

ARTICLE 21

BENEFITS

BENEFITS: All regular and contract faculty, excluding categorical and temporary, unless specifically stated shall be provided with:

- 21.1 **SALARY CONTINUANCE:** District shall maintain for unit members a salary continuance insurance program equal to coverage instituted on October 1, 1996, and provided by the carrier for fiscal year 1996-97 (Hartford Group Plan Policy #GLT-34867).
- 21.2 **TAX-SHELTERED PROGRAMS:**
- 21.2.1 District shall provide for participation by unit members, tax-sheltered annuities and tax-sheltered custodial accounts with carriers fulfilling all state and federal requirement eligibility. It is the member's sole responsibility to assure such carrier eligibility. Part-time faculty shall be allowed to contribute a dollar amount or percentage of their wages to a 403 (b) plan. All faculty members shall be allowed to change 403(b) contributions on a quarterly basis.
- 21.2.2 The District shall provide for full-time employees, an IRS Section 125 plan, with Pension Dynamics as the program administrator, to cover medical and dependent care expenses. Part-time employees may utilize the IRS Section 125 plan for health plan premium payments.
- 21.3 **LIFE INSURANCE:** District shall maintain, in participation with unit members, group life insurance in the face value to fifty thousand dollars (\$50,000) in accordance with insurance carrier requirements, at District cost. District will arrange with insurance carrier to allow employee members to purchase, at their expense, up to an additional one hundred thousand (\$100,000) of life insurance. It is agreed that any eligible unit member having an additional self-paid \$25,000 of life insurance may remain at \$25,000 or purchase an additional \$25,000 at his/her option. However, any eligible unit member who has not had additional self-paid life insurance and any new employee who becomes eligible shall have only the option of purchasing an additional self-paid \$100,000 of life insurance in \$50,000 increments, pending carrier approval. Employees purchasing optional life insurance may also purchase, at their expense, optional \$5,000 dependent coverage.
- 21.4 **VISION CARE:** Effective July 1, 2000, the District shall provide all full-time unit members and their dependents with Vision Service Plan (VSP) Plan C. This plan shall provide for a comprehensive exam and new lenses every 12 months, and new frames every 12 months. All other services will be pursuant to the standard VSP plan description, except that it will reimburse up to \$50 for examinations by non-panel providers. There shall be a \$10 annual deductible on materials only. In addition, the following vision plan enhancements shall take place effective July 1, 2000: \$60 wholesale frame allowance; computer glasses; progressive lenses, tints, and UV coatings. The UF shall receive the monthly utilization reports of unit members directly from VSP.
- 21.5 **PARKING PERMITS:** The District shall provide a parking permit for each unit member within the faculty/staff designated lots of spaces, at no cost to the employee.
- 21.6 **HEALTH AND DENTAL COVERAGE:**
- 21.6.1 **Regular and Contract Employees.** The District shall pay for each employee each year the maximum monthly premium amounts established in Appendix F.1, based

on carrier and coverage of enrollment. The District contribution for Kaiser or Anthem, health insurance (including chiropractic coverage) and Delta Dental Service is based on 100% of premium requirements for employee and dependents.

21.6.2 Appendix F. Notwithstanding any of the above, the various percentages of premium contribution (e.g., 100%, 90%, 50%, et al.) are general and reflective only; the actual dollar contributions by District for each carrier and coverage are specifically calculated and enumerated as shown in Appendix F attached hereto and incorporated herein by reference. Appendix F is agreed as the base for implementation of all applicable conditions within this Article for health and dental insurance. The amounts are based on 1987-88 premium rates. District agrees that each year it will contribute the stated percentages of the premiums submitted by the carriers, as appropriate, through the annual adjustment of Appendix F to reflect premium increases.

21.6.3 Compensation for Faculty with Alternate Health Coverage: Any employee who chooses not to receive health contributions by the District and who submits an affidavit of other coverage shall receive a monthly amount equal to the Kaiser single rate effective during the term of this agreement. Effective January 1, 2018, the maximum monthly amount shall be \$600. The employee may receive the amount as salary, or contribute to a 403(b), or contribute to the IRS Section 125 plan. The amount of such contributions shall be listed on a regular basis in Appendix "F". If the employee loses health coverage specified in the affidavit, the employee shall be enrolled immediately in the district health plan of the employee's choice, subject to the approval of the carrier.

