



EMPLOYEE BENEFITS
THE OFFICE OF HUMAN RESOURCES
2023-24 | ACADEMIC YEAR



**SOUTH TEXAS
COLLEGE**

Comprehensive Mission for South Texas College

Vision Statement

South Texas College will be a global model in educational innovation serving as a catalyst to drive regional prosperity, economic development, and the social mobility of those we serve.

Mission Statement

South Texas College is a public institution of higher education that provides educational opportunities through excellence in teaching and learning, workforce development, cultural enrichment, community service, and regional and global collaborations.

Core Values

- **Student Success:** We are committed to the personal, academic and career goals of each student.
- **Excellence:** We are committed to excellence and innovation in teaching, learning, and services.
- **Opportunity:** We are committed to providing access and support for students to achieve their academic and career goals.
- **Community:** We are committed to equitable results through inclusion, diversity, collaboration, and engagement.
- **Integrity:** We are committed to being respectful, professional, honest, accountable, and transparent.

Strategic Goals and Directions

- **Lead Community Engagement**
- **Promote Academic Integrity and Excellence**
- **Create Educational Opportunities for Students**
- **Foster Student Success**
- **Cultivate Institutional Excellence**



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USE OF THE EMPLOYEE BENEFITS HANDBOOK

This handbook is intended for your use. It contains information on the fringe benefits that South Texas College makes available to its full-time benefit eligible employees and their dependents. Depending upon the specific terms of employment, certain benefits listed may not be available to every employee. This handbook does not constitute a contract between the College and its employees. The benefits listed in this handbook are subject to review and/or revision by action of the Board of Trustees.

STATEMENT OF EQUAL OPPORTUNITY

South Texas College is an equal education and equal employment opportunity/affirmative action employer. South Texas College does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission on the basis of race, color, national origin, ethnicity, religion, age, sex, sexual orientation, gender, gender identity, gender expression, pregnancy, parental status, disabilities, genetic information, veteran status, or any other protected category under applicable local, state, or federal law. Conduct that excludes participation, denies benefits or subjects others to discrimination is prohibited. The College complies with all applicable policies and state and federal legislation in order to combat discrimination.

ELIGIBILITY FOR EMPLOYMENT BENEFITS

All full-time benefit eligible employees must be employed to work at least 20 hours per week for a period of at least four and one-half (4.5) months, excluding students employed in positions that require student status as a condition of employment.

Full-time faculty members are benefit eligible for the fiscal year; however, sick leave accrual is limited to the duration of their appointment to work.

Full-time faculty members who have been granted appointments for nine months and have gained approval from the Vice President and Provost for Academic Affairs for payment over nine months are responsible to provide payment for their medical benefits for the remaining three months. This arrangement must be coordinated with the Human Resources Benefits Specialist prior to the end of the nine months.

ELIGIBILITY RULES FOR ADJUNCT FACULTY

Beginning September 1, 2014, some Adjunct Faculty who were not previously eligible under State of Texas rules may now be newly eligible to participate in the Texas Employees Group Benefits Program (GBP). Effective September 1, 2014, Adjunct Faculty may be eligible for GBP coverage if they:

- Receive compensation for services rendered to the institution,
- Taught at the same institution for the preceding academic year, and
- Are scheduled to teach at least 12 credit hours in the academic year of coverage.

- Eligible Adjunct Faculty Members will be responsible for 100% of the premium cost for GBP.

Please note that under the Affordable Care Act, hours will be calculated as Governed by the IRS under Section 4980H:

“One (but not the only) method that is reasonable for this purpose would credit an adjunct faculty member of an institution of higher education with (a) 2 1/4 hours of service (representing a combination of teaching or classroom time and time performing related tasks such as class preparation and grading of examinations or papers) per week for each hour of teaching or classroom time (in other words, in addition to crediting an hour of service for each hour teaching in the classroom, this method would credit an additional 1 1/4 hours for activities such as class preparation and grading) and, separately, (b) an hour of service per week for each additional hour outside of the classroom the faculty member spends performing duties he or she is required to perform (such as required office hours or required attendance at faculty meetings)”

Part Time Benefits for Adjunct Faculty effective 09/01/2014

Adjunct Faculty teaching 20 or more hours per week for more than 4.5 months will be eligible for Part Time Benefits.

Full Time Benefits for Adjunct Faculty Effective 09/01/2014

Adjunct Faculty teaching 30 or more hours per week for more than 4.5 months will be eligible for Full Time Benefits. *Please note rules are subject to change without notice.*

EMPLOYEE MEDICAL INSURANCE

South Texas College provides group medical insurance for eligible employees and their qualified dependents in accordance with the Texas Employees Group Benefits Program (GBP) as administered and implemented by the Employees Retirement System of Texas. New hires are subject to a 60-day waiting period.

Insurance coverage is available to full-time benefit eligible employees. This includes medical, dental, term and accidental life, short and long-term disability. The group insurance program is administered by the Employees Retirement System (ERS) of Texas under the GBP.

The medical insurance is administered by BlueCross BlueShield (BCBSTX), a preferred provider organization (PPO), which offers the HealthSelect of Texas plan. The Opt-Out Credit, effective September 1, 2006, is a program that offers members the option to waive Texas Group Benefits Program (GBP) health insurance in order to receive credit and apply the credit to designated GBP coverage. For more information, please visit <https://www.ers.texas.gov/Active-Employees/Health-Benefits/Opt-Out-Credit>

BLUECROSS BLUESHIELD OF TEXAS

BCBSTX of Texas is the plan administrator that provides claim services and network administration for the HealthSelect of Texas plan. HealthSelect of Texas is a managed care plan that offers in-area coverage through networks of participating providers, as well as traditional health insurance through out-of-area coverage. Participants have freedom of choice in the selection of their providers. If a HealthSelect of Texas provider is not used, participants may have higher out-of-pocket expenses. HealthSelect of Texas offers Network and Non-Network benefit choices; you determine what benefits you want by the type of physician you choose.

For NETWORK benefits, your selected primary care physician (PCP) will manage and coordinate all your network health care needs, including filing medical claims, specialty care referrals, laboratory and x-ray services, and hospitalization.

PCPs are family practitioners, internists, pediatricians, or OB/GYNS. You may select a different PCP for yourself and each family member if electing dependent coverage.

Continued participation by PCPs cannot be guaranteed. If the PCP stops participating in HealthSelect of Texas, the participant must select another participating PCP to ensure he/she continues to receive network benefits. PCPs are required to give a 60-day notice should they decide to leave the network. If this occurs, BCBSTX will notify the participant and advise them to select another PCP.

To receive network benefits, see your PCP first when you need medical care. If your PCP provides care or arranges a referral to a specialist, you will pay the specialist office visit co-payment for the office visit and 20% percent for most other services.

You may change your PCP at any time by:

- ❑ Calling the BlueCrossBlueShield (BCBSTX) customer service number at 1-800-252-8039; or
- ❑ DURING SUMMER ENROLLMENT: change your PCP online at www.ers.texas.gov

Your new PCP selection will become effective upon the date of your call to BCBSTX, upon selection online (only during open enrollment), or upon complete processing of a GBP Supplemental Information Form.

Network services generally cost you less than non-network services. With network services, your PCP coordinates your medical care, referring you to network specialists when they determine it is appropriate. By working together, network providers eliminate much of the duplication of services that occurs outside the network. Also, network providers have entered into an agreement with BCBSTX to accept a predetermined amount for most covered services or supplies. HealthSelect of Texas pays a larger share of this amount. You save money by using the network.

Your share of the cost:
 Here is a comparison of how much you pay for network and non-network medical services:

	HealthSelect ^{of Texas}		CONSUMER DIRECTED HealthSelect	
	HealthSelect of Texas [®] and HealthSelect SM Out-of-State In-Network	HealthSelect of Texas and HealthSelect Out-of-State Out-of-Network	Consumer Directed HealthSelect SM High-deductible Health Plan In-Network	Consumer Directed HealthSelect High-deductible Health Plan Out-of-Network
Administrator	Blue Cross and Blue Shield of Texas (BCBSTX)			
Annual deductible	None	\$500 per individual \$1,500 per family	\$2,100 per individual, \$4,200 per family To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family	\$4,200 per individual, \$8,400 per family To help cover part of the deductible, the State contributes to an eligible participant's health savings account: \$540/year for an individual, \$1,080/year for a family
Out-of-network benefits?		Yes. See next page for details.		Yes. See next page for details.
Balance billing? (Balance billing is when an out-of-network provider charges you the difference between their billed charges and the plan's allowed amount.)		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.		Yes. Balance billing may apply to certain out-of-network services. For more information, see the plan's Master Benefit Plan Document.
Total in-network out-of-pocket maximum (including deductibles, coinsurance and copays) ¹	Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 – 12/31/23: \$7,050 per person; \$14,100 per family		Through 12/31/22: \$7,000 per person; \$14,000 per family 1/1/23 – 12/31/23: \$7,050 per person; \$14,100 per family	
Out-of-pocket coinsurance maximum	\$2,000 per person	\$7,000 per person	None	None
Inpatient copay maximum	\$750 copay max, up to five days per hospital stay \$2,250 copay max per calendar year per person		None	None
Primary care provider (PCP) required?	Participants who live and work in Texas: Yes Out-of-state participants: No	No	No	No
Referrals required?	Participants who live and work in Texas: Yes Out-of-state participants: No	No	No	No

For more information on Medical Benefits and Mental Health/Behavioral Health/Substance Abuse Benefits visit the website below:
<https://www.ers.texas.gov/pdfs/rates-py23/py23-health-comparison-chart>

TIP: If you use non-network providers, you may be responsible for charges above the allowable amount. Using ParPlan providers may limit your liability for amounts over the allowable.

