



Substitute Teacher (PAT) Employee Group

Benefit Summary

Effective October 1, 2024 – September 31, 2025

Portland Public Schools



Portland Public Schools (PPS) offers a comprehensive benefit package designed to provide employees and their families with a range of employer and employee paid benefit options. **It is the employee's responsibility to enroll in a timely manner to activate benefit elections of their choice and process his/her employment with PPS.** Additional PPS benefits information may be found on the Benefits website at: <https://www.pps.net/Page/15959>.

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PEOPLESOFT EMPLOYEE SELF-SERVICE (ESS)

The **PeopleSoft Employee Self-Service (ESS) Portal** (<https://selfservice.pps.net>) gives employees access to view and make changes to certain personal information:

- Paychecks
- W-2
- Tax Withholding Allowances (W-4)
- Direct Deposit
- Home Addresses
- Phone Numbers
- Personal Email Addresses
- Emergency Contacts
- Benefits Enrollment
- Dependent/Beneficiary Information
- Add Life Events
- 403(b) Changes

This is a secure site that will maintain data integrity while also allowing access to your vital information and is accessible from inside and outside of the PPS network.

PeopleSoft ESS Login Issues? Contact **PPS IT Service Desk** at 503-916-3375

HEALTH INSURANCE PACKAGE

Substitute Teacher Health Insurance Eligibility Criteria

PPS offers health insurance to **Substitute Teachers** who meet the following criteria:

1. Must have worked the equivalent of **fifty five (55) full workdays as a Substitute Teacher** in the preceding school year;
2. Must be fully available to work as a Substitute Teacher during the current school year, and must enroll when eligible in the medical plan;
3. If a Substitute Teacher accepts a temporary teaching position during the school year while enrolled in Substitute Teacher insurance, the Substitute Teacher must enroll in the District's active health insurance plan. The Substitute Teacher is eligible to go back onto the Substitute Teacher health insurance plan after the temporary position ends, provided the active insurance ends before September 30th. It is the Substitute Teacher's responsibility to contact the **Health & Welfare Trust** to make arrangements to re-start the Substitute Teacher health insurance: <https://sdtrust.com/contacts.php#trust>.
4. Employees who are hired during the second semester of the school year must work a minimum of twenty-six 26 days as a substitute to qualify for insurance effective October 1. This 26-day work requirement must be fulfilled before the end of the previous school year. This is inclusive of protected leave time.

The PPS Benefits Team will determine a full list of Substitute Teachers eligible for Substitute Teacher health insurance in the next school year during the first week of July each year. Those Substitute Teachers who meet items 1 or 4 and 2 above will receive an Open Enrollment packet of Substitute Teacher health insurance materials from the H&W Trust in late August/early September. The packet will include instructions on how to enroll. The effective date of coverage is October 1st of each year.

What is Included in My Health Insurance Package?

The health insurance package for eligible Substitute Teachers includes:

- **Medical & Prescription**
The **School District No. 1 Health & Welfare Trust** offers one (1) Kaiser Permanente Health Maintenance Organization (HMO) Plan, one (1) Providence Preferred Provider (PPO) Plan, and one (1) Providence In-Network Plan. These plans have no pre-existing condition waiting periods. All medical plans include prescription benefits.

- **Dental**

All Substitute Teachers enrolled in an Trust medical plan, will have dental insurance coverage. Two (2) dental plan options are offered: Trust Delta Dental Plan (administered by Delta Dental of Oregon) and Kaiser Dental. Both dental plans are traditional fee-for-service plans.

What is the Cost of Health Insurance Package?

Most District employees share in the cost of health insurance premiums. The payroll deductions for medical insurance are withheld from the employee's pay on a pre-tax basis. Premiums are deducted the month prior to coverage (i.e., September paycheck pays for October coverage).

For monthly rates/costs, visit the **Health & Welfare Trust website** at https://sdtrust.com/mybenefits_health.php.

Eligible Dependents & Secova Dependent Eligibility Verification

Eligible Dependents

- **Your legal married spouse** (including same sex married spouse);
- **Eligible domestic partner**, living together for six (6) months or more prior to enrolling in PPS benefits - **Affidavit Required**
 - See **Covering a Domestic Partner/Domestic Partner's Child(ren)?** section below for more information
- **Your children and your legal spouse's or domestic partner's children, up to age 26:**
 - This includes natural children, stepchildren, legally adopted children, children for whom you are the legal guardian, foster children, and children for whom you are legally responsible to provide health coverage under a Qualified Medical Child Support Order (QMCSO).
- **Disabled children over age 26 if unmarried, incapable of self-support, dependent on you for primary support, and the disability occurred before the age of 26.**
 - For more information on covering disabled adult children, contact the **Health & Welfare Trust (plan administrator)** at (866) 326-5160.

