

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, 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, 2025. For the 2024-25 fiscal year, the~~

~~A. **Kaiser HMO:** The District will assume the premium costs through 2024/25 with no out-of-pocket premium costs to the unit member. The 2025-26 premium cost increases will be shared 75% by the unit and 25% by the District. For 2025-26, the unit's portion will be deducted from the balance in the SEIU PT Health Benefit Credit account (9.1.13).~~

~~B. **Blue Shield PPO and HMO:** The District will assume the premium costs less the unit member out-of-pocket monthly premium costs, which will be equal to the difference of the annual premium cost between that plan and the District contribution to the premium cost of the Kaiser HMO plan ~~by tier. During Fall 2024, SEIU and the District agree to negotiate cost-controlling measures to limit benefit cost increases in 2025-26 and beyond.~~~~

~~C. **Blue Shield and Kaiser ABHP:** The District will provide the Blue Shield and Kaiser ABHP plans with no premium costs paid by the unit member.~~

~~The rate table with District and unit member contribution amounts can be found in Appendix B.~~

The level of coverage in effect under SISC/Blue Shield and Kaiser plans, as of October 1, 2015, shall be maintained through September 30, ~~2025~~2026.

§ 9.1.3 For unit members enrolled in an ABHP, for benefit year ~~2025~~2026, the District will make a monthly contribution of \$100 (Single) or \$150 (Double/Family) to the unit member'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 unit member is enrolled in an ABHP plan, the District will reimburse the unit member for 50 percent of the unit member'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 unit member 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 unit member's final paycheck.

§ 9.1.6 Existing Blue Shield members, as of ratification of the 2015-16 contract, who live outside the Kaiser 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.

§ 9.1.7 In the event that the parties agree to offer additional health insurance plan options to eligible unit members during the term of this Agreement, the District shall contribute an amount equal to the monthly premiums paid for the Kaiser HMO Health plan for the unit member's enrollment tier. 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 their 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, ~~2025-2026~~. The level of coverage in effect as of October 1, 2015 shall be maintained through June 30, ~~2025-2026~~. 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, ~~2025-2026~~. 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 September 30, ~~2025-2026~~.

§ 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 taken a pay dock to accept an adjunct faculty assignment shall be entitled to this insurance coverage as long as the combination of the two (2) assignments qualifies them to participate in the District's benefit plans.

§ 9.1.11 Unit members eligible for District benefits with a spouse or domestic partner 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 a unit member 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 unit members 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.

§ 9.1.13 Effective July 1, 2021, the District will give SEIU an annual credit of \$90,000 for unit members who are less than a 0.90 FTE and have waived insurance coverage. SEIU and the District will negotiate how this credit will be used.

§ 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 program. All unit members who are classified as regular part-time employees will be eligible to participate in the 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 who works at least twenty (20) hours per week but less than thirty-six (36) hours per week and are classified as regular part-time employees 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. All unit members who work at least thirty-six (36) hours per week must enroll in a health plan. Unit members who work at least thirty-six (36) hours but less than forty (40) hours and are required to enroll in a health plan will be covered at the same level as a full-time assignment.

§ 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 **Waiver of Anchor Bronze Enrollment (WABE)**

A unit member who works 90% or more of the full-time equivalent for the applicable job classification may elect to decline enrollment in a Self-Insured Schools of California (SISC) medical plan by providing evidence of coverage under another health plan and completing SISC's WABE enrollment form, the District's WABE election form, and the SRJC Waiver form. Upon a valid election, the District shall remit the designated WABE premium to SISC on the unit member's behalf.

A WABE election shall be binding for the entire plan year. A unit member who has elected the WABE option, may not enroll in a SISC medical plan until the next Open Enrollment Period, except upon the occurrence of a qualifying event. The qualifying events are as follows:

- A. A unit member and their eligible dependents who loses coverage under another health plan may enroll in a SISC plan, provided the unit member notifies the District and submits supporting documentation within thirty (30) calendar days of the loss of coverage. Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP), or newly established eligibility for premium assistance under Medicaid or CHIP, shall also constitute a qualifying event; in such cases, notice and documentation must be submitted within sixty (60) calendar days.
- B. A unit member who acquires a new dependent by marriage, birth, adoption, placement for adoption, or court-ordered custody or guardianship may enroll the unit member and eligible dependents in a SISC plan, provided a completed enrollment form and supporting documentation are submitted to the District within thirty (30) calendar days of the qualifying event.

All mid-year enrollments require submission of a completed and signed SISC enrollment form and documentation establishing the qualifying event. The District shall administer the WABE option in accordance with SISC plan rules and applicable law.

§ 9.2.7 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.

§ 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 Human Resources.

§ 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 Human Resources.

§ 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 Human Resources.

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

§ 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. Plan information is available from Payroll.

§ 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, life and vision coverage for eligible unit members on an accepted Long Term Disability (LTD) claim for up to one (1) year.

§ 9.6 CalPERS (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; or
5. Upon completion of one thousand (1,000) hours per fiscal year.

§ 9.6.2 The District has implemented Section 414(h)(2) of the Internal Revenue Code concerning the tax treatment of unit member's retirement contributions, 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 will continue to offer this plan to grandfathered instructional assistants.

§ 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 (optional), and management representation.

§ 9.9.2 This Committee shall meet periodically to research and review proposed and existing programs to ensure that quality and cost effectiveness criteria are maintained. The Committee shall meet periodically to review the various benefit programs that are offered by the District.

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