ALLOWABLE AMOUNTS

Important! All claim payments are based on allowable amounts. Providers who contract with BCBSTX (HealthSelect of Texas network) must accept these allowable amounts as payment in full. If you use a non-network provider (physician, hospital, lab, radiology, pathology, anesthesiologist, assistant surgeon, etc.) you will be responsible for charges over the BCBSTX allowable amount.

Reminder: In order to receive network benefits when seeing a network specialist, you must have a current referral from your PCP, approved by BCBSTX. It is your responsibility to ensure there is a valid referral on file before services are rendered.

Referrals for routine eye exams

One routine eye exam per calendar year, per participant, is covered (non-network, subject to calendar year deductible) without a referral from your PCP. To receive these services at the network level of coverage, simply schedule an appointment with a network optometrist or ophthalmologist and obtain care. You will be responsible for the specialty office visit co-payment for your routine eye exam. If your network provider discovers a condition requiring additional treatment, you must have a referral from your PCP in order to receive network benefits.

To receive non-network benefits, schedule an appointment with any appropriate valid provider and receive care. You will be responsible for 40% of the allowable amount plus the difference between billed charges and the allowed amount after you have satisfied your calendar year deductible.

TIP: You can search for network providers through the HealthSelect of Texas Online Provider Directory

Emergencies - The sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that his condition, sickness or injury is of such a nature that failure to get immediate medical care could reasonably result in:

1. Placing the participant's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ;
4. Serious disfigurement; or
5. In the case of a pregnant woman, serious jeopardy to the health of the fetus.

EMERGENCY CARE

When you or a covered dependent and have an emergency, appropriate medical treatment should be obtained immediately. For medically necessary emergency care during the first 48 hours, services will be paid at the network level based on the BlueCross Blue Shield allowable amount.

You will pay a \$150 emergency room co-payment plus 20% of the allowable amount after the co-payment. If your annual out-of-pocket coinsurance maximum has been reached, you will not have to pay 20%, but will still be responsible for your emergency room co-payment of \$150. Should you be admitted to the hospital as an inpatient, the \$150 emergency room co-payment will be waived; however, you will be responsible for the inpatient hospital co-payment.

If you are treated by a non-contracting provider during the first 48 hours of your emergency, benefits will be paid at the network level based on the BILLED amount (excluding ambulance services, which are paid on the allowable amount), holding you harmless (you will not be financially responsible for any charges that have been disallowed).

If treatment is received after the first 48 hours of an emergency without a referral from your PCP, you will receive non-network benefits based on the ALLOWABLE amount. *This means you will pay 40% of the allowed amount plus the calendar year deductible if not already satisfied, and the difference between the provider's billed charges and the BCBSTX allowed amount.*

If your PCP issues you a referral for treatment received after the first 48 hours of an emergency, you will receive network benefits based on the allowable amount.

If you receive treatment in an emergency room for a situation that is not an emergency, you will receive non-network benefits (unless referred by your PCP, or by a valid network specialist with a current referral).

AMBULANCE SERVICES

Ambulance service by air is covered in an Emergency if ground transportation is impossible, or would seriously jeopardize your life or health. If special circumstances exist, the Plan may pay Network Benefits for Emergency air transportation to a Hospital that is not the closest Facility to provide Emergency Health Services.

The Plan also covers transportation provided by a licensed professional ambulance (either ground or air ambulance, as the Plan determines appropriate) between Facilities when the transport is requested by a Physician and is:

- from a Non-Network Hospital to a Network Hospital;
- to a Hospital that provides a higher level of Medically Necessary care that was not available at the original Hospital;
- when the nearest appropriate Hospital is not accepting patients, has no available beds, has no accepting Physicians or when the air ambulance cannot land;
- to a more Cost-Effective acute care Facility; or
- from an acute Facility to a sub-acute setting.

HOSPITAL ADMITTANCE

If you have been admitted as an inpatient to the hospital from the emergency room, your emergency room co-payment of \$150 is waived but the inpatient hospital co-payment will apply. Benefits will be paid at network levels for the first 48 hours. You must call your PCP within 48 hours of your admission to obtain proper referrals to receive network benefits. Your PCP is responsible for preauthorizing your hospitalization and setting up referrals to specialists.

If your PCP is not managing your care, you will be responsible for contacting the BCBSTX Preauthorization Department within 48 hours of your admission to get your hospital stay preauthorized. If you cannot make the call yourself, have a family member call for you. If you do not preauthorize your stay, you will have to pay an additional penalty deductible.

Remember, if your PCP is not managing your care, you are probably going to receive non-network benefits on covered services even if you are receiving treatment at a network facility.

This means you will be responsible for:

- Calendar year deductible, if not previously satisfied;
- Preauthorization penalty deductible, if you did not preauthorize;
- Services and supplies that are not medically necessary;
- Your coinsurance and inpatient co-payments as shown on the in-area benefits summary; and
- Any difference between the provider's billed amount and the BCBSTX allowable amount, if you do not use a network or ParPlan provider.

TIP: Contacting your PCP within 48 hours of emergency admission will reduce your out-of-pocket expense.

PRESCRIPTION DRUG COVERAGE

Your HealthSelect insurance plan includes coverage for prescription drugs. OptumRX administers the HealthSelect Prescription Drug Program for both HealthSelect of Texas and Consumer Direct HealthSelect through December 31, 2023. Starting January 1, 2024, Express Scripts will administer the prescription drug program. You will get separate ID card from BlueCross Blue Shield (for medical coverage) and OptumRX, the prescription drug program administrator (for prescription drug coverage).

Under the HealthSelect Prescription Drug Program, prescription drugs fall in three categories, called tiers, with different cost for each tier:

- Tier 1 prescriptions are usually inexpensive medications, such as generic drugs.
- Tier 2 prescriptions are usually lower-cost preferred brand-name drugs.
- Tier 3 prescriptions are non-preferred band-name drugs with a higher cost.

Drugs within a tier are subject to change; for example, if a drug becomes available over the counter, the tier status of its category will be reevaluated.

Prescription Deductible per person per plan year: \$50

The copayments for each tier are subject to change annually. You will pay the lowest copayment for Tier 1 and the highest copayment for Tier 3. Please refer to the HealthSelect of Texas *Preferred Prescriptions® Member Guide* (located on the ERS website at www.ers.texas.gov), which lists commonly used medications in all three

tiers.

BCBSTX Worldwide®

This benefit is available to you when you travel or live outside the United States.

How BCBSTX Worldwide® works

When you're traveling or living outside the U.S. and require inpatient hospital care, all you need to do is follow these easy steps:

Step 1: Remember to carry your most current HealthSelect of Texas ID Card.

Step 2: Call BCBSTX at 1-800-252-8039 to identify BCBSTX Worldwide participating hospitals.

Step 3: Go to the nearest participating hospital in your international location and present your ID card.

Step 4: Call BCBSTX for pre-certification/prior authorization, where necessary. Refer to the phone number on your ID card.

Carry your ID card abroad, and we'll take care of the rest

By using a participating hospital, you will only need to pay for out-of-pocket expenses (non-covered services, deductible, co-payment and coinsurance). BCBSTX will take care of the rest, and will send an Explanation of Benefits to your home.

VIRTUAL DOCTOR VISITS

Getting sick is never convenient. When you don't feel well or your child is sick, you may not be able to leave your home or office to go to the doctor's office. With medical Virtual Visits, you and your eligible dependents can consult a doctor online for your urgent health care needs.

How it works:

- You have access to a licensed board-certified doctor 24 hours a day, 7 days a week, including weekends and holidays
- You have no cost if you are enrolled in HealthSelect of Texas, that means you will be covered at 100% for medical Virtual Visits under your plan for medical services
- Consumer Direct HealthSelect participants will be required to meet their annual deductible before Virtual Visits are covered, subject to the coinsurance for those plans after deductible is met
- You can choose between Doctors on Demand and MDLIVE apps.

MENTAL HEALTH VIRTUAL VISITS

Consult a licensed mental health professional any day of the week online. A mental health Virtual Visit is similar to an outpatient visit to a mental health provider's office but the visit is conducted online (video conference only, telephonic not available)

How it works:

- You may make appointments in advance – appointments are typically available within 5-7 days on average, but could take up to two weeks
- Only psychiatrists are able to prescribe medication, if deemed necessary and

- appropriate, but will not prescribe controlled substances
- HealthSelect of Texas No cost
- Consumer Direct HealthSelect: You pay 20% of the allowable amount after the annual deductible is met.
- You can choose between Doctors on Demand and MDLIVE apps.

For more information visit: <https://healthselect.bcbstx.com/medical-benefits/virtual-visits>

CONSUMER DIRECT HEATHSELECT

Consumer Directed HealthSelect is a new health plan option that will be available beginning September 1, 2016, to eligible State of Texas employees and retirees not eligible for Medicare. This new option is different from the existing HealthSelect of Texas plan. Consumer Directed HealthSelect has a lower monthly premium but a much higher deductible than HealthSelect of Texas and the regional health maintenance organizations (HMOs). Consumer Directed HealthSelect also offers the benefit of a tax-free HSA for every eligible participant. Members do not have to enroll in Consumer Directed HealthSelect. They can stay in HealthSelect of Texas or an HMO.

How Consumer Directed HealthSelect Works

Consumer Directed HealthSelect is made up of two key parts:

- A high-deductible health plan (HDHP), and
- An HSA program, administered by Optum Bank, a subsidiary of BlueCross BlueShield Services, Inc.

To help cover the cost of the deductible and other eligible out-of-pocket health care expenses, this plan allows you to open and contribute to a tax- advantaged HSA.

- You pay less when you stay in the network. While you can use any doctor or hospital, out-of-network providers will charge you more.
- There is no need to choose a PCP or get referrals to see a specialist. Even though it's not required, you will likely get better results when you work with a PCP to help manage your care.
- Preventive care is covered 100% when you use a network provider even if the deductible has not been met.
- For more information about what services qualify as preventive care, contact BCBSTX 800-252-8039.

