

Participating in the Plans

This section describes the eligibility and enrollment provisions that apply to all Trust employees of the PAT bargaining group members. It also describes the Trust's continuation of coverage provisions. Eligibility, enrollment and benefit information that applies to early retirees is described in a separate handbook.

Eligibility

This section describes what is required for you as an employee and your dependents to be eligible for Trust benefits.

Employees

The collective bargaining agreement you work under governs your eligibility to participate in the Trust. Employees are eligible if they meet the requirements contained in their bargaining agreement and the required monthly contribution is made to the Trust. This book addresses the benefits covered by the Portland Association of Teachers (PAT) bargaining agreements. The applicable collective bargaining agreement in place at the time your eligibility is determined shall govern.

PORTLAND ASSOCIATION OF TEACHERS (PAT)

FULL-TIME/PART-TIME OPTION 1

You are eligible for Full-Time/Part-Time Option 1 if you are a member of the PAT bargaining unit and a regular full-time or part-time employee of the District, as defined in a PAT collective bargaining agreement that requires contributions to the Trust. A full-time employee is defined as one regularly working thirty (30) or more hours a week under a PAT bargaining agreement. A part-time employee is defined as one regularly working at least twenty (20) hours a week, but less than thirty (30) hours a week, under a PAT bargaining agreement. Eligible employees may choose between Kaiser, the Providence Personal Option Plan and the Trust Preferred Provider Plan (Regence) for medical and prescription drug coverage.

Full-Time and Part-Time Option 1 employees are eligible for medical, dental, vision, prescription drug, long-term disability, life, AD&D, optional life and voluntary AD&D coverage from the Trust.

Early Retirees

The eligibility requirements for early retirees are described in the Retiree Membership Handbook. If you have other questions about the retiree benefit options, please contact the Trust Office.

PART-TIME OPTION 2

The Trust also provides a Part-Time Option 2 Plan if you are a member of the PAT bargaining and a part-time employee of the District, as defined in a PAT collective bargaining agreement that requires contributions to the Trust. Eligible employees may choose between Kaiser, the Providence Personal Option Plan and the Part-Time Option 2 Trust Indemnity Medical Plan (Regence) for medical and prescription drug coverage.

Part-Time Option 2 members are eligible for medical and prescription drug coverage and optional life and voluntary AD&D. They are not eligible for dental, vision, life, AD&D and long-term disability coverage.

SUBSTITUTE TEACHERS

You are eligible as a substitute teacher if you have worked the equivalent of 70 or more days in the preceding school year, are fully available to work as a substitute teacher during the current school year and the required contributions are made to the Trust. Eligible substitute teachers may choose between Kaiser and the Providence Personal Option medical plans. Substitute teachers are eligible for medical and prescription drug coverage for themselves and their dependents and dental coverage for themselves only. They are also eligible for optional life and voluntary AD&D. Substitute teachers are not eligible for vision, life, AD&D or long-term disability coverage or a waiver of premium.

Full- and part-time employees hired September 15 or before who work the entire standard school year will have eligibility through September 30 following the end of the school year. Full- and part-time employees hired after September 15 who work the entire standard school year will have eligibility through July 31 following the end of the school year.

EXCLUDED INDIVIDUALS

Generally, employees working less than the required number of hours and temporary and seasonal employees are not eligible for Trust benefits unless specified by a collective bargaining agreement. Non-represented employees and employees covered by a collective bargaining agreement that does not require contributions to the Trust. If your bargaining unit does not provide for specific benefit plans, employees are also not eligible for those benefits from the Trust.

