



THE SCHOOL DISTRICT OF PHILADELPHIA

Welcome to the School District of Philadelphia

Benefits and Retirement Overview*

For

PHILADELPHIA FEDERATION OF TEACHERS (PFT) EMPLOYEES

Inside you will find a summary overview of the benefits for which you are eligible as a SDP PFT 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-Thursday, 9am-5pm. Fridays and after hours by advance appointment only.

Revised 12/2017

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

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PHILADELPHIA FEDERATION OF TEACHERS UNION EMPLOYEES

EXPLANATION OF BENEFITS

Medical Health Plans

All PFT employees enrolled in medical coverage are required to pay 1.25% of their gross salary towards the cost of the medical coverage in the form of biweekly deductions. As a new employee of the School District of Philadelphia (SDP), you are eligible to enroll in Keystone Health Plan East, a health maintenance option (HMO) plan. 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.

Employees may elect the Personal Choice Plan upon completion of four (4) years of qualified PFT employment. Employees will be responsible for five percent (5%) of the prevailing Personal Choice premium based on who is enrolled in medical coverage in addition to the 1.25% gross salary deduction. Summary of benefits are available at <https://www.ibx.com/sdp>.

For employees who begin working by the 15th calendar day of the month, medical coverage becomes effective on the 1st day of the following month. For employees who begin working after the 15th calendar day of the month, coverage becomes effective on the 1st day of the next succeeding month.

This refers to medical coverage only.

Spousal Surcharge

If you cover a spouse or life partner as a dependent on your medical coverage, you are subject to a \$50 monthly surcharge if your spouse or life partner is eligible for medical coverage through his/her employer. The surcharge is waived if you have indicated on the reverse side of the medical insurance application that your spouse is either **not** eligible for medical coverage through his/her own employer or your spouse is also an SDP employee.

Dental, Vision, and Prescription

For a description of dental, prescription and optical benefits, contact your Health and Welfare fund for more information. Contact them at (215) 561-2722, visit their website at <https://pftgw.org/>, or visit the Health and Welfare office in the School District Administration Building, Room 175.

Life Events

A life event that impacts either you 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 without a qualifying life event 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

You must notify both the SDP and the PFT union when you experience a qualifying life event.

Open Enrollment

Open Enrollment occurs annually in May. Any changes to medical coverage or dependents may be made during this time. Applications are accepted for the full month of May for an effective date of July 1. Please check your school district email daily as the benefits department may send emails requesting pertinent information regarding you or your dependent(s)' medical coverage that may not be accepted after the close of Open Enrollment.

Life Insurance

As an SDP PFT employee, you are eligible to enroll in a term life insurance policy of \$2,000 or \$25,000 through Aetna Life Insurance Company. The premium is deducted monthly, the second pay of each month, with a cost of \$0.24 for the \$2,000 policy and \$2.96 for the \$25,000 policy. 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 or increase your coverage amount, you are required to complete an Evidence of Insurability form and approval for coverage is not guaranteed. 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 pass away during active service at the District, your beneficiary(ies) receive the full benefit, pending Aetna's approval. If you have not designated a beneficiary(ies), the full benefit is assigned to your next of kin. Original, signed Beneficiary forms must be submitted in person or by mail.

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.

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 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 is available to assist with the enrollment process. The advisors ensure that you have a complete understanding of coverage and various features available to you.

If you want 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>

Wage Continuation (Short-Term Disability)

As a PFT employee of the SDP, you may purchase Wage Continuation coverage to protect yourself from sustained salary loss due to an **approved** health related absence that extends beyond your sick time. **During your initial eligibility as a new hire, you have a 30 day window from your start date to waive Wage Continuation coverage.** **Existing** employees beginning a new benefits eligible position have a 30 day window to enroll or waive this benefit.

Should you elect Wage Continuation coverage, as a *new hire*, you are not eligible to utilize the program and are not charged payroll deductions until the conclusion of 5 months of service.

PFT employees can elect Wage Continuation at any time during their **first year of service** or during the annual Open Enrollment period. New hires are not eligible for the program and are not charged Wage Continuation deductions until the conclusion of five (5) months of service. Wage Continuation applications for new employees received after five (5) months of service but less than one (1) year of service will have a four (4) to six (6) week processing window upon approval. After one of year of service as a new hire in a PFT position, you may only enroll or waive Wage Continuation during the annual Open Enrollment.

Should you need to utilize the wage continuation, you must have an approved health related absence, and will be required to exhaust all banked personal illness days, and 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 26 weeks, pursuant to the Health Services department's approval.