21.6.4 Health Plans: It is agreed that Kaiser and Anthem Blue Cross EPO will be approved programs available to eligible unit members. The health insurance plan referred to as the "Anthem HMO" plan shall cease to be offered effective with the fall 2019 open enrollment. It is further agreed either party may suggest additional or different programs as they become available. Adding or changing any such program shall be only with concurrence of each party after consultation.

21.6.4.1 The health plans may be changed by mutual agreement of the District and United Faculty. If a carrier fails to renew the program under current conditions or otherwise ceases to offer the program, then the parties will negotiate concerning the replacement of the carrier.

No more than two representatives of the District and two representatives of the United Faculty (who may be a health care expert and/or consultant) will meet on request of either party to consult on this issue, before referring the issue to negotiations. Representatives of other employee groups may also be present.

The District agrees that all data needed by the consultants shall be provided.

All replacement carriers must meet at least the following conditions:

21.6.4.1.1 All HMO health plans shall be provided with the prescription option.

21.6.4.1.2 Provide retiree coverage.

21.6.4.1.3 Allow open enrollment periods for retirees.

21.6.5 Domestic Partners Coverage in District Health, Dental and Vision Plans

The District shall pay the monthly premium amounts for each employee's domestic partner and the domestic partner's dependents who meet the eligibility requirements of the plans in question. Only those regular full-time faculty who retire on or after May 1, 2002, and who would otherwise be eligible for retiree health benefits under section 21.10 shall be eligible for domestic partner benefits under the same qualifying conditions outlined in Section 21.6.5, except as those benefits are modified under Section 21.10. Part-time faculty who receive health benefits under Section 21.9.5 shall be eligible to participate in domestic partner benefits under the same qualifying conditions outlined in Section 21.6.5, except as those benefits are modified under Section 21.9.5. For the purpose of Contra Costa Community College District health, dental, and vision benefits, "domestic partnership: shall exist between two persons regardless of their gender, and each of them shall be the "domestic partner" of the other if they both complete, and sign and file with the District the "Affidavit of Domestic Partnership" (Appendix K) which includes the following statements:

- 21.6.5.1 The two parties have resided together for at least six months and have chosen to share their lives in a committed relationship of mutual caring, similar to marriage, for an indefinite amount of time;
- 21.6.5.2 The two parties are: not married, eighteen (18) years or older, not related by blood closer than would bar marriage in the State of California, and mentally competent to consent to contract;
- 21.6.5.3 The two parties declare that they are each other's sole domestic partner; they are responsible for their common welfare and are financially interdependent.

"Financial Interdependence" means that the domestic partners have entered into a contractual commitment for the financial responsibility or have joint ownership of significant assets (such as home, car, bank accounts) and joint liability for debts (such as mortgages and major credit cards). Financial interdependence is demonstrated by meeting at least two of the following conditions:

- 1. Hold a joint mortgage or lease
 - 2. Designate a partner as the beneficiary of life insurance or retirement benefits
 - 3. Designate a partner as primary beneficiary in a will
 - 4. Assign a health care power of attorney to the partner
 - 5. Jointly own a bank account or credit account
 - 6. Jointly own a car
- 21.6.5.4 The two parties agree to notify the District in writing if there is any change in the circumstances attested to in the affidavit.
 - 21.6.5.5 The two parties affirm, under penalty of perjury, that the assertions in the affidavit are true to the best of their knowledge

21.6.5.6 Other Provisions:

1. Neither individual has had another domestic partner within the prior six (6) months (unless the relationship terminated due to death).
2. Termination of the partnership shall entitle the non-employee domestic partner and the dependents of the non-employee domestic partner the rights to the District COBRA coverage or Kaiser conversion coverage.
3. Dependents of domestic partners who meet the eligibility requirements of the plans in question shall be eligible for coverage.
4. Except as provided in (1) above, domestic partners are eligible for continuing coverage through the Group Health and Dental Benefit under the same provisions as the federal group continuation law known as "COBRA" or other applicable law upon termination of employment subject to the rules and regulations of the plans in which the employee is enrolled.

