
PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

106 Washington Avenue, Plainview, New York 11803



Office of Business and Finance

Phone: (516) 434-3050

Fax: (516) 937-6317

E-mail: cdillon@pobschools.org

*Dr. Christopher Dillon
Assistant Superintendent for Business*

September 3, 2024

TO: All Employees Eligible for Health Insurance Buyout

FROM: Dr. Christopher Dillon
Assistant Superintendent for Business

RE: HEALTH INSURANCE COVERAGE – BUYOUT 2024-2025 School Year

Among the provisions of the collective bargaining agreements (CBA) between the District and certain units is the right of a staff member eligible for health insurance to receive a buyout for such coverage if they elect not to take the coverage. In essence, a staff member may drop his/her medical coverage and be reimbursed a *portion* of the premium saved from the District's contribution. Please refer to the "Health Insurance" section of your CBA for the specific language related to this provision.

Please note the following as to those eligible for the buyout:

- ***Even if you have elected to receive the buyout in the past, you must fill out the attached form and email it back to Carol Portugal no later than October 1st, 2024.***
- Payment to the unit member as referred to herein shall be made in two installments:
 - 1) the second pay period of January 2025 and;
 - 2) the first pay period of June 2025
- The unit member must notify the District no later than October 1st of each year of his/her decision to drop insurance coverage.
- When returning this form you must provide proof of coverage (a copy of your insurance card) and card will need to list your full name.
- You should be aware that the health provision has restrictions to changes in coverage. You can find information on the plans the District offers at:
NYSHIP <https://www.cs.ny.gov/employee-benefits/login/> → I work for a Participating Agency (PA) → PA Empire Plan → Using your Benefits
- or Emblem Health (was HIP) <https://www.EmblemHealth.com>

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POB HEALTH INSURANCE COVERAGE – BUYOUT FORM 2024-2025

Please complete form below and email it back to Carol Portugal, Business Office,
cportugal@pobschools.org , phone 516-434-3062.

*****DEADLINE 10/01/2024****

Employee full name (Last/First name)	
Work building:	
Position: <small>(Please note: Aides are not eligible for buyback per their current CBA contract)</small>	
Your Email:	
Cell phone number:	
Date of hire:	
Collective Bargaining Agreement	

I have read the Health Insurance Buyout provision of the contract (CBA) and wish to avail myself of the option; namely, that I am reimbursed a portion of the premium saved from the District's contribution.

I understand by signing below I may be asked to furnish a copy of my most recent tax return, as directed by the District's internal auditors, to substantiate my eligibility for family coverage.

I understand that the option will take effect immediately and that in the event I wish to re-enter a plan that re-entry will be subject to the rules and regulations of the District's providers' conditions upon pro-rata reimbursement of any payments made to me pursuant to this provision. **Please note: new employees have 30 days from the date of hire to return this form.** If you require further information or clarification, please contact Carol Portugal from the Business Office at 516-434-3062. Thank you.

My signature below certifies that I have been given the opportunity to enroll in a medical plan offered by my employer. I am declining to enroll in the 2024-2025 school year.

Please check one:

I decline **individual** coverage: _____
(if you are under 26 years old and covered under your parents' insurance)

I decline **family** coverage: _____
(if you have insurance from another source, i.e. spouse/partner)

DATE: _____ SIGNATURE: _____

You will receive an email confirmation from Carol Portugal within one week from submission; if you don't, please contact her by email at cportugal@pobschools.org.