

5-28-25 Mason
Asst. Supt.
Personnel ServicesARTICLE 13
HEALTH AND WELFARE BENEFITSMarta M. J. J.
CVASP President
5/28/25

13.1 The district agrees to the maintenance of health and welfare benefits for active employees who regularly work halftime or more.

13.1.1 The district agrees to contribute on a tenths basis, a maximum amount, listed within this article for full time unit members.

13.1.2 The maximum district contribution, listed within this article will be prorated for any unit members working less than full time. Any unit member employed by the district before July 1, 2022, working halftime or more will receive a maximum contribution equivalent to a full time unit member.

13.1.3 All unit members will pay all additional costs above the maximum district contribution listed within this article on a tenths basis.

13.1.4 In addition, the District and the Association agree to continue the health and welfare committee to review cost containment and cost sharing strategies. The committee will meet no less than twice per year. The committee will report their findings to the negotiating teams for consideration and/or implementation to the health and welfare program.

13.2 Employees hired on or before June 30, 2022

Medical insurance plans: District shall contribute tenths premiums for the plan selected by any unit member eligible and employed by the District as of June 30, 2022. Additionally, these rates shall apply to employees hired prior to July 1, 2022, and who are not currently eligible for medical benefits, but become eligible on or after July 1, 2022.

Any unit members employed by the district before July 1, 2022, will have a tenths cost for their contribution for their health benefit plan as follows:

Medical Plan	Employee	Employee + Child (ren)	Employee + Spouse	Employee + Family
Kaiser HMO	\$0.00	\$35.00	\$55.00	\$70.00
Blue Shield Trio HMO	\$0.00	\$17.50	\$27.50	\$35.00
Blue Shield Access Plus HMO	\$0.00	\$35.00	\$55.00	\$70.00
Blue Shield PPO	\$380.29	\$700.58	\$967.79	\$1,229.99

Any unit members employed by the district July 1, 2022, and after will have a tenthly cost for their contribution for their health benefit plan as follows:

Medical Plan	Employee	Employee + Child (ren)	Employee + Spouse	Employee + Family
Kaiser HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Trio HMO	\$0.00	\$0.00	\$0.00	\$0.00
Blue Shield Access Plus HMO	\$0.00	\$62.60	\$82.85	\$103.13
Blue Shield PPO	\$419.48	\$728.18	\$995.64	\$1,263.12

* Employee only HMO will continue to be given at no cost to employee only. The employee will pay for any additional PPO costs.

13.2.1 If the total cost of the HMO Family plan premium for any calendar year increases more than 10%, the District agrees to meet and confer regarding district and employee contribution rates.

13.2.2 An employee who has medical insurance coverage for medical/hospital care other than as the subscriber in a District-paid plan, may at his/her option elect to waive the District-paid medical insurance coverage and in lieu thereof to have the District add \$100.00 per month to his/her regular salary for each month of employment not to exceed \$1,000.00 per year. The employee shall provide written documentation to the Personnel Services Department in September of each school year to verify medical insurance coverage which shall include name of plan carrier(s) and the effective date of coverage.

13.3 The District shall contribute the full premium for life insurance in the amount of \$30,000, vision care, and dental care. The annual maximum of such dental plans shall be at least \$2,500 and will cover the cost associated with two cleanings per calendar year, and orthodontics for adults and children at 50% (not to exceed \$2,000 lifetime per patient).

13.4 A unit member who retires under the provisions of the California State Teacher's Retirement System or California Public Employees' Retirement System (either for service or disability) at the end of his/her contract year, or who is released from contract by the District on a date mutually agreeable to the unit member and the District, shall be eligible to receive a District contribution toward payment of a District approved group medical insurance plan subject to the following conditions:

13.4.1 The District contribution shall cease 10 years after the employee's date of retirement or when the employee is eligible for Medicare or turns 65, whichever occurs first.

- 13.4.2 The unit member must submit proof to the Personnel Services Department that he/she is receiving a retirement allowance from the State Teachers' Retirement System or the Public Employees' Retirement System.
- 13.4.3 The unit member must have completed fifteen (15) or more full years of District service in a probationary or permanent status, during at least half of which the unit member was eligible to enroll in health and welfare benefits, and the unit member must have been eligible for health and welfare benefits during all of the last year of District service. Years of service shall be counted in the aggregate except that any service rendered prior to a break in service of thirty-nine (39) months or more from the last day of paid service in a probationary or permanent position shall not be counted.
- 13.4.4 At the time of retirement if the unit member is not enrolled in a District sponsored health and welfare benefits plan, the unit member may elect to enroll in a District sponsored health and welfare benefits plan based on the existence of a qualifying life event, if permitted by the District's insurance provider. The unit member may elect to change from one District sponsored health and welfare benefits plan carrier to another at any open enrollment period.
- 13.5.5 Each year the retiree shall submit twelve monthly payments in advance, by the first of the month payable as directed by the District, the total of which shall equal the annual premium of the insurance plan less the amount the District will contribute to the carrier. The employee must submit the payment to the District's third party COBRA/Retiree Administrator.
- 13.5.6 The District's contribution to the insurance carrier on behalf of the retiree shall begin on October 1 each year and shall cease at the end of the month preceding the retiree's sixty-fifth (65th) birthday, after 10 years, upon the retiree's eligibility of medicare or upon the retiree's death, whichever occurs first.

Two levels shall be available for employees who retire from District service:

Level I: The District will contribute up to \$7,000 annually for employees who have completed less than twenty-five (25) years of qualifying District service.

Level II: The District will contribute up to \$8,000 annually for employees who have completed twenty-five (25) years or more of qualifying District service.

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- 13.5.7 Retirees have the opportunity to apply these funds to employee only, two party, or family medical premiums, as well as vision and dental insurance premiums.
- 13.6 The provisions of this Article shall not apply to extra duty positions assigned to unit members listed in Article 2, Recognition.
- 13.7 "Half-time," as used in Section 13.1 of Article 13 means for a regular certificated unit member, one-half the amount of time that a full-time unit member works. The District shall make no premium contribution for health care and life insurance for any month unless the employee is paid for more than one-half the number of days in that month, excluding those two days each week which are outside the employee's regular work week, except that an employee who completes his/her regular work assignment in June and is paid for more than one-half of his/her scheduled work days shall be entitled to the premium contribution for that month.
- 13.8 A benefit eligible year is ten (10) months in which the unit member was eligible for health and welfare benefits. Thus, a unit member must have earned the District's contribution toward the health and welfare plans for at least ten (10) months during the qualifying years of service referred to.