

INSURANCE COVERAGE

The Board shall provide hospital, surgical, and medical insurance, including dental and prescription drug coverage, under a group policy for contracted certified employees performing the equivalent of fifty (50) percent or more of a full-time position or for regular classified employees employed at least five and one-half (5 1/2) hours daily, five (5) days a week. The district's contribution toward a single premium will be annually determined by the Board of Education.

In the event that the group insurance carrier determines that a premium surplus has accrued from the previous contract year, the Board of Education, as the contract holder, will determine how the divisible surplus is to be distributed. The Board of Education's determination shall be governed by the applicable provisions, if any, of the group insurance contract.

In the event of death of an employee who is covered under the terms and provisions of the medical policy, the spouse of each employee shall have the right to continue said policy for a period of three years following the death, provided that the full premium payments are made by the spouse, and provided such procedure is not in conflict with the terms and provisions of the medical policy.

An employee of Unified School District No. 501, during a school term in which said employee is granted a leave of absence, shall have the right to continue said medical policy, after taking the leave of absence, provided the employee makes the full premium payments and that such procedure is not in conflict with the terms and provisions of the medical policy.

Provided that such procedure is not in conflict with the terms and provisions of the medical policy, employees on extended unpaid leave of absence status as defined in Board Policy No. 4300, Leaves of Absence, may continue to participate in the school district's group health insurance plan until they qualify for medicare coverage, provided that they have no breaks or changes in coverage and provided further that they make full monthly premium payments to the Business Office in advance of the dates such payments are due to the health insurance provider.