



Montgomery County  
Public Schools

**RETIREE INCENTIVE HEALTH  
INSURANCE PLAN SUBSTITUTE  
HANDBOOK  
(RIHIP)**

**2020-2021**

**Montgomery County  
Public Schools**



**ENGAGE  
ENCOURAGE**



Montgomery County  
Public Schools

# EMPOWER

## TABLE OF CONTENTS

2020-2021 Retirement Incentive Health Insurance Plan (RIHIP)

<b>PERSONNEL</b>	<b>1</b>
Orientation	1
Fulfilling Your RIHIP Substitute Requirement	1
Start Date for Employees Participating in RIHIP	2
<b>PAYROLL</b>	<b>2</b>
Log Sheet Completion	2
<b>LOG SHEET FOR RIHIP DAYS REQUIREMENT</b>	<b>3-4</b>
<b>RIHIP APPLICATION</b>	<b>5</b>



Montgomery County  
Public Schools

(1)

**RIHIP ORIENTATION**

RIHIP participants are required to attend a RIHIP Substitute Orientation and complete the corresponding forms prior to working the required work days and are required to keep contact and availability information current. Please send any contact updates to the Human Resources Department.

**RIHIP SUBSTITUTE REQUIREMENT**  
**(Rules of the Affordable Care Act – Waiting Period)**

**2020-2021 RIHIP plan participants - 35 days**

Employees enrolled in the RIHIP program have acknowledged the obligation to complete the required number plan days for each year that the retirement incentive is received. Unless pre-approved by the Human Resources Director, the type of work service must be commensurate with the position type at the time of retirement

It is the obligation of each RIHIP participant to ensure he/she fulfills the required days of substitute work. If you are unable to meet the requirement, you will be notified by letter and will be removed from the Retirement Incentive Health Insurance Plan. You will also be required to reimburse MCPS for any health insurance benefits on a prorated basis determined by the number of service days worked and the health insurance cost. Substitute assignments for RIHIP participants shall be in half day or full day increments unless approved by the Superintendent or his/her designee.

*Should you turn 65 years of age during a current agreement year, the work day requirement is prorated based on your date of birth. RIHIP participants are no longer eligible for Montgomery County Public School's insurance plan on the 1<sup>st</sup> day of the month in which they turn 65 years old, and at that time, Affordable Care Act (ACA) rules apply.*

***Note: There are rules of the Affordable Care Act (ACA) that apply to employees who have completed the RIHIP agreement. Please note that when you have completed the RIHIP program either through completion of the selected tier or when you turn 65, there will be an Affordable Care Act waiting period during which you will be unable to substitute. The waiting period will end 26 weeks after the completion of RIHIP or October 1, whichever calendar date is earlier.***



Montgomery County  
Public Schools

(2)

**START DATE FOR EMPLOYEES PARTICIPATING IN THE RIHIP PLAN**

VRS/IRS requires that employees who retire wait 30 days (one full calendar month) past the normal first day of work for the current school year before working as a substitute or in any other position.

- 10 Month Employee - May begin to work as a substitute on October 1
- 11 Month Employee - May begin work as a substitute on September 1
- 12 Month Employee - May begin work as a substitute on August 1

**LOG SHEET FOR DAYS WORKED**

Please keep track of the job numbers, dates, locations, and administrator approvals while meeting your substitute requirement. A log sheet is provided to you as part of this handbook. When you have completed your required days you will receive a letter to let you know you have fulfilled your plan agreement. If you no longer wish to serve as a substitute after meeting your plan agreement please contact the Human Resources Department.



Montgomery County  
Public Schools

<b>Work Schedule Summary Sheet for Retirement Incentive Health Insurance Plan (RIHIP)</b>							
Name							
	<b>Location</b>	<b>Assignment</b>	<b>FTE (1 or .5)</b>	<b>Date</b>	<b>Administrator Initials</b>		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							



Montgomery County  
Public Schools

22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
					TOTAL DAYS	

\*When you complete the total days outlined in your agreement, you have fulfilled your Retirement Incentive obligation. Please notify Melodie Cox, RIHIP contact, by email at [melodiecox@mcps.org](mailto:melodiecox@mcps.org).



Montgomery County  
Public Schools

**2020-2021 Retirement Incentive Health Insurance Plan (RIHIP)  
Application Form**

I agree to accept the 2020-2021 Retirement Incentive Health Insurance Plan under Option \_\_\_\_\_.

- Option 1: Agree to provide work services for one year and have health insurance premiums as determined by the MCPS School Board paid for a period of one year.
- Option 2: Agree to provide work services for two years and have health insurance premiums as determined by the MCPS School Board paid for a period of two years.
- Option 3: Agree to provide work services for three years and have health insurance premiums as determined by the MCPS School Board paid for a period of three years.
- Option 4: Agree to provide work services for four years and have health insurance premiums as determined by the MCPS School Board paid for a period of four years.

I understand that I am required to submit a retirement letter or form by March 1, 2020, with a retirement date of June 30, 2020.

I understand that I am obligated to attend a RIHIP substitute orientation prior to the start of my work service.

I understand that I must complete my annual work service commitment to MCPS for thirty-five (35) days prior to the end of the school year that I am covered under the plan. I understand that I am responsible for monitoring my own individual work service days.

I understand that should I am unable to fulfill 35 work service days, I will reimburse MCPS the cost of any health insurance benefits received on a prorated basis determined by the number of service days worked and the health insurance cost.

I understand that I cannot work for the division as a substitute for a period of one full month immediately following my retirement.

- 10 Month Employee - May begin to work as a substitute on October 1
- 11 Month Employee - May begin work as a substitute on September 1
- 12 Month Employee - May begin work as a substitute on August 1

I understand the insurance coverage is reviewed and may be revised on an annual basis.

I understand that any performance concerns may impact my continued eligibility for participation in the plan.



Montgomery County  
Public Schools

During my enrollment in the plan, if I secure employment which provides health insurance, or if I am covered by another health insurance plan, I will present the information and discuss the insurance coverage with the Plan Administrator to determine what type of impact my external insurance coverage has on my eligibility for the MCPS Plan.

I understand that I will have an annual option to decrease the number of years of plan coverage, and my corresponding work service obligation, by providing a written notice to the Human Resources Director by March 1st.

I understand that I will become ineligible to continue receiving this health insurance coverage benefit beginning the first day of the month when I turn sixty-five (65) years of age.

I understand the provisions of the Affordable Care Act as they relate to my ability to substitute after completion of my RIHIP obligation.

I understand that it is my obligation to notify the Human Resources Department in writing of any future address change.

I certify I have read, understand, and agree to the MCPS 2020-2021 Retirement Incentive Health Insurance Plan and Handbook.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name (First, Middle, Last)

\_\_\_\_\_  
Date

**Office Use Only**

\_\_\_\_ Approved

\_\_\_\_ Not approved

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date