Eligible dependents do **NOT** include:

- A spouse from whom you are legally separated or divorced
- Anyone on active military duty
- Children over the age of 26 who are not disabled
- Your grandchildren, nieces/nephews or other relatives who live with you (unless you have court-appointed custody)

IMPORTANT: You must notify the Health & Welfare Trust Administrative Office when a dependent is no longer eligible. You may be required to repay the Trust for any benefits paid after the dependent's eligibility ends.

You will be required to submit the required documentation for all your dependents enrolled in your PPS health insurance plan

The Affordable Care Act (ACA) requires the District to collect social security numbers for all dependents enrolled in the employee's medical plan. The social security numbers are used as identifiers in reporting health insurance coverage to the IRS. Dependents for which social security numbers are not provided may not be enrolled.

Secova Dependent Eligibility Verification

To ensure that all enrolled dependents meet the Health & Welfare Trust's eligibility requirements, the H&W Trust works with **Secova**, an independent firm, to conduct confidential dependent eligibility verification.

If you are covering dependents, you must fully complete the mandatory dependent eligibility verification through Secova

- Within 45 days **AFTER** enrolling in benefits, you will receive your verification packet from Secova to the mailing address on file for you.
- You **MUST** submit directly to Secova all required documents for the dependents you are covering on your PPS health insurance by the deadline provided in your verification packet.

- **IMPORTANT:** If you **do NOT** fully complete the mandatory dependent verification audit through Secova, **your dependents will be dropped from your PPS health insurance** on the first of the month following receipt of a final termination letter from Secova.

More information on the Secova dependent eligibility verification can be found on the **H&W Trust website** at https://sdtrust.com/enroll_dependent_verification.php.

Covering a Domestic Partner/Domestic Partner's Child(ren)?

For employees covering a Domestic Partner*/Domestic Partner's Child(ren), the IRS requires the **District to withhold federal and Social Security taxes on the fair market value of the domestic partner and their dependents' coverage**. This is in addition to the base premium that all employees pay based on the plan they choose. State taxes may also be withheld depending on the employee's situation. The Imputed Income is also subject to the 6% PERS contribution for OPSRP Pension Members only (hired on or after August 29, 2003). Please contact the PPS Benefits Department for more details.

For more information on imputed income, please visit the Health & Welfare Trust website at <https://sdtrust.com/>.

IMPORTANT: The value of your domestic partner health insurance coverage is considered a taxable benefit under federal IRS regulations. If you have domestic partner health insurance coverage, an additional taxable income, also known as imputed income, is added to your pay each month and then the appropriate taxes are withheld. The impact on your tax withholding will depend on your gross pay and your W-4 filing status. PPS cannot provide tax advice. We strongly encourage you to seek out a certified tax professional for assistance.

If enrolling a Domestic Partner/Domestic Partner's Child(ren), the domestic partnership must have been established for at least six (6) months preceding the effective date of coverage. A Certificate of Registered Domestic Partnership **OR** an **Affidavit of Domestic Partnership** (<https://www.pps.net/Page/18910>) notarized by an Oregon Notary must be received by the PPS Benefits Department within three (3) days of your enrollment.

- Most banks offer free notary services and only one of the two partners needs to be present.
- PPS does have free notaries available in Human Resources at the Dr. Matthew Prophet Center (formerly the BESC) by **appointment only**. Email benefits@pps.net to schedule an appointment.

** A **Domestic Partner** is an unmarried individual of the same or opposite sex whom you have been living with for six months or more prior to enrolling in PPS benefits. **NOTE:** A legally married spouse is not a Domestic Partner.*

Benefits Enrollment & Changes

There are only two times when an eligible Substitute Teacher can or possibly make changes to their benefits:

1. During Annual Open Enrollment for eligible Substitute Teachers.
2. **Within 31-calendar days*** of a qualifying event.

