

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION AND ITS
RIVERSIDE CHAPTER #506
AND THE
RIVERSIDE UNIFIED SCHOOL DISTRICT
TENTATIVE AGREEMENT**

June 13, 2025

This Tentative Agreement (TA) is entered by and between Riverside Unified School District (the "District" or "RUSD") and the California School Employees Association and its Chapter #506 ("CSEA"), collectively, ("the parties"). The District and CSEA meet and negotiate wages, hours, and working conditions.

The parties agree to the following changes in the CBA, Article IX:

**ARTICLE IX
HEALTH AND WELFARE BENEFITS**

9.0 Full-time Unit Members: For the purpose of this article only, full-time unit members are defined as those unit members working thirty (30) or more hours per week.

Part-time Unit Members/Eligibility: Only those unit members working twenty (20) hours per week or more shall be eligible for District sponsored fringe benefits.

Unit members working less than twenty (20) hours per week shall be eligible to participate in District sponsored fringe benefits with full cost paid by the employee. Exceptions to this provision shall be in accordance with COBRA and other appropriate Federal mandates.

9.1 Selection of Plans: Unit members shall be eligible to select a medical plan and a dental plan from the **current options provided by the District**. ~~following medical and dental selections: Kaiser HMO (Health Maintenance Organization); EPO (Exclusive Provider Organization); PPO (Preferred Provider Organization); Delta Dental Premier, MetLife, or Preferred Advantage Dental.~~

To qualify for medical and/or dental benefits, each unit member must enroll in the unit member's insurance plan during the approved enrollment period.

Information regarding medical and dental plans may be obtained by calling the Employee Benefits Office.

The District and CSEA shall continue to work collaboratively to secure bids from alternate and/or additional health and welfare care providers.

9.2 Payroll Deductions/Medical and Fringe Benefit Allocation: The District contribution toward medical, dental and vision insurance for part-time unit members employed to work less than thirty (30) hours per week but twenty (20) hours per week or more shall be prorated as follows:

1. Less than 20 hours = .0%
2. 20 to less than 22.5 hours = 50.0%
3. 22.5 to less than 27.5 hours = 62.5%
4. 27.5 to less than 30 hours = 75.0%
5. 30 to 40 hours = 100.0%

A deduction schedule for premium costs shall be given to unit members upon enrollment in the selected plan and will be available from the Employee Benefits Office upon request.

9.3 Limitations: Effective **January 1, 2025** ~~January 1, 2020 (The 2020 plan year and following)~~, the District contribution toward the medical insurance plan shall be **\$15,290.00 annually** ~~\$1289 monthly~~ per subscriber. Such contribution shall be applicable to any District sponsored medical plan that the subscriber chooses. Part-time employees will receive a prorated share of the District contribution.

~~Effective January 1, 2016 through December 31, 2016, the District contribution toward the dental insurance plan shall not exceed the amount of the District contribution for the 2015 plan year.~~

This section shall not preclude CSEA or the District from negotiating medical and dental payroll deductions on an annual plan-year basis.

If other employees receive a higher District contribution to their health insurance plans than what is provided herein, the difference shall be paid to unit members. The intent of this language is to maintain parity between CSEA unit members and other District employees.

9.4 Life Insurance: A \$12,500 life insurance plan shall be provided to each unit member.

9.4.1 Life Insurance for Retirees: A \$12,500 life insurance plan shall continue for five years after retirement effective 7/1/2016.

9.5 Medical Insurance for Retirees:

9.5.1 Effective July 1, 2016. Each member of the classified bargaining unit employed more than twenty (20) hours per week retiring into PERS after May 3, 1985, who is between 50 and 64 years of age, inclusive at the time of retirement shall be granted an annual entitlement with which to purchase employee-only medical coverage as such is available through the District. The maximum number of years a member shall be eligible for such entitlement is ten (10) years. The entitlement shall be graduated according to years of service in RUSD as listed below. Unit members working less than full-time, but working twenty (20) or more hours per week, shall receive a pro-rated entitlement in proportion to the average daily hours worked during the unit member's final three (3) years of service on the same basis as provided in 9.2. The ratio of the average daily hours to eight shall determine the percentage of the appropriate entitlement to be granted to the retiree.