21.6.6 Double coverage: Dependent family members of two employees who are married are entitled to health plan coverage in one plan only; the married employees may elect to join different health plans, but they are not entitled to coverage both as a subscriber and dependent. In the Delta Dental plan each employee may be a subscriber.

21.6.7 Open Enrollment: Annually, in the month of November, there will be an open enrollment period for employees to change carriers effective December 1.

21.7 **EMPLOYEE ASSISTANCE PROGRAM:** The District will provide an Employee Assistance Program for the employee and dependents as approved by mutual agreement of the parties.

21.8 **CONTINUATION OF INSURANCE COVERAGE:** It is agreed that District may, at its sole and exclusive discretion and option, and without establishing practice or the setting of any precedent, elect to provide continuation of District insurance programs for specific periods of time to employees forced into unpaid leave status due to illness, accident, or recovery therefrom.

21.9 **PART-TIME (REGULAR AND/OR TEMPORARY), CATEGORICAL AND SABBATICAL REPLACEMENT EMPLOYEES:**

21.9.1 Part-Time Regular Employees. District shall maintain, in participation with (tenured) part-time regular faculty, all insurance fringe benefits coverage on the basis applicable to full-time participation in regard to premium payments.

21.9.2 Part-time Temporary Employees. Part-time temporary unit members having coverage, and who have maintained uninterrupted coverage from the 1977 fiscal year, in the District health and dental insurance programs shall be allowed continued coverage at their expense pursuant to carrier and District agreement. Part-time temporary unit members shall be allowed to participate in tax-sheltered programs in accordance with 21.2.

21.9.3 Categorical/Full-time Temporary Employees. District shall provide full-time temporary faculty employed on an annual or semester basis on Faculty Salary Schedule

B-1, insurance fringe benefits of health, dental, salary continuance, vision, EAP, and life insurance as though regular full-time unit members.

21.9.4 Full-Time Sabbatical Leave Replacement Employees. District shall provide temporary faculty employed for a full semester or year on Faculty Salary Schedule B-1 to replace unit members on sabbatical leave fringe benefits as though regular full-time unit members with carrier approval.

21.9.5 Part-Time Fringe Benefit: Part-time temporary unit members and their dependents may qualify for health and/or dental benefits listed in Appendix F (vision excluded) under the following conditions:

21.9.5.1 Faculty member must be employed in the current semester and must meet all eligibility requirements as described below. There is no need to confirm enrollment in order to continue receiving benefits. In order to discontinue benefits, faculty members must complete an official District deleting-coverage form found at the District website. Otherwise, faculty members will continue on the plan, unless they no longer meet eligibility requirements, in which case they will automatically be dropped from the plan and will receive a COBRA notice describing how they can continue their coverage through COBRA. In this instance submitting an enrollment change form is not necessary. District will notify all part-time faculty that it is the responsibility of the part-time faculty member to drop health coverage in the open enrollment notice.

21.9.5.1.1 In order to add or drop dependents, spouse, or domestic partner, provider enrollment/change form must be submitted to college human resources office. In order to drop dependents, spouse or domestic partner, a certificate of divorce or legal separation, dissolution of domestic partnership or proof of other coverage must be submitted in addition to a District deleting coverage form. In order to add dependents, spouse, or domestic partner, a copy of a marriage license (spouse) or District Affidavit of Domestic Partnerships (spouse), copies of birth certificates (dependent children) are required for enrollment and must be attached to the enrollment form when including a spouse or dependent child.

21.9.5.2 Approval of this arrangement by the carriers.

21.9.5.3 A part-time faculty member shall be eligible for the same District-sponsored healthcare coverage provided to full-time faculty, provided that the member meets the eligibility criteria set forth under Education Code Section 87860-87868 and the other conditions set forth below. 4CD shall contribute towards the premium cost of the Kaiser plan at the same rate for the Kaiser plan as the District contributes for full-time faculty (currently 94% of premium costs). For the Anthem Blue-Cross EPO Plan, 4CD shall contribute 97% of premium costs. Whenever any new plan is added or changes are made to existing plans, District and UF will mutually agree on the District's contribution rate for the new or altered plan, but at no time shall District contributions to any part-time health insurance plan be lower than District contributions for the same plan for full-time faculty. If 4CD changes health carriers in the future,

part-time faculty who participate in this program shall continue to have the same healthcare plan options as full-time faculty.

