

PERSONNELINSURANCEGroup Health/Medical Insurance - Retired Employees/Deceased Employees – Not Covered By Contractual Agreement or Employee Group Board Policy

This policy covers employees retiring from the District who are not eligible for a District retirement benefit under a bargaining agreement, administrative contract or employee group covered by a specific board policy. Retired employees must have actually retired under the Wisconsin Retirement System, and be receiving annuity payments before continuation of coverage will be granted. Said employees who are 59 years of age or older with ten (10) or more years of service to the District may continue in the group health plan by paying the full monthly premium each month until they qualify for Part A and Part B Medicare.

Any employee retiring due to disability and approved by the Wisconsin Retirement System to receive retirement disability benefits shall have the option to continue in the group health plan by paying the full monthly premium each month until they qualify for Part A and Part B Medicare.

In the case of death of a retired employee under the above provisions the surviving spouse may continue in the group health plan by paying the full monthly premium each month until they qualify for Part A and Part B Medicare. Should the spouse of the deceased retired employee again enter into marriage the new spouse is prohibited from participating in the group plan.

In the case of death of an active employee the surviving spouse shall be subject to COBRA benefits.

Retired employees covered by this policy and rule must keep the District informed of any changes in their status or to address and must check with the District about any changes in the insurance coverage.

The employee's first quarterly premium must be received within sixty (60) days of the date of the notice and subsequent quarterly premium payments must be received by the first day of each quarter. Retirees are encouraged to participate in automated withdrawal as the mechanism to pay their premiums.

Group Health/Medical and Dental Insurance - Terminated Employees

Terminated employee will be given an opportunity to complete a release form notifying the employer of his/her eligibility rights for continuation of group coverage or purchase of a conversion health contract where applicable:

1. Terminated employees may continue coverage for 18 months if: a) employment is terminated for any reason other than gross misconduct; or, b) if the number of hours worked has been reduced so the employee no longer qualifies for coverage in the health plan.
2. Terminated employees may continue coverage for 36 months if coverage is terminating because of: a) death of the employee; b) divorce or legal separation; c) the employee becomes eligible for Medicare; or, d) the employee no longer qualifies as a dependent under the terms of the health plan.
3. However, if one of the following events occurs before the expiration of either the 18 or 36 month period, this continuance of coverage will terminate. The events are: a) the employer terminates all group health plans it offers; b) the employee fails to pay the premiums; c) the employee enrolls in another group health plan; d) the employee becomes eligible for Medicare; or, e) the employee remarries and becomes covered under another group plan (applies only to former spouse).

LEGAL REFERENCE: CONSOLIDATED OMNIBUS RECONCILIATION ACT OF 1986 - PUBLIC LAW 99-272

Rule Approved: 02/09/82
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