
CHAPTER XI

BENEFITS

A. Eligibility

An administrator who is eligible for paid benefits is one who:

1. is in a designated administrative position;
2. is employed at least half-time; and
3. has been in paid status as an employee of the District during the month preceding the month covered by the benefits.

An administrator shall be deemed to be in paid status during any recess or intersession if the administrator is scheduled to return to paid status at the end of the recess or intersession.

Dependent is defined as the administrator's spouse or domestic partner, and any child who is claimed as an allowable dependent on the administrator's Federal Income Tax return.

An administrator who resigns or is terminated shall cease to be a qualified employee at the end of the calendar month during which his/her resignation or termination becomes effective.

A disabled administrator receiving long-term disability payments under section F of this Chapter shall, following the exhaustion of all sick leave and extended sick leave, remain a qualified administrator for the purpose of medical benefits for three (3) years, provided the administrator has been employed by the District for at least five (5) years.

B. Medical Benefits

The District provides medical benefits to each eligible administrator and his or her eligible dependents. The following describes the benefits in place for the 2010-2011 plan year. Medical benefits are subject to change each plan year.

Please visit <http://www.fhda.edu> for specific information and all forms regarding benefits.

Kaiser Foundation Health Plan

The Kaiser Foundation Health Plan, a Health Maintenance Organization, shall require employees to pay a monthly premium of \$48 for employee-only, \$96 for employee plus one dependent, or \$144 for employee plus family. Employees and their dependents are also subject to the co-pays listed below. Benefits are provided in accordance with the coverage and charges as specified in the Kaiser Plan Benefit Booklet, available online

at <<http://hr.fhda.edu/benefits/medical>>.

Office Visit Co-pays of \$20 per physician office visit (\$15 for chiropractic care). However, no co-pay shall be required for wellness benefits.

Hospital Co-pay of \$50 for Emergency Room treatment that does not result in admittance to the medical facility.

Prescription Co-pays of \$5 generics/\$10 brand for a 30-day supply. Mail Order refills shall include a co-pay of \$10 generics/\$20 brand for a 100-day supply.

1. Exclusive Provider Organization (EPO) “Choice” Plan

The Exclusive Provider Organization (EPO) “Choice” Plan, a District self-insured plan offered through United Healthcare and providing network services only, shall require employees to pay a monthly premium of \$48 for employee-only, \$96 for employee plus one dependent, or \$144 for employee plus family. Employees and their dependents are also subject to the deductibles, co-insurance, and co-pays listed below. Benefits are provided in accordance with the coverage and charges as specified in the UnitedHealthcare *Choice* Health Plan Benefit Booklet and available online at <<http://hr.fhda.edu/benefits/medical>>.

Deductibles of \$350-annually for each covered individual with a maximum \$1,050 annual deductible per family.

Co-insurance and Maximum Co-insurance Out-of-Pocket Expenses of 10 percent (10%) for hospital services/therapies, surgery, x-ray and lab standalone services. The maximum calendar year co-insurance out-of-pocket expense for each covered individual is \$1,000 to a maximum of \$3,000 family.

Office Visit Co-Pays of \$25 per physician office visit and \$30 for specialist doctor, urgent care, and certain therapies/treatments. However, no co-pay shall be required for wellness benefits.

Hospital Co-pay of \$100 and emergency Room Co-pay of \$100 for Emergency Room treatment that does not result in the employee’s or his or her eligible dependent’s admittance to the medical facility.

Prescription Co-pays of \$10 generics/\$25 brand formulary/\$50 non-formulary. Mail Order service shall require a co-pay of \$20 generics/\$50 brand/\$100 non-formulary for a 90-day supply. A \$1,000 annual cap per individual on co-payments for mail order prescriptions shall apply.

2. Preferred Provider Organization (PPO) “Choice Plus” Plan

The Preferred Provider Organization (PPO) “Choice Plus” Plan, a District self-insured plan offered through UnitedHealthcare and providing both network and non-network services, shall require employees to pay a monthly premium of \$120 for employee-only, \$240 for employee plus one dependent, and \$360 for employee plus family. Employees and their dependents are also subject to the deductibles, co-insurance and co-pays listed below. Benefits are provided in accordance with the coverage and charges as specified in the UnitedHealthcare *Choice Plus* Health Plan Benefit Booklet and available online at <<http://hr.fhda.edu/benefits/medical>>.

Network Coverage

The provisions of the EPO Plan governing deductibles, co-insurance, and co-payment for network medical and prescription coverage, lifetime limit, and pre-existing condition as described in Sections 22.2.2.1 through 22.2.2.9 shall apply to services obtained from PPO network providers.

Non-Network Coverage

Non-Network Facilities and Services. Services acquired from a non-network provider, shall be paid at seventy percent (70%) of the usual and customary rates (UCR) for the first \$10,000 of such medical services annually in accordance with the provisions of Section 22.2.3.4. Thereafter, the Plan shall pay one hundred percent (100%) of the UCR charges consistent with other requirements. The Plan shall not cover any charges in excess of the usual and customary rate (UCR); i.e., charges in excess of UCR shall be the employee’s responsibility and shall not be included in the maximum co-insurance out-of-pocket expenses specified in Section 22.2.3.4.