The cost of this indemnity program is dependent upon your amount of accumulated sick leave, number of years of service, and salary. If you have used sick days prior to approved enrollment in Wage Continuation, the rate at which you are charged will be based upon the number of sick days banked at the time

The premium rates for this plan are as follows:

Wage Continuation Premium Rates*			
<i>PFT</i>			
<u>Accumulated Sick Leave</u>	<u>Total Annual Waiting Period</u>	<u>After 3 years of Employment</u>	<u>First 3 years of Employment</u>
Less than 10 days	7 work days	\$4.43	\$2.95
10 but less than 30 days	6 work days	\$3.15	\$2.10
30 but less than 60 days	5 work days	\$0.31	\$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	
180 days and over	0 work day		

*Rates are based upon every \$100 gross per pay.

Example: Based on an annual salary of \$45,000 the deduction would be approximately \$36.35 per paycheck at the \$2.10 rate for a new employee who has 10 personal illness days in their bank. If any sick days are used during the 5 month waiting period, the associated deduction will be approximately \$51.06 per paycheck at the \$2.95 rate.

Formula	Biweekly Gross pay (before taxes)	÷	100	×	Rate listed in the chart above	=	Total biweekly premium
Less than 10 days	\$2,200.00	÷	100	×	\$2.95	=	\$64.90 per pay
10 but less than 30 days	\$2,200.00	÷	100	×	\$2.10	=	\$46.20 per pay
30 or more days	\$2,200.00	÷	100	×	\$0.31	=	\$6.82 per pay

Please note: 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. Wage Continuation deductions are not refundable whether if cancelled, or not used, or upon separation from the District.

Employees may only cancel Wage Continuation coverage during the annual Open Enrollment period.

Leave Policy

As an employee of the SDP, you are entitled to leave for personal reasons (personal leave), personal illness and for vacation consistent with the following:

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 school year after your original your appointment, you will receive 3 full personal days.

**Supportive Services Assistants (SSA) are only entitled to 1 personal day per year.*

Personal leave cannot be accumulated for use in another year. If you do not exhaust your personal days by the end of the school year, the unused time is placed in a frozen personal leave bank which you will be unable to utilize. If, however, a 10-month employee has accumulated 30 days or more in his or her personal leave bank, he or she is permitted to use up to a maximum of 2 additional personal leave days from that bank per year. Upon your separation from SDP employment, you will receive 100 percent compensation for all unused personal leave time, subject to taxes. There is no limit on the number of personal days you can accumulate over the course of your SDP service.

Personal Illness Days: If you begin SDP employment at the beginning of the school year, you receive **ten (10) days per year** for personal illness. You receive a prorated number of days for your first year if you begin employment after the start of the school year. The prorated amount will not exceed 10 days. At the beginning of the following school year after your original your appointment, you receive 10 full personal illness days. There is no limit on the number of personal illness days you may accumulate. Upon your separation from SDP employment, you will receive 25 percent compensation for all unused personal illness days, subject to taxes.

Vacation Days: Appointed 12-month SDP employees accrue vacation days on a monthly basis. ***10-month employees do not accrue vacation time; however, they are not required to work during winter, spring or summer breaks when schools are closed.***

Vacation leave is accrued during the pay covering the 15th calendar day of the month.

SDP employees may accumulate no more unused vacation days than an amount equal to twice their yearly allocation. Once you accumulate such an amount, you are not be permitted to accrue additional days that would exceed that amount. Upon your separation from SDP employment you will receive 100 percent compensation for all unused vacation, subject to taxes. 12-month represented employees may take 1 week of unpaid vacation time per year in addition to his or her vacation. Requests for such time should be submitted in the same manner as requests for vacation.

Eligible employees accrue vacation leave in accordance with the following schedule:

Length of Uninterrupted service to July 1	Vacation Days	Monthly Accrual	Vacation Bank Maximum
Appointed January 1 through April 30	5	.83	10
Six Months to Four Years	10	.83	20
Four Years to Eight Years	15	1.25	30
Eight Years to Fifteen Years	20	1.67	40
Over Fifteen Years	22	1.83	44

Tracking your leave balances

You can view your leave balance through the Employee Payroll Information application or by checking your paycheck. Your School District of Philadelphia email name and password are used for access. If you do not know the name and password, call the Technology Help Desk at (215) 400-5555 for assistance. Please note that the balances shown are all subject to a post separation audit. Your paycheck references this.