What Is an HSA?

An HSA is similar to a regular bank account. When you open an HSA through Optum Bank, you'll receive a debit card you can use to pay for qualified medical expenses, including your deductible and coinsurance.

You own the money in your account, and you can make contributions, up to IRS limits. You'll also get contributions from the State of Texas — but only if you enroll in Consumer Directed HealthSelect and open an HSA with Optum Bank. Detailed instructions on how to open an HSA will be sent to you after annual enrollment.

- Your savings grow tax-free.
- The balance accumulates from year to year — there is no “use it or lose it” rule.
- You get to keep your HSA even if you change health plans or change employers.
- When you open an HSA with Optum Bank, the State of Texas will contribute \$45 per month (\$540 per year) for individual coverage and \$90 per month (\$1,080 per year) for family coverage. You can make additional contributions through salary deductions (for active employees only) or post-tax contributions to your account as well.

DENTAL INSURANCE

DeltaDental DHMO (Dental Health Maintenance Organization)

You must live or work within the DHMO network service area within the state of Texas, to be eligible to enroll in the DHMO plan. Your dental service will be performed by a participating General Dentist that will provide affordable services.

A directory of participating providers is included in your DHMO enrollment packet. Upon enrollment, a DHMO provider must be selected for the employee and each covered dependent (if applicable). The dental health maintenance plan does not guarantee a dentist listed in its directory will continue participation. The covered procedures and member co-payments are listed on DeltaDental's website at <https://www1.deltadentalins.com/group-sites/ers/ppo.html>

The patient payments listed apply only when your selected participating General Dentist performs services. When individual case circumstances or the severity of your condition are such that the Covered Dental Procedure cannot be performed by your selected participating General Dentist, the General Dentist may refer you to a participating Specialty Dentist for care. If you receive services from a participating specialty dentist. You must identify yourself as a plan member in order to receive the discount. Payment is due at the time service is rendered.

State of Texas Dental Choice (Administered by DeltaDental)

The State of Texas Dental Choice plan does not restrict its participants' choice of dentists. Benefit maximums are effective at the time coverage on the dental discount plan begins.

Amount of deductibles, co-insurance, and benefit maximums can be obtained from <https://www1.deltadentalins.com/group-sites/ers/ppo.html>

LIFE INSURANCE

An employee who participates in HealthSelect receives Basic Term Life Coverage at no additional cost. Term life is effective same date as health coverage date.

Coverage consists of:

- \$5000 Basic Term Life
- \$5000 Accidental Death and Dismemberment (AD&D)

OPTIONAL LIFE INSURANCE

Optional Term Supplemental Life Insurance provides a benefit to a designated beneficiary in the event of an employee's death. Employees may purchase Optional Term Life Insurance with Accidental Death and Dismemberment Coverage (AD&D). An employee can elect from one up to four times their salary in coverage.

Election I or II:

One or two times annual insurance salary (enrollment is guaranteed if elected during the first 30 days of hire). Enrollment is not guaranteed if elected during open enrollment periods - will require Evidence of Insurability (EOI).

Election III or IV:

Three or four times annual insurance salary. This election always requires an EOI application and requires medical underwriting approval. Contact your Benefits Specialist for more info.

For purposes of this plan, "annual insurance salary" is the employee's monthly insurance salary (as of the most recent September 1st) multiplied by 12, rounded up to the next \$1000 increment. For a less-than-12 month employee, "annual insurance salary" equals the employee's contract salary (as of the most recent September 1st) divided by the number of months in the contract and multiplied by twelve, rounded up to the next \$1000 increment.

Each provides a multiple of the employee's annual insurance salary in term life insurance (up to a maximum of \$400,000) and an equal amount of AD&D coverage. Beginning at age 70, Optional Term Supplemental Life Insurance coverage is reduced to a percentage of the employee's annual insurance salary.

Refer to www.ers.texas.gov for more information regarding premiums and reductions for Optional Supplemental Term Life Insurance.

OPTIONAL - DEPENDENT LIFE INSURANCE

Dependent Life insurance pays a benefit to the employee upon the death of a covered dependent, which includes \$5000 of Term Life and \$5000 of AD&D on each covered dependent.

To qualify for Dependent Life insurance, the dependent must be at least 14 days old and must have been discharged from the hospital following birth.

If the employee elects to enroll his dependent for this coverage after the initial period of eligibility, an EOI will be required. Approval is not guaranteed.

OPTIONAL – SHORT-TERM AND LONG-TERM DISABILITY

Employees may purchase either income replacement plan: Short Term Disability (STD), Long Term Disability (LTD), or both coverages. If an employee becomes disabled, STD and/or LTD coverage may provide a monthly benefit that is based on a percentage of the employee's insured monthly salary. The employee must satisfy the required waiting period before applying for benefits. STD may provide a monthly benefit for up to five months. LTD may provide a monthly benefit for the duration of the disability up to age 65 (or later if the employee is aged 65 at the time he or she is totally disabled).

Disability income benefits received by the employee will be reduced by other income received based on their disability. STD benefits are usually subject to Social Security taxes. STD and LTD benefits are free of federal income taxes; however, the monthly premiums paid by the employee are not tax-sheltered.

Employees will receive a W-2 form from the ERS for any year in which they received disability benefits. The W-2 will indicate the benefits received are non-taxable.

A pre-existing condition exclusion applies to both STD and LTD income coverage. A condition that is a direct result of a pre-existing condition that began within the first six months of your coverage is not covered by the Plan unless you meet one of the following:

- a. You have been actively at work for six consecutive months;
- b. Your coverage has been continuously in force for 12 months; OR
- c. Your coverage has been reinstated after a leave without pay status, providing that immediately prior to your leave without pay, a. or b. above was true.

If "a" or "b" above is not true, you must complete any remaining period of preexisting conditional exclusion not satisfied previously.

For employees who do not enroll in disability coverage's during their initial period of eligibility, an EOI will be required. Approval is not guaranteed.

Employees may receive disability income benefits after the coverage is terminated provided the disability is certified by an approved practitioner. In addition, the disability had to have begun while the coverage was in force and the employee was receiving regular care from an approved practitioner while the coverage was in force and the individual continues to be eligible for the benefits.

TEXTFLEX

TexFlex is a federal program administered by the Employees Retirement System that allows all eligible higher education employees to save money on federal income taxes and Social Security (FICA) taxes. This is accomplished by deducting (redirecting) TexFlex dollars from an employee's paycheck before taxes are calculated. TexFlex offers two options:

1) Flexible Spending Account-Health Care allows an employee to redirect a part of their pay into a tax-free account and then receive reimbursement for out-of-pocket eligible expenses for themselves or eligible dependents as defined by the IRS. You may redirect as little as \$180 per year, or as much as \$3,050 per year. A list of eligible expenses reimbursed through TexFlex can be obtained at <https://texflex.payflex.com/>

2) Flexible Spending Account-Dependent Day Care allows an employee to redirect a part of their pay into a tax-free account and then receive a reimbursement for eligible day-care expenses for children under the age of 13 or for a dependent who is physically or mentally incapable of self-support. (Must be an eligible dependent as per IRS). You may redirect as little as \$180 per year, or as much as \$5000 per year. A list of eligible expenses reimbursed through TexFlex can be obtained at <https://texflex.payflex.com/>

Flexible Spending Account-Health Care/Flexible Spending Account – Day Care participants may elect to receive a Flex Convenience® Card (Mastercard) to be used for payment to providers for eligible expenses. The card will eliminate the need to file a claim for reimbursement on some purchases. The member may still be required to fax additional copies of their receipts for eligible expenses to PayFlex. For more information, please refer to the ERS website at www.ers.texas.gov under Higher Education employees OR visit the PayFlex website at www.TexFlex-FSA.com.

VISION INSURANCE

Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas Vision, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

Benefits are offered through EyeMed Vision Care, LLC. Plan participants have access to EyeMed's INSIGHT network which includes independent, national and regional retailers and online providers. Please refer to the website:

<https://member.eyemedvisioncare.com/stateoftexasvision/en/ersbenefits>

.All allowances are at retail value; participant is responsible for any amount over the allowance, minus available discounts.

1. Covered in full after co-pay is met.
2. A Contact Lens Fitting exam has its own co-pay and is separate from the eye exam co-pay. Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
3. Contact lenses are in lieu of eyeglass lenses and frame benefit. This allowance can be used once every benefit year (every 12 months based on date of service).
4. All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances.
5. The frame allowance allows you to purchase one (1) frame up to \$200

with no out-of-pocket cost. If you purchase a frame that costs more than \$200, you are responsible to pay the difference. Should you purchase frames that are under \$200, you will forfeit the remaining allowance.

6. The contact lens allowance of \$200 allows you to choose to use the full allowance on one purchase or divide it up throughout the benefit year for multiple contact lens purchases. If your contact lens purchase(s) total more than \$200, you are responsible to pay the difference.
7. If you use Out-of-Network providers, you will be required to pay in-full which will be higher. See the Member Handbook for more information.
8. Up to \$50 retail reimbursed for out-of-network frames or up to \$100 retail reimbursed for out-of-network contact lenses.

All final determinations of benefits, administrative duties, and definitions are governed by the Master Benefits Plan Document.

COBRA

The “Consolidated Omnibus Budget Reconciliation Act” (COBRA) provides for the continuation of medical and dental coverage for an employee and each insured dependent that loses coverage as a result of a qualifying event.

Under this Act, an eligible employee would be able to purchase the same insurance at the full rates offered to the College plus a two-percent surcharge. The following events allow a former employee to continue insurance coverage for up to 18 months:

- ❑ layoffs
- ❑ leaves of absence
- ❑ voluntary resignation
- ❑ strikes
- ❑ involuntary resignation (except for gross misconduct)
- ❑ reduction of hours below the number required for group coverage
- ❑ retirement

All other events such as death of an employee will allow insurance coverage for up to 36 months.

