

Lower Merion School District



Benefits Overview

LMEA Professional and Support Staff

2026-27

As a Lower Merion Education Association (LMEA), benefit-eligible employee, you are offered a comprehensive benefits package as outlined in this document.

Instructions and links to additional information and required documents are provided where indicated.

If you have any questions please contact Eric Demkin, Compensation and Benefits Supervisor at demkine@lmsd.org or 610-645-1951.

Table of Contents

1. Health Benefits
 - a. Medical and Vision Plan Summaries
 - b. Prescription Plan Summary
 - c. Dental Plan Summary
2. Employee Contributions for Health Insurance
 - a. Contribution Methodology
 - b. 26-Pay Contribution Amounts
 - c. 22-Pay Contribution Amounts
3. Benefit Estimation Calculator
4. Benefit Group Information
 - a. Identification Cards
 - b. Group/Plan ID Number Information
 - c. Customer Service Numbers
5. Waiver of Health Coverage (Opt-Out)
6. Life Insurance
7. Disability Insurance (Income Protection)
8. Flexible Spending Accounts
9. Tax Sheltered Annuities (403B / 457 / Roth)
10. Unused Sick Day Beneficiary Form
11. Medicare Part D Notice
12. Reporting Changes to Health Plan Coverage
13. COBRA Premium Rates
14. Tuition Reimbursement- Support Staff
15. Tuition Reimbursement- Professional Staff
16. Salary Advancement (Column Movement)
17. Employee Assistance Program (EAP)
18. Human Resources Information / Forms & Documents
19. LMEA Collective Bargaining Agreement (Current Contract and Salary Schedules)
20. Employee Access Center (EAC)
21. Payroll Information and Pay Schedule
22. Pay and Salary Calculations
23. Understanding Your Pay Voucher

1- HEALTH BENEFITS

MEDICAL PLANS

The district offers current employees a choice of three (3) Independence Blue Cross medical plans. Each plan includes enrollment in prescription, vision, and dental coverage.

Employees hired or rehired on/after July 1, 2024, are limited to enrollment in the HMO and Deductible plan options. Upon completion of three (3) years of employment, employee may elect the PPO option during the first annual open enrollment period after their anniversary. Please see chart below for eligibility date for PPO enrollment:

| <u>Hired Between</u> | <u>Open Enrollment Date</u> | <u>Effective Date</u> |
|------------------------------|-----------------------------|-----------------------|
| July 1, 2024 – June 30, 2025 | TBD- May 2027 | July 1, 2027 |
| July 1, 2025 – June 30, 2026 | TBD- May 2028 | July 1, 2028 |
| July 1, 2026 – June 30, 2027 | TBD- May 2029 | July 1, 2029 |

Dependent children may remain enrolled in the medical, prescription, and vision plans until age 26.

Plan Options

| <u>Plan Option</u> | <u>Plan Name</u> | <u>Notes</u> |
|-----------------------|---------------------------------|--|
| PPO Plan* | Personal Choice 20/30/70 | *PPO plan is only available to employees hired prior to July 1, 2024. |
| HMO Plan | Keystone C2-F2 | |
| Deductible Plan (PPO) | PPO+6B | |

Plan limitations, such as deductible (in and out-of-network) and visit maximums, reset on the first day of the plan year July 1st.

Below you will find additional information on the three (3) medical plans offered. Also included is the Benefits 101 presentation, which provides a brief tutorial on how to choose the best plan for your unique medical needs.

[Click Here for Personal Choice 20/30/70 Medical Plan Summary](#)

[Click Here for Keystone C2-F2 Medical Plan Summary](#)

[Click Here for PPO+6B Medical Plan Summary](#)

[Click Here for Benefits 101- Understanding Health Insurance Presentation](#)

Additional enhancements offered through all medical plans:

[Click Here for Nutritional Counseling Information](#)

[Click Here for Acupuncture Information](#)

[Click Here for HelpScripts Information \(*New\)](#)

[Click Here for Teledoc Information- Virtual Urgent Care](#)

[Click Here for Teledoc Information- Virtual Behavioral Health \(*New\)](#)

[Click Here for Teledoc- Virtual Dermatology Care \(*New\)](#)

[Click Here for Virta Nutrition Program Information \(*New\)](#)

PRESCRIPTION PLAN

The district's prescription carrier is Capital Rx and requires enrollment in a district-offered medical plan. The plan has a three-tier co-payment schedule that includes a mandatory 90-day prescription requirement for maintenance medications.

Retail Pharmacy Co-Payments

- Generic- \$10.00
- Brand Name Formulary- \$30.00
- Brand Name Non-Formulary- \$50.00

Mail Order and 90-day prescription Co-Payments*

- Generic- \$20.00*
- Brand Name Formulary- \$60.00*
- Brand Name Non-Formulary- \$100.00*

*Mail Order and 90-day prescription Co-payments are two times (2x) the retail co-payment and provides a 90-day supply and require a 90-day prescription to be written by your physician.

Drug Formulary Look-Up

Medications covered under the district plan are classified into one of three (3) co-payment tiers, Generic (\$10.00), Preferred Name Brand (\$30.00), or Non-Preferred Name Brand (\$50.00).

You are able to search the Capital Rx Formulary in real-time to view the co-payment amount for medications you are prescribed. This is also a good resource to see alternative medications that may reduce your co-payment costs by printing or downloading the results of your search and sharing with your physician(s).

[Click Here for Formulary Look-Up List](#)

[Click Here for Interactive Formulary Look Up List](#)

Filling a Maintenance Medication

Maintenance medications listed on the 90 Day Drug List (linked below), or by separate notification from Capital Rx to your home address, require a 90-day prescription to be written in order to be filled at the discounted co-payment amount.

There are some exclusions to this requirement. Most Schedule II and II-N medications (i.e. Adderall, Ritalin, etc.) are excluded. If your drug is not listed, you are not required to have a 90-day prescription.

