following month. **For example, if your calendar start date is August 15, 2016, your benefits will become effective September 1, 2016.** If you are rehired after your calendar start date, your benefits will be reinstated the first of the month following 30 days from your start date.

9. What must I do if I am recalled from a layoff to reinstate my benefits?

If you are recalled from a layoff, you must recomplete the benefits paperwork to reinstate your coverage. You may at that time, change your plan selections and covered dependents. To complete new benefits paperwork, please visit **the Benefits Department at 7770 W. Oakland Park Blvd., Sunrise, FL 33351 between 8:00 a.m. – 5:00 p.m.** Should you have any question, please contact the office at 754-321-3100 or send an email to benefits@browardschools.com.



COBRA MONTHLY HEALTH RATES

(2% Administrative Fee included)

JANUARY 1, 2016

Coventry

PREMIER HMO

Employee Only	\$ 561.41
+ One Dependent	1,184.55
+ Family	1,656.13

PREMIER PLUS HMO

Employee Only	\$ 615.16
+ One Dependent	1,297.97
+ Family	1,815.38

CONSUMER DRIVEN

Employee Only	\$ 621.47
+ One Dependent	1,309.33
+ Family	1,822.90

Coventry KIDS' Plans

<u>BASIC PLAN</u>		<u>ENHANCED PLAN</u>	
(0 - 4)		(0 - 4)	
One Child	\$ 452.35	One Child	\$ 769.00
Two Children	904.70	Two Children	1,538.00
Three or more Children	1,357.05	Three or more Children	2,307.00
(5 - 26)		(5 - 26)	
One Child	\$ 196.68	One Child	\$ 334.34
Two Children	393.35	Two Children	668.67
Three or more Children	590.03	Three or more Children	1,003.01



COBRA MONTHLY DENTAL/VISION RATES

(2% Administrative Fee included)

JANUARY 1, 2016

DENTAL	HUMANA/ COMPBENEFITS	<u>METLIFE</u>	<u>METLIFE/ SAFEGUARD</u>
<u>BASIC DHMO PLAN</u>			
Employee Only	\$ 8.94		\$ 10.98
+ One Dependent	15.46		18.81
+ Family	20.73		25.50
<u>ENHANCED DHMO PLAN</u>			
Employee Only	\$ 10.55		\$ 15.40
+ One Dependent	19.18		26.62
+ Family	25.81		35.72
<u>BASIC PPO</u>			
Employee Only	\$ 31.21	\$ 38.23	
+ One Dependent	56.49	76.52	
+ Family	84.52	117.85	
<u>ENHANCED PPO</u>			
Employee Only	\$ 37.03	\$ 47.10	
+ One Dependent	70.95	94.27	
+ Family	111.00	163.98	

VISION	HUMANA/ COMPBENEFITS	<u>SOLSTICE/ DAVIS</u>
<u>BASIC PLAN</u>		
Employee Only	\$ 3.39	\$ 3.37
+ One Dependent	7.49	7.89
+ Family	12.79	12.59
<u>ENHANCED PLAN</u>		
Employee Only	\$ 4.88	\$ 4.35
+ One Dependent	10.77	10.22
+ Family	18.46	16.36



Benefits & Employment Services Department

Layoff Information

2016

Benefits End

- **When will my benefits end?**

Your Board paid benefits coverage will end the last day of the month in which you work - **6/30/16.**

- **So then what happens....**

You will be entitled to COBRA

What is COBRA?

- Same plans, except you pay the premium
- Covers medical, dental and vision
- Will begin 7/1/2016
- Allows continuation for 18 months
- Election form will be mailed to your home address, listed in ESS

More COBRA Information

- Rates include a 2% administrative fee
- Each benefit is billed separately
- Choose all, none or some combination
- You have a 60 day election period from the date coverage is lost
- Effective retroactively

Other benefits...

- Vacation – automatically paid out
- Sick – other than TSP's, only paid if you retire
- Flexible Spending Accounts – use service or can submit claims incurred through 6/30/2016 or by the end of the month in which you separate
- Life Insurance – apply within 30 days of separation – contact the Benefits Department to obtain form and instructions
- Disability – apply within 31 days of separation – packet on Benefits website
- Other voluntary insurances (i.e., cancer and critical illness/accident.) – may continue, contact carrier
- FRS – depends on vesting

If you are recalled...

- If you are rehired **on or prior** to your calendar start date, your benefits will be reinstated the first of the following month.

- **Example:**

Calendar Start Date/Recalled <u>on or prior</u> to	8/15/16
Effective first of the following month	9/1/16

- If you are rehired **after** your calendar start date, your benefits will be reinstated the first of the month following 30 days from your start date.