SOCIAL SECURITY (FICA)

South Texas College participates in the Federal Insurance Contribution Act (FICA) deducts for Social Security.

Deductions are broken down as follows:

1.45 % Medicare Tax 6.20
% Social Security Tax
7.65 % FICA

For more information concerning Social Security Benefits please contact the Social Security Administration visiting their website at www.ssa.gov.

WORKERS COMPENSATION

South Texas College participates in the Texas Workers' Compensation benefit program. Workers' Compensation insurance is regulated by the State and all guidelines mandated by the Texas Department of Insurance. This insurance is for the sole purpose of a work-related injury or illness.

An employee who suffers a work-related injury/illness must report the incident to the immediate supervisor and the Office of Human Resources; thereafter, all communications regarding the incident will be directly with the Office of Human Resources and the carrier.

The program pays medical bills and may provide temporary income benefits to partially replace lost wages for a work-related injury or work-related illness or disease. Certain conditions apply.

If an approved medical doctor requires an employee to be absent from work, an employee may claim personal sick time for up to seven days - the State mandated waiting period. Thereafter, if approved, the employee receives temporary income benefits from the Carrier only and no personal sick time is used.

If an employee is released to return to restricted duty for a limited period of time, the Office of Human Resources will make every effort to assist the employee. The employee is required to have a written full release from the medical doctor in order to return to regular duty. It is the responsibility of the employee to communicate regularly with the HR Benefits Staff.

RETIREMENT – TEACHER RETIREMENT SYSTEM OF TEXAS

Employment by public, state-supported educational institutions in Texas, for one-half or more of the standard workload at a rate comparable to the rate of compensation for other persons employed in similar positions is defined as regulars, full-time service eligible for Teacher Retirement System of Texas membership. Employee must be for a definite period of more than four and one-half months during a school year (September through August) to be eligible for membership. Membership in the retirement system is a condition of employment for employees of the public school system unless the employee filed a waiver of membership in 1937 or 1949, or is eligible to participate in the Optional Retirement Program.

The cost of membership is 8.25 percent of annual compensation. The member's contributions are tax sheltered through an employee pickup that reduces the member's salary for federal income tax purposes only. Federal tax rules apply to the member's account if it is withdrawn or when the member retires. Member contributions earn 2 percent interest that is applied annually.

Effective 09/01/2021, the state contribution rate is 8.25 percent of the employee's annual compensation. Employer contributions are not credited to the member's account and are not included in the annual statement mailed to members. A member will receive an annual statement of the amount credited and the member's individual account as of August 31st of the preceding year.

The investment risks are absorbed by the State. Employee contributions are placed into a large trust fund that is managed by professional persona appointed by the

State. Thus, TRS provides stability and does not require any investment decisions from the individual members.

Employees become vested after completing five years of service. Retirement benefits are based on formulas. Currently, a monthly annuity is calculated by multiplying the number of years of service (min. 5 yrs.) by 2.3 percent. The sum is then multiplied by an average of the three highest annual salaries and then divided by 12. Standard or reduced annuities are available beginning at the age of 50 (depending on the years of service). Upon severance from STC, TRS members who do not qualify for retirement benefits may withdraw their employee contributions (plus applicable interest).

All pre-retirement withdrawals are subject to a 10 percent IRS penalty (if the member is less than 59 ½ years old) and a 20 percent reduction for withholding taxes. If a request for refund is processed for a non-vested employee, all contributions made by the employer are forfeited.

For additional information please call TRS at 1-800-223-8778 or visit their website at www.trs.texas.gov

The greatest protection for a new member is either:

- A lump sum payment equal to twice the member's annual compensation or \$80,000 whichever is less, or
- Survivor benefits will pay the widow or widower with minor children a \$2,500 lump sum payment plus \$300 per month until the youngest child reaches age 18. At age 65, the spouse would begin receiving \$200 per month for life.

Other payment plans that may provide greater benefits are available after a member has five or more years of service.

OPTIONAL_RETIREMENT PROGRAM (ORP)



South Texas College provides all faculty members, administrators, librarians, and employees in positions which require advanced degrees and/or specialized professional or artistic training, experience, and achievement, such as physicians, athletic coaches, engineers, and lawyers, an opportunity to participate in the Optional Retirement Program (ORP).

Upon initial employment, all full-time higher education employees (as defined by TRS) are automatically enrolled in TRS. Eligible employees may elect to participate in the ORP plan within 90 days of employment.

Failure to elect the ORP during the 90-day period will require an individual to remain in TRS for the remainder of his/her employment in Texas Public Higher Education. The decision to elect or not to elect ORP will be a one-time irrevocable decision.

Contributions as required by law by participants in the ORP shall be made on a salary reduction basis. The contribution rate is 6.65 percent of the employee's annual compensation. Effective 9/1/2013, the state contribution rate is 6.6 percent of the employee's annual compensation. Eligible employees who elected ORP participation during 1994 - 1995, have a state contribution rate of 8.5 percent of his or her annual compensation.

ORP is an individual plan in which a qualified participant selects investments through certain approved companies offering a variety of investment options. Since participants manage their own personal investment accounts, ORP entails more individual risk and responsibility. Benefits are a direct result of the amounts contributed and the return on investment. *For a listing of current approved ORP vendors please visit the TSA Consulting Website at <https://www.tsacg.com/individual/plan-sponsor/texas/south-texas-college/>*

In order for HR to process an ORP Purchase Agreement, the employee is responsible for:

1. Selecting an investment company from the list of approved vendors
2. Opening an ORP account
AND
3. Submitting an ORP Salary Reduction Agreement along with a copy of ORP application to the Office of Human Resources

Upon ORP retirement, pension payments include lump sum withdrawals, periodic withdrawals, or annuity income for a specified number of years as determined by individual contractual provisions. Upon severance, ORP participants who have more than one year of participation retain control over all investments (both employee and employer contributions).

Newly qualified employees should review "An Overview of TRS and ORP for Employees Eligible to Elect ORP" which explains the advantages and disadvantages of each plan, before making a decision to elect ORP. The Office of Human Resources provides this information booklet to eligible employees during his or her new-hire orientation.

ANNUITIES



Optional annuity plans are administered by a third party administrator, TSA. Optional annuity plans are available to any employee who wishes to supplement his/her choice of STC retirement plan. For further information on annuities, please visit TSA's link below: <https://www.tsacg.com/individual/plan-sponsor/texas/south-texas-college/>.

In order for HR to process an Annuity Purchase Agreement, the employee is responsible for:

1. Selecting an investment company from the list of approved vendors
2. Opening an account
AND
3. Submitting a signed Salary Reduction Agreement along with a copy of the application to the Office of Human Resources

Once a year, an employee may select a new company to handle his or her annuity contributions. Individual contributions can be changed no more than two times per year, granted that the employee submits an updated Maximum Exclusion Allowance Worksheet prepared by their investment company representative ensuring that the annual contributions (tax deferred amount) is within the maximum allowance established by the Internal Revenue Service.

ANNUITY VENDORS LIST

Please contact a local agent to set up your account and obtain a signed copy of the annuity account application, prior to submitting an annuity purchase agreement. For a listing of current approved annuity vendors please visit the TSA Consulting Website at <https://www.tsacg.com/individual/plan-sponsor/texas/south-texas-college/>

TEXASAVER 457

The 457 Plan is a voluntary retirement plan that allows higher education employees to contribute a dollar amount of their salary toward retirement savings and pay taxes later on the contributions and earnings.

Employees decide how to invest their contributions among choices offered in the Plan.

All employees are immediately eligible to enroll upon date of hire or anytime thereafter.

There are several ways to enroll in Texa\$aver. Choose the most convenient way for you and start saving today for your retirement!

Enroll online

Log on to www.texasaver.com The website will navigate you through the enrollment process. You will need your PIN to open your Texa\$aver account online.

SICK LEAVE

Each full-time employee shall earn eight hours of paid sick leave per month. Each eligible part-time employee shall earn sick leave on a prorated basis.

Part-time employees will accrue sick leave as follows:

- 1-19 regular weekly scheduled hours – 0 hours accrual
- 20-30 regular weekly scheduled hours – 4 hours accrual/month
- 31-39 regular weekly scheduled hours – 6 hours accrual month

Sick leave shall accumulate to a maximum of 720 hours.

Sick leave shall only be used for the following:

1. Illness of the employee.
2. Illness of a member of the employee's immediate family.
3. Family emergency.
4. Birth or placement of a child when taken within the first year after the child's birth, adoption, or foster placement.
5. Donation to a sick leave pool.
6. Religious holiday.

FACUTLY SICK LEAVE

Faculty members have schedules that vary from day to day and may include evening and weekend courses, so there is a need for a consistent standard, which may be applied for all faculty. Faculty members are required to use sick leave even though no classes are missed, if the absence due to illness occurs during the normal college workday. Sick leave must be taken in units of not less than one-half day (4 hours). Faculty must report all days ill, not just days on which classes are missed.

Therefore, the following standards will be applied in computing sick leave deduction for faculty members:

1. Faculty will have sick leave deducted in 4-hour increments;
2. Faculty missing four hours or less will be required to submit documentation for a four-hour absence; and
3. Faculty missing more than four hours will be required to submit documentation for an eight-hour absence.

Faculty members are expected to contact their immediate supervisor when absent due to illness. It is the responsibility of the faculty member requesting absence from work due to sickness to provide lesson plans and to take any necessary steps so that students do not miss an instructional day.

Division Deans may request medical verification from a licensed U.S. doctor.

Exceptions to this four-hour incremental policy may be made with appropriate documentation and approval by both the Division Dean and the Vice President of Instructional Services.

Adjunct faculty members (part-time) are not eligible for sick leave benefits.