From the School District of Philadelphia main website (<http://www.philasd.org>) go to the Employee Portal. In the Employee section, enter your email name and password. Your email user name should exclude the "@philasd.org" designation.

Launch the “Payroll Information” application. Enter the last four digits of your social security number when prompted. You can then select Leave Balances tab.

THE SCHOOL DISTRICT OF PHILADELPHIA

Employee Payroll Information

Home

Please choose a selection from the list below.

Employee Payroll Information

Employee Information	Select
Pay Statements	Select
W2 Forms	Select
Leave Balances	Select

Home

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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:

AXA Advisors	(888) 660-4108
Lincoln Investment Planning	(800) 242-1421 x1321
MetLife Resources	(800) 543-2520 or (610) 325-6100 x1417
TIAA-CREF	(800) 842-2888 Online Enrollment: www.TIAA-CREF.ORG <ul style="list-style-type: none">• 403(b) Access Code: 500644• 457(b) Access Code: 500645
VALIC	(877) 889-1589

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>. You may also call the tax shelter line at 215-400-2248 or visit the Employee Benefits office.

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

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

Effective 7/1/11, all new PSERS' members are automatically enrolled in a "shared risk" program Class T-E with a mandatory contribution base rate of 7.5 percent of gross salary deducted on a pre-tax basis. Employees have a one-time opportunity to elect Class T-F within 45 days of receiving written notifications from PSERS.

- Class T-E has a pension multiplier of 2%, with a "shared risk" contribution levels that could never go below 7.5% or above 9.5%
- Class T-F has a pension multiplier of 2.5%, with a "shared risk" contribution levels that could never go below 10.3% or above 12.3%
- Member contribution rates could increase or decrease by 0.5% every three years starting on 7/1/2015. Both memberships require 10 service credit (10 years of full-time employment) for vesting.

Purchasing Service Credit

Purchasing service credit is when you add additional service to your PSERS account by paying contributions and interest for previous service rendered. You must be an active contributing member of PSERS to purchase service credit.

New members of PSERS who begin employment on or after July 1, 2011, have a one year window to apply to purchase Non Qualifying Part Time (NQPT) service. Multiple service members who are actively contributing with the State Employees' Retirement System (SERS) must apply to purchase prior PSERS service credit through SERS.

Purchasing Service Credit for Class T-E and Class T-F Members

To purchase service credit, contact PSERS directly at 888-773-7748; however, please consider the following: The cost to purchase NQPT service and most types of non-school or non-state service credit is the full actuarial cost. In other words, when you purchase service credit, you are paying an amount for the purchase that will result with you self-funding your future PSERS retirement benefit. You would pay an amount that would be based on your projected total credited service, projected final average salary, your projected contributions, the projected school contributions, the projected state contributions, all projected interest, plus the projected amount of funds needed to cover the appropriate corresponding portion of your lifetime benefit. The only exception to funding the full cost of the purchase is when you purchase military service.

What Members Should Consider Before Applying to Purchase Service

Questions to ask yourself to help you decide if purchasing will be worth it to you:

- **Will you work until normal retirement?** The cost to you is determined by a formula that assumes you retire on the day you reach superannuation (normal retirement). If you retire sooner than normal retirement, you could pay more for the benefit than the added value of the purchase.
- **Will your salary increase an average of 5.5% each year?** If over the course of your career you experience a salary increase less than 5.5% per year, it is possible that you could pay more to purchase the service than you would receive in benefits as a result of the purchase. However, if over the course of your career you experience a salary increase greater than 5.5% per year, it is possible that the benefits you would receive as a result of purchasing the service could be greater than the cost to you.

You may visit the PSERS web site at www.psers.state.pa.us for more 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. Professional PFT employees must give at least 60 days' notice in advance of their intent to resign/retire.

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).

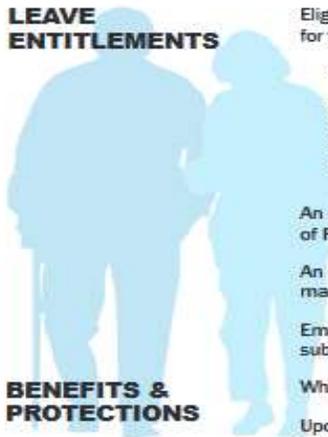
Plan contact information-It is not necessary to contact the School District at the time of your separation from employment for information on COBRA. A notification of the COBRA election will be mailed to the employee's home address by the District's Third Party Administrator, Discovery Benefits, prior 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.

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.

BENEFITS & PROTECTIONS

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





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/offices/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.