

Article 16
Health and Welfare Benefits

16.1 Eligibility

The District shall provide insurance benefits to each probationary or permanent employee as specified in this article.

16.1.1 An employee must be in paid status to be eligible for benefits.

16.1.2 A newly-hired employee is not eligible for benefits until the month following the month of the employee's hire date with the District.

16.1.3 An employee must work at least half-time or at least fifty per cent (50%) of the hours constituting a full-time assignment to be eligible for benefits.

16.1.4 A classified employee shall be deemed to be in paid status during any recess or intersession if the employee returns to paid status at the end of the recess or intersession. If an employee does not return to paid status at the end of the recess or intersession due to resignation or termination of employment, any costs incurred by the employee during the recess or intersession will not be compensated under the District's insurance plans.

16.1.5 A dependent shall be defined as the employee's spouse or domestic partner and any child who is claimed as an allowable dependent on the employee's federal income tax return.

16.1.6 An employee who resigns or is terminated shall cease to be eligible for insurance benefits at the end of the calendar month during which his or her resignation/termination becomes effective.

16.2 Health, Dental and Vision Benefits

16.2.1 Effective July 1, 2012, qualified employees shall have the option to enroll in any one of the plans offered by CalPERS. Currently, CalPERS offers PERS Select, PERS Choice, and PERS Care (three PPO plans) and Blue Shield Access+, BlueShield NetValue, and Kaiser CA (three HMO plans). Brief information, including benefits, coverage limitations, deductibles, copays, and coinsurance, is contained in the CalPERS 2012 Health Benefit Summary. Full information is provided in the plan documents provided by the respective provider: Anthem Blue Cross for PERS Select, PERS Choice, and PERS Care; Blue Shield for Access+ and NetValue; Kaiser for Kaiser CA.

16.2.2 Opt Out

Employees and retirees may elect to waive coverage. An opt-out election shall remain in effect during the entire Plan Year, and the employee/retiree may not re-enroll in a CalPERS 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.

16.2.3 Employee Contribution

The amount of the monthly employee contribution for the option in 16.2.1 selected by a full-time employee shall be as follows from July 1, 2012 through December 31, 2013:

<u>PERS Care</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$427	\$457
E + 1	\$853	\$914
E + family	\$1,280	\$1,371

<u>PERS Choice</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$117	\$125
E + 1	\$233	\$250
E + family	\$350	\$376

<u>PERS Select</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$65	\$70
E + 1	\$130	\$140
E + family	\$195	\$210

<u>BS Access+</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$240	\$257
E + 1	\$480	\$514
E + family	\$720	\$771

<u>BS NetValue</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$162	\$174
E + 1	\$324	\$348
E + family	\$486	\$522

<u>Kaiser CA</u>	<u>July 1, 2012</u>	<u>January 1, 2013</u>
E	\$70	\$78
E + 1	\$140	\$156
E + family	\$210	\$234

16.2.4 District Contribution

District health benefit funding for the period of July 1, 2012 through December 31, 2013 shall be based on a super-composite rate (an average of employee and

retiree costs in the three tiers—employee-only; employee plus one; and, employee plus family) of \$976 per employee/retiree per month (PEPM).

16.2.5 In addition, employees shall have the option of enrolling in vision and dental coverage offered by the District. The respective monthly contribution rates all include the cost of vision and dental coverage. If a subscriber opts out of dental and vision coverage, the reduction in rates will be a flat \$5, regardless of tier (employee-only, employee-plus-one, employee-plus-family). The dental and vision coverage remain identical to that currently in place.

16.2.6 Employee contributions shall be recovered through twelve (12) equal monthly payroll deductions. For employees on less than 12-month contracts, i.e. 10- and 11-month contracts, the contributions required during the non-contract month(s) shall normally be deducted from the first paycheck following the non-contract month(s), typically, the following September. In the event the required monthly contribution exceeds compensation in any regular pay period, the employee shall have the responsibility for paying the District directly for the uncovered amount in accord with the Plan Compliance timelines and procedures.

16.2.7 The employee contributions will be recovered through monthly payroll deductions. In the event any monthly payroll amount is insufficient to cover an employee's contribution, the employee shall be responsible to pay the District directly for the unrecovered amount by the first day of the month of coverage.