Dependents

If you enroll yourself in one of the medical plans listed above, you may enroll your eligible dependents in the same medical plan. Eligible dependents are:

- Your legal spouse or eligible domestic partner
- Your and your legal spouse's or domestic partner's children under age 26 including:
 - Biological and adopted children (or children placed with you for adoption)
 - Stepchildren
 - Eligible foster children who are defined as children placed with you by an authorized placement agency or by a judgment or other order of a court of competent jurisdiction
 - Children related to you by blood or marriage for whom you are legal guardian (you will need to provide a court order showing legal guardianship)
 - Children for whom there is a court order that meets applicable legal requirements, requiring you to maintain coverage, such as for a child in the custody of a former spouse. You may submit a medical child support order to the Trust Office to determine whether it is qualified. Upon request, the Trust Office will provide you with a copy of the procedures for determining the qualified status of a medical child support order.
- Your and your legal spouse's or domestic partner's children 26 or older who are incapable of self-support due to a physical or mental disability. The child's disability must have started *and* been reported to the Trust Office before the child reached age 26. To maintain eligibility under this provision, the child must be unmarried, financially dependent on you and incapable of supporting himself or herself.

Affidavit of Domestic Partnership

The Affidavit of Domestic Partnership is available from the Trust Office at (844) 203-0239, District HR/Benefits at (503) 916-3544, or on the Trust web site at www.sdtrust.com. Click *Forms*, then *Other Forms*.

ENROLLING DOMESTIC PARTNERS

To enroll a domestic partner or the partner's dependent children, you must submit a completed *Affidavit of Domestic Partnership* to the District HR/Benefits Department. The affidavit defines a domestic partnership as two people of the same or opposite sex who:

- Have shared the same residence for at least six months immediately preceding the date of the Affidavit and intend to continue doing so indefinitely
- Have a close personal relationship with each other
- Are not legally married to anyone else
- Are each at least 18 years of age
- Are not related by blood to a degree of kinship that would bar marriage in the state where you live
- Were mentally competent to contract when the domestic partnership began
- Are each other's sole domestic partner
- Are jointly responsible for each other's welfare, including basic living expenses such as food and shelter. (Partners are not required to contribute equally to these expenses.)

When you submit an *Affidavit of Domestic Partnership*, you may enroll your domestic partner and/or the partner's eligible children who reside in your home for coverage under your Trust-provided medical plan.

Enrollment

You can elect medical coverages offered by the Trust at the following times:

- **Initial enrollment** — when you and/or a dependent first becomes eligible or first enrolls for coverage
- **Annual open enrollment** — during a period each fall when you may make benefit elections for the upcoming plan year
- **Mid-year enrollment** — following a qualifying change in family status, you may make mid-year benefit changes related to the status change

Initial Enrollment

If you are eligible, you may enroll yourself and your eligible dependents within 60 days of notification of eligibility.

IF YOU DECLINE INITIAL ENROLLMENT

If you don't enroll within 60 days of notification of eligibility, you generally won't have another chance to enroll until the next annual open enrollment period. However, there are two situations in which you may enroll before the next open enrollment.

- **If other coverage ends** — If you decline initial enrollment for yourself and/or your eligible dependents because you have other health insurance coverage, you may enroll yourself and/or your dependents if your or your dependents' other coverage (or the employer's contribution towards it) ends. To enroll, you must complete and submit a *Benefits Enrollment Form* to District HR/Benefits within a reasonable period of time after the other coverage ends.
- **If you acquire a new dependent** — If you decline initial enrollment for yourself and/or your eligible dependents and later acquire one or more new dependents as a result of marriage, domestic partnership, birth, adoption or placement for adoption, you may enroll your new dependent(s) *and yourself*, if you are not already enrolled. To do so, you must submit a *Benefits Enrollment Form* to District HR/Benefits within a reasonable period of time after the Dependent is eligible for coverage. In this case, coverage for new dependents (and you, if you are newly enrolling yourself) begins as follows:
 - *Newborn infants* are automatically covered for 31 days from the date of birth, except for employees who have selected Providence. To continue coverage beyond this period, you **must** submit a *Benefits Enrollment Form* to District HR/Benefits. To have coverage from birth for a newborn under an option provided by Providence, you must submit a *Benefits Enrollment Form* within 31 days of birth. In addition, an employee must submit a copy of the birth certificate to the Trust office within 62 days of the birth (31 days after the *Benefits Enrollment Form*).
 - *Adopted children* are automatically covered for 31 days from the date of placement for adoption. To continue coverage beyond this period, you must submit a *Benefits Enrollment Form* and a copy of the adoption papers to District HR/Benefits.