*Please note this list is subject to change. To see list in real-time, please use the Formulary Look-Up link provided in this document.

[Click Here for 90-Day Drug List](#)

Filling a Specialty Medication

Specialty medications listed on the Specialty Drug List (linked below), or by separate notification from Capital Rx to your home address, are required to be filled exclusively through Costco Specialty Pharmacy.

To access Costco Specialty Pharmacy please call the dedicated number on the back of your Capital Rx ID card or use the Member Portal linked in this section.

[Click Here for Specialty Drug List](#)

*Please note this list is subject to change.

Filling with Home Delivery (Mail Order)

Capital Rx exclusively uses Costco Home Pharmacy to fill mail order prescriptions.

To access Costco Home Pharmacy please call the dedicated number on the back of your Capital Rx ID card or use the Member Portal linked in this section.

Rx Cap Co-Payment Assistance Program (Specialty)

Select specialty medications (see Specialty Drug List), are eligible for manufacturer co-payment assistance. If your medication qualifies for such assistance, Capital Rx will reach out to you directly to assist with the enrollment into the Rx Cap savings program. The Rx Cap program provides employees with a discounted co-payment, for the listed medications, to as low as \$0 (free).

*Please note, if co-payment assistance is available for your specialty medication, you are required to enroll in Rx Cap when prompted. If you do not enroll in the Rx Cap program, you will be responsible for the full cost of the medication.

Rx Value Co-Payment Assistance Program (Non-Specialty)

Select non-specialty medications (see Rx Value Drug List), are eligible for manufacturer co-payment assistance. If you are prescribed one of these medications, Capital Rx will reach out to you directly to assist with the enrollment into the Rx Value savings program. The Rx Value program provides employees with a discounted co-payment, for the listed medications, to as low as \$0 (free).

[Click Here for Rx Value Drug List](#)

Capital Rx Member Portal

The Capital Rx Member Portal provides quick access to all your prescription information including various forms and documents, instructions on Mail Order and Specialty Pharmacy registration, Drug Look-Up, Replacement ID cards, and more. To access the member portal, please use the link below:

[Click Here for Capital Rx Member Portal](#)

VISION PLAN

The district vision carrier is Davis Vision and is administered through Independence Blue Cross. Enrollment in a district-offered medical plan is required.

Vision coverage will differ based on your medical plan election. For specific plan details, please see the medical and vision plan summaries linked below:

[Click Here for PPO Vision Plan Summary \(PC20/30/70 and PPO+6B\)](#)

[Click Here for HMO Vision Plan Summary \(KC2-F2\)](#)

DENTAL PLAN

The district dental carrier is Delta Dental of Pennsylvania. Premium is covered 100% by the district and enrollment in medical plan is not required.

Dependent children may remain on dental plan until age 19. Dependent children, who are full-time students, may remain on plan until the maximum age of 23. Annual verification of student status is required.

Please click on link below for specific plan details:

[Click Here for Delta Dental Plan Summary](#)

***Please note Delta Dental does not automatically issue ID cards.**

Information on ordering/downloading ID cards, as well as group numbers is provided in the Benefits Identification Card section of this document.

2- EMPLOYEE CONTRIBUTIONS FOR HEALTH INSURANCE

Employees enrolled in a district medical plan will be charged a percentage of premium based on the following:

- Contract Base Salary (Banding)
- Plan Option
- Enrollment Tier

Employee Contributions are taken bi-weekly and on a pre-tax basis.

Salary Bands*

| | | | | | |
|----------|----------|----------|-----------|-----------|-----------|
| Band A | Band B | Band C | Band D | Band E | Band F |
| Less | \$30,000 | \$50,001 | \$80,001 | \$100,001 | \$120,001 |
| than | to | to | to | to | and |
| \$30,000 | \$50,000 | \$80,000 | \$100,000 | \$120,000 | greater |

*Band Placement is based on your base salary as listed in the LMEA contract, Appendix B (Support Staff) and Appendix C (Professional Staff). EPER and overtime are not factored into your base salary.

Percentages of Premium

| | | | | | | |
|------------|--------|--------|--------|--------|--------|--------|
| Plan | Band A | Band B | Band C | Band D | Band E | Band F |
| PPO Option | 7.5% | 8.5% | 12.5% | 14.5% | 15.5% | 17.5% |
| HMO Option | 3% | 4% | 6% | 10% | 12% | 14% |
| DED Option | 2% | 2.5% | 3% | 3.5% | 4% | 5% |

Bi-Weekly (26 Pays) Employee Contribution Amounts by Plan Option

PPO Option (PC 20/30/70)

| | | | | | | |
|-----------------------|----------|----------|----------|----------|----------|----------|
| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
| Employee Only | \$39.20 | \$54.88 | \$65.34 | \$75.79 | \$81.02 | \$91.47 |
| Employee and Spouse | \$100.16 | \$140.23 | \$166.94 | \$193.65 | \$207.00 | \$233.71 |
| Employee and Family | \$108.67 | \$152.14 | \$181.12 | \$210.10 | \$224.59 | \$253.57 |
| Employee and Child | \$76.10 | \$106.54 | \$126.83 | \$147.13 | \$157.28 | \$177.57 |
| Employee and Children | \$84.61 | \$118.46 | \$141.02 | \$163.58 | \$174.87 | \$197.43 |

HMO Option (KC2-F2)

| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
|-----------------------|---------|---------|---------|----------|----------|----------|
| Employee Only | \$14.66 | \$19.54 | \$29.32 | \$48.86 | \$58.63 | \$68.41 |
| Employee and Spouse | \$34.93 | \$46.57 | \$69.86 | \$116.43 | \$139.72 | \$163.01 |
| Employee and Family | \$42.86 | \$57.14 | \$85.72 | \$142.86 | \$171.43 | \$200.00 |
| Employee and Child | \$22.04 | \$29.39 | \$44.09 | \$73.48 | \$88.17 | \$102.87 |
| Employee and Children | \$31.41 | \$41.88 | \$62.82 | \$104.70 | \$125.64 | \$146.58 |