21.9.5.4 A part-time faculty member shall be eligible for health insurance benefits under this program if the member meets the criteria listed below:

21.9.5.4.1 Has a current assignment as a part-time faculty member in the District and had assignments as a part-time faculty member in the previous two semesters (fall and spring or spring and fall) with an average of 40% load or greater.

21.9.5.4.1.1 The load from summer assignments may be added to the previous spring semester to be included in the total load that makes up the aggregate annual load used to calculate the average referenced in 21.9.5.4.1. For example, a faculty member who teaches 40% load in the fall, 20% load in the spring, and 20% load in the summer would be considered to have taught a 40% average load for the year.

21.9.5.5 To be eligible for health insurance benefits under this program, the part-time faculty member must not be receiving health insurance coverage from another employer either directly, as a spouse, as a domestic partner, or as a dependent, in accordance with Education Code Section 87864.

21.9.5.6 The employee may elect to choose insurance for one party, two party, or family coverage. To be included in plan coverage, dependents of part-time faculty members participating in the District-sponsored healthcare program shall not be receiving benefits from another source simultaneously. Employees will be expected to sign a document verifying that neither they nor their dependents are receiving benefits from another source.

21.9.5.7 The employee portion of premium payments will be automatically made by pay-roll deduction on a pre-tax basis, unless net salary is insufficient, or the employee prepays. Once a part-time faculty member is enrolled in a District-sponsored health plan, the District shall continue to make its share of premium contributions for any months where the part-time faculty member remains eligible but does not receive a paycheck (such as July and August). Participating employees will be covered for the summer months even if they are not working that session. The District shall prorate the faculty member's share of contributions to deduct even amounts averaged over however many months during each semester that the part-time faculty member receives a regular paycheck.

21.9.5.8 If a part-time faculty member's premiums are in arrears, they will be invoiced at the end of the Spring semester for the remaining balance. The balance must be satisfied by the Fall Open Enrollment to maintain eligibility. Failure to pay premium terminates coverage and the

individual cannot be re-instated until the following year and until all employee balances have been paid. If the participating part-time faculty member drops the medical insurance coverage or is dropped for any reason by the plan, the District shall have no responsibility for the payment of premiums.

21.9.5.9 Part-time unit members in the open enrollment will submit provider enrollment forms as directed in the open enrollment communication from the District Office Human Resources.

21.9.5.9.1 Once an open enrollment period begins, all eligible part-time faculty members will have 15-30 days (to be determined by mutual agreement) to enroll, or they must wait until the next open enrollment period. Any eligible employee who chooses not to participate in the program must wait until the next open enrollment period to join the program.

21.9.5.9.2 An employee who has fulfilled the minimum qualifying criteria at the end of the spring semester will be eligible to begin coverage from the first day of the month following the start of the fall semester.

21.9.5.9.3 Open enrollment periods will be established with Anthem Blue Cross and Kaiser Permanente in order to facilitate year-round coverage.

21.9.5.10 Part-time faculty members who submit enrollment forms on or before the designated deadline date in the Fall will have payment deductions over a ten (10) month period, and those who submit enrollment forms after the designated deadline date (but still during the open enrollment period) will have payment deductions over a nine (9) month period. Part-time faculty members who submit enrollment forms on or before a designated deadline date in the Spring will have payment deductions over a five (5) month period, and those who submit enrollment forms after the designated deadline date (but still during the open enrollment period) will have payment deductions over a four (4) month period. Coverage for those beginning participation in the fall will be effective on September 1. Coverage for those beginning participation in the spring will be effective February 1.

These timelines are subject to change by mutual agreement depending on decisions made with regards to open enrollment periods (see 21.9.5.9).

21.9.5.11 If a part-time faculty member who is participating in the program becomes ineligible, the member may exercise COBRA rights or other options as described in HR Procedure 1120.08. 4CD shall not be held liable for changes in scheduling that alter the insurance status for a part-time faculty member.