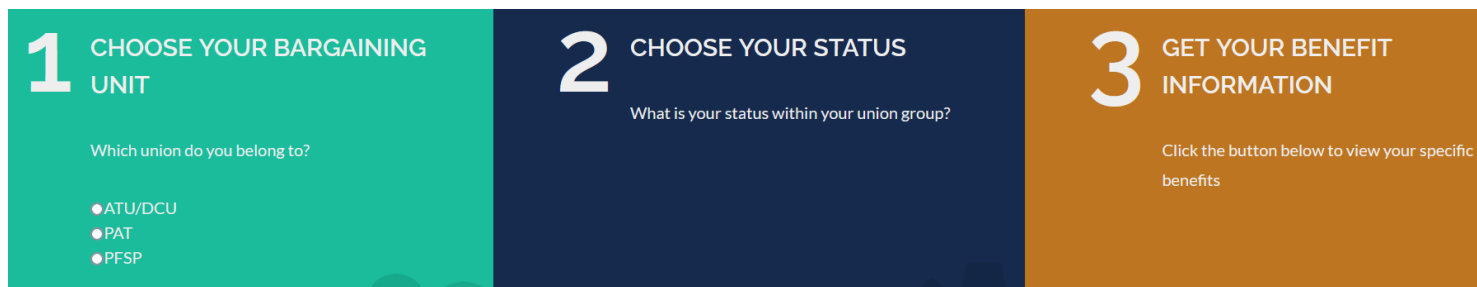
*Unless otherwise indicated.

How Do I Enroll in Benefits?

The PPS Benefits Team will determine a full list of Substitute Teachers eligible for the Substitute Teacher health insurance in the next school year during the first week of July each year. Those Substitute Teachers who meet the eligibility criteria will receive an Open Enrollment packet of Substitute Teacher health insurance materials from the H&W Trust Administrative Office in late August/early September. The packet will include instructions on how to enroll.

In preparation, we encourage you to do the following before enrolling in benefits:

- View all the benefit information on the **H&W Trust website** (https://sdtrust.com/mybenefits_health.php)
 1. Select your **Bargaining Unit** (i.e., your Employee Group);
 2. Select your **Status**; then
 3. Click the **GO!** Button.



- If you will be covering dependents (spouse/domestic partner/children), gather their dates of birth and social security numbers.
- For your beneficiaries, gather their dates of birth and social security numbers.

How Do I Make Changes to My Benefits?

IRS rules state that benefit selections may only be changed when an employee experiences a qualifying event **or** during the Annual Open Enrollment period. The employee must complete an online enrollment via PeopleSoft Employee Self-Service (ESS) and upload the appropriate required documentation. The change must be consistent with the event.

Qualifying Events

Employees who experience a qualifying event must **submit the required supporting documentation to the PPS Benefits Department and complete their benefits elections within 31-calendar days*** from the date of the qualifying event:

*Unless otherwise indicated

For more information and instructions on making changes to your benefits due to a qualifying event, visit:

- **Benefits Enrollment & Changes webpage:** <https://www.pps.net/Page/7324>
- **Qualifying Events for Benefits Enrollment & Changes webpage:** <https://www.pps.net/Page/18906>

Annual Open Enrollment Period

The Annual Open Enrollment Period takes place in late August/early September each year for eligible Substitute Teachers, and all changes take effect October 1st. This is the time to add or remove dependents or change medical plans. This is a good time to update beneficiary information, as well.

Insurance ID cards

Insurance identification (ID) cards are issued directly from the insurance carriers. Processing time usually takes 3-5 weeks **after** submitting your benefits enrollment.

If you or a covered dependent need medical attention prior to receipt of your insurance ID cards, please call your medical insurance carrier directly (contact information can be found starting on **page 8** of this summary). If the carrier is not showing coverage, contact the **Health & Welfare Trust** (plan administrator) for assistance at 503-486-2107.

When Will My Health Insurance Begin?

Eligible Substitute Teachers enrolled in health insurance will have coverage beginning October 1st of each year.

When Will My Health Insurance End?

Coverage will terminate at the end of the month the employee resigns or ceases to be paid.

VOLUNTARY BENEFITS

Credit Union Memberships

PPS employees and their immediate family members are eligible to join the following credit unions for banking services such as savings, checking, IRAs, Certificates of Deposit, loans, and a variety of other services.

- **OnPoint Community Credit Union**
Customer Service: 1-800-527-3932
 - **Consolidated Community Credit Union**
Member Services: 503-232-8070
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RETIREMENT BENEFITS

Oregon PERS Participation required, if eligible

The **Oregon Public Employees Retirement System (PERS)** is the state retirement plan for employees who work at least 600 hours per year and is mandated by law. Employees hired on or after 08/29/2003 are **PERS OPSRP members** unless membership was previously established by PERS.

PERS OPSRP membership is established after completion of a six (6) month waiting period for employees who work at least 600 hours per year, and requires an employee contribution of 6% of gross salary on a pre-tax basis to the **Individual Account Program (IAP)**. If you are an existing PERS member, your mandatory contributions begin immediately. This contribution is not subject to Federal and State taxes until it is withdrawn from the retirement system. Additionally, the District contributes an amount to the **OPSRP Pension Program** for each covered employee. Vesting usually occurs after five (5) years of working at least 600 hours per year. Members automatically vest at age 65, even if they have worked fewer than five years.