- **Example:**

Recalled on (after start date of 8/15/16)	8/29/16
Effective first of the month following 30 days	10/01/16

What to do now

- Update your address in ESS
Used for COBRA, Payroll and Communication
- Unemployment
www.FluidNow.com
PH: 1-800-204-2418

Employee Assistance Program

- Please refer to the enclosed EAP Communication Piece
- Services are free & confidential
- Call 754-322-9900

Contact Information

- Benefits Department

754-321-3100

- Benefits Website

www.browardschools.com/benefits

- CAB

ronley.alexander@browardschools.com

benefits@browardschools.com

Notice Of COBRA Continuation Coverage Rights

Introduction

As an employee of Broward County Public Schools you are covered under a group health plan (The Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The School Board of Broward County, FL, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, retirement, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the 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: Benefits Department, The School Board of Broward County, 7770 W. Oakland Park Blvd., Sunrise, FL 33351. Supporting documentation is required to support the date and qualifying event.

How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours 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 entitlement, 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 two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. You must provide this notice to: Benefits Department, The School Board of Broward County, 7770 W. Oakland Park Blvd., Sunrise, FL 33351. Supporting documentation is required to support the date and qualifying event.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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 COBRA, the Health Insurance Portability and Accountability Act (HIPAA), 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 the EBSA Web site at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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.

Plan Contact Information:

The Broward County Public Schools
Attn: Benefits Department
7770 W. Oakland Park Blvd.
Sunrise, FL 33351
PH: 754-321-3100
FAX: 754-321-3280

COBRA ADMINISTRATORS

Should you have questions regarding your COBRA paperwork or billing, please contact the appropriate plan administrator listed below.

PLAN

COBRA is administered by:

Medical

Coventry Health Care

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments

Dental

Humana/CompBenefits

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments.

MetLife/SafeGuard

MetLife Recordkeeping
P.O. Box 14410
Lexington, KY 40512-4410
PH: 800-710-6113
FAX: 866-545-7517

Use this address to submit
paperwork only.

MetLife Billing Center
PO Box 13724
Philadelphia, PA 19101-3724

Use this address to submit
payments only.

Vision

Humana/CompBenefits

Benefits Outsource, Inc.
5599 South University Drive, Suite 201
Davie, FL 33328
PH: 954-680-7626
FAX: 954-680-7630

Use this address to submit
paperwork and payments.

Solstice/Davis Vision

Solstice Benefits, Inc.
COBRA Unit
P.O. Box 16057
Plantation, FL 33318-6057
PH: 954-335-0771
FAX: 954-370-1701

Use this address to submit
paperwork and payments.

The Employee Assistance Program (EAP) functions as the source of professional competence in handling complex workplace situations, as well as psychological and social issues affecting employees, their family members and retirees.

The Employee Assistance Program (EAP) is a confidential and free benefit program that utilizes a policy of support and assistance to a troubled employee, whether or not job performance is being adversely affected. The EAP operates in both a preventive and corrective mode as we work toward the total wellness of all School Board employees and their families. The philosophy underlying the function of the EAP is that even the most effective employees may encounter obstacles that may, or do, impede efficiency and productivity. Employees are the District's most valuable resource, and the District offers assistance to the troubled employee to promote an optimum sense of well-being and productivity.

The Employee Assistance Program offers assistance to permanent employees and their dependent family members. The assistance is beneficial for people that are directly or indirectly suffering from behavioral/medical problems that tend to jeopardize their physical or mental health, work satisfaction, and continued employment. Behavioral/medical problems include but are not limited to:

• *physical illness* • *marital/family distress and conflicts* • *emotional problems, e.g. depression, stress and anxiety* • *bereavement/grief and loss* • *eating disorders* • *parenting issues* • *interpersonal problems* • *work related problems* • *medical/pain management/coping with illness* • *relationship problems* • *alcohol and/or substance abuse or dependency* • *financial problems*

The School Board recognizes behavioral/medical problems as conditions that may usually be successfully treated or resolved, especially when they are dealt with in the early developmental stages. The goal is to help individuals who develop such problems to gain a better understanding of the problem, learn about the services available, and choose a plan of action.

After providing an extensive intake assessment (a requirement of the insurance company), referral(s) to a psychotherapist and/or other appropriate community resources are made. The EAP will obtain the necessary authorization numbers so that the insurance carrier will pay for the ongoing therapy. Extensive case management is conducted to monitor and ensure that the required service has been received.

Employee Assistance Program files are treated as medical/psychological files and as such are governed by the Federal Regulations on Confidentiality as described in 42 CFR Part 2. Information can only be released when clients give written consent or when the law requires (e.g. issues of abuse, threats to harm self and others, criminal investigation). The issue of confidentiality is of the highest importance to the EAP staff as it allows them to be most effective in providing essential services. By calling the EAP office at 754-322-9900 you can access the services of the Employee Assistance Program and schedule an appointment.

EAP Contact Information

B. Marie English-Arterberry, MSW, EAP Administrator
5400 SW 90th Avenue
Cooper City, Florida 33328
Telephone: (754) 322-9900
Fax: (754) 322-9918
Email: marie.english-arterberry@browardschools.com

