Article 9 HEALTH AND WELFARE BENEFITS

§ 9.1 Employee and Dependent Insurance Coverage

§ 9.1.1 In all aspects of benefits, coverage is extended to include domestic partners (same or different sex), subject to provider approval.

§ 9.1.2 For full-time unit members, the District agrees to pay the costs of medical insurance premiums for Kaiser HMO, Kaiser Account Based Health Plan (ABHP), and Blue Shield ABHP health plans through June 30, 2020. This will be subject to negotiations in the case of an annual increase of 7% or greater to the Kaiser HMO. For the 2018/19 and 2019/20 fiscal years, the District will assume the premium costs less the employee out-of-pocket monthly premium costs, which will be equal to the difference of the annual premium cost between that plan and the premium cost of the Kaiser HMO plan by tier.

The level of coverage in effect under SISC/Blue Shield and Kaiser plans, as of October 1, 2015, shall be maintained through June 30, 2020.

§ 9.1.3 For employees enrolled in an ABHP, for benefit years 2019 and 2020, the District will make a monthly contribution of \$100 (Single) or \$150 (Double/Family) to the employee's Health Savings Account (HSA). Those enrolled in an ABHP plan, who experience a triggering event during the plan year that raises their plan tier, shall receive the corresponding annual increase in HSA contribution for that tier as a pro-rated amount.

§ 9.1.4 Effective October 1, 2016, in the first quarter of the first benefit year in which the employee is enrolled in an ABHP plan, the District will reimburse the employee for 50 percent of the employee's time sensitive, non-elective, medically essential (as determined by a medical professional), and deductible-eligible expenses that in total are in excess of \$750 (single tier) or \$1500 (double/family tier).

§ 9.1.5 In the first and second benefit years in which the employee is enrolled in an ABHP, the District will advance up to twelve contributions to cover any shortfall in the enrollee's HSA balance as the result of essential and deductible-eligible medical expenses. Separation from service prior to benefit year end will result in a prorated adjustment to the employee's final paycheck. The District will collaborate with SEIU on the paperwork that will be signed by employees.

§ 9.1.6 Existing Blue Shield members, as of ratification of this contract, who live outside the coverage area, who do not have the option to receive care from the Kaiser network, shall be grandfathered in at the existing 2014-15 co-premium levels with the co-premium level increasing annually by the greater of statutory COLA or the on-going increase to the Classified salary schedule, commencing on 10/1/15.

§ 9.1 Employee and Dependent Insurance Coverage (Continued)

§ 9.1.7 In the event that the parties agree to offer additional health insurance plan options to eligible employees during the term of this Agreement, the District shall contribute an amount equal to the higher of monthly premiums paid to Kaiser or SISC/Blue Shield for the unit member's enrollment category. The unit member shall be responsible for premium amounts in excess of those paid by the District, and shall authorize the District to deduct said amounts from his/her paycheck.

§ 9.1.8 For full-time unit members in the bargaining unit, the District agrees to pay the full costs of dental insurance premiums through June 30, 2020. The level of coverage in effect as of October 1, 2015 shall be maintained through June 30, 2020. The dental coverage cap currently is \$1,700 per plan year.

§ 9.1.9 For full-time unit members, the District agrees to pay the full costs of single vision care, life, and salary continuance (i.e., Long-Term Disability) insurance through June 30, 2020. An eligible unit member may elect to pay the additional cost to obtain the dependent vision coverage. The level of insurance coverage in effect as of October 1, 2015 shall be maintained through June 30, 2020.

§ 9.1.10 Unit members who would otherwise be eligible for and participate in employee and dependent insurance coverage pursuant to these provisions, but have reduced their classified work hours to accept an adjunct faculty position shall be entitled to this insurance coverage as long as the combination of the two (2) positions is considered to be a full-time assignment. If the two (2) positions are not considered to be full-time, then the costs of the insurance premiums will be prorated and the employee will pay his/her prorated share if he/she wishes to participate in the District's benefit plans.

§ 9.1.11 Unit members eligible for District benefits with a spouse employed by the District may not be enrolled concurrently as a subscriber in one District-sponsored plan and as a dependent in a second District-sponsored plan. Likewise, the family of an employee may be enrolled in only one District-sponsored health plan.

§ 9.1.12 Effective January 1, 2008 the Medicash option is only available to grandfathered participants. No newly eligible employees will be offered this option. This option is a cash-in-lieu of medical benefits option offered to eligible unit members who have verifiable group health coverage through some source other than a spouse or domestic partner who is an employee of the District. Enrollment in the Medicash option is an annual election and can only be changed during a calendar year if there is a qualifying event. Full-time unit members who elect the Medicash option will receive \$150.00 per month in additional earnings. The Medicash option amount will be pro-rated for any eligible unit member with an FTE less than 100%. Unit members who elect the Medicash option will not be eligible to enroll in a District retiree health plan upon retirement. In order to enroll in a District health plan open enrollment prior to their retirement.

§ 9.2 Eligibility

§ 9.2.1 All unit members who work at least twenty (20) hours per week and are classified as regular part-time employees will be eligible to participate in the health, dental and vision insurance programs. To participate, a unit member must share the premium charges in the same ratio as their actual full time equivalent (FTE) assignment bears to a full-time assignment, the unit members' share will be paid by personal payroll deduction.

§ 9.2.2 All unit members who work at least twenty (20) hours per week and are classified as regular part-time employees will be eligible to participate in the life insurance and salary continuance (i.e., Long –Term Disability) programs without being required to share the premium charges.