CATASTROPHIC SICK LEAVE POOL PROCEDURES

I. Purpose

The purpose of the Catastrophic Sick Leave Pool is to provide additional Catastrophic Sick leave to eligible South Texas College (STC) employees who experience catastrophic illness or injury. This pool is established by College Policy DEC (Local) and subject to the terms outlined in this procedure.

II. Eligibility

Participation in the Catastrophic Sick Leave Pool is on a voluntary basis. In order to be a member of the Catastrophic Sick Leave Pool, the STC employee must be:

- 1) A full-time benefit eligible employee who accrues sick leave in accordance with STC Policy; and
- 2) Has completed 12 calendar months of employment with STC; and
- 3) Has a minimum accrued sick leave balance of 48 hours at the time of the annual enrollment period.

Members may cancel their participation at any time by giving written notice to the Catastrophic Sick Leave Pool administrator; however, Catastrophic Sick Leave Pool hours contributed to the Catastrophic Sick Leave Pool will not be restored to the member upon cancellation.

III. Enrollment Period

The enrollment period will be held twice a calendar year:

April 1st – April 30th
and
October 1st – October 31st

The member shall be considered enrolled on the first day of the month following the end of the enrollment period.

IV. Membership Requirements

A. Initial Enrollment

Upon initial enrollment, the employee will contribute a minimum of 24 hours of their individual accrued Sick leave to the Catastrophic Sick Leave Pool.

Employees who have reached the maximum number of Sick leave hours in accordance with STC Policy are encouraged to donate their annual number of accrued Sick leave. Catastrophic Sick Leave Pool members who wish to continue participation will be required to donate eight hours of accrued Sick leave during one of the enrollment periods in April or October of each calendar year.

Once enrolled, continuing members shall not be required to maintain a minimum individual accrued Catastrophic Sick leave balance.

B. Continuing Membership

Continuing Catastrophic Sick Leave Pool members who do not have the eight hours of Catastrophic Sick leave needed to renew their participation shall be granted a grace period of 30 days and will donate their next eight hours of accrued Catastrophic Sick leave. The Office of Human Resources will monitor the records of individuals who have been granted a grace period for donating the eight hours of Catastrophic Sick leave and will update their records automatically once the hours are accrued. A continuing member who does not have the adequate Catastrophic Sick leave time within the 30-day grace period may donate accrued in lieu of Catastrophic Sick leave. If the continuing member does not have the adequate Catastrophic Sick or vacation leave, the individual will forfeit participation for the next six months until the next enrollment period. The subsequent enrollment period the individual may donate the eight hours required for continuing members and reactivate his or her participation in the Catastrophic Sick Leave Pool.

C. Members on Approved Catastrophic Sick Pool Leave

Members of the Catastrophic Sick Leave Pool who are on approved Catastrophic Sick leave received from the Catastrophic Sick leave pool during bi-annual enrollment period shall not be required to donate the required eight hours of Catastrophic Sick leave to the pool for that enrollment period. However, the member shall be required to donate eight hours of accrued Catastrophic Sick leave for all future enrollment periods if he/she wishes to continue as an active member of the Catastrophic Sick Leave Pool. All time contributed to the Sick Leave Pool is nonrefundable.

V. Administration of Catastrophic Sick Leave Pool

A. Catastrophic Sick Leave Pool Administrator

The President of the College has designated the Executive Director of Human Resources and Talent Development as the Catastrophic Sick Leave Pool Administrator. The Catastrophic Sick Leave Pool Administrator adopt forms, procedures, and regulations for the administration of this policy. The decision of the Catastrophic Sick Leave Pool Administrator to approve or deny a request for Catastrophic Sick leave assistance will be final and binding.

B. Catastrophic Sick Leave Pool Minimum Balance

Every March, the Catastrophic Sick Leave Pool Administrator will determine the amount of Catastrophic Sick leave contributions it projects is necessary to maintain the Catastrophic Sick Leave Pool's minimum balance for the coming year. The Administrator shall recommend an amount greater than the actual number of Catastrophic Sick leave hours awarded to employees in the previous year. If the number of projected Catastrophic Sick leave hours is less than the total hours donated from new and continuing members, the Catastrophic Sick Leave Pool Administrator will assess members a minimum of eight hours of Catastrophic Sick leave to a maximum of 16 hours of Catastrophic Sick leave. This time will be deducted automatically from the member's individual accrued Catastrophic Sick

leave with proper notification being provided to the member. The Catastrophic Sick Leave Pool shall strive to maintain a minimum balance of 20,000 hours and may be revised to the number of employee census or employee's needs.

VI. Processing Requests for Catastrophic Sick Leave Pool Time

The following procedure shall be used to request Catastrophic Sick leave pool time:

- 1) A member shall complete a Catastrophic Sick Leave Pool request form and health care provider certification form available in the Office of Human Resources. A participating member may request Catastrophic Sick leave assistance when he/she has experienced a catastrophic illness or injury, has exhausted all their paid leave entitlement, and is not eligible to apply for benefits under South Texas College's group long-term disability plan. The member's catastrophic illness or injury must be supported by a physician's statement that certifies the member's inability to work, provides a prognosis for recovery, and provides a projected time for return to work. The member must agree to provide any relevant medical information in the event verification is required by the Catastrophic Sick Leave Pool Administrator.
- 2) The completed request form should be returned to the Catastrophic Sick Leave Pool Administrator in the Office of Human Resources. The Catastrophic Sick Leave Pool Administrator or his/her designee shall verify the eligibility of the requestor.
- 3) The Catastrophic Sick Leave Pool Administrator will notify the employee of his/her decision to approve or deny the request within seven working days.
- 4) A member's request for Catastrophic Sick leave assistance will not be denied on the basis of pre-existing conditions or reapplication as long as the eligibility criteria is met at the date of each application. The Catastrophic Sick leave administrator may request recertification of the medical condition by a licensed physician as required by this procedure.

Catastrophic Sick leave assistance, if approved, may be requested all at one time or it may be requested intermittently if medically necessary. If requested intermittently, a separate request must be made each time Catastrophic Sick leave is withdrawn from the Catastrophic Sick Leave Pool and each separate request must meet the eligibility requirements specified, including medical certification. A member who applies for Catastrophic Sick leave assistance may request Catastrophic Sick leave hours a maximum amount of 240 hours (Approximately-30 business days) per catastrophic event or the total amount the employee has banked in their sick leave pool contributions, whichever is greater.

If a member withdraws Catastrophic Sick leave hours from the Catastrophic Sick Leave Pool and is certified by his/her physician to return to work before all the Catastrophic Sick leave hours have been used, the remaining balance of awarded and unused Catastrophic Sick leave hours will be returned to the Catastrophic Sick Leave Pool. If a member is not able to return to work following utilization of his/her Catastrophic Sick leave assistance time, the member may request a leave without pay absence in accordance with College Policy DEC

(Local). Extended Leave without pay approval is based on the discretion of the STC President and is not a guaranteed extension.

VII. Processing Approved Requests

The Catastrophic Sick Leave Pool Administrator shall provide written notification to the employee informing him/her of their approved request and the amount of Catastrophic Sick leave hours to be awarded within seven work days from receipt of the recommendation submitted by the Catastrophic Sick Leave Pool Committee. The notice will inform the employee with a schedule of when their first and last payment of the awarded hours will be issued. A copy of this notification will also be provided to a Human Resources staff member for processing. The employee's Catastrophic Sick leave balance will be updated to reflect the number of hours being awarded. The balance will be reduced once a month by the number of hours required to have been worked in that month until the hours are exhausted or until such time the employee has returned to work, whichever occurs first. In the event that the employee does return to work in any capacity that makes the employee eligible to accrue Catastrophic Sick leave hours (part-time, three quarter's time, or full-time), the employee's awarded and unused Catastrophic Sick leave hours will be returned to the Catastrophic Sick Leave Pool.

The employee's pay will be calculated using the employee's current rate of pay and the number of hours required to work minus the employee's current rate of pay and the number of awarded Catastrophic Sick leave hours. The excess of awarded Catastrophic Sick leave hours not used in one month will be carried forward to the next month or until such time as the employee returns to work. A prorated payment will be issued in a month when the number of their regularly scheduled work hours exceeds the number of awarded Catastrophic Sick leave hours.

VIII. Employee Terminations

Terminated employees with unused Catastrophic Sick leave hours will have their balance donated to the Catastrophic Sick leave pool. If an employee returns to work for the College within 5 years, they can submit a request to the Catastrophic Sick Leave Pool Committee to have the hours they have donated at termination count as credit towards the donation requirement for Catastrophic Sick Leave Pool membership.

IX. Change of Employment Status

If a member of the Catastrophic Sick Leave Pool experiences a change in employment from a full-time benefit eligible position to a non-qualifying position, he/she will be treated as an employee termination with the unused Catastrophic Sick leave hours reduced to zero and donated to the Catastrophic Sick Leave Pool. The employee's membership in the Catastrophic Sick Leave Pool will be terminated effective as of the date of the change in employment status and the employee forfeits any benefits under the Catastrophic Sick Leave Pool. If the employee status change occurs during a time the member has been approved for Catastrophic Sick leave assistance, any unused hours from the date of the change in employment status will be returned to the Catastrophic Sick Leave Pool.

X. Exclusions

The Catastrophic Sick leave pool is not intended to be used for short-term leave due to routine and non-extraordinary illness, nor is it for time off covered by job-related injuries or illness (Worker's Compensation). Rather, it is intended to be used for prolonged catastrophic illnesses or injuries such as medically necessary surgery, illness or disability which requires hospitalization and/or convalescence or recuperation in an extended care facility or at home while under the care of a licensed physician.

In order to request Catastrophic Sick leave assistance from the Catastrophic Sick Leave Pool, the member must have exhausted all of his/her own individual Catastrophic Sick and vacation (if applicable) leave.