DED Option (PPO+6B)

| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
|-----------------------|---------|---------|---------|---------|---------|---------|
| Employee Only | \$8.31 | \$10.38 | \$12.46 | \$14.53 | \$16.61 | \$20.76 |
| Employee and Spouse | \$19.94 | \$24.92 | \$29.90 | \$34.89 | \$39.87 | \$49.84 |
| Employee and Family | \$24.20 | \$30.25 | \$36.30 | \$42.35 | \$48.40 | \$60.50 |
| Employee and Child | \$12.68 | \$15.85 | \$19.02 | \$22.19 | \$25.36 | \$31.70 |
| Employee and Children | \$17.71 | \$22.14 | \$26.57 | \$30.99 | \$35.42 | \$44.28 |

Bi-Weekly (22 Pay Staff) Employee Contribution Amounts by Plan Option**PPO Option (PC 20/30/70)**

| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
|-----------------------|----------|----------|----------|----------|----------|----------|
| Employee Only | \$46.33 | \$64.86 | \$77.22 | \$89.57 | \$95.75 | \$108.10 |
| Employee and Spouse | \$118.37 | \$165.72 | \$197.29 | \$228.86 | \$244.64 | \$276.21 |
| Employee and Family | \$128.43 | \$179.81 | \$214.06 | \$248.30 | \$265.43 | \$299.68 |
| Employee and Child | \$89.94 | \$125.91 | \$149.90 | \$173.88 | \$185.87 | \$209.85 |
| Employee and Children | \$100.00 | \$139.99 | \$166.66 | \$193.33 | \$206.66 | \$233.32 |

HMO Option (KC2-F2)

| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
|-----------------------|---------|---------|----------|----------|----------|----------|
| Employee Only | \$17.32 | \$23.10 | \$34.65 | \$57.74 | \$69.29 | \$80.84 |
| Employee and Spouse | \$41.28 | \$55.04 | \$82.56 | \$137.60 | \$165.12 | \$192.65 |
| Employee and Family | \$50.65 | \$67.53 | \$101.30 | \$168.83 | \$202.60 | \$236.37 |
| Employee and Child | \$26.05 | \$34.74 | \$52.10 | \$86.84 | \$104.21 | \$121.57 |
| Employee and Children | \$37.12 | \$49.49 | \$74.24 | \$123.73 | \$148.48 | \$173.23 |

DED Option (PPO+6B)

| Tier | Band A | Band B | Band C | Band D | Band E | Band F |
|-----------------------|---------|---------|---------|---------|---------|---------|
| Employee Only | \$9.82 | \$12.27 | \$14.72 | \$17.18 | \$19.63 | \$24.54 |
| Employee and Spouse | \$23.56 | \$29.45 | \$35.34 | \$41.23 | \$47.12 | \$58.90 |
| Employee and Family | \$28.60 | \$35.75 | \$42.90 | \$50.05 | \$57.20 | \$71.50 |
| Employee and Child | \$14.98 | \$18.73 | \$22.47 | \$26.22 | \$29.97 | \$37.46 |
| Employee and Children | \$20.93 | \$26.16 | \$31.40 | \$36.63 | \$41.86 | \$52.33 |

3- BENEFITS ESTIMATION CALCULATOR

The Benefits Estimation Calculator (BEC) is an interactive tool that allows employees the ability to input their individual and family medical usage information to help calculate the total, estimated, net out-of-pocket costs for each plan option offered.

The BEC will give you a complete, estimated calculation taking both premium and co-payments into consideration.

In order to utilize the BEC, you will need Microsoft Excel and the following information:

- Your annual base salary (Support Staff please see appendix B, Professional Staff appendix C of the LMEA contract)

- Each enrolled family members total, 12-month usage for the following services:
 - Primary Care Physician Visits
 - Total Specialist Visits
 - Emergency Visits
 - Urgent Care Visits
 - Chiropractor Visits
 - Physical/Occupational Therapy Visits
 - Hospitalization Days
 - Out-Patient Surgeries

***Helpful Tip-** It is recommended to do both a 12-month utilization lookback, as well as your anticipated 12-month utilization moving forward.

Disclaimer-

Many variables factor into your unique medical situation. The Benefits Estimator is designed to assist in enrollment selection by providing an estimated calculation based on the usage data provided by the employee.

Calculations generated by the Benefit Estimator are for planning purposes only and are not presented as, nor to be mistaken for, your actual out-of-pocket costs.

[Click Here for the Benefits Estimation Calculator Presentation](#)

***Please note** the plans and rates used in the Benefits Estimation Calculator Presentation are from the previous plan year. The information and methodology are presented to give you an understanding on how to use this valuable tool. The 2026-27 plans and rates are reflected in the Benefits Estimation Calculator linked below.

[Click Here for 2026-27 Benefits Estimation Calculator](#)

4- BENEFITS GROUP INFORMATION

Your initial set of identification cards are generated once your enrollment has been processed with the carriers. It can take 7-10 business days for ID cards to print and be mailed to your home address.

Replacement ID Cards

If you should misplace your ID cards, you can print/download/order replacements with the specific carriers:

Medical and Vision ID card

Register at www.ibxpress.com to print temporary ID card and order replacement cards.

Prescription ID card

Register <https://app.cap-rx.com/login> or call 1-833-599-1001.

Dental ID card

Register at www.deltadentalins.com or provide the following information:

Group/Plan Identification Numbers

Medical Plans

| | Personal Choice 20/30/70 (PPO) | Keystone C2-F2 (HMO) | Personal Choice PPO+6B (Deductible) |
|--------------------|-----------------------------------|-------------------------|--|
| Professional Staff | 3006780-230508 | 3006782-230512 | 3006780-230509 |
| Support Staff | 3006780-230508 | 3006783-230512 | 3006780-230509 |

Prescription Plan

Carrier: Capital Rx
RX Bin: 610852
RX PCN: CHM
RX Group: JD177

Vision Plan

Carrier: Davis Vision (Accessed through your medical plan and ID)
Group Number: Reference your medical coverage in chart above.