Deductibles of \$700 annually for each covered individual with a maximum of \$2,100 annual deductible per family.

Co-insurance and Maximum Co-Insurance Out-of-Pocket Expense of 30 percent (30%) of the usual and customary rate (UCR) for physician services, urgent care, hospital services/therapies, surgery, x-ray and lab standalone services and maximum calendar year co-insurance out-of-pocket expense for each covered individual is \$3,000 to a maximum of \$9,000 family

Hospital Co-pay for non-network facilities of \$100.

Emergency Room Co-pay of \$100 for Emergency Room treatment that does not result in the employee’s or his or her eligible dependent’s admittance to the medical facility.

3. Waiver of Coverage

Employees may elect to waive coverage under the following conditions:

a) an employee certifies coverage in another non-District group health insurance plan; and,
b) certification shall be provided prior to the beginning of the 2010-2011 and/or 2011-2012 Plan Year in accordance with the District's open enrollment process for the subsequent plan year.

An opt-out election shall remain in effect during the entire Plan Year, and the employee may not re-enroll in a District plan except during Open Enrollment or as a consequence of an IRS Section 125 qualifying event. Waiver of coverage shall not result in a compensated allowance in lieu of coverage.

The effects, if any, of the opt-out provision will be reviewed and may continue to subsequent Plan Years.

C. Vision Care Benefits

The District provides vision care benefits to each eligible administrator and his or her eligible dependents.

D. Dental Care Benefits

The District provides dental care benefits to each eligible administrator and his or her eligible dependents.

E. Life Insurance Benefits

The District provides each eligible administrator with a \$50,000 level-term life insurance benefit. Each eligible dependent is provided with a \$5,000 life insurance benefit.

F. Long-Term Disability Insurance Benefits

The District provides each eligible administrator with a long-term disability benefit.

1. Effective January 1, 2008: Income protection insurance provides a benefit equal to $66 \frac{2}{3}$ percent of the administrator's basic monthly earnings on the date he or she was disabled to a maximum payment of \$6,000 per month. "Basic monthly earnings" means $\frac{1}{12}$ th of the administrator's annual contract salary.
2. The benefits are payable after the end of all accumulated sick leave and extended sick leave.
3. For administrators with five (5) or more years of STRS service and two (2) or more eligible children on the day of disability, benefits are payable for one (1) year from the date of disability for both accident and

illness provided that the administrator is 69 years of age or younger on the date of disability. If the period of disability extends beyond one (1) year, the administrator will receive disability allowance payments from STRS.

4. For all administrators not included under Section G.3, the benefit is payable for ten (10) years from the date of disability for both accident and illness provided the administrator is 55 years of age or younger on the date of disability, the maximum benefit period is in accordance with the schedule set forth in the District's income protection insurance policy.

G. Employee Assistance Program

The District provides a confidential short-term counseling service for eligible administrators and their dependents, concerning such areas as stress, drug-related problems, marital concerns, financial problems, and legal assistance.

H. Benefits During Unpaid Leave of Absence

1. An eligible administrator who is granted an unpaid leave of absence may continue to receive benefits by reimbursing the District in advance for the full premium or its equivalent. The cost of reimbursement for such benefits will be determined as follows:
 - a. For ten-month administrators, 1/10th of the full annual premium or its equivalent for each month of unpaid leave of absence;
 - b. For eleven-month administrators, 1/11th of the full annual premium or its equivalent for each month of unpaid leave of absence;
 - c. For twelve-month administrators, 1/12th of the full annual premium or its equivalent for each month of unpaid leave of absence.
2. Notwithstanding the provisions in I.1, a disabled administrator receiving long-term disability payments under Section G shall, following the exhaustion of all sick leave and extended sick leave, remain a qualified employee for the purpose of receiving health benefits while on an approved unpaid leave under Chapter IX, Section D.3.

I. Domestic Partners

Domestic Partner Benefits are available to the bona fide domestic partner aged eighteen (18) years or older, of an unmarried District employee. Such benefits are available only to domestic partners who are not legally allowed to marry in the state in which they reside.

These benefits consist of medical, prescription drug, dental, and vision. Benefits will not be provided for dependents of non-employee domestic partners. Additional information regarding eligibility criteria may be obtained by contacting Human Resources.

Both the employee and the domestic partner must attest to certain facts by completing and signing the Affidavit, which includes an Affidavit of mutual responsibility. This Affidavit may have potential legal implications under California law, which had recognized that non-marital cohabiting couples may privately contract with respect to the financial obligations of their relationship. Employees should consult an attorney regarding the potential legal effects of signing the Domestic Partnership Affidavit.

Domestic partner benefits are most likely taxable income unless the domestic partner is deemed to be a dependent under Internal Revenue Code Section 152. Further, a domestic partner most likely does not have many federal rights involving benefits that spouses possess under ERISA, COBRA, and the IRC. Again, an attorney should be consulted if you have any questions.

The District may, at its discretion, require supportive documentation satisfactory to the District concerning the eligibility criteria and assertions contained in the Affidavit. The Administrator of any benefit plan at issue will be the sole and final judge of whether a domestic partner is qualified for benefits.