Catastrophic Sick Leave assistance may only be used for a member's own catastrophic illness or injury or for an immediate family member as defined under Board Policy DEC (Local), which includes a son, daughter, parent or spouse of the employee.

XI. Revisions to Procedures

The Catastrophic Sick Leave Pool Administrator reserves the right to make changes to the procedures when a situation or event not addressed in the procedures proves necessary. Any revisions will be communicated to all existing members of the Catastrophic Sick Leave Pool in the month that the revision is made. The revisions will also be communicated to all eligible employees on or before the next scheduled enrollment period. The revision shall be included in the College's Benefit Handbook and issued to each full-time regular employee at the start of the next fiscal year.

SOUTH TEXAS COLLEGE CATASTROPHIC SICK LEAVE POOL DEFINITIONS

1. A “benefit eligible employee” Any full-time employee who accrues Catastrophic Sick leave, who has completed 12 calendar months of employment and has a minimum of 48 hours available Catastrophic Sick leave at the time of enrollment.
2. Catastrophic illness or injury” A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee’s immediate family that requires treatment by a licensed physician for a prolonged period of time. An illness or injury is considered severe if it requires prolonged hospitalization or recovery or is expected to result in disability or death. Conditions relating to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.
3. “Immediate family” The term “Immediate family” is defined as:
 - Spouse.
 - Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward.
 - Parent, stepparent, or parent-in-law.
 - Sibling, stepsibling, and sibling-in-law.
 - Grandparent and grandchild.

For purposes of the FMLA, the definitions of spouse, parent, son or daughter, and next of kin are found in DECA(LEGAL).

1. Licensed practitioner” means a person who is licensed to practice in one of the health professions set forth in Paragraph (8) of Article 3.70.2 of the Texas Insurance Code.
2. “Catastrophic Sick Leave Pool Administrator” refers to the Executive Director of Human Resources responsible for administering the Catastrophic Sick Leave Pool.
3. “Catastrophic Sick Leave Pool” or “Pool” means the accumulated Catastrophic Sick leave donated by employees for utilization in accordance with this policy.

CATASTROPHIC SICK LEAVE POOL BENEFIT QUESTIONS & ANSWERS

Q: Who is eligible to join in the Catastrophic Sick leave pool?

A: Any full-time employee who accrues Catastrophic Sick leave, who has completed 12 calendar months of employment and has a minimum of 48 hours available Catastrophic Sick leave at the time of enrollment.

Q: How many hours must I donate?

A: At least 24 hours in the first year of participation and eight hours per year thereafter.

Q: Can I donate more hours than the 8 hours required?

A: Yes, most definitely. Employees who have reached the maximum level are encouraged to donate the hours he/she forfeits each year due to non-use. This

amount varies for instructional position.

Q: Who benefits from the sick leave pool?

A: Only members of the sick leave pool who have donated the minimum required 24 hours of available sick leave can benefit.

Q: If I choose not to join, can I donate my hours to someone who might need extra hours?

A: No, only the employee can use his/her available sick leave hours. The employee can use the hours if their son, daughter, spouse or parents are ill.

Q: If I donate my hours now, can I request the hours back at a future date if needed?

A: No, all donations are nonrefundable.

Q: Who is included in the immediate family?

A: The immediate family includes that person living in the same household with the employee who is either related to the employee by kinship, adoption, or marriage or is certified by the Texas Department Protective services as a foster child of the employee. The immediate family member includes a son, daughter, parent, or spouse of the employee. Immediate family members that are not living in the same household shall be totally dependent upon the employee for personal care services on a continuing basis. This meets the definition of an IRS dependent that you provide more than 50 percent support.

Q: If I have long-term disability insurance, can I participate in the Sick Leave Pool?

A: Yes, as long as you are a full-time employee who accrues sick leave and have completed 12 calendar months of employment and have a minimum of 72.0 hours of available sick leave at the time of enrollment.

Q: If I join, what must I do to apply for benefits from the sick leave pool?

A: Complete a sick leave pool application if (1) he/she has experienced a catastrophic illness or injury, (2) has exhausted all their paid leave (sick/vacation) and (3) is not eligible to apply for benefits under STC's group long-term disability plan. Please note that having long-term disability insurance and being able to apply for benefits are different. The disability policy states that an employee must wait 90 days before applying for benefits. A sick leave pool member could apply for additional sick leave days sooner than 90 days if the other two requirements are not met.

Q: Why do you need my immediate family information?

A: Since a member could apply for benefits if his/her parent, spouse, son or daughter suffered from a catastrophic illness or injury, this information will help determine how many immediate family members may qualify.

Q: If I decline now, when will I have another opportunity to enroll?

A: Enrollment is scheduled twice a year. Each during the entire month of April and October, eligible employees will be allowed enroll. Effective date of membership

will be May 1st and November 1st, respectfully.

Q: If I join in April, will I have to donate another eight hours in October?

A: No, only 24 hours for the first year of participation. Next April, the member will be required to donate eight hours of available sick leave in order to continue membership for one more year.

Q: Can I submit my form electing to participate without all my immediate family member's information?

A: Yes, the employee will be contacted to provide any omitted information.

Q: When will my donation be charged to my available sick leave balance?

A: All donations will be processed as soon as the form is received during the enrollment periods of April and October.

MATERNITY LEAVE

Maternity leave is available. An employee can claim unused sick and/or vacation leave at the time of the leave. When these hours are depleted, any additional time required by the employee will be requested under approved leave without pay). Typical leave periods are four to six weeks for natural delivery and six to eight weeks for caesarean deliveries. If the leave is FMLA eligible, then the employee may be entitled for a maximum of 12 weeks. Please refer to the FMLA policy in this handbook. This leave must be prearranged with your immediate supervisor and documented in writing. A copy of the employee's notice must be forwarded to the Human Resources Benefits Specialist. For more information, please refer to the FMLA section of this handbook.

RIGHTS FOR NURSING MOTHERS TO EXPRESS BREAST MILK

This fact sheet provides general information on the break time requirement for nursing mothers in the Patient Protection and Affordable Care Act ("PPACA"), which took effect when the PPACA was signed into law on March 23, 2010 (P.L. 111-148). This law amended Section 7 of the Fair Labor Standards Act (FLSA).

General Requirements

Employers are required to provide "reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk." Employers are also required to provide "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."

The FLSA requirement of break time for nursing mothers to express breast milk does not preempt State laws that provide greater protections to employees (for example, providing compensated break time, providing break time for exempt employees, or providing break time beyond 1 year after the child's birth).

Time and Location of Breaks

Employers are required to provide a reasonable amount of break time to express milk as frequently as needed by the nursing mother. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

A bathroom, even if private, is not a permissible location under the Act. The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother's use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

Coverage and Compensation

Only employees who are not exempt from the FLSA's overtime pay requirements are entitled to breaks to express milk. While employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the overtime pay requirements of Section 7, they may be obligated to provide such breaks under State laws.

Employers with fewer than 50 employees are not subject to the FLSA break time requirement if compliance with the provision would impose an undue hardship. Whether compliance would be an undue hardship is determined by looking at the difficulty or expense of compliance for a specific employer in comparison to the size, financial resources, nature, and structure of the employer's business. All employees who work for the covered employer, regardless of work site, are counted when determining whether this exemption may apply.

Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the purpose of expressing milk. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time. In addition, the FLSA's general requirement that the employee must be completely relieved from duty or else the time must be compensated as work time applies. See WHD Fact Sheet #22, Hours Worked under the FLSA.

For additional information, visit our Wage and Hour Division Website:
<http://www.wagehour.dol.gov>.

FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) provides that all eligible employees are entitled to a total of 12 weeks of leave during any 12 month period for one or more of the following:

- ❖ For birth of a son or daughter and to care for the newborn child.
- ❖ Adoption or foster care of a son or daughter.

- ❖ To care for the employee's spouse, son, daughter, or parent with a serious health condition.
- ❖ Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.
- ❖ Any qualifying exigency (as governed by federal regulations promulgated by Dept of Labor) arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.
- ❖ To care for spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty. Entitled to up to 26 weeks of leave in a single 12-month period to care for the servicemember. (Eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.)

For purpose of FMLA, an eligible employee is one who has been employed by the College for at least 12 months and who has worked at least 1,250 hours during the preceding 12 months. In calculating the required 12 months of employment for FMLA eligibility, all College employment will be counted. The 1,250 hours refers to hours actually worked and does not include any paid time off.

For purpose of determining the 12 month period of leave entitlement, STC measures backward the rolling 12 month period from the date an employee uses any FMLA leave. (Family Medical Leave Act Section 825.200 (b))

Other FMLA provisions are as follows:

- An employee who takes leave under the law must be returned to the same job or a job with equivalent status and pay.
- The employer must continue the employee's health benefits during the leave period at the same level and conditions as if the employee had continued to work.
- The employer can require an employee to provide a doctor's certification of the serious health condition.
- The Act contains other more specific provisions including intermittent leave and leave on a reduced hour schedule and definitions include spouse, parent, son, daughter, and serious health condition.

Eligible employees are required to utilize all available applicable paid leave when taking family and medical leave; otherwise, family and medical leave shall be on unpaid leave status. Whenever an employee's leave is foreseeable or as soon as it's practical, eligible employees will make written application for family or medical leave authorization through appropriate supervisory channels. The application shall specify the period and purpose of the leave request. The application must include the required medical certification from the health care provider of the eligible employee, child, spouse, or parent as appropriate.

If not attached, certification must be submitted to the Office of Human Resources within 15 days of receipt of employer response.

During any period of family or medical leave, the College will maintain health insurance coverage for the employee in the same manner under the group health plan as though the employee were not leave.

All approved requests for family and medical leave will be forwarded to the Office of Human Resources and will be retained in the employee medical file.