16.3 The employee/retiree monthly contribution rates specified in section 16.2.3. "Employee Contribution Rates" and the District contribution specified in 16.2.4 District Contribution" above shall be effective July 1, 2012 through December 31, 2013, and there shall be no re-openers on these rates unless (a) mutually agreed to by the parties; or, (b) the 2013 CalPERS premium rates exceed the seven percent (7%) trended increase (based on an aggregate of all the CalPERS plans) used by Lockton to project the 2013 CalPERS premium rates and the appropriate employee/retiree contribution for each plan and tier.

16.4 **Employee Assistance Program**

The District shall provide an employee assistance program for each employee and his or her eligible dependents. The District shall maintain approved procedures in making formal referrals to the EAP.

16.5 **Life Insurance**

The District shall provide a \$50,000 level-term life insurance benefit for each employee and a \$5,000 level-term life insurance benefit for each eligible dependent.

16.6 **Long-term Disability Benefits**

The District shall provide each eligible employee with long-term disability insurance as follows:

- 16.6.1 The insurance shall provide a disability payment equal to 66-2/3% of the employee'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 1/12th of the employee's annual contract salary.
- 16.6.2 The disability payment under the long-term disability shall begin after all accumulated sick leave and extended sick leave under Article 8 has been used.
- 16.6.3 For employees with five (5) years or more of STRS service and two (2) or more eligible children on the date of disability, disability payment shall be paid for one year from the date of disability for both accident and illness provided that the employee is sixty-nine (69) years of age or younger on the date of disability. If the period of disability extends beyond one year, the employee shall receive disability allowance payment from STRS.
- 16.6.4 For all employees not included under Section 16.5.3, the disability payments shall be payable for ten (10) years from the date of disability for both accident and illness provided that the employee is fifty-five (55) years of age or younger on the date of disability. If the employee is older than fifty-five (55) years on the date of disability, the maximum disability payment period shall be the same as that provided in the maximum disability payment schedule set forth in the District's income protection insurance plan.
- 16.6.5 An employee who has separated from the District due to medical reasons and is receiving long-term disability payments under Section 16.5 shall be eligible to receive health benefits under 16.2.1 for a period of two (2) years provided that the employee has been employed by the District for at least five (5) years prior to the employee's separation date.

16.7 **Benefits During Unpaid Status**

An employee who has been granted an unpaid leave of absence other than FMLA/CFRA is not eligible for paid insurance benefits under Sections 16.2-16.5. However, the employee may continue to receive insurance benefits during the leave of absence by reimbursing the District in advance for the full amount of the premiums for such insurance benefits.

16.8 **Flexible Spending Account**

The District shall offer employees the option to fund employee contributions to health insurance premium costs through the use of an IRC 125 plan.

16.9 **Domestic Partners**

- 16.9.1 Bona fide domestic partners aged over 18 of an unmarried eligible employee are eligible to receive health, dental and vision benefits under 16.2.1. Such benefits are available only to domestic partners who are not legally allowed to marry in the state in which they reside.
- 16.9.2 Domestic Partners are not eligible for Retirement Medical Insurance, Life Insurance, Disability Insurance and certain other benefits available to spouses. Benefits will not be provided for dependents of the non-employee Domestic Partner.
- 16.9.3 "Eligibility Criteria for Domestic Partner Benefits" are contained in Appendix R. Additional information regarding eligibility criteria may be obtained by contacting the Human Resources Office.
- 16.9.4 Both the employee and the domestic partner must attest to certain facts by completing and signing a Domestic Partnership Affidavit, which includes an Affidavit of mutual responsibility. The "Affidavit for Enrollment of Domestic Partners" is contained in Appendix S. This Affidavit may have potential legal implications under California law, which has recognized that non-marital cohabiting couples may privately contract with respect to the financial obligations of their relationship. Supervisors are advised to consult an attorney if they have questions regarding the potential legal effects of signing the Domestic Partnership Affidavit.
- 16.9.5 The District may, at its discretion, require supportive documentation satisfactory to the District concerning the eligibility criteria and assertions contained in the Affidavit.
- 16.9.6 The Administrator of any benefit plan at issue will be the sole and final judge of whether a domestic partner is eligible for benefits.