Dental Plan

Delta Dental of Pennsylvania
Premier Plan
Group # 12091-01111
ID# is your SSN (your number is used for all enrolled family members)

Customer Service Information and Contacts

Medical and Vision* Plans (All)

Independence Blue Cross

Phone- 1-800-ASK-BLUE (1-800-275-2583)

Website- www.ibx.com

*Vision is administered by Davis Vision, but is accessed through IBC.

Prescription Plan

Capital Rx

Phone- 1-833-599-1001 (LMSD Specific)

Website- www.app.cap-rx.com

Dental Plan

Delta Dental

Phone- 1-800-932-0783

Website- www.deltadentalins.com

Flexible Spending Account/ Dependent Childcare Account Administrator

WEX, Inc.

Phone- 1-866-451-3399

Email- customerservice@wexhealth.com

Website- <https://benefitslogin.wexhealth.com/Login.aspx?ReturnUrl=%2f>

5- WAIVER OF HEALTH COVERAGE (OPT-OUT)

Employees who have health insurance through another source, may elect to waive (opt-out) of the district-offered coverage and receive 25% of the blended premium for the enrollment tier that they are eligible for.

Annual completion of the Benefit Waiver Form is required in order to receive the opt-out payment.

Payment is made in equal installments in the second pay of each month on the following schedule:

| <u>Group</u> | <u>Payment Months</u> | <u>Number of Pays</u> |
|----------------|-----------------------|---|
| 12-Month Staff | July to June | 12 |
| 10-Month Staff | September to August | 12 |
| 22-Pay Staff | September to June | 10 (annual amount is paid over 10 pays) |

| <u>Coverage Tier</u> | <u>Monthly Opt-Out Rate*</u> |
|-----------------------|------------------------------|
| Employee Only | \$257.58 |
| Employee and Spouse | \$631.34 |
| Employee and Family | \$738.05 |
| Employee and Child | \$430.33 |
| Employee and Children | \$552.62 |

*Rates listed are valid 7/1/2026 through 6/30/2027

If you are electing to waive coverage, please be sure to mark “opt-out/cash out in the BenXpress System and follow the prompts to complete your enrollment. Also, be sure to download/print and complete the waiver form and submit to Human Resources by the enrollment deadline.

[Click here for Waiver of Coverage Form](#)

6- LIFE INSURANCE

The district provides each eligible employee a group term life insurance plan with SunLife Insurance Company. The employee may choose from two (2) enrollment options, without Evidence of Insurability (EOI) or medical review, during your initial benefit enrollment period:

| Plan Option | Coverage Level | Employee Premium |
|-------------|----------------------|---|
| Option 1 | \$50,000.00 | 100% Employer Paid |
| Option 2 | Two (2) Times Salary | 100% Employer Paid, however, the coverage amount over \$50,000.00 is subject to monthly imputed income tax. |

- Please note that your Initial enrollment must occur within the first 31 days of your benefits eligibility.
- The initial enrollment period allows you to maximize your coverage without being subject to EOI at a later date.
- EOI is required for all late enrollments and/or future changes requested at a later date (open enrollment or qualifying life event) and must be approved by the carrier.

[Click Here for Life Insurance Imputed Income Calculator](#)

7- DISABILITY INSURANCE (INCOME PROTECTION)

Disability Insurance, also known as Income Protection, is a benefit that protects your income in the event you are unable to work due to a medical condition. After meeting a designated waiting period, the disability insurance will pay you a monthly amount up to a set maximum amount for the benefit period as specified in the plan you select.

As an employee of LMSD, you have the choice of five (5) plan options with Madison National Life Insurance company, which are available without Evidence of Insurability (EOI) or medical review during your initial benefit enrollment period. LMSD will pay 80% of your disability premium to a maximum of \$135.00 (support staff) \$165.00 (professional staff) annually.

- Please note that your Initial enrollment must occur within the first 31 days of your benefits eligibility.
- The initial enrollment period allows you to maximize your disability benefit coverage without being subject to EOI at a later date.
- EOI is required for all late enrollments and/or future changes requested at a later date (open enrollment or qualifying life event).
- EOI review is completed by the insurance carrier and you could be denied future enrollment in a disability plan or not approved to change plan options as requested.
- It is always best to enroll in the highest coverage plan initially and then downgrade as you accumulate more sick and personal leave time.

Do I need Disability Insurance?

Hopefully you never need disability insurance, but until faced with that situation it is hard to quantify the importance/value of the benefit. Many employees choose a plan based solely on the premium cost and do not take into consideration what their plan selection covers in relation to their household needs in the event of a disability occurring.

In order to best answer the “do I need it” question, you must look at your own unique financial situation closely as what works best for your co-worker may not be the right choice for you. Take a few moments to review these general questions below and utilize the appropriate disability premium calculator below to assess your coverage needs before choosing a plan:

Are you the main source of income for your household?

If you are the main source of income you may want to select a plan with the shortest waiting period to minimize the period you will be without a paycheck.

What impact would losing your salary have on your household?

Even if you aren't the main source of income, the loss of your paycheck may impact your household in some manner. You may want to look at a plan with a longer waiting period or a reduced maximum benefit amount to help maintain your current lifestyle or family needs.

How much sick and personal time do you have available?

Depending on how much time you have earned, and is available to you currently, look at plans with longer waiting periods. This accrued leave time allows you to continue your full pay from the district before a disability plan would be needed. Plans with longer waiting times also cost less than those with shorter ones, thus saving some money.

How old are you and/or how long have you been working in the district?