HOLIDAYS

Paid holidays are applicable only to full-time benefit eligible employees holding staffing plan positions. Holiday Pay is earned only if the employee is on active payroll status for the full pay period in which a Holiday occurs. All approved holidays are listed in the Board approved academic calendar.

Additional requirements for Holiday pay are listed below:

- *If an employee has enough paid leave to be on active payroll status (physically working or utilizing paid leave) for the entire pay period, the employee is entitled to holiday pay.*
- *Holiday pay will be paid only during active periods of employment, and will not be paid if an employee is out on unpaid FMLA, leave of absence, or leave without pay of five days or more in the month during which the holiday occurs.*
- *An employee terminating or resigning from employment must be actively employed or have accrued paid leave on the day before and the day after a holiday occurs in order to be entitled to holiday pay.*

RELIGIOUS OBSERVANCE

An employer, including a college district, shall reasonably accommodate an employee's request to be absent from duty in order to participate in religious observances and practices, so long as it does not cause undue hardship on the conduct of the employer's business. An employer has met its obligation when it demonstrates that it has offered a reasonable accommodation to the employee. The employer need not further show that each of the employee's alternative accommodations would result in undue hardship.

PERSONAL LEAVE

Personal leave is deducted from the employee's accumulated sick leave.

Employees may use up to a maximum of four days of accrued sick leave during any fiscal year as personal leave to be used for funerals not covered by bereavement leave, religious observances, or sick leave for persons outside the immediate family.

Full-time faculty members who do not accrue vacation leave may use four of the accrued sick leave days as personal leave days, per academic year (two per long semester), to conduct personal business.

JURY AND WITNESS DUTY

Absences due to compliance with a valid subpoena or for jury duty shall be fully compensated by the College District and shall not be deducted from the employee's pay or leave balance.

BEREAVEMENT LEAVE

A full-time employee shall be granted up to three days of paid bereavement leave upon the death of a member of the employee's immediate family, including grandparents. Bereavement leave shall be noncumulative.

LEAVE WITHOUT PAY

A leave without pay for up to 120 consecutive business days during a consecutive twelve (12) month period, except as otherwise provided, may be approved by the President for good cause and when in the best interest of the College. Except for disciplinary suspension, parental leave, family and medical leave, Worker's Compensation and military situations, all accumulated paid leave entitlement must be exhausted before granting leave without pay, with the additional provision that sick leave must be exhausted only in those cases where the employee is eligible to take sick leave under sick leave provision.

- Except in cases of an employee returning to employment from military leave without pay, any full calendar month in which an employee is on leave without pay will not be counted in the calculation of total service for vacation pay.
- Employees will not accrue vacation or sick leave during the period of leave without pay.
- Employees will continue to earn credit for years of service while on leave without pay. Faculty will not earn service credit for faculty classification process.

During a leave without pay, the College will continue to pay the employer portion of the employee's health insurance and the employee will be responsible for paying their premiums to the Employees Retirement System of Texas accordingly.

Leave without pay shall be requested by completing the Leave Without Pay Form at least 60 days prior to commencement of the leave or as soon as practicable prior to the commencement of the leave in the event of an unforeseeable absence. The form must be submitted to the immediate supervisor and must include the following:

- In the case of a personal reason for the requested leave without pay, the employee shall submit appropriate documentation to substantiate the request. In the case of a medical reason, an appropriate and sufficient medical certification must be submitted directly to the Office of Human Resources
- The commencing and ending dates of the requested leave.

The immediate supervisor shall evaluate the request based on the following criteria:

- The ability of the department to function efficiently and effectively during the employee's leave, including the nature of the employee's position;
- The provisions required to accomplish the employee's work, including the practicality of reassigning duties for the time period;
- Whether the request is for a qualifying personal reason; and
- The employee's acknowledgment of intent to return to work.

The employee's immediate supervisor shall evaluate the Leave Without Pay request in consultation with the Office of Human Resources and recommend whether the request shall be granted or denied based on the criteria and shall state the reasons of the decision. In the case of a request for leave for a medical reason, the Office of Human Resources shall evaluate the request to determine if it is for a qualifying medical reason. The immediate supervisor will submit a recommendation to grant or deny a request for leave without pay to the immediate supervisor's chain of command, including the Director/Dean, appropriate Vice President, and the Office of Human Resources. The appropriate Vice President shall submit the recommendation to the President who shall approve, deny, or modify the requested leave without pay.

The approved or denied Leave Without Pay Request Form will be submitted to the Office of Human Resources for processing. The Office of Human Resources shall, promptly, deliver a copy of the approval or denial of leave without pay to the employee requesting the leave without pay and to the employee's immediate supervisor.

Procedures

The Director of Human Resources or Designee shall administer and monitor leave without pay policy compliance and procedures.

EDUCATIONAL ACTIVITIES LEAVE

In accordance with Section 661.206 of the Texas Government Code, employees may use up to eight hours of accrued sick leave each fiscal year to attend educational activities of the employee's child who is a student attending a grade from prekindergarten through 12th grade.

An educational activity is defined as a school-sponsored activity, including a parent-teacher conference, tutoring, a volunteer program, a field trip, a classroom program, a school committee meeting, an academic competition, and an athletic, music, or theater program. Parent means a person standing in parental relation.

Employee shall give reasonable advanced notice of intention to use the sick leave to attend an educational activity.

MILITARY LEAVE

The College complies with State and Federal Laws regarding the rights to Military Leave. These State and Federal laws include the Texas Government Code 437.202 as amended by 84th Legislature, HB 445, and The Uniformed Services Employment and Reemployment Rights Act 1994 (USERRA). Military Leave provides employment protection, income protection, and a means for employees to secure time off when called to uniformed U.S. military service. The College will comply with The Uniformed Services Employment and Reemployment Rights Act (USERRA), which covers all categories of military training and service, including duty performed on a voluntary or involuntary basis, in time of peace or war. It applies to the National Guard and reserve military personnel and also applies to persons serving in the active components of the Armed Forces as provided by state and federal law.

State Leave for Member of Military or Rescue Team Short Term Military Leave

A person who is an officer or employee of the state, a municipality, a county, or another political subdivision of the state, including a college district, and who is a member of the state military forces, a reserve component of the armed forces, or a member of a state or federally authorized urban search and rescue team is entitled to a paid leave of absence from the person's duties on a day on which the person is engaged in authorized training or duty ordered or authorized by proper authority for not more than 15 workdays in a fiscal year. During a leave of absence, the person may not be subjected to loss of time, efficiency rating, personal time, sick leave, or vacation time.

- The College shall provide written notice, to the employee, of the number of workdays of paid leave to which the employee is entitled each fiscal year.
- The College shall carry forward from one fiscal year to the next the net balance of unused accumulated leave under the Short-Term Military Leave available not to exceed 45 workdays. The employee who is such a member of the armed forces, or a member of a state or federally authorized urban search and rescue team and who has been ordered to duty by proper authority is entitled, when relieved from duty, to be restored to the position that the employee held when ordered to duty.
- The College shall maintain complete and accurate records of the granted and accumulated leave in the employee's personnel file to include the net balance of unused accumulated military leave and the net balance of unused accumulated leave that the individual is entitled to carry forward to the next fiscal year.

Employee Request for Short Term Military Leave

A prior written notification, provided at minimum five business days prior to leave begin date, accompanied by copy of the official military orders must be submitted to the employee's supervisor, appropriate Vice President, and to the Office of Human Resources. Failure to provide the required notice on a timely basis may be grounds for disciplinary action, but shall not be grounds for refusal of the leave.

UNAUTHORIZED ABSENCE

In the case of an unauthorized absence, being an unexcused absence or an absence where the employee has not notified the supervisor in accordance with established procedures, the employee's pay will be docked for the amount of time absent. Disciplinary action may be initiated when necessary. An unauthorized absence of greater than two days may be treated as a voluntary resignation from employment with the College.

PROFESSIONAL DEVELOPMENT PLAN FOR ELIGIBLE FACULTY AND STAFF

The board of Trustees has approved a comprehensive Professional Development Plan which provides the opportunity for full-time personnel to participate in meaningful professional development activities in keeping with the mission and goals for South Texas College.

The Professional Development Program includes the following, each with its own eligibility requirements:

- Institutional Tuition Grant for courses taken at STC
- Tuition and fee Reimbursement (\$800.00 max per fiscal year)
- Sabbatical leave
- Professional leave

INSTITUTIONAL TUITION GRANTS FOR EMPLOYEES & ELIGIBLE DEPENDENTS

South Texas College is committed to lifelong learning opportunities for its benefit eligible full-time faculty and staff. The College offers an institutional tuition grant, subject to availability of funds, for active benefit eligible full-time faculty and staff for eligible credit courses taken at the College, including courses in the BAT program.

Adult continuing Education courses are not covered under the Tuition Grant for dependents.

In order to be eligible for the institutional grant for dependents, the employee must be employed for 2 years for eligible credit courses their dependents take at the College. Adult Continuing Education courses may be covered under this plan if the course directly benefits the employee with their job at STC.

The amount of tuition grant for dependents is based on the number of years of service. The employee must have completed at least two years of service before the program's benefits can be granted for a dependents. (Complete eligibility requirements and tuition grant applications are available by visiting the HR website <http://hr.southtexascollege.edu/forms.html>).

Family members of eligible employees at the College are the legal spouse, unmarried dependent son or unmarried dependent daughter; must reside with the employee.

Promissory Notes are required to be submitted with each institutional grant for dependents application. Effective 09/01/2009, the employee is subject to reimburse the College for their tuition grant for dependent benefit if the employee terminates within 2 years of receiving the benefit. This requirement will align the procedures presently required from employees receiving tuition reimbursement benefits. Credit for time worked since the last tuition grant received is provided. This applies to grants for the spouse and/or dependents.

