

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

PROJECT STAFF

Medical: The Board will provide each full-time employee the option to enroll in one of two different Independence Blue Cross Personal Choice Medical plans. The Board will offer the Qualified High Deductible Health Plan (QHDHP) with Health Savings Account (HSA) as the base plan and the PC C3F302 plan. Semi-monthly payroll deductions for the medical coverage are as follows:

	<u>Base Plan</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	\$825.00	\$62.20
Parent/Child	\$30.38	\$1,650.00	\$116.84
Parent/Children	\$33.70	\$1,650.00	\$132.83
Employee/Spouse	\$36.92	\$1,650.00	\$149.22
Family	\$40.23	\$1,650.00	\$165.22

*If you are electing the QHDHP medical plan, the CCIU Board contribution to the Health Savings Account (HSA) is **PRO RATED** based upon your start date.

**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 \$825 for employee only tier or \$1650 for all other tiers. The additional employer contribution will be \$280.50 for employee only tier and \$561 for all other tiers and will occur June 30th.

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.

Part-time employees working over 50% of a FTE may purchase medical and drug coverage.

Prescription Drug: The Board will contribute 82.5% 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: \$26.00
Employee + dependent(s) \$52.01

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.

Medical Opt-Out: Full Time Employees can elect to opt out of medical benefits and receive reimbursement of 50% of the premium paid by the Board. See below for monthly opt out rates.

Employees must show proof of alternative source of coverage. Coverage through state-funded medical programs or subsidized medical coverage are not considered acceptable alternative insurance to be eligible for opt out payments.

Employees whose spouse/parent is employed by the CCIU are not eligible to receive opt-out payments in lieu of medical/prescription coverage.

Monthly Credits - Single

Medical and Prescription Drug
Credit: \$384.23

Dental
Credit: \$12.89

Vision
Credit: \$2.01

Monthly Credits – Married

Medical and Prescription Drug
Credit: \$965.53 – if opt out family coverage
\$581.30 – if reduce to employee-only coverage from family
\$885.98 – if opt out employee/spouse coverage
\$501.75 – if reduce to employee-only coverage from employee/spouse

Dental
Credit: \$36.65 – opt out completely
\$23.76 – if reduce to employee-only coverage

Vision
Credit: \$2.01 – opt out completely

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

Dental Opt-Out: Employees can elect to opt out of dental benefits and receive a cash payment equal to 50% of the annual Board contribution of the benefit.

The monthly payment for the 2025-26 year is:

- Family opt out -- \$36.65
- Reduced to employee only coverage -- \$23.76
- Single opt out -- \$12.89

Employees must show proof of alternative source of coverage. Employees whose spouse/parent is employed by the CCIU are not eligible to receive opt out payments in lieu of dental coverage. (See language above if spouse/parent is also CCIU employee.)

Vision: Single Basic Coverage – No Fee
Family Basic Coverage – \$4.48 semi-monthly

Vision Opt-Out: Employees can elect to opt out of vision benefits and receive a cash payment equal to 50% of the annual Board contribution of the benefit. The monthly payment for the 2025-26 year is \$2.01.

Employees must show proof of alternative source of coverage. Employees whose spouse/parent is employed by the CCIU are not eligible to receive opt out payments in lieu of vision coverage.

Flexible Benefit (Full-time Employees) 1.5% of annual salary. Funds may be used for unreimbursed medical expenses and/or childcare expenses or taken as a cash payment, which is subject to all taxes.

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: Basic term life is provided at 2.5x annual salary rounded to the closest \$1,000. The option to purchase additional life insurance, not to exceed 5x annual salary, is available subject to 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	50-54	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

Full-time Employees: Accumulated sick leave at the rate of one (1) day per month of employment.

Part-time Employees: Any part-time employee with a full-time equivalent greater than 50% will be granted pro-rated sick leave based on their FTE.

Employees may use up to five (5) of their accrued sick days per year for illness of an Immediate Family Member as defined in the Handbook.

Personal Days: Two days per year, cumulative to five (5). Any days in excess of (5) will be converted to sick leave on July 1 of each year. Employees whose hire date is after July 1 or after the beginning of the school year (10-month staff) will have their personal days **pro-rated**.

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: 100% of the cost of 15 credits a year (no fees). Courses must be completed with a grade of B- or better. Employee must continue in service for one (1) year after receiving 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.

Rates quoted for insurance contributions are based on the 2025-2026 school year.