- 21.9.5.12 A part-time faculty member who has already met eligibility requirements and is currently enrolled in the program may remain enrolled in a District-sponsored health plan for any semester that the faculty member's load is 40% or higher.
- 21.9.5.13 Multi-District Part-Time Faculty Members shall be eligible for health-insurance reimbursement for a portion of their paid medical insurance premium, if they have met all of the following criteria over the past two consecutive (fall/spring or spring/fall) semesters:
- a. Served at more than one California community college district;
 - b. Not have held an assignment in any California community college district with an AB190-eligible Health Care Program for part-time faculty in which their assignment equaled or exceeded 40% of the full-time equivalent tenured faculty assignment;
 - c. Not have received coverage from any other employer-sponsored plan, or as a covered dependent of anyone receiving coverage from an employer-sponsored plan;
 - d. Have purchased a healthcare plan covering themselves and optionally any eligible dependents.
- 21.9.5.13.1 Qualifying Multi-District Part-Time Faculty Members must provide timely documentation as requested by 4CD demonstrating that they meet all eligibility requirements in addition to signing an affidavit provided by the District attesting to having met these requirements.
- 21.9.5.13.2 Upon receipt of evidence of the Multi-District Part-Time Faculty Members medical premium payment, the District shall issue a reimbursement equal to its share of this premium payment. The District's share shall be determined by dividing the total health insurance premium paid by the total number of California community college districts in which the Multi-District Part-Time Faculty Member currently holds an active faculty assignment. The District's share shall not exceed that which it would have paid if the Multi-District Part-Time Faculty Member had purchased the District's most commonly subscribed plan.
- 21.9.5.14 If the District receives less than 100% reimbursement from the State for its medical premium and reimbursement expenses under this program, the parties shall reopen negotiations on this topic upon the request of either party. If at any time the State fund for this program is being spent to reimburse participating districts in any fiscal year at a higher rate than 80% of the total available dollars in the State fund, the agreement covering this program shall automatically reopen. In the event that 4CD receives clarification regarding eligibility or if there are changes to the State program with regards to eligibility or funding, the parties shall reopen negotiations on this topic upon the request of either party.
- 21.9.5.14.1 If for any reason provided for under this agreement, District determines after implementation of this agreement that it is no longer able to offer the plans described herein

at the contribution rates described herein, District agrees to reopen negotiations in a timely manner so that alternatives can be discussed in time to avoid any interruption in insurance coverage, if possible.

- 21.9.5.15 In calculating savings or expenses from this program that may affect other agreements (such as compensation formulas), both parties agree that 4CD may include reasonable, actual administration costs for this program. Depending on implementation workload, a dedicated classified professional may be needed.
- 21.9.5.16 The District agrees to negotiate and offer, if possible, a vision care plan for part-time unit members. The plan will be modeled on the plan available to full-time unit members. Eligibility, enrollment, and other rules and requirements will be administered in the same manner as those established for part-time health benefits. Participating unit members will be responsible for 100% of the premium cost. Premium deductions will be administered in the same manner as those for part-time faculty health insurance. Other rules and requirements not specifically outlined above will be administered in the same manner as those for part-time faculty health insurance. The District agrees to support and administer the plan as long as it is offered by the District's normal vision care provider.
- 21.9.5.17 Beginning 9/1/2025, for part-time temporary unit members, eligibility to participate in District-sponsored dental benefits shall be the same as for medical insurance under Article 21.9.5.4. District shall contribute toward the premium cost of the health plan based on the member's average load for the previous two semesters (with summer load counting as part of the previous spring) in two tiers as follows:
- 40% load – 49% load: District shall contribute 50% of the premium cost
50% load and greater: District shall contribute 75% of the premium cost

21.10 **RETIREE HEALTH AND DENTAL INSURANCE:**

Retirees and Employees:

- 21.10.1 Existing Certificated Retirees and Certificated Employees With at Least Ten (10) Years' Service in the District Who Retired Prior to July 1, 1984: The District shall pay for each retiree for fiscal year 1991-92 the maximum monthly premium amounts established in Appendix F.3, based on carrier and coverage of enrollment. The District contribution for Kaiser or Anthem Blue Cross health insurance and Delta Dental Insurance is based on 100% of premium requirements for the retiree and District payment of 90% of premium requirements for dependents.
- 21.10.2 Certificated Faculty Employees who Retire after July 1, 1984: The District shall pay for each retiree for the year 1991-92 the maximum monthly premium amounts established in Appendix F.4, based on coverage of enrollment. The premiums in Appendix F.4 shall be adjusted by the percentage of carrier rate increases effective July 1, 1988. The District contribution is based on 100% of premium requirements for Kaiser health program and Delta Dental Service for the retiree and 50% of the premium requirements for dependents.