There are two parts to the PERS OPSRP retirement benefit:

- **Part 1: OPSRP Pension Program**
The OPSRP Pension Program is funded by your employer. PPS contributes an amount set by state statute, necessary to continue funding the pension program. To gain access to the pension program you have to be vested which usually occurs after five (5) years of working at least 600 hours per year. Members automatically vest at age 65, even if they have worked fewer than five years.

AND

- **Part 2: Individual Account Program (IAP)**
The Individual Account Program (IAP) is the required 6% contributed by you. Your account is credited with earnings or losses annually based on investment returns. You are automatically vested in your IAP account when your account is established.

For more information, visit our **Oregon Public Employees Retirement System (PERS) webpage**: <https://www.pps.net/Page/18903>.

403(b) Plan Tax Deferred Annuity - Participation voluntary (optional)

The **403(b) Plan** is a voluntary (optional) supplemental retirement savings program offered under section 403(b) of the Internal Revenue Code and is called the Tax-Sheltered Annuity Plan ("TSA Plan").

The PPS 403(b) Plan is administered by **Carruth Compliance Consulting (CCC)**. PPS offers the following types of 403(b) Plans for eligible employees to contribute to:

- **Traditional (before-tax) 403(b) Plan**; and
- **Roth (after-tax) 403(b) Plan**, subject to vendor acceptance of such contributions.

All contributions to the PPS 403(b) Plan are made by the employee. The District does not contribute toward the 403(b) Plan and there is no Employer Match.

OTHER BENEFITS

Employee Assistance Program (EAP)

The **Employee Assistance Program (EAP)** provides free services to help people privately resolve problems that may interfere with work, family, and life. Here are just a few of the services EAP offers:

- 24-hour Crisis Help
- Childcare Referral & Eldercare Referral
- Confidential Counseling
 - 6 free sessions per situation, per year to all benefits eligible employees and anyone living in their household
- Financial Services
- Identity Theft Services
- Legal & Mediation Services
- Wellness
- Will Preparation

For more information, visit our **Employee Assistance Program webpage**: <https://www.pps.net/Page/1730>.

WHAT LEAVE PLANS ARE AVAILABLE TO ME?

Sick Leave

Temporary full-time and variable-hour employees accrue at one (1) hour of sick leave per 30 hours worked. This information appears on your paystub. Please refer to page 10 of your Substitute Handbook for specific requirements to use sick leave.

HEALTH INSURANCE CONTACT & PLAN INFORMATION

PLAN ADMINISTRATOR	<u>Health & Welfare Trust – Administrative Office</u> <i>(managed by Zenith American)</i> Phone: 833-255-4123 (toll free) or 503-486-2107 (local) Email: SD1@zenith-american.com Website: https://sdtrust.com
MANDATORY DEPENDENT ELIGIBILITY VERIFICATION	<u>Secova</u> Phone: 877-632-8126 Email: Portland.DMS@Secova.com
PPS BENEFITS DEPARTMENT	<u>PPS Benefits Team</u> Email: benefits@pps.net Phone: 503-916-6464 Website: http://www.pps.net/benefits

MEDICAL	PRESCRIPTION	DENTAL
<u>Providence PPO Plan - Option 1</u> Group#: 121899 Phone: 503-574-7500 or 800-878-4445 (TTY: 711)	<u>Express Scripts</u> ID#: Employee's SSN RXBIN: 003858 RXPCN: A4 RXGRP: SDN1HWT Phone: 800-282-2881	<u>Trust Delta Dental</u> Group#: 10016949 Phone: 888-217-2365 <u>Kaiser Dental</u> Group#: 1739-125 Phone: 800-813-2000
<u>Kaiser Permanente - Option 1</u> Group#: 1739-025 Phone: 800-813-2000	<u>Kaiser Permanente</u> Contact Kaiser for more information on your prescription coverage. Phone: (800) 813-2000	<u>Trust Delta Dental</u> Group#: 10016949 Phone: 888-217-2365 <u>Kaiser Dental</u> Group#: 1739-125 Phone: 800-813-2000
<u>Providence In-Network Only - Option 1</u> Group#: 121899 Phone: 503-574-7500 or 800-878-4445 (TTY: 711)	<u>Express Scripts</u> ID#: Employee's SSN RXBIN: 003858 RXPCN: A4 RXGRP: SDN1HWT Phone: 800-282-2881	<u>Trust Delta Dental</u> Group#: 10016949 Phone: 888-217-2365 <u>Kaiser Dental</u> Group#: 1739-125 Phone: 800-813-2000

In the event that any statement in this summary varies from any benefit contract in effect, the benefit contract shall prevail.