Benefits Enrollment Forms Are Available...

- At www.sdtrust.com.
- From the Trust Office at (844) 203-0239.

Full-time and part-time members: Submit completed form to District HR/Benefits.

Substitute teachers: Submit form to the Trust Office.

- *Eligible dependents acquired through marriage or domestic partnership* (and you, if you are newly enrolling yourself) are covered starting the first day of the month after enrollment, provided you submit a Benefits Enrollment Form (and if applicable, an Affidavit of Domestic Partnership) to District HR/Benefits by the payroll cutoff date in the month of enrollment. To find out the cutoff date, contact District HR/Benefits at (503) 916-3544. If you miss the payroll cutoff date in the month of enrollment, coverage will begin the first day of the second following month.

Enrollment for Newborn and Adopted Children

Newborn infants are automatically covered for 31 days from the date of birth except with Providence. Adopted children are automatically covered for 31 days from the date of placement for adoption. To continue coverage beyond this time period, you must submit a *Benefits Enrollment Form*. In the case of adoption, you must also provide a copy of the adoption papers.

- **Full-time and part-time members:** Submit form to District HR/Benefits.
- **Substitute teachers:** Submit form to the Trust Office.

Annual Open Enrollment

The Trust holds an open enrollment period for all eligible employees other than substitute teachers prior to the beginning of each plan year. During the open enrollment period, you have the opportunity to change your medical benefit elections and add or drop dependents. The elections you make during the 2016 open enrollment period take effect January 1, 2017 and continue through December 31, 2017. Thereafter, the elections will take effect January 1 and continue through December 31.

The open enrollment period for substitute teachers is conducted in September with the elections made being effective October 1. The election is effective October 1 and will continue through until the following September 30.

Midyear Enrollment or Status Changes

Normally you may change your benefit elections — your plan choices and who you enroll — only during annual open enrollment. However, certain changes in your family or employment status qualify you to make mid-year benefit changes. A “qualifying status change” occurs when you:

- Get married
- Establish a domestic partnership that meets the Trust’s requirements
- Divorce, legally separate or end a domestic partnership
- Lose a spouse or domestic partner through his or her death

- Acquire a new dependent child through:
 - Your marriage or creation of a domestic partnership
 - Birth, adoption or placement for adoption
 - Assumption of legal guardianship (certain requirements apply)
- Lose a dependent child when:
 - You divorce or dissolve a domestic partnership
 - The child reaches age 26 or otherwise ceases to meet the definition of an eligible dependent
 - The child dies
- Become disabled
- Have a change in your or your spouse's/domestic partner's employment status that affects you, your spouse's/domestic partner's or your children's benefits eligibility—for example, you or your spouse/domestic partner:
 - Start employment
 - Change from full-time to part-time or vice versa
 - Resign or are laid off
 - Retire
- Take a leave of absence (see “Unpaid Leave” on page 15 for details)
- Gain or lose eligibility for Medicaid or CHIP coverage or become newly eligible for state premium assistance
- Lose other health care coverage (for example, through your spouse's employer) or the employer's contribution towards it.

When you experience any of these qualifying status changes, you may make related enrollment changes.

To make changes, submit a *Benefits Enrollment Form* to District HR/Benefits before the next payroll cutoff date. To find out the next cutoff date, contact District HR/Benefits at (503) 916-3544 as soon as possible.

Benefits Enrollment Forms Are Available...

- At www.sdtrust.com.
- From the Trust Office at (844) 203-0239.

Full-time and part-time members: Submit completed form to District HR/Benefits.