- 21.10.2.1 This provision represents the District's sole obligation to post retirees July 1, 1988. See Appendix H.
- 21.10.2.2 Beginning July 1, 2005, or the first month after faculty are permitted to sign up for a 125 plan, whichever comes later, faculty will pay 6% of the monthly cost of their medical and dental insurance. For part-time faculty, the monthly cost means the net cost to the district after the employee's contribution.
- 21.10.2.3 Employees hired on or after July 1, 2005, and their dependents will be eligible for District paid medical and dental benefits under the current provisions until Medicare eligible. At that time, the retiree shall pay 50% of the district's cost for health and dental benefits, and the spouse may stay in the district's plan by paying the district's cost. The District shall also permit current and future retirees to purchase participation in VSP or EAP by paying for one or both at the premium rate specified by the carrier for District retirees.
- 21.10.2.4 Employees hired on or after July 1, 2020, and their dependents will be eligible to continue receiving District-sponsored medical and dental benefits under the current provisions until Medicare eligible. Once Medicare eligible, should the retiree elect to stay on any District sponsored health or dental plan, the retiree shall pay 100% of the district's cost for health and 100% of the dental fully insured premium equivalent. Eligible dependents may stay in the district sponsored health or dental plan, once Medicare eligible, by paying 100% of the District's premium cost. The District shall also permit current and future retirees to purchase participation in VSP or EAP by paying for one or both at the premium rate specified by the carrier for District retirees. Voluntary retiree participation in any plan is subject to carrier approval.

21.10.3 Certificated Faculty Employees' Eligibility. To participate in District premium payments, the retiree must:

- 21.10.3.1 Have attained fifty-five (55) years of age, and
- 21.10.3.2 Sum of Age and Years of District Experience must total 80.
- 21.10.3.3 Effective May 1, 1996, the District shall pay fifty percent (50%) of the maximum premium amounts for the retiree and twenty-five percent (25%) of the premium requirements for the dependents, for retirees who meet the following eligibility requirements:

Eligibility Requirements:

1. have attained fifty-five (55) years of age, and
2. worked full-time in the District for a minimum of ten (10) years, and
3. sum of age and full-time years in the District must total seventy (70).

21.10.4 Other Insurance Provisions

- 21.10.4.1 Any employee who retires from the District on STRS or PERS disability retirement shall have a waiver of minimum eligibility requirements and shall receive District insurance contributions in the same amounts as though regularly retired.
- 21.10.4.2 Upon the death of a retiree or active employee, a surviving spouse, and/or dependents, if any, shall continue to receive for a six (6) month period from the date of death, District contributions toward insurance coverage. After six (6) months the surviving spouse and/or dependents may at their option remain in the insurance program by paying full premium amounts required for the program of enrollment to the District quarterly, in advance, provided the participation is allowed by the carrier or by COBRA requirements.
- 21.10.4.3 District shall have prepared and provided each employee with a brochure summarizing District authorized benefits for retirees and employees.
- 21.10.4.4 District shall arrange for a knowledgeable consultant to provide present and future retirees advice regarding STRS.
- 21.10.4.5 Health plans coverage and provisions are subject to approval by the carriers. With approval of the carrier, the District shall allow retired unit members not covered under Article 21.10.2 and 21.10.3 who are age 55 and have served fifteen (15) years with the District, participation in the medical plan at the retired member cost.
- 21.10.4.6 The District will also permit faculty to purchase post-retirement life insurance if available.
- 21.10.4.7 Medicare Requirement: Retirees who become Medicare-eligible (currently age 65) are required to enroll in a Medicare-coordinated plan to participate in District-sponsored medical benefits. Failure to enroll in a Medicare-coordinated plan after receiving thirty (30) days' notice from the District of this requirement shall result in termination of retiree health benefits eligibility. Once a participant is terminated or withdraws from District-sponsored benefits, reinstatement in District-sponsored benefits shall not be permitted. All persons receiving retiree health benefits must provide evidence to the District that they have successfully enrolled in Medicare Part A or present documentation why they are not eligible to enroll. For retirees enrolled in District benefits, the District will reimburse Medicare Part B for those retiring with Medicare Part A. If, at any time, either UF or the District determines that District-sponsored Medicare-coordinated plans become substantially inferior to comparable plans offered to active employees, this article will automatically reopen.