If you are just starting out in your career and/or LMSD employment, you may not have the personal savings or accrued leave time available to help offset the financial strains of a medical disability. By choosing a richer plan now, you are protecting your household and finances in the event you cannot work. As you build your leave bank and/or savings, you can later reduce your benefit to a plan with a longer waiting period or reduced benefit.

Disability Plan Options

| Plan Option | Waiting Period Calendar Days | Benefit Amount | Maximum Monthly Benefit | Benefit Payment Period | Cost to Employee |
|--------------------|---|-------------------------|--------------------------------|-------------------------------|--|
| Option 1 | 60 Days | 60% of Salary | \$2,000.00 | 5 Years | See Link to Disability Calculator |
| Option 2 | 90 Days | 66.67% of Salary | \$6,667.00 | To Age 65 | See Link to Disability Calculator |
| Option 3 | 60 Days | 66.67% of Salary | \$6,667.00 | To Age 65 | See Link to Disability Calculator |
| Option 4 | 30 Days | 66.67% of Salary | \$6,667.00 | To Age 65 | See Link to Disability Calculator |
| Option 5 | 180 Days | 66.67% of Salary | \$6,667.00 | To Age 65 | See Link to Disability Calculator |

[Click Here For Professional Staff Disability Calculator](#)

[Click Here for Support Staff Disability Calculator](#)

8- FLEXIBLE SPENDING ACCOUNTS

The district contracts with WEX to offer our eligible employees the opportunity to enroll in a medical Flexible Medical Spending Account (FSA) and/or a Dependent Care Account (DCA) through pre-tax payroll deductions.

A Medical Spending Account (FSA) allows reimbursement of qualifying medical expenses.

A Dependent Care Account (DCA) (Childcare) allows reimbursement of dependent care (Childcare) expenses incurred by eligible dependents. To qualify, you and your spouse (if applicable) must be employed full-time or your spouse must be a full-time student.

The LMSD plan year runs July 1 through June 30 and employees may contribute up to a maximum of \$3,400.00 for a medical (FSA) account and up to \$7,500.00 for a dependent care (DCA) account. The plan year is the set period for your eligible expenses to incur.

All FSA and DCA contributions for 10-month staff are taken on an off-set, 12-month calendar, beginning September 4, 2026 and concluding with the last summer pay on August 20, 2027. This is done to keep your school year pay and deductions consistent each pay period. Contributions for 12-month staff are taken July-June.

FSA and DCA accounts are “use it or lose it”, with no portability if you should leave employment. DCA accounts do not roll over and unspent dollars are forfeited. FSA accounts allow up to \$680.00 unused dollars to rollover into the next plan year. Any unused FSA funds over \$680.00 are forfeited.

Deadline to submit for reimbursement is September 28th of each year. This is 90-days after the end of the plan year (June 30th). Reimbursements received after this date will not be accepted and your remaining funds will be forfeited.

[Click Here for FSA and DCA Plan Information and Overview Videos](#)

9- TAX SHELTERED ANNUITY (TSA) PROGRAM

All LMSD employees are able to participate in the district's TSA plan. Our TSA program includes traditional 403b/457b and Roth 403b/457b opportunities. Please read the following information on the district program and how to open an account.

TSA Program General Information

- TSA's are a voluntary investment program similar to a 401k account. Unlike a 401k, the LMSD TSA program is not employer-matched, so you are investing your money either on a pre-tax (traditional) or post-tax (Roth) basis.
- You can contribute up to the maximum limit(s) set annually by the IRS on a calendar year basis (January to December).
- You can elect to contribute either a percentage of your gross salary or a flat-dollar amount.
- Contributions taken over 24-pay periods (in the two months there are three pay periods, this is not taken from the third pay).

[Click Here for General Overview Video](#)

Maximum Contribution Limits for 2026

- Basic Limit- \$24,500.00
- Standard Catch-up Limit (ages 50-59, 64+)- \$8,000.00
- Super Catch-up Limit (ages 60-63)- \$11,250.00
- Total Limit for Standard Catch-up (basic + catch-up)- \$32,500.00
- Total Limit for Super Catch-up (basic + catch-up)- \$35,750.00

*At this time the IRS has not set the 2027 maximum limits. Information will be shared as it becomes available.

Catch-up Rule (new for 2026)

If you are age 50 or older and your FICA wages from the previous tax year exceeded \$150,000.00, you may only take your catch-up through a Roth (after-tax) account.

To participate in the LMSD TSA program, you must do all of the following, *in this order*:

- Contact one of the approved vendors from the provided list
- Establish your investment account with vendor of your choice
- After your account is established, complete the SRA form and submit to Eric Demkin in HR

If you are currently a participant in the TSA program, and wish to make a change, please do the following:

- Complete a new SRA form and submit to Eric Demkin.

*Forms must be received by the Friday before the next payday to be processed. Otherwise, your change will be processed the next available payday.

If you have questions related to investment options, strategies, tax code, or other personal financial matters, please contact a financial, or tax, professional for guidance.

Links to Additional Information and Forms

[LINK TO APPROVED VENDOR LIST](#)

[LINK TO 403B \(ROTH & TRADITIONAL SALARY REDUCTION AUTHORIZATION \(SRA\) FORM](#)

[LINK TO 457B \(ROTH & TRADITIONAL SALARY REDUCTION AUTHORIZATION \(SRA\) FORM](#)

[LINK TO TSA CONSULTING WEBSITE LMSD INFORMATION](#)

[LINK TO TSA RETIREMENT GUIDE](#)

[LINK TO TSA PLAN MEANINGFUL NOTICE](#)

10- UNUSED SICK DAY BENEFICIARY FORM

Upon retirement from the School District, under the superannuation provisions and options of the Public School Employees Retirement Act of Pennsylvania, bargaining unit members shall be paid a sum of money to be determined by multiplying the bargaining unit member's number of unused accumulated sick leave days by the contracted dollar amount.