Substitute teachers: Submit form to the Trust Office.

Cost of Your Coverage

Your monthly contribution rate (if any) is determined by your collective bargaining agreement. Some bargaining agreements require a contribution from all employees. Others require contributions if a certain number of dependents are covered or if a particular option is chosen. If you are required to pay a portion of the cost of your coverage, it will be handled through a pre-tax payroll deduction unless you are a substitute teacher. Substitute teachers pay their portion of the monthly contributions with after-tax earnings. For details on contribution rates, contact the Trust Office or visit the Trust web site at www.sdtrust.com.

Contribution rates may change from year to year. During each open enrollment, you'll be notified of the rates for the upcoming plan year.

When Coverage Begins

Your coverage starts the first day of the month after you have worked half the working days in a month and submitted a completed *Benefits Enrollment Form* to District HR/Benefits, provided you submit the form by the mid-month payroll cutoff date during the month you enroll. If you submit the *Benefits Enrollment Form* after the payroll cutoff date, your coverage will start the first day of the second month following the month in which you submit the form.

For example: Let's say you are hired on February 1 and the monthly payroll cutoff date is February 15. If you submit a completed *Benefits Enrollment Form* by February 15, your coverage will start March 1. If you submit the form later than February 15, your coverage will start April 1.

To find out the exact cutoff date (which varies from month to month), contact District HR/Benefits at (503) 916-3544.

When Coverage Ends

Your coverage under any of the options available through the Trust automatically ends for you and your covered dependents on the last day of the month that you fail to meet the Trust's eligibility requirements.

Medical coverage for you and your dependents will end (subject to the exceptions noted below) when:

- You lose eligibility for coverage under the terms of the plan or your collective bargaining agreement
- Your employment ends due to voluntary or involuntary termination
- You terminate your employment due to total and permanent disability (see "If You Become Totally Disabled" on page 14 for more information)

- You retire (you may be eligible to continue under the Early Retiree Plan)
- You die while covered (see “If You Die While Covered by the Trust” on page 15 for benefits available to surviving eligible covered Dependents). If you die while covered by the plan, coverage ends on the date of death
- The plan is terminated.

You may continue coverage on a self-pay basis if the Trust’s requirements for continuing coverage on a self-pay basis are met. (“Continuing Coverage on a Self-Pay Basis” on page 16 for more information.)

Coverage for dependents ends on the date your coverage ends or if any of the following events occur, if earlier:

- **Spouse** — Coverage ends on the last day of the month in which a divorce or annulment becomes final. Your ex-spouse may continue coverage on a self-pay basis if he or she meets the Trust’s requirements for continuing coverage on a self-pay basis. (See “Continuing Coverage on a Self-Pay Basis” on page 16 for more information.)
- **Domestic partner** — Coverage ends for a domestic partner and his or her covered children on the last day of the month in which the domestic partnership ends. The domestic partner and/or his or her eligible children may continue coverage on a self-pay basis if they meet the Trust’s requirements for continuing coverage on a self-pay basis.
- **Dependent children** — Coverage automatically ends on the last day of the month in which a dependent child reaches age 26. Coverage ends earlier if a dependent otherwise no longer qualifies as a dependent under the plan. Coverage can be continued past age 25 if a dependent child is incapable of self-support due to a physical or mental disability. To qualify as a disabled child past age 25, your child must be unmarried, financially dependent on you and incapable of supporting himself or herself. However, a dependent child whose coverage ends may continue coverage on a self-pay basis if the dependent meets the Trust’s requirements for continuing coverage on a self-pay basis.

You should inform the Trust if a dependent, spouse, domestic partner or child is no longer eligible to receive benefits from the Trust. *Please be aware, if an individual who has been reported as your dependent receives benefits after Trust eligibility has or should have ended, the Trust may recover the improperly paid benefits from you.*

If your dependent dies, coverage ends for that dependent on the date of death.