For retirees enrolled in District benefits, to be eligible for reimbursement for Medicare B, retirees must participate in a District-sponsored Medicare Coordinated/Advantage program for the period in which reimbursement is sought.

Retirees may request reimbursement for the previous calendar year. Annually, in February, District will send a letter to retirees soliciting appropriate paperwork and documentation to be reimbursed for Medicare B. To be reimbursed for Medicare B, retirees must submit appropriate paperwork and documentation by the end of the calendar year in which retiree received District notification for reimbursement for previous calendar year. Faculty may submit requests for reimbursement annually or quarterly. Reimbursements will be paid quarterly as long as allowed by plan administrator.

21.11 **UNITED FACULTY SECRETARY:** District agrees to endeavor to provide to the United Faculty Secretary, subject to State law, carrier requirements and limitations, agreement with other collective bargaining units (if any are affected), insurance programs given to District employees, provided no expense for such coverage or participation is borne in any way by District. The District shall also allow retired UF secretaries to remain enrolled in District benefit plans provided no expense for such coverage or participation is borne in any way by the District.

21.12 **PAYROLL DEDUCTION:**

21.12.1 Employee premium contribution where required because of the employee's choice of plans shall be paid by the unit member by payroll deduction one month in advance. Retiree premium contribution where required shall be paid by the retiree quarterly in advance.

21.12.2 Employee contributions shall be automatically increased where carrier premium increases occur notwithstanding any deduction authorization amount then on file. Where such automatic increase occurs, the employee shall be notified of the increase by the District and shall be allowed thirty (30) calendar days after such notification to notify the District if he/she desires to cancel further coverage. If written notice to cancel is not received, District will consider the employee to agreeing to continue such coverage.

21.13 **PLAN AVAILABILITY:**

21.13.1 Upon initial employment of contract and regular employees and upon ratification of the agreement, the District will notify each covered employee of his/her rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and under Education Code §7000, et seq. "Health and Welfare Benefits."

21.13.2 The District shall maintain insurance plans by Kaiser, Anthem Blue Cross (EPO), Delta Dental Service, Hartford, CIGNA, OHS and by Vision Service Plan as provided in 2000-01. Any changes in plans or carriers shall be mutually agreed upon.

21.14 **CHILDCARE:** The District and UF shall work together to facilitate access to on- or near-site childcare for employees, at employee expense.

21.15 **LIABILITY COVERAGE:** District shall supply a statement regarding District liability coverage for unit members.

21.16 **ACTUARIAL STUDIES:** The District and United Faculty shall mutually agree on the assumptions used in any future actuarial study performed for the CCCC.

21.17 **CO-PAY REIMBURSEMENT:** The District will set aside \$50,000 annually to reimburse faculty employees with District-paid benefits for copays. These funds will be used on a first-come, first-served basis until the money is exhausted. Unused funds will not accumulate from year to year.

Co-pays eligible for reimbursement will be office, emergency room, and hospital visits, and prescription drugs. To be eligible, an employee must have provided evidence to the District showing that he/she has spent in excess of \$500 in that fiscal year for copays. Percentage copays, including out-of-network PPO, dental and vision copays, are not eligible for reimbursement.

- 21.18 **PROFESSIONAL DEVELOPMENT:** Beginning January 1, 2025, a Districtwide Professional Development Fund of \$100,000 will be created. Whenever any faculty member receives professional development funding support from any college within 4CD, having gone through normal local processes, and where that funding is not sufficient to cover the full cost of the approved activity, the District fund will match the college allocation, up to but not exceeding the total approved cost of the activity, so long as there is adequate money in the fund. Money in the Districtwide Professional Development Fund will not roll over from year to year, but the fund will begin with \$100,000 at the start of every academic year.