In the event of the death of bargaining unit members while in the service of the School District, the sum of money determined above shall be paid to the surviving spouse, children, or other beneficiary as previously designated in writing with the School District by the bargaining unit member.

[LINK TO UNUSED SICK DAYS BENEFICIARY FORM](#)

11- MEDICARE PART D NOTICE

If you, or an eligible family member, is/are eligible for Medicare, you may be required to provide proof that you have/had credible prescription coverage at your time of Medicare enrollment.

Please print this notice and save with your personal records.

[LINK TO 2026-27 MEDICARE PART D NOTICE](#)

12- REPORTING CHANGES TO HEALTH PLAN COVERAGE

If you experience a qualifying life event (QLE) after your initial enrollment period or outside of the annual open enrollment period, **you have 31-calendar days from the event date to notify Human Resources to make any changes to your enrollment.**

A QLE includes, but is not limited, to the following:

- Divorce¹
- Marriage²
- Birth/Adoption of a Child
- Loss or gain of other healthcare insurance
- Dependent Child reaching maximum coverage age

Contact Eric Demkin at 610-645-1951 or demkine@lmsd.org or Kristine Wakeley at 610-645-1953 or wakelek@lmsd.org for more information.

¹ It is the employee's responsibility to notify Human Resources within 31-calendar days of the date of divorce decree. Failure to notify the district within this period, may subject employee to the full cost of insurance for their former spouse for coverage beyond the decree date.

² A copy of your marriage certificate will be required.

13- COBRA PREMIUM RATES

In the event your LMSD healthcare coverage ends (unpaid leave) during the plan year, you will be provided an opportunity to continue your current coverage through COBRA at your own expense. COBRA premium rates represent 102% of the actual plan premium of your enrolled plan and coverage tier.

[Click here for 2026-27 COBRA Rates](#)

14- TUITION REIMBURSEMENT- Support Staff

The district provides Support Staff an annual reimbursement pool of \$30,000.00 allocated on a first-come, first-served basis, to a maximum of \$2,000.00 per individual. For additional information, please see Article 26A of the current LMEA contract.

Funds for the reimbursement year become available on 1/1/2026 for courses that end after 7/1/2026 and by no later than 6/30/2027.

Please note the 2027-28 reimbursement year will become available on 1/1/2027, and the same date format will apply (i.e. 6/30/2027 will become 6/30/2028, etc.)

All coursework requires approval prior to the course start date using the Professional Tuition Reimbursement Form in SharePoint.

[Click Here for Support Tuition Reimbursement Form](#)

15- TUITION REIMBURSEMENT- Professional Staff

The district provides Professional Staff an annual reimbursement pool of \$275,000.00, divided into two separate allocation periods; Enrollment Window #1, \$175,000.00 and Enrollment Window #2, \$100,000.00. Funds are allocated on a first-come, first-served basis. For additional information, please see Article 26B of the current LMEA contract.

All coursework requires approval prior to the course start date using the Professional Tuition Reimbursement Form in SharePoint.

Please note- If your graduate coursework involves a research project, dissertation, or the use/collection of data/information that is not accessible to the public, or requires the need to recruit LMSD staff, students, or parents, you must also obtain approval through the LMSD Research Review Committee. Read Policy 244 and Administrative Regulation 244 to review the guidelines and procedures for requesting approval to conduct research in LMSD.

Courses being requested for future salary advancement (column movement) must meet established criteria as outlined in the Salary Advancement section of this document.

[Click Here for Professional Tuition Reimbursement Form](#)

Submission time periods for the 2026-27 plan year are listed below. Please note the 2027-28 reimbursement year will become available on 1/1/2027, and the same date format will apply (i.e. 6/30/2027 will become 6/30/2028, etc.)

Enrollment Window #1

Funds for Enrollment Window #1 become available on 1/1/2026 for courses that end after 7/1/2026 and by no later than 6/30/2027.

*You are limited to a maximum of three (3) credits in this enrollment window.

Enrollment Window #2

Funds for Enrollment Window #2 become available on 9/30/2026 for courses that begin no sooner than 10/1/2026 and end by no later than 6/30/2027.

*If you were approved for three (3) credits in the first enrollment window, you are limited to an additional three (3) credits in this enrollment window. Maximum annual limit of six (6) total credits in the plan year.

*If you were not approved for any credits in Enrollment Window #1, you can submit for six (6) credits in window #2. Again, you are limited to a maximum of six (6) total credits in the plan year.

*If/when total funds in Enrollment Window #2 are fully allocated, submissions will be waitlisted in order received. If additional funding becomes available you will be notified. Waitlist will be paid in order received. There is no guarantee of payment if your course is waitlisted.

16- SALARY ADVANCEMENT (COLUMN MOVEMENT)

PROFESSIONAL STAFF ONLY

Under the terms of Article 29 of the LMEA contract, all coursework for the purpose of salary advancement (column movement) must meet the following requirements:

- Only graduate courses taken at fully accredited colleges and universities will be considered.
- All courses must be education courses, courses taken for a new field of certification, or courses taken within a program for a higher degree in a certifiable area.
- All coursework must be approved by the Superintendent or their designee.
- Only courses which comply with the requirements of Article 36B.1 will be considered for purposes of movement on the salary schedule.¹

¹ Examples of courses which could be considered relevant to bargaining unit positions: Master's Degrees outside of education such as M.A. in Professional Clinical Counseling (relevant to a school nurse); Master of Science in Applied Mathematics (relevant to a mathematics or science teacher); Master's Degree of Biology (relevant to a biology teacher); Master of Fine Arts (relevant to an art teacher).

Your course request must meet all of the criteria listed below:

- To be eligible for salary advancement, graduate courses must be found in fully accredited college or university catalog of courses eligible towards a graduate degree.