If You Become Totally Disabled

Important!

Paid leave provisions do not apply to substitute teachers.

WAIVER OF PREMIUM WHILE RECEIVING DISABILITY BENEFITS

If you, as the employee, are unable to work because of a total, ongoing disability, your coverage will continue until the *earlier* of:

- Your recovery from the disability; or
- The end of 30 calendar months from the date your total disability started.

Total disability is a covered employee's complete inability to perform the principal duties of his or her occupation. You will be required to provide a physician's certification of your disability.

Any of your dependents who were covered on the date your total disability started will continue to be covered while your coverage continues and they continue to meet the definition of an eligible dependent.

EXTENSION OF COVERAGE WHILE TOTALLY DISABLED

If you, as the employee, or a covered dependent are receiving treatment for a totally disabling condition at the time your coverage ends, the plan will continue to provide medical coverage for treatment of that specific condition. To receive this extension of coverage, you must provide the Trust Office with proof of the continuing total disability within 90 days after your coverage ends. Call the Trust Office at (844) 203-0239 for instructions on how to submit this proof.

Total Disability

A covered employee is considered totally disabled if he or she is completely unable to perform the principal duties of his or her occupation or employment.

Dependents are considered totally disabled if illness or injury prevents them from engaging in all regular activities that are customary for their age.

The plan will provide these extended benefits for the *lesser* of:

- The number of months you (or your dependent) were covered under the plan before your coverage ended; or
- 12 months for you (as the covered employee) or six months for any covered dependent.

However, extended coverage will stop before these time limits if you or your dependent ceases to be totally disabled.

Extension of coverage is not available if you elect to continue coverage through self-payment.

Note: Extension of coverage for total disability will not apply if the plan terminates within 31 days after your coverage ends.

If You Retire Before Age 65

If you retire before age 65, you may be eligible for coverage under the Trust’s Early Retiree Medical Plans or the District’s Retirement Benefit Plan. Contact the Trust Office at (844) 203-0239 for more information.

If You Die While Covered by the Trust

If you die while covered by the Trust, your eligible covered dependents — including your surviving spouse or domestic partner, your children, or your spouse’s/domestic partner’s children — will be covered for three additional months after your death *at no cost to them*. At the end of three months, any of your eligible covered survivors may elect to continue coverage on a self-pay basis. (See “Continuing Coverage on a Self-Pay Basis” on page 16 for details.)

Important!
Paid leave provisions do not apply to substitute teachers.

If You Take a Leave of Absence

PAID LEAVE

If you take an approved, paid leave of absence, benefits coverage for you and your eligible dependents will continue as if you were still working. When you return to work from a paid leave, you do not need to re-enroll for benefits. However, it’s a good idea to check with the Trust Office to make sure your records are in order — especially if you’ve been gone for any length of time.

UNPAID LEAVE

If you take an approved, unpaid leave of absence, generally you’ll have the option of continuing medical/prescription drug, dental and vision coverage for yourself and/or your dependents on a self-pay basis. Certain exceptions may apply based on collective bargaining agreements. Call the Trust Office at (844) 203-0239 for more information.

Upon returning to work from an unpaid leave, you must re-enroll for benefits before your coverage can resume or continue, even if you have been self-paying for coverage. You’ll need to submit a new *Benefits Enrollment Form* to District HR/Benefits. You can request the form by calling the Trust Office at (844) 203-0239. You can also download and print the form from the Trust web site at www.sdtrust.com (*Library/Forms*).

UNIFORMED SERVICE LEAVE

If your leave is for voluntary or involuntary duty with certain uniformed services (e.g., the U.S. armed forces, National Guard, or commissioned members of the Public Health Service), medical, prescription drug, dental and vision coverage will remain in effect for you and your enrolled dependents for the lesser of the period of your leave or 24 months as long as you continue to pay your portion of any required monthly payments.