TUITION AND FEE REIMBURSEMENT FOR EMPLOYEES

South Texas College is committed to lifelong learning opportunities for its benefit eligible full-time faculty and staff. As a result, the College offers a tuition and fee reimbursement, subject to availability of funds, for courses taken at another regionally accredited public or private post-secondary institution within the State of Texas that comply with a specified degree plan or are directly job related. In addition, the College will offer a tuition and fee reimbursement, subject to availability of funds, for graduate distance learning courses at regionally accredited out-of-state institutions as well as for graduate and undergraduate distance learning courses at regionally accredited in-

state institutions, according to the guidelines.

All benefit eligible full-time faculty and staff who have been employed in a full-time benefit eligible position at STC for a minimum of one (1) year are eligible to participate.

Employees who have applied for and are eligible for state or federal aid must first exhaust these funds before becoming eligible for STC tuition and fee reimbursement program.

The required application must be completed by the employee and approved by the employee's supervisor, department account manager, Admissions Office and the Office of Human Resources no later than five days prior to the designated date for that particular semester.

Failure to obtain prior approval will automatically forfeit this benefit for the current semester.

Employees are also required to provide the following with each tuition and fee reimbursement application.

1. Copy of degree plan for field of study
2. A statement of educational purpose (Required if degree plan is not available. The course must be directly job related.)
3. Promissory Note for Tuition Reimbursement

The employee is expected to take coursework outside of his/her normal working hours. However, with prior written supervisory approval, staff members may take class during work hours and adjust the regular work schedule to make up any lost time. Approval for enrollment in a day course(s) should be granted only if the course is not offered during the evening or weekend. An approved modified work schedule and or an employee leave form will be required as attachments to the application.

Employees must determine whether the courses they are planning to enroll for can be taken at STC. If a particular course is offered at STC, the employee will not be reimbursed for taking it at another institution. If courses are not available at STC, the employee may take the course at another regionally accredited public or private post-secondary institution within the State of Texas.

Only courses that are contained in the degree plan or are directly job related and stated in the statement of educational purpose will be eligible for the reimbursement.

1. Effective 9/01/2009, the tuition and fee reimbursement award is limited to \$800 per employee per fiscal year, regardless of whether the course is taken at a public or private institution or as distance learning (graduate distance learning courses at out-of-state institutions and undergraduate and graduate distance learning courses at in-state institutions) as long as the institution is properly accredited.
2. Tuition and fee reimbursement will be awarded for graduate distance learning courses at accredited out-of-state institutions and for undergraduate and

graduate distance learning courses at accredited in-state institutions at the rate charged by the institution, limited to \$800 per fiscal year per employee.

3. Tuition and mandatory fees will be reimbursed, limited to \$800 per fiscal year per employee for courses that are required in a degree plan or for courses that are directly job-related.
4. Coursework undertaken solely for self-enrichment does not qualify for reimbursement.
5. Incidental fees, such as parking fees and late fees will not be reimbursed in any case.

Course(s) must be approved by

1. Employee's Supervisor
2. Department Account Manager
3. Office of Human Resources

The Office of Human Resources will retain the approved tuition and fee reimbursement application until the employee submits for reimbursement at completion of the semester.

After the employee has obtained approvals for course enrollment for tuition and fee reimbursement, the employee should remit the following documentation within 90 days of course completion:

1. Course enrollment itemized receipt with tuition and fee charges
2. Current Receipt of payment (i.e., institution issued receipt, cancelled check)
3. Copy of semester grades after completion of course

To be eligible for reimbursement:

- A grade of B or better must be earned in graduate level courses and
- A grade of C or better must be earned in undergraduate courses.

In order to be eligible for reimbursement for eligible tuition and fees:

- Employee must be active at the beginning and ending of the semester in which coursework for tuition reimbursement is requested.
- Employee must be active at the time he/she applies for the tuition and fee reimbursement.
- Employee must submit department requisition, copy of grades, itemized statement of tuition and fees, and payment receipt within 90 days of course completion.
- Employee must be active on the date the department requisition for tuition and fee reimbursement is approved by the College President.
- Employee must continue full-time employment for two additional years (24 consecutive and continuous months) after receipt of the reimbursement. Reimbursement to the College will be required for tuition and fee awards at resignation for the amounts received within the past two years. Credit will be granted for time (in months) worked since the last

- payment.
- A contract must be signed by the employee to acknowledge the requirement to repay the tuition and fee reimbursement award, if applicable.

GUIDELINES FOR DEVELOPMENT LEAVE

A faculty member [see definition at DEC(LEGAL) Development Leaves of Absence] may be granted faculty development leave for study, research, writing, field observations, or other suitable purpose.

Eligibility

To qualify for development leave, a faculty member must serve at least three consecutive academic years performing full-time academic duty as an instructor or as an assistant, associate, or full professor, or an equivalent rank. The work need not include teaching.

Alternatively, the faculty member may qualify for development leave as an administrator if the faculty member has had significant administrative duties relating to the operation of the College District for more than four years.

Application for Development Leave

To be granted development leave for the subsequent academic year, a faculty member must apply to the College President by March 1 on a signed and dated form created by the administration. The application shall contain:

- The requested effective date and duration of leave.
- A description of the specific purpose for which the leave is requested.
- An explanation as to how the leave is consistent with the mission and purpose of the College District and the benefit of the leave to the College District.
- An assurance that the faculty member intends to return to the College District following the completion of the development leave to serve for a period equal to the amount of time the faculty member received for development leave, if approved, and that, if the faculty member does not return, the employee shall repay the College District for any benefits paid to or on behalf of the employee during the leave period.
- Any other information deemed appropriate by the College President.

Approval Procedure

A development leave committee shall be elected annually by the general faculty membership on a date determined by the College President to be no later than the application deadline. The committee shall be composed of 10 members and shall elect a chair during the first meeting. The chair shall be responsible for scheduling and presiding over each meeting of the committee.

After reviewing the applications for development leave, the committee chair shall forward the committee's recommendation to the College President. After review of the committee's recommendation, the College President shall make a recommendation as to which applications should be granted for consideration at a Board meeting to occur before the end of the spring semester. No more than six percent of the College District's faculty members may be on development leave at any one time.

The College President shall inform the applicants of the final determination by the Board.

Duration and Compensation

Development leave shall be for one academic year at one-half of the faculty member's regular salary or for one-half academic year at full regular salary.

Exception

If the faculty member qualifies for development leave as an administrator, the Board may grant development leave at the faculty member's full, regular salary for one year.

Notification by Employee before Returning to College from Leave

The faculty member must agree to return to the College District following the conclusion of the development leave to serve for a period equal to the amount of time the faculty member received for development leave and if not, to repay the College District for any benefits paid to or on behalf of the faculty member during the leave period.

Report

Upon returning from development leave, the faculty member must report to the Board in writing regarding whether the purpose of the leave was fulfilled with a description regarding the manner in which it was fulfilled or if it was not fulfilled, the reasons why the leave was not fulfilled.

PROFESSIONAL CONFERENCE LEAVE

Participation in Professional Conferences and Workshops are authorized for the primary purpose of increasing the value of the recipient's sustained contribution to the college by providing the individual a significant opportunity for professional growth and will be of benefit to South Texas College in fulfilling its mission and purpose.

Employees eligible for this benefit are any regular full-time College faculty or staff member.

Each participant must initiate the process with his/her dean, director or immediate supervisor.

For faculty, decisions must be based on faculty loads and curriculum needs. A budget will be developed to fund such activities. A promissory note must be sustained by the employee if the cost of the conferences or workshops exceeds \$1500.00. The promissory note stipulates that the employee must fully reimburse the College if he/she terminates employment with the College within one year from the date of the conference or workshop. In addition, an 8% annual interest rate will be assessed on the total amount of the promissory note.

CONTACT INFORMATION

PLAN	ADMISTRATOR	PHONE NUMBER	WEBSITE
HEALTH INSURANCE:			
HealthSelect of Texas	Blue Cross & Blue Shield of Texas Group #2380000	(800) 252-8039 (TTY: 711) Nurse line: (800) 581-0368	www.healthselectoftexas.com
HealthSelect Prescription Drug Program	Optum Rx thru 12/31/2023 Express Scripts starts 01/01/2024	(855) 828-9834 (TTY: 711) (800) 935-7189 (TTY: 711)	www.HealthSelectRx.com www.express-scripts.com
Consumer Direct HealthSelect health savings account	Optum Bank	(800) 791-9361 (TTY: 711)	www.optumbank.com
DENTAL INSURANCE:			
State of Texas Dental Choice PPO	Delta Dental Group #20010	(888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
DeltaCare USA DHMO	Delta Dental Group #79140	(888) 818-7925 (TTY: 711)	www.ERSdentalplans.com
VISION INSURANCE:			
State of Texas Vision	EyeMed Vision Care, LLC Group #1050072	(844) 949-2170 (TTY: 711)	www.StateofTexasVision.com
LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE			
Basic Term Life & AD&D Optional Term Life Dependent Term Life Voluntary AD&D	Securian Financial Group, Inc.	(877) 494-1716 (TTY: 711)	www.lifebenefits.com/plandesign/ers
SHORT-TERM & LONG-TERM INSURANCE			
Texas Income Protection Plan (TIPP)	Guardian Life Insurance	(855) 604-6230 (TTY: 711)	www.texasincomeprotectionplan.com
OTHER PROGRAMS			
TexFlex	Payflex Systems, Inc.	(866) 353-9839 (TTY: 711)	www.texflexers.com
Texa\$aver 457 Plan	Empower Retirement	(800) 634-5091 TTY: (800) 766-4952	www.texasaver.com
Dependent Eligibility Verification	Alight Solutions	(800) 987-6605 (TTY: 711)	www.yourdependentverification.com
Discount Purchase Program	Beneplace	(800) 683-2886 (TTY: 711) Local: (512) 346-3300	www.beneplace.com/DiscountProgramERS



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