

 Tucson, Arizona POLICY REGULATION	REGULATION TITLE: Board Member Insurance
	CODE: BIE – R
	LEAD DEPARTMENT: Human Resources

It is the policy of TUSD to allow current Governing Board members and their dependents to be treated as active employees for the purpose of health insurance enrollment. This regulation defines the participation requirements, enrollment process, Board member responsibilities, payment process and continuation of coverage.

Health Insurance Participation Requirements

Active Governing Board members at the time of the adoption of the Board Member Insurance Governing Board Policy (BIE) and all newly elected Governing Board members are eligible to participate in the District’s health insurance coverage options.

- Health insurance options to be offered include medical, dental and vision coverage. These plans are defined as health insurance according to the federal COBRA regulations. Income replacement and other benefits will not be considered as eligible plans for Board member participation.
- The insurance options will be offered in a “cafeteria” style in such that the Board member may elect one or more of the plans. Example, a Board member electing medical insurance is not obligated to enroll in dental and/or vision.
- Spouses and dependents of Board members are eligible for coverage provided the Board member has elected coverage. Options for coverage elections (plan type and tiers) will be the same as that offered to active employees.
- Former Board members are not eligible to elect health insurance if continuation of coverage requirements have not been met. In order for a former Board member to be eligible for coverage, he/she must have been enrolled in the TUSD Health Insurance plan and have continued coverage upon the termination of service.

Enrollment Process

- At the time of the adoption of the Policy, all active TUSD Governing Board members may elect health insurance coverage. Special Insurance Enrollment forms will be provided to each Board member. If any coverage is elected, the forms must be returned to Human Resources within 30 calendar days after the distribution of forms by the Human Resources Benefits Office.
- All newly elected Board members after the date of the adoption of the Policy shall be offered the option of electing health insurance coverage upon the commencement of their term. If any coverage is elected, the forms must be returned to Human Resources within 30 days after the first day of the beginning of the Board Member’s term.
- Coverage will become effective the first of the month following the election of coverage.

- Changes to coverage elections (to add, drop or change plans), must be due to a qualifying event (i.e., family status change) or at annual open enrollment.
- Any change in elections must be submitted to the Benefits Office within 30 days of the qualifying event.
- Acceptable qualifying events to make mid-year insurance election changes include the following:
 - Change in legal marital status, including marriage, death of spouse, divorce, legal separation or annulments.
 - Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent.
 - Change in employment status, including termination or commencement of employment of the member, spouse or dependent.
 - Significant changes in work schedule of employment by the member, spouse, or dependent, including a switch between full-time and part-time status, a strike or lockout or return from an unpaid leave of absence.
 - Change in place of residence of the member, spouse or dependent.
 - The dependent satisfies or ceases to satisfy the requirements for unmarried dependents.
 - If the member, spouse or dependent becomes entitled to Medicare or Medicaid, the member may elect to cancel the coverage of the member, spouse, or dependent.
 - If the plan receives a qualified medical child support order (QMCSO) pertaining to a member's dependent, the member may elect to add the child to the plan (if the QMCSO requires coverage) or drop the child from the plan (if the QMCSO requires the ex-spouse to provide coverage).
 - Spouse's open enrollment.

Board Members' Responsibilities

- It is the Board Member's responsibility to alert Human Resources of any changes to status or address in order to ensure continuous coverage with elected insurance.
- For the qualifying events other than end of the Board Member's term or death of the Board Member (i.e., divorce, legal separation or dependent child's losing eligibility for coverage as a dependent child), it is the Board member's responsibility to notify TUSD Human Resources within 60 days after the qualifying event occurs or the date that the member would lose coverage due to a qualifying event.

Payment Process

- Board members who elect health insurance with TUSD Health Insurance plan will be provided with the details of the payment process and include coupons for six months of premium payments.
- Payments for insurance are due on the first of the month for which coverage has been elected.
- If payment has not been received by the 15th of each month, a Second Notice will be sent to the member.
- Coverage for the month for which payment has not been received by the last day of the month will be terminated retroactively to the beginning of that month. For example, coverage for the month of March is due on March 1st, if payment is not

received by March 31st, the insurance carriers will be notified to terminate enrollment effective March 1st. The cost for any services incurred during that time period will be the responsibility of the member.

- A Board member (and his/her dependents, if applicable) who continues health insurance coverage through the TUSD Retiree Group Health Insurance plan must submit payments in accordance with the process noted above.
- A Board member and his/her dependents who continue health insurance through the COBRA continuation of coverage must adhere to the schedule of payments established with the COBRA plan.

Continuation of Coverage

- Board members and their dependents who are enrolled in the TUSD group health insurance plan(s) may continue their elected coverage when coverage would otherwise end because of a life event known as a “qualifying event” as noted above under Enrollment Process.
- Coverage for Board members and their dependents is only available if an election of coverage existed immediately prior to (i.e., the day before) the qualifying event.
- When the qualifying event is the end of the Board member’s term, TUSD will offer the member and all eligible dependents the option of continuing coverage under the TUSD Retiree Group Health Insurance plan or COBRA continuation of coverage.
- When the qualifying event is the end of the Board member’s term or death of the member, TUSD will ensure that all qualified beneficiaries will be offered COBRA continuation of coverage.
- A former Board member who was not enrolled in the TUSD Health Insurance plan(s) while an active member of the Governing Board and therefore was unable to continue coverage upon termination of his/her term, will not be eligible for enrollment in any of the TUSD Health Insurance plans, including the TUSD Retiree Group Health Insurance plan or the COBRA continuation of coverage.
- The spouse and/or dependent of a Board member who is enrolled in the Health Insurance plan will be offered continuation of the coverage under COBRA if any of the following qualifying events occurs:
 - Governing Board member dies;
 - Governing Board member resigns or his/her term ends;
 - Governing Board member becomes entitled to Medicare benefits (under Part A, Part B, or both); or
 - Spouse becomes divorced or legally separated from the Governing Board member.
 - Child stops being eligible for coverage under the plan as a “dependent child.”
- For payment process information while continuing coverage, please see the section above, Payment Process.

Adopted: May 6, 2005 [To Board in Friday Report]

Revision:

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