§ 9.2.3 Should the unit member choose not to accept any plan or not to share in the premium costs, the District will incur no further obligation except when 9.1.10 is applicable.

§ 9.2.4 Unit members shall be enrolled in the insurance programs on the first of the month following fulfillment of the eligibility requirement.

§ 9.2.5 In the event that extension of benefits to unit members currently not covered under this Agreement is mandated by State or Federal action, then said benefits shall be immediately extended to those unit members, notwithstanding the term of this Agreement.

§ 9.2.6 The District shall assist SEIU, Local 1021 in providing access to alternative health insurance plans for those bargaining unit members not eligible for District group health insurance coverage under the terms of this Agreement. SEIU, Local 1021 shall be responsible for administration of the program.

§ 9.3 Open Enrollment

§ 9.3.1 Election to participate in District group health insurance plans shall take place:

- 1. Upon employment in an eligible position; or,
- 2. Upon qualification for eligibility due to a change in employment status or other qualifying event; or,
- 3. During an annual one (1) month open enrollment period for health insurance plans conducted during the month of August, to be effective October 1 of the same year. For 2015/16, there will be a special open enrollment for the ABHP health plans only in October, 2015, to be effective January 1, 2016.

§ 9.3 Open Enrollment (Continued)

- § 9.3.2 Election to participate in District group dental insurance plan shall take place:
 - 1. Upon employment in an eligible position; or,
 - 2. Upon qualification for eligibility due to a change in employment status or other qualifying event; or,
 - 3. For an already eligible unit member who did not previously elect to participate, upon a change in employment status; or,
 - 4. Every three (3) years during a one (1) month open enrollment period during the month of August, to be effective October 1 of the same year.

§ 9.4 Benefit Plans

§ 9.4.1 The District offers eligible unit members five health plan options, Kaiser HMO, Blue Shield HMO, Blue Shield PPO, Kaiser ABHP, and Blue Shield ABHP. The level of coverage in effect under these plans is specified in Appendix B, and additional plan information is available from the Human Resources Department.

§ 9.4.2 Effective July 1, 2006 all newly hired, eligible employees and their eligible dependents who reside outside the current Kaiser HMO service area are able to enroll in the District's Kaiser HMO plan if they meet the provider's Live/Work rule conditions.

§ 9.4.3 The District offers self-insured dental coverage to all eligible unit members. Plan information is available from the Human Resources Department.

§ 9.4.4 The District offers single and dependent vision coverage to all eligible unit members. The current provider is Vision Service Plan (VSP). Plan information is available from the Human Resources Department.

§ 9.4.5 The District offers life insurance and long-term disability income protection to all eligible unit members. Plan information is available from the Human Resources Department.

§ 9.4.6 The District offers an IRC 125 plan each calendar year to all eligible unit members. This plan allows participants to cover specific medical and dependent care expenses with pre-tax dollars, thereby, reducing taxable income.

§ 9.5 Continuation of Benefits

§ 9.5.1 The District agrees to continue payments for all benefits programs provided for in Section 9.1, Employee and Dependent Insurance Coverage, and 9.2, Eligibility, and 9.4 Benefit Plans of this Article during the absence of any unit member who is on an approved paid leave.

§ 9.5.2 The District will continue to provide health, dental and vision coverage for eligible unit members on an accepted Long Term Disability (LTD) claim for up to one (1) year.

§ 9.6 PERS (Informational Item Only)

§ 9.6.1 Public Employees' Retirement System (PERS) is a mandatory, lawful deduction for:

- 1. All full-time unit members; or
- 2. Full-time unit members on temporary appointment of six months or longer; or
- 3. Part-time unit members with an FTE of 50% or greater, for one year or longer; or
- 4. Unit members with prior membership in PERS.

§ 9.6.2 The District has implemented Section 414(h)(2) of the Internal Revenue Code concerning the tax treatment of employee's retirement contribution, designated by the Public Employees' Retirement System as PERS "Pick-Up".

§ 9.7 Student Health Fee Waiver

§ 9.7.1 The District shall waive, at the request of the unit member, any and all student health fees for unit members enrolling in classes at the District.

§ 9.8 403(b) Pension Plan

§ 9.8.1 IRS recognizes a 403(b) Investment Plan as a Qualified Pension Plan that unit members/employers may use in lieu of Social Security for those unit members not covered by STRS or PERS as District unit members. The District and SEIU, Local 1021 agree to implementing a 403(b) Plan subject to the following conditions:

- 1. The 403(b) Plan shall be a unit member-directed defined contribution plan.
- 2. The District shall contribute 3-3/4% of unit member's gross salary.
- 3. There shall be a mandatory contribution of 3-3/4% of gross salary from the unit member.
- 4. The unit member shall be fully vested in the plan at all times.
- 5. Fidelity Investments will provide the investment and administration of the program.

§ 9.9 Benefits Administration

§ 9.9.1 The parties agree to a continuation of the joint labor and management committee to be known as the "Fringe Benefits Committee" composed of classified and faculty personnel, a retired unit member representative, a Board member, and management representation.

§ 9.9.2 This Committee shall meet periodically to research and review proposed and existing programs to insure that quality and cost effectiveness criteria are maintained. The Committee shall meet periodically with insurance providers to determine that benefits are being accorded as required by the various benefit programs.

§ 9.9.3 This Committee operates in an advisory capacity; all classified fringe benefits are still to be negotiated.