

RETIREE BENEFIT PROCEDURES

The Board of Education recognizes the obligation of the district to effectively and efficiently administer benefits to eligible retirees. It is important that retirees receive the benefits to which they are entitled and it is essential that the district administer the program in a manner that is fiscally responsible. To this end, the Board requires that the Superintendent oversees the benefits program and develop procedures to minimize the risk of fraud, waste and abuse.

Procedures instituted by the business office shall include periodic monitoring of the status of all retirees and their spouses and/or dependents to verify eligibility. The district will make every effort to keep its records up to date, utilizing databases, annual canvasses/questionnaires or other resources, as appropriate, to avoid making payments that are inaccurate, or payments to or on behalf of individuals who are ineligible.

The Board further expects that the district's system of internal controls and its various audit functions will include this aspect of district operations and be included in applicable reports, as appropriate.

Cross-ref: 6650, Claims Auditor
 6680, Internal Audit Function

Adoption date: June 14, 2018

RETIREE BENEFIT PROCEDURES REGULATION

Retired Employees Health Insurance

- A. Eligibility for health insurance for retirees
 - 1. An employee must have fifteen years of continuous service with the district prior to retirement.
 - 2. An employee must be enrolled in the health insurance program at the time of retirement.
 - 3. An employee has retired as a member of a retirement system administered by New York State and eligible for retirement benefits, or if not a member:
 - a. Is at least 55 years of age; and
 - b. has qualified for Social Security disability payments.
 - 4. In the case of disability retirement resulting from work-incurred illness or injury there are no minimum service requirements.
- B. Available plans
 - 1. Same plans that are available to active employees.
 - 2. If over 65, the plan must coordinate with Medicare.
 - 3. Retirees may change their health plan company any July 1.
 - 4. Once a retiree or spouse reaches 65, Medicare becomes their primary carrier.
- C. Coverage of spouse of retiree
 - 1. The spouse must have been covered by the health plan at the time of retirement in order to be covered under the retiree's plan.
 - 2. If a retiree marries after retirement, the spouse is eligible for coverage but must pay full cost of the premium.
 - 3. If a retiree divorces, the spouse would be covered under COBRA rules.
 - 4. Spouse can elect a lesser plan than retiree, but not a more expensive plan, if eligible for individual coverage.
- D. Survivor coverage
 - 1. The surviving spouse of a deceased retiree will be covered at the same contribution rate as an active employee for two months after the death of the retiree.
 - 2. After the two-month period, an unmarried surviving spouse may continue coverage with the health plan but is required to pay full share of premium.
 - 3. After the two-month period, the surviving spouse is not eligible for any reimbursement of Medicare premium costs.

E. Premium charges

1. The district will contribute to a retiree health plan at the percentage designated at time of retirement.
2. Retirees will continue to pay premiums monthly. They will receive notification, in writing, of their premium charge by July 1.

F. Delinquent Payments:

Based on the payment plan selected by the retired employee, a grace period of two weeks beyond the due date of payment will be granted for payment of the premium. If the account is not satisfied within a 30-day period, the insured will be dropped from the health plan. A retiree who wishes to be reinstated to the District Health Plan will be charged a fee of \$250.00. Reinstatement may only occur within forty-five (45) days from the original due date of premium.

Any variations will need approval from the Superintendent.

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