

**2025-2026
CHESTER COUNTY INTERMEDIATE UNIT
SUMMARY OF BENEFITS FOR**

SUPPORT STAFF

Medical: The Board will provide each full-time employee the option to enroll in one of three different Independence Blue Cross Personal Choice Medical plans. The Board will offer the Qualified High Deductible Health Plan (QHDHP) \$1650/\$3300 with Health Savings Account (HSA) as the base plan, HD1-HC1 Qualified High Deductible Health Plan \$2500/\$5000 with Health Savings Account (HSA), and the PC C3-F3-02 plan. The semi-monthly payroll deductions for each plan are below.

	<u>Base Plan</u> <u>Option QHDHP</u> <u>w/RX</u>	<u>*Annual IU</u> <u>Contribution</u> <u>to HSA</u>	<u>HD1-HC1</u> <u>Option QHDHP</u> <u>w/RX</u>	<u>*Annual IU</u> <u>Contribution</u> <u>to HSA</u>	<u>Option C3F302</u>
Single	\$16.01	\$1,100.00	\$7.72	\$850.00	\$60.42
Parent/Child	\$30.38	\$2,200.00	\$14.66	\$1,700.00	\$113.50
Parent/Children	\$33.70	\$2,200.00	\$16.26	\$1,700.00	\$129.04
Employee/Spouse	\$36.92	\$2,200.00	\$17.81	\$1,700.00	\$144.96
Family	\$40.23	\$2,200.00	\$19.41	\$1,700.00	\$160.50

★The annual IU contribution to the Health Savings Account (HSA) is **pro-rated** if hire/enrollment date is after July 31.

**The employer HSA contributions will happen in two fundings: the first will occur on or around July 1st (\$425 Single: \$850 all other tiers) and the second will occur on or around January 1st (\$425 Single: \$850 all other tiers). There will be a third employer contribution to the HSA for employees whose own HSA contributions for the 2025/26 SY are equivalent to or exceeds \$750 for employee only tier or \$1500 for all other tiers. The additional employer contribution will be \$250 for employee only tier and \$500 for all tiers and will occur June 30 th.

Spousal Language: If the spouse is employed and offered health insurance, the spouse is not eligible for coverage through the CCIU. The only exception is if the cost of single coverage through their employer is 25% or greater of the total cost of the premium. Certification form regarding spousal insurance must be completed and returned to Human Resources within 30 days of hire.

Prescription Drug: The Board will contribute 83% of the cost of the prescription drug program for all full-time employees and their eligible dependents. Semi-monthly payroll deductions in conjunction with the C3F302 medical plan are as follows:

Single: \$25.26
Employee + dependent(s) \$50.52

Co-pays: The plan will provide for a \$5 co-pay for all generic drugs, \$15 for brand name (if a generic is not available) and \$25 for non-preferred. If a drug is available in generic form, but the member chooses to purchase a brand name drug instead of the generic, they will be charged \$40.

90-day Maintenance Medication: Employees and their eligible dependents will be allowed up to three fills after the effective date (original fill + 2 refills) before 90-day maintenance fill is mandated for medication on the Maintenance Medication list. 90-day supplies can be filled either at retail pharmacies or through mail order.

Specialty Drugs: If a member goes to a retail pharmacy to fill a prescription for a specialty drug, that member will be instructed to contact the Optum Specialty Pharmacy. Specialty drugs are prescribed for serious chronic conditions.

Opt-Out Plan: Full-Time Employees can elect one of two options to opt-out of the CCIU health benefits:

Option 1 will provide a \$750 reimbursement per year for opting-out of the medical and prescription drug coverage.

Option 2 will provide a \$1,000 reimbursement per year for opting-out of the medical, prescription drug and dental coverage.

Employees whose spouse/parent is employed by the CCIU may not receive opt-out payments in lieu of medical and prescription plans.

Employees must complete an Opt-Out form and show proof of alternative coverage. Coverage through state-funded medical programs or subsidized medical coverage are not considered acceptable alternative insurance to be eligible for opt out payments. Reimbursement will be paid with the last paycheck in June of each year. Opt-Out form must be completed annually during Open Enrollment. Reimbursement is not automatic.

Dental:

Single Basic Coverage – No Fee
Family Basic Coverage – No Fee

Single Basic plus Supplemental Rider - \$0.57 semi-monthly
Family Basic plus Supplemental Rider - \$1.68 semi-monthly

Vision:

The Board agrees to pay 100% of the premium for single vision coverage. The employee has the option to purchase dependent coverage and the cost is \$4.48 semi-monthly.

Flexible Benefit Plan (Section 125 Plan):

All full-time **salaried** bargaining unit members are eligible to participate in the IU flexible benefit plan. This plan will allow you to put aside funds on a pre-tax basis to pay for dependent care or out-of-pocket medical expenses for you and your eligible dependents on a pre-tax basis. Employees who enroll in the QHDHP may elect a Limited Medical FSA for dental and/or vision expenses only.

Life Insurance:

The Board provides each full-time employee group term life insurance. The amount of coverage is the greater of \$20,000 or one times the employee's annual salary. An option to purchase an additional \$20,000 in life insurance is available subject to the insurance carrier's approval. The monthly cost per \$1,000 of coverage is below:

Age	Cost/Mo	Age	Cost/Mo	Age	Cost/Mo	Age	Cost/Mo
0-24	0.05	35-39	0.09	50-55	0.37	65-69	1.31
25-29	0.06	40-44	0.12	55-59	0.61	70-74	2.06
30-34	0.08	45-49	0.21	60-64	0.75	75+	2.38

Disability Insurance: The Board agrees to provide long-term disability insurance beginning on the 31st day of sickness and/or accident for employees or when the employee exhausts all

available sick leave, whichever is greater. This insurance pays up to 66 2/3% of the employee's monthly salary up to a maximum of \$5,000 per month.

Retirement (PSERS): Employee contribution based on class. Visit psers.pa.gov for more information.

Worker's Compensation: Board paid

FICA: Employee Contribution – 7.65% (Social Security 6.2% - Medicare – 1.45%)

Vacation Days: Full-time 12-month (260 day) employees are eligible to accrue vacation days. Refer to contract for accrual schedule.

Sick Days: Unlimited accumulation

Sick days accumulate at the rate of one (1) day per month of employment.

Employees may use up to five (5) of their accrued sick days per year for illness of an immediate family member. Members of the immediate family shall be defined as father, mother, brother, sister, son, daughter, husband, wife, parent-in-law, grandchild or near relative who resides in the same household, or any person with whom the employee has made his/her home

Personal Days: Two days per year, cumulative to five (5). **Personal days are pro-rated** if hire date **is after the start of the school year**. Any days in excess of 5 will be converted to sick leave on July 1 of each year.

Bereavement Days: Three (3) Days – Immediate Family Member – Spouse, child, mother, father, sister, brother, parents-in-law, or person who resides in the same household.

One (1) Day – Near Relative – Son or daughter-in-law, brother or sister-in-law, grandparents, aunt, uncle, niece, nephew or first cousin.

Tuition Reimbursement: The Board will reimburse employees who have an FTE of .80 or greater 100% of the cost of credits only (no fees) up to 12 credits annually (July 1 through June 30) for tuition paid by the employee but never to exceed the actual amount paid. Courses must be completed with a grade of C or better. The employee must continue in service for one (1) year after having received reimbursement or pay back the funds to the CCIU.

Questions concerning benefits are to be directed to the Human Resource Department at (484) 237-5085. This summary of benefits is not intended to, nor does it, constitute a contract, a promise or a guarantee of benefits. Please refer to your contract for a full explanation of benefits.