When completing the online form(s) in Sharepoint, you will be prompted to attach a screenshot or PDF of the USDOE Office of Post-Secondary Education accreditation list:
<https://ope.ed.gov/dapip/#/home>

- **Not eligible for salary advancement:** Courses through third-party providers, professional development continuing education courses, Act 48/PD courses, courses not part of a degree-granting program. (Examples: Bright Horizon, Advancement Courses, Wiley, RTC, Professional Development Institute, or other third-party providers of instruction)

Forms and Submission Process

In connection with the implementation of Article 29, the submission of coursework for salary advancement is now a two-part process. Part one is the coursework approval form(s) submission and is required prior to completion of part two, which is the completion of the Salary Advancement Request form.

Part One: Process for Submitting Coursework for Approval

Please review the scenarios below to determine your next step and keep in mind that each course may require a different action step:

- **If your course(s) was/were submitted for *tuition reimbursement purposes* on or after September 30, 2018,** no further action is needed for these courses. Approval for salary advancement was/is indicated on your approval email and, upon satisfactory completion of

the course, the credits will be available for future salary advancement use and will reflect on your SharePoint dashboard.

- **If your course(s) was/were submitted for tuition reimbursement purposes prior to September 30, 2018, you are required to complete and submit the Course Approval for Salary Advancement form (CASA) for each course you intend to use for future salary advancement. *Please note that prior approval for tuition reimbursement is not a guarantee of, nor should be interpreted as, approval for salary advancement purposes. All coursework will be reviewed and approved using the current approval process. (See Article 29 of the LMEA/LMSD Collective Bargaining Agreement effective July 1, 2017).**
- **If your course(s) was/were taken outside of tuition reimbursement (in other words, you never sought tuition reimbursement for coursework that you would now like to be considered for salary advancement), you are required to complete and submit the Course Approval for Salary Advancement form (CASA) for each course you intend to use for future salary advancement. All coursework will be reviewed and approved using the current approval process. (See Article 29 of the LMEA/LMSD Collective Bargaining Agreement effective July 1, 2017).**

Following the CASA form review process, you will be notified via email of your course(s) approval or denial, and approved credits will reflect in your SharePoint dashboard for future salary advancement use. A few additional items of note related to this process:

- Only courses and credits that are needed for advancement should be submitted on the CASA form. Please do not submit CASA forms for credits already used for prior salary advancements (e.g., if you are currently at M+15 and requesting to move to M+30, only submit the courses reflecting the 15 credits needed to advance.)
- Only approved graduate credits obtained after your professional certification date are eligible for use towards salary advancement.
- Official, sealed transcripts are required for all coursework being used for salary advancement. If your official, sealed transcript has not been provided to Human Resources, you must have this done prior to the October 10th deadline.
- Electronic transcripts are acceptable only if emailed directly to demkine@lmsd.org by the issuing institution. If you are unsure of your transcripts on file with HR, please contact Kristine Wakeley at 610-645-1953 to schedule a time to review your personnel file.

Part Two: Process for Submitting the Salary Advancement Request form

- **Salary Advancement Request form must be completed and submitted no later than October 10th of each year.**
- **Salary Advancement Request Form will be made available May 1st of each year.**
- **Only pre-approved coursework will be available for use towards advancement (selected from the provided dropdown list on the form).**

- Only approved courses completed prior to the October 10th deadline will be eligible for use.
- Approved advancements will be placed on the November board and will be effective in the first pay of December each year.

Forms

[Click Here to Access Course Approval for Salary Advancement Form](#)

[Click Here to Access Salary Advancement Request Form](#)

*Please do not submit Salary Advancement Request Form until you have completed the other requirements for advancement approval as outlined in this overview. Form is available after May 1st.

17- EMPLOYEE ASSISTANCE PROGRAM (EAP)

The district offers all employees access to our EAP program through HealthAdvocate. Support is available 24/7/365 and can be accessed by calling 1-877-240-6863 or by registering online.

[Click Here for EAP Website](#)

18- HUMAN RESOURCES/PAYROLL FORMS AND DOCUMENTS

For additional Human Resources information and team directory, please visit the Human Resources page of the LMSD website.

[Click Here for Human Resources Page](#)

For additional benefits information and forms, please visit the Health Insurance and Benefits page.

[Click Here for Benefits Page](#)

For links to other Human Resources and Payroll forms, including the following documents, please visit the Forms page.

[Click Here for Forms Page](#)

19- LMEA COLLECTIVE BARGAINING AGREEMENT

The link to the current LMEA contract and salary schedule(s) are provided below.

[Click Here for the LMEA Collective Bargaining Agreement](#)

[Click Here for the LMEA Professional Salary Schedule](#)

[Click Here for the LMEA Support Salary Schedule](#)

20- EMPLOYEE ACCESS CENTER

The EAC is also where you can review your payroll, benefits, and salary information, as well as, make updates to your personal information such as change of address, email, and/or phone numbers. A link to the EAC is provided via email each pay date.

The link also allows you view all past pay vouchers and your current/past years W-2 and 1095-c tax documents.

First time accessing the EAC

- Click on the link provided or go to www.lmsd.org/eac
- Your User ID will be your full LMSD email address (example- smithj@lmsd.org)
- Your initial password will be the last four (4) digits of your social security number.
- You will be prompted to answer a few security questions and then set your new password. Be sure to write this down and keep in a safe place for later use.

Forgetting your User ID and/or Password

Your user ID will always be your full LMSD email address (example- smithj@lmsd.org).

If you should forget your password, simply click on the “Forgot your password” link. You will receive a temporary password through your LMSD email address and then prompted to answer your security questions and then set a new password.

Questions or Problems

If you are still unable to access the EAC, please submit a technology helpdesk ticket or call the helpdesk at 610-645-1968.

