

Lower Merion School District



Benefits Overview

LMEA Professional and Support Staff

2020-2021

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, Benefits Specialist at demkine@lmsd.org or 610-645-1951.

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HEALTH BENEFITS

MEDICAL PLANS

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

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 not available for new hires who are benefit eligible on or after 7/1/2020.
HMO Plan	Keystone C2-F2	
Deductible Plan	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 Medical Plan Side-by-Side Comparison](#)

[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](#)

PRESCRIPTION PLAN

The district's prescription carrier is Express Scripts and requires enrollment in a district-offered medical plan. The plan has a three-tier co-payment schedule and includes a mandatory mail order provision for maintenance medications.

Retail Pharmacy Co-Payments

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

Mail Order and CVS Smart 90 Co-Payments*

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

*Mail Order and CVS Smart 90 Co-payments are two times (2x) the retail co-payment and provides a 90-day supply.

Filling a Maintenance Medication

Maintenance medications listed on the 90 Day Drug List (linked below), or by separate notification from Express Scripts to your home address, will be required to be filled exclusively through either Express Scripts mail order or, the CVS Smart 90 program at your local CVS Pharmacy. These medications are not able to be filled through another pharmacy.

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 participate in the mail order or CVS Smart 90 programs.

***Please note this is subject to change. If a change occurs, you will be notified directly by Express Scripts.**

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

Brand Name Formulary Medications

Brand Name Formulary refers to the preferred, name brand medications as established by Express Scripts through their partnerships with the various pharmaceutical manufacturers. The medications on this list fall under the middle co-pay tier (\$30.00 co-pay).

If your medication does not appear on this list, it just means it is either a generic (\$10.00 co-pay) or non-formulary name brand (\$50.00 co-pay).

***Please note the formulary can and does change periodically. You can always register at Express Scripts to see the list in real time.**

[Click Here for Formulary Drug List](#)

Specialty Medications

Express Scripts uses Accredo Specialty Pharmacy to fill specialty medications. They can be reached directly at 1-877-ACCREDITO.

Enrolling in Mail Order and/or CVS Smart 90 Programs

- Members starting a new maintenance medication will need to acquire a 90-day prescription from their physician.
- Take 90-day prescription to any CVS Pharmacy location to begin the Smart 90 program.
- Register on the Express Scripts website or call 1-866-890-1419 to start mail order, with delivery to your home address.

[CLICK HERE FOR EXPRESS SCRIPTS MAIL ORDER](#)

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 click on the appropriate link below:

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

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

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

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.

Please click on link below for specific plan details:

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

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 the 2020-21 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	4.5%	7.5%	9.5%	11.5%	12.5%	14.5%
HMO Option	2%	3%	5%	9%	11%	13%
DED Option	1%	1.5%	2%	2.5%	3%	4%

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	\$15.78	\$26.30	\$33.31	\$40.33	\$43.83	\$50.85
Employee and Spouse	\$40.40	\$67.34	\$85.29	\$103.25	\$112.23	\$130.18
Employee and Family	\$43.74	\$72.90	\$92.34	\$111.78	\$121.50	\$140.94
Employee and Child	\$30.64	\$51.06	\$64.68	\$78.29	\$85.10	\$98.72
Employee and Children	\$33.97	\$56.62	\$71.72	\$86.82	\$94.37	\$109.47

HMO Option (KC2-F2)

Tier	Band A	Band B	Band C	Band D	Band E	Band F
Employee Only	\$6.56	\$9.84	\$16.40	\$29.52	\$36.08	\$42.64
Employee and Spouse	\$15.70	\$23.55	\$39.26	\$70.66	\$86.37	\$102.07
Employee and Family	\$19.16	\$28.74	\$47.90	\$86.22	\$105.38	\$124.54
Employee and Child	\$9.93	\$14.90	\$24.84	\$44.70	\$54.64	\$64.57
Employee and Children	\$14.02	\$21.03	\$35.05	\$63.09	\$77.11	\$91.14

DED Option (PPO+6B)

Tier	Band A	Band B	Band C	Band D	Band E	Band F
Employee Only	\$2.80	\$4.21	\$5.61	\$7.01	\$8.41	\$11.22
Employee and Spouse	\$6.76	\$10.15	\$13.53	\$16.91	\$20.29	\$27.06
Employee and Family	\$8.16	\$12.24	\$16.32	\$20.40	\$24.47	\$32.63
Employee and Child	\$4.32	\$6.48	\$8.64	\$10.80	\$12.96	\$17.28
Employee and Children	\$5.96	\$8.95	\$11.93	\$14.91	\$17.89	\$23.85

Bi-Weekly (22 Pays- Transportation 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	\$18.65	\$31.08	\$39.37	\$47.66	\$51.80	\$60.09
Employee and Spouse	\$47.75	\$79.58	\$100.80	\$122.02	\$132.63	\$153.85
Employee and Family	\$51.69	\$86.15	\$109.13	\$132.10	\$143.59	\$166.56
Employee and Child	\$36.21	\$60.34	\$76.43	\$92.53	\$100.57	\$116.66
Employee and Children	\$40.15	\$66.92	\$84.76	\$102.61	\$111.53	\$129.37

