

POLICY INSTRUCTION

PI NUMBER: 135.1
Effective: June 1, 2002
Revised: March 27, 2003
March 24, 2011

SUBJECT: MEDICAL INSURANCE BENEFITS FOR DIRECTORS AND EMPLOYEES

PURPOSE: TO ESTABLISH POLICY FOR PROVIDING MEDICAL INSURANCE TO DIRECTORS AND EMPLOYEES

POLICY:

This policy shall apply to all full time employees and all elected or appointed directors during their tenure on the board. These benefits shall cease upon employee separation or, in the case of directors, upon the effective date of resignation or removal from the board, or upon their term ending, subject to the rules of COBRA, if any apply.

EMPLOYEES

1. The District will offer a medical insurance policy, selected by the board, to all full time employees and their dependents. Coverage will be effective the first of the month after completing one month of employment. Employees may be required to pay a portion of the monthly premium (currently 7%). Employees acknowledge that the required participation in the monthly premium and the policy provided are subject to change upon annual review of the medical policy.
2. If an employee can provide proof of coverage under a spouse's or a Registered Domestic Partner's policy, they may elect not to be covered under the District's medical insurance policy. The District will review the benefits of the alternative policy to ensure they offer sufficient coverage for the employee, as it is in the District's best interest to have all employees adequately insured. If approved, the employee may be reimbursed for out-of-pocket premium costs for their alternative policy, capped by the amount that the District would have paid in premiums (currently 93% of the total), were the employee and his/her dependents covered under the District sponsored policy.
3. If reimbursements made for premiums are determined to be taxable compensation, the appropriate tax disclosures will be made.

DIRECTORS

4. Because the directors are not full time employees and therefore not eligible for coverage under the District's group medical insurance policy, directors shall arrange for their own medical insurance coverage. Medical insurance will be paid for by the District on behalf of each board member and his or her qualified dependents (as "dependent" is defined by the TTAD employee medical benefit plan). In order to receive reimbursement, proof of coverage shall be supplied to the District.
5. The amount of premium paid on behalf of a director and his/her dependents will be limited to 93% of what coverage would cost if the director and his/her dependents were covered by the same medical insurance policy as the District's employees. If the District's participation rate in monthly premiums changes from the current 93%, the new rate will also be applied in determining the maximum amount payable for each director.
6. A director's policy must be approved by the District's insurance representative to ensure that the health and welfare benefits provided are not greater than those the group policy affords to the employees of the District.
7. The board members acknowledge that there may be differences in the amount of premiums paid on behalf of each director, but that these differences do not constitute unequal compensation for purposes of attending board meetings and conducting board business.
8. If premiums are determined to be taxable compensation to the directors, the appropriate tax disclosures will be made at the end of each calendar year.

Kathleen Eagan
President, Board of Directors