For authorized duty leaves of 31 days or more, your right to continue medical coverage will be the same as described in “How Long Coverage May Continue” on page 19. Your right to continuation coverage does not end due to coverage under TriCare or other military coverage.

Continuing Coverage on a Self-Pay Basis

You and each of your covered dependents may have the independent right to elect to continue the health coverages available through the Trust on a self-pay basis beyond the time coverage under the Trust would otherwise end. The Trust has no other self-payment options.

Qualifying Events

You (as the participating employee) have the right to elect continuation coverage if you lose your coverage because of a reduction in your work hours or the termination of your employment.

Your eligible spouse or domestic partner has the right to elect continuation coverage if he/she loses Trust coverage due to:

- Your reduction in your work hours or termination of your employment
- Divorce, legal separation or termination of a domestic partnership
- You becoming entitled to Medicare
- Your death.

Your dependent child has the right to elect continuation coverage if he/she loses Trust coverage due to:

- Your reduction in your work hours or termination of your employment
- Divorce, legal separation or termination of a domestic partnership
- You becoming entitled to Medicare
- Your death
- The child no longer qualifying as an eligible dependent under the plan.

Continuation of coverage is not available to covered employees or dependents who become entitled to Medicare after electing continuation coverage.

Notices to Trust Concerning Continuation Coverage

The School District No. 1 Health and Welfare Trust's Trust Office is responsible for administering continuation rights for the Trust. All communications must be made in writing; identify you; the eligible employee, if different; the Trust's name (School District No. 1 Health and Welfare Trust) and be sent to the Trust Office at the following address:

School District No. 1 Health and Welfare Trust
c/o NW Administrators
700 Multnomah St, Suite 350
Portland, OR 97232
(844) 203-0239

Notification Responsibilities

The Trust offers continuation coverage only after it has been notified of a qualifying event.

You or your eligible dependents are responsible for notifying the Trust Office of a loss of coverage resulting from a divorce, legal separation, termination of domestic partnership or a child losing dependent status. If you or your eligible dependents have a loss of coverage because of these events, you must notify the Trust Office in writing at the address listed above within 60 days of the date of the qualifying event. The notice must identify the individual who experienced the qualifying event, the eligible employee's name and the qualifying event which occurred. Failure to provide timely notice will result in your coverage ending as it normally would under the plan.

The District is responsible for notifying the Trust Office of any other qualifying event once you notify the District. The Board of Trustees reserves the right to determine whether coverage has in fact been lost due to a qualifying event.

Election of Continuation Coverage

Once the Trust Office has received proper notice that a qualifying event has occurred, it will notify you, your spouse or domestic partner and/or your eligible dependents of your right to elect continuation coverage. Your written election must be sent to the Trust Office at the address listed above and must be received or postmarked within 60 days from the *later* of:

- The date you or your covered dependent's coverage would otherwise end, or
- The date notification from the Trust Office is furnished.

Unless stated otherwise on the election form, an election of continuation coverage by one family member covers all other eligible members of the same family.

If you or any of your covered dependents do not elect continuation coverage within this 60-day period, eligibility will end as it normally would under the plan.

If you or any of your covered dependents elect continuation coverage within the 60-day period, it will be retroactive to the first day after the date coverage otherwise would have ended provided you or your covered dependents pay for the cost of coverage retroactive to the date your coverage ended.

Available Coverage

The continuation coverage offered is the same as provided to other plan participants. You can only continue the coverages you had the day before your qualifying event.

You and your eligible dependents may elect the following coverages:

- Medical and prescription drug only; or
- Medical, prescription drug, dental and vision coverage.

Substitute teachers and Part-Time Option 2 employees may only elect medical and prescription drug coverage.

Continuation coverage is not available for long-term disability or life, accidental death and dismemberment or survivor benefits. Once you choose the types of coverage you want, it cannot be changed. If you elect to continue medical and prescription drug coverage only, you can only add dental and vision coverage (or drop it) at the time of open enrollment. You can change between the medical options available to you during the annual open enrollment period.