[Click Here for Employee Access Center](#)

21- PAYROLL INFORMATION AND PAY SCHEDULE

All LMSD employees are paid on a bi-weekly basis:

- 12-month Support Staff employees are paid over 26 pays based on a July to June work calendar.
- All Professional and 10-month instructional and non-instructional Support Staff are paid over 26 pays based on an August to June work calendar. The 26 pays for these employees occur from September through August.
- 22-Pay Staff (Transportation, Nutritional Services, and Long-Term Substitutes (LTS) are paid over 22 pays on an August to June work calendar. The 22 pays for these employees occur September through July.

[Click here for the 2026-27 Payroll Schedules](#)

22- PAY AND SALARY CALCULATIONS

Salaried Employees

All salaried employees, who work their full work calendar, are paid 1/26th of their annual salary on a bi-weekly basis.

Salaried employees that do not work their full work calendar year, are paid a prorated salary based on the per diem of their full annual salary and actual days worked. This is paid evenly over the remaining pays of their designated pay calendar.

Salaried employees that begin employment after the start of the work calendar or are granted/return from an unpaid leave during the year, will be paid on a prorated basis.

Example 1- Full Year Salary

Teacher in Master's column, Step 5 for 2023-24 school year has an annual salary of \$77,163 as per Appendix C of the LMEA Agreement. Employee is working the full 190-day calendar:

Per Diem: $\$77,163 \text{ annual salary} \div 190 \text{ work calendar days} = \$406.12 \text{ per diem rate}$

Days Worked: 190

Salary: $\$406.12 \times 190 = \$77,163$

Bi-Weekly Gross Pay: $\$77,163 \div 26 \text{ pay periods} = \$2,967.80$

Example 2- Prorated Salary

Teacher in Master's column, Step 5 for 2023-24 school year has an annual salary of \$77,163 as per Appendix C of the LMEA Agreement. Employee begins employment on October 28th and will work only 148 days of the full 190-day calendar:

Per Diem: $\$77,163 \text{ annual salary} \div 190 \text{ work calendar days} = \406.12 per diem

Days Worked: 148

Prorated Salary: $\$406.12 \times 148 = \$60,106$

Bi-Weekly Gross Pay: $\$60,106 \div 21 \text{ remaining pay periods}^1 = \$2,862.19$

¹ Remaining pay periods will be determined by the payroll office based on employee's start/return date.

Hourly Employees

Hourly employees will be paid for the hours worked within the specified two-week pay period at their designated hourly rate of pay. These hours are paid in the paycheck occurring two-weeks after the pay period end date. (Example- Hours worked between 10/2/2022 through 10/15/2022 will be paid in the 10/28/2022 pay check, etc.)

Example 3- Hourly Employee

A Food Service Associate is on Step 1 for 2022-23 school year and has an hourly rate of \$14.25 as per Appendix B of the LMEA Agreement. Employee works a total of 40 hours between October 3rd and October 14th.

Hourly Rate of Pay: \$14.25

Hours worked in Pay Period October 2nd through October 15th- 40

Gross pay for the October 28th pay- $\$14.25 \times 40 = \570.00

23- UNDERSTANDING YOUR PAY VOUCHER

CREATED BY EMPLOYEE ACCESS CENTER
Statement of Earnings and Deductions

| Earnings | | Deductions | | Contributions | | |
|---------------|-------|------------|--------------------|---------------|----------------|--------------------|
| Description | Hours | Rate | Current | Year to Date | Current | Year to Date |
| REG PAY | | | 4,798.92 | 23,994.60 | 291.96 | 1,579.76 |
| REC CPT | | | .00 | 2,250.00 | 68.28 | 369.46 |
| MEMBER | | | .00 | 76.92 | .00 | 0.00 |
| TUTOR SUPP | 2.00 | 42.92 | 85.84 | 128.76 | .00 | 0.00 |
| | | | | | 2.93 | 15.87 |
| | | | | | 143.16 | 778.00 |
| | | | | | 366.36 | 1,983.77 |
| | | | | | 21.13 | 105.65 |
| | | | | | 83.33 | 416.65 |
| | | | | | 138.25 | 691.25 |
| | | | | | 150.00 | 450.00 |
| | | | | | .00 | 0.00 |
| | | | | | 471 | 32.00 |
| | | | | | 3,135.66 | 17,183.18 |
| Totals | 2.00 | | 4,884.76 | 26,450.28 | 4,884.76 | 26,450.28 |
| Totals | | | End Balance | | Net Pay | |
| Leave | | | | | | 3,135.66 |
| | | | | | | Employee |
| | | | | | | Tax Information |
| | | | | | | YOUR NAME |
| | | | | | | Fed State |
| | | | | | | MARITAL STATUS M S |
| | | | | | | EXEMPTIONS 0 0 |

| | | | | | | | | | |
|----------------------|----|------------------------|------|---------------|-----------|-----------|-----------|------------|----------|
| Location | 99 | Employee No. | 9876 | Period Ending | 2/15/2022 | Check No. | V73245789 | Check Date | 3/4/2022 |
| Your Employee Number | | Pay Period Ending Date | | Pay Date | | | | | |

| | |
|--------------------------|--------------------|
| Net Pay Amount | 3,135.66 |
| Tax Information | Employee |
| Bank Account Information | Tax Information |
| | YOUR NAME |
| | Fed State |
| | MARITAL STATUS M S |
| | EXEMPTIONS 0 0 |

| | |
|--|----------|
| Gross Regular Pay Amount | 4,798.92 |
| EPER Pay Amount(s) | 0.00 |
| Workshops/Additional Pay Amount(s) | 85.84 |
| Required State/Federal Taxes | 143.16 |
| Pension (PSERS) Contribution | 21.13 |
| Disability Insurance Contribution (if elected) | 83.33 |
| FSA Contribution (if elected) | 138.25 |
| Medical Contribution (if elected) | 150.00 |
| 403B Contribution (if elected) | 0.00 |
| Group Life (Imputed Tax- Life option #2 Only) | 471 |
| LIMEA Union Dues | 32.00 |
| Direct Deposit Bank(s) Information | 3,135.66 |