HMO Option (KC2-F2)

Tier	Band A	Band B	Band C	Band D	Band E	Band F
Employee Only	\$7.75	\$11.63	\$19.38	\$34.89	\$42.64	\$50.39
Employee and Spouse	\$18.56	\$27.84	\$46.40	\$83.51	\$102.07	\$120.63
Employee and Family	\$22.64	\$33.97	\$56.51	\$101.90	\$124.54	\$147.18
Employee and Child	\$11.74	\$17.61	\$29.35	\$52.83	\$64.57	\$76.31
Employee and Children	\$16.57	\$24.86	\$41.43	\$74.57	\$91.14	\$107.71

DED Option (PPO+6B)

Tier	Band A	Band B	Band C	Band D	Band E	Band F
Employee Only	\$3.31	\$4.97	\$6.63	\$8.29	\$9.94	\$13.26
Employee and Spouse	\$7.99	\$11.99	\$15.99	\$19.99	\$23.98	\$31.98
Employee and Family	\$9.64	\$14.46	\$19.28	\$24.10	\$28.92	\$38.57
Employee and Child	\$5.10	\$7.66	\$10.21	\$12.76	\$15.31	\$20.42
Employee and Children	\$7.05	\$10.57	\$14.10	\$17.62	\$21.14	\$28.19

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 2020-21 base annual 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 2020-21 plans and rates are reflected in the Benefits Estimation Calculator linked below.

[Click Here for 2020-21 Benefits Estimation Calculator](#)

BENEFITS IDENTIFICATION CARDS

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 www.express-scripts.com or call 1-866-890-1419.

Dental ID card

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

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

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 both January and June, based on eligible months.

Coverage Tier	Monthly Opt-Out Rate*
Employee Only	\$173.18
Employee and Spouse	\$426.01
Employee and Family	\$495.77
Employee and Child	\$290.59
Employee and Children	\$370.57

*Rates listed are valid 7/1/2020 through 6/30/2021

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](#)

LIFE INSURANCE

The district provides each eligible employee group term life insurance. 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).

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

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 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](#)

FLEXIBLE SPENDING ACCOUNTS

The district contracts with Discovery Benefits 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) allows reimbursement of dependent care 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 \$2,750.00 for a medical (FSA) account and up to \$5,000.00 for a dependent care (DCA) account. The plan year is the set time 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, 2020 and concluding with the last summer pay on August 20, 2021. 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 rollover and unspent dollars are forfeited. FSA accounts allow up to \$500.00 unused dollars to rollover into the next plan year. Any unused FSA funds over \$500.00 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.

[Click Here for FSA and DCA Account Information](#)

TAX SHELTERED ANNUITY (403B) PROGRAM

All LMSD employees are offered the opportunity to participate in the district's 403B plan.

To participate, you must contact one of our approved vendors (see list provided) and establish an account.

Once the vendor provides you with an account number, complete the provided Salary Reduction Authorization Form (SRA) and submit to Eric Demkin in Human Resources. Signed, original form is required.

[LINK TO APPROVED VENDOR LIST](#)

[LINK TO SALARY REDUCTION AUTHORIZATION FORM](#)

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](#)

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 2020-21 MEDICARE PART D NOTICE](#)

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 the Benefits Specialist to make any changes to your enrollment.

A QLE includes the following:

- Divorce/Marriage
- Birth/Adoption of a Child
- Loss of gain of other healthcare insurance

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

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 2020-21 COBRA Rates](#)

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 plan year become available on 1/1/2020 for courses that end after 7/1/2020 and by no later than 6/30/2021.

Please note the 2021-22 plan year will become available on 1/1/2021, and the same date format will apply (i.e. 6/30/2021 will become 6/30/2022, 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](#)

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.

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

Submission time periods for the 2020-21 plan year are listed below. Please note the 2021-22 plan year will become available on 1/1/2021, and the same date format will apply (i.e. 6/30/2021 will become 6/30/2022, etc.)

Enrollment Window #1

Funds for Enrollment Window #1 become available on 1/1/2020 for courses that end after 7/1/2020 and by no later than 6/30/2021.

***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 9/30/2020 for courses that begin no sooner than 10/1/2020 and end by no later than 6/30/2021.

***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.**

SALARY ADVANCEMENT (COLUMN MOVEMENT)

PROFESSIONAL STAFF ONLY

Under the terms of Article 29 of the LMEA contract effective July 1, 2017, 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

¹Examples 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).

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.

- Movement to Bachelor's plus 9 (B+9) and Bachelor's plus 15 (B+15) is limited to those hired prior to July 1, 2015.
- 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.**

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](#)

HUMAN RESOURCES/PAYROLL FORMS AND DOCUMENTS

For additional Human Resource, Payroll, and Benefits information and forms, please visit the HR Forms and Documents Page on the LMSD website. You will need to login to access this section.

[Click Here for LMSD Website](#)

PAYROLL SCHEDULE

LMSD employees are paid on a bi-weekly payroll schedule.

[Click here for the 2020-21 Payroll Schedule](#)