Adding New Dependents

Continuation coverage is only available to individuals who were covered under the plan at the time of the qualifying event. If you elect to continue coverage and acquire a new dependent through marriage, domestic partnership, birth, adoption or placement for adoption, you may add the new dependent to your continuation coverage by providing written notice to the Trust Office within 60 days of acquiring the new dependent. The written notice must identify the employee, the new dependent, the date the new dependent was acquired and be mailed to the Trust Office at the address listed previously. Children acquired through birth, adoption or placement for adoption are entitled to extend their continuation coverage up to a maximum of 36 months from the original qualifying event if a second qualifying event occurs.

Continuous Coverage Required

Your continuation coverage must be continuous from the date your Trust coverage would have ended if self-payments were not made.

Cost of Continuation Coverage

You or your dependents are responsible for paying the full cost of continuation coverage plus a 2% administrative fee. The cost for the coverages available through the Trust is set annually. If you have a qualifying event, you will be notified of the applicable monthly self-payment premium for the coverage options available to you.

Monthly Self-Payments Required

The Trust requires that payments for continuation coverage be received by the 5th of the month. You must send payments to the Trust Office or enroll for Electronic Funds Transfer (EFT). Coverage will be terminated if payment is not received by the Trust Office within 30 days of the due date. The only exception is that the self-payment for the period preceding the initial election of continuation coverage may be made up to 45 days after the date of the election. Your initial payment must cover all months for which you want coverage and be retroactive to when your Trust coverage ended. If your initial payment is not received or postmarked within 45 days of when you elected coverage, your right to continuation coverage will be lost.

How Long Coverage May Continue

If you or your eligible dependents lose coverage as a result of events described below, you have the following continuation rights:

- *If your employment ends or your hours are reduced, coverage for you and your eligible dependents may continue for up to 24 months. The 24-month period may be extended as explained in “How Long Coverage May Continue — Disabled Individuals” on page 20, “How Long Coverage May Continue — Second Qualifying Event” on page 21 and “How Long Coverage May Continue — Medicare Entitlement” on page 21.*
- *If you divorce, legally separate, end a domestic partnership or die, your eligible dependents may elect to continue coverage for up to 36 months. If your spouse or domestic partner is age 55 or older at the time of the qualifying event, the 36-month limit does not apply — he or she may continue self-paid coverage until reaching age 65 or otherwise becoming entitled to or eligible for Medicare.*
- *If your dependent child ceases to qualify as a dependent under the plan, he or she may continue coverage for up to 36 months.*
- *If coverage is lost as a result of your becoming eligible for Medicare, your eligible dependents may continue coverage for up to a maximum of 36 months.*

Continuation coverage ends on the last day of the monthly premium payment period if any one of the following occurs before the maximum available continuation period:

- Payment for continuation coverage is not made to the Trust Office on a timely basis for the next monthly coverage period

- You or your dependent becomes covered under any other group health plan after electing continuation coverage unless the other group health plan limits or excludes coverage for a pre-existing condition of the individual seeking continuation coverage
- You or your dependent provides written notice that you wish to terminate your coverage
- You or your dependent becomes entitled to Medicare benefits after electing continuation coverage.

In addition, continuation coverage will end if this plan is terminated or if the District begins contributing to another group health plan on behalf of the active employee classification in which you worked while employed by the District. However, coverage may still be available under a succeeding plan.

HOW LONG COVERAGE MAY CONTINUE — DISABLED INDIVIDUALS

If you or one of your dependents covered by the Trust is determined by the Social Security Administration (SSA) to be disabled either before a 24-month qualifying event or within the first 60 days of continuation coverage, the entire family of the disabled individual can receive an additional five months of continuation coverage for up to a maximum of 29 months. To obtain the additional months of coverage, you must notify the Trust Office in writing as follows:

- Within 60 days of the later of:
 - Your qualifying event; or
 - Your receipt of your Social Security Disability Determination; and
- Prior to the end of your initial 24-month period of continuation coverage.

If the disabled individual is subsequently found to not be disabled, you must notify the Trust Office within 30 days of that determination. The extension of continuation coverage available to a disabled individual will end the first of the month that begins more than 30 days from the date of the final determination that you are no longer disabled. (For example, if the determination is made June 15, coverage would end August 1.)

HOW LONG COVERAGE MAY CONTINUE — SECOND QUALIFYING EVENT

Eligible dependents who are entitled to continuation coverage as the result of your termination of employment or reduction of hours can extend their coverage up to a total of 36 months if a second qualifying event occurs during the initial 24 months of continuation coverage.

Possible second qualifying events during the initial 24 months of continuation coverage are:

- Divorce or legal separation
- A child's loss of dependent status under the plan
- You becoming entitled to Medicare
- Your death.

If an eligible dependent wants extended coverage as a result of a second qualifying event, he or she must notify the Trust Office in writing within 60 days of the second qualifying event. Failure to give such timely written notice of a second qualifying event will cause the individual's coverage to end as it normally would under the terms of the plan. In no event will continuation coverage extend beyond a total of 36 months from the original qualifying event.

HOW LONG COVERAGE MAY CONTINUE — MEDICARE ENTITLEMENT

If you have a 24-month qualifying event after becoming entitled to Medicare, your dependents may continue coverage until the later of 24 months from the date coverage would normally end or 36 months from the date you became entitled to Medicare.

USERRA CONTINUATION RIGHTS

If you lose coverage because you have entered military service for longer than 31 days and are covered by the Uniform Services Employment and Reemployment Rights Act (USERRA), you may elect to self-pay for coverage up to a maximum of 24 months. The maximum period of continuation coverage is the lesser of 24 months or the day after you fail to return to employment within the time frame provided by USERRA.

Relationship Between Continuation Coverage and Other Coverage

Your continuation coverage will terminate if you become entitled to Medicare or other group health coverage after your continuation coverage election. The only exception is if the other medical coverage contains a pre-existing condition which applies to the individual seeking to continue coverage. If your Medicare or other group health coverage already existed when you elect continuation coverage, however, you can be eligible for both.

Generally, if you have coverage under a Trust-sponsored plan, based on the continuation coverage, and you are entitled to Medicare based on age or disability and no longer have current employment status, Medicare will pay first and the Trust will only pay secondary and coordinate with Medicare. Current employment status means you are still at work or have received short-term disability benefits for less than six months. If you have Medicare coverage based on end stage renal disease and have Trust coverage, the Trust will pay primary during the 30-month coordination period provided for by applicable law. If you have other group health coverage, that coverage will pay primary and the Trust's continuation coverage will be secondary.

If you participate in Kaiser or Providence, the terms of those policies will govern the relationship between your health coverage and other coverage.

Alternative Ways to Continue Coverage

If you participate in the Kaiser or Providence Personal Option Plan options available through the Trust, you may have alternative coverage options including a conversion option and self-payment rights under state continuation laws which may differ from the continuation coverage described here. If you participate in the Kaiser or Providence option, please contact your plan:

Providence Health Plans
(503) 574-7500 Portland
(800) 878-4445

Kaiser Permanente HMO
(503) 813-2000 Portland
(800) 813-2000

Generally, you must apply for conversion coverage within strict time limits (often 30 days or less). If you elect continuation coverage, you may elect to participate in another option for which you are eligible during the Trust's annual open enrollment period.

Effect of Not Electing Continuation Coverage

In considering whether to elect continuation coverage, please be aware that a failure to continue your group health coverage can affect your rights under federal law.

You should be aware that federal law gives you special enrollment rights. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a spouse's plan) within 30 days after your group health coverage from the Trust ends because of your qualifying event. You will also have the same special 30-day enrollment right at the end of the maximum continuation coverage period available to you.