<u>Service</u>	<u>Entitlement</u>
15 years	\$2,146 \$2,331
16 years	\$2,331 \$2,516
17 years	\$2,516 \$2,701
18 years	\$2,701 \$2,886
19 years	\$2,886 \$3,071

Twenty-five Years or More of Service: Bargaining unit members who retire from the District with 25 twenty (20) years or more of service and have been employed by the District as a full-time bargaining unit member for fifteen (15) of the last nineteen (19) years at the time of retirement are entitled to an amount equivalent to the single party premium of the two least costly medical plans (excluding any high deductible plans) available through the District. However, if the retired employee selects a more costly plan that is made available through the District, the retiree will be responsible for paying the cost of the difference between the annual premiums of the two plans. The maximum number of years a member shall be eligible for such entitlement is ten (10) years.

9.5.2 After Becoming Medicare Eligible: Unit members retiring shall be eligible to continue to purchase coverage in a District group medical insurance plan after becoming Medicare eligible, provided that these conditions exist:

- a. The retiree has been employed in the District for no less than ten (10) years. (Effective July 1, 2010, retirees must have been employed in the District no less than fifteen (15) years.)
- b. The plan carrier allows such participation.
- c. The unit member is otherwise eligible for enrollment in the plan.
- d. The plan is one under which the District is not required by the carrier to pay for any part of the premium.

9.5.3 Retiree with Spouse on Active Status: A unit member eligible and applying to retire may postpone eligibility for this benefit if the retiring unit member has an active, benefits-eligible spouse also employed by the District who will cover said unit members as a plan dependent. The retiring unit member may postpone eligibility for retiree benefits coverage described above until such time as the spouse retires or otherwise loses coverage. Such coverage shall not extend beyond the time the retiree would have otherwise become eligible for Medicare coverage.

9.6 Income Protection Insurance: Unit members voluntarily opting for Income Protection Insurance may do so, but shall assume full costs of said insurance program upon selection.

9.7 Each unit member who leaves District employment shall be given the right to participate in a District medical and dental plan for eighteen (18) months in accordance with current COBRA regulations and provisions of the insurance carrier.

9.8 Employee Spouse:

- a. When an employee and spouse are both employees of the District and both are working full-time assignments, the District shall offer both employees the choice of a medical and dental plan. Part-time unit members will receive a pro-rated share of the medical and/or dental plan.
- b. The spouse who chooses not to carry the medical plan shall be provided with a yearly stipend of seven hundred and fifty dollars (\$750) in lieu of medical insurance coverage. If either or both employees waive dental insurance coverage, they shall be provided with a yearly stipend of one hundred and fifty dollars (\$150) in lieu of dental insurance coverage. Stipends will be applied to earnings.

- c. Dental Benefits and Life Insurance: The District will contribute toward a dental plan and life insurance for each eligible unit member. The fact that they are spouses does not affect the District contribution or benefit plan availability.

9.9 Health and Welfare Insurance Waiver: Effective January 1, 2019, an employee may waive medical insurance by showing proof of coverage through a different source and signing a waiver form. Full-time employees who waive medical insurance coverage shall be provided with a yearly stipend of five hundred dollars (\$500) in lieu of medical insurance coverage. Full-time employees who waive dental insurance coverage shall be provided with a yearly stipend of one hundred and fifty dollars (\$150) in lieu of dental insurance coverage. Stipends will be applied to earnings. Part-time employees who waive medical or dental insurance shall receive a pro-rated share of the applicable stipend. All employees must either select or waive medical insurance and sign a form on which their choice is indicated.

Employee Insurance Benefit Chart for employees:

Employee Hire Date	Waiver Amount Monthly Stipend
Prior to January 1, 2014	Continues at \$50 for medical, \$15 for dental Total \$65
Between January 1, 2014 and December 31, 2018	\$85 for medical, \$15 for dental Total \$100 This will be in effect until 2023 to address the non-waiver stipend language between 2014-2018 Effective January 1, 2023, waiver stipend will revert back to: \$50 for medical, \$15 for dental Total \$65
After January 1, 2019	\$50 for medical, \$15 for dental Total \$65

9.9.1 Employee Spouse Waiver: Effective January 1, 2019, except when an employee and spouse (including registered domestic partner) are both employees of the District and both are working Full-time assignment, the District shall offer each employee a medical plan. The District shall provide both employees the choice of a dental plan.

If two employees choose to stay on one (1) medical plan, the two employees shall decide which shall carry the plan. The spouse (including registered domestic partner) who chooses not to carry the medical plan shall be provided with a yearly stipend of seven hundred and fifty dollars (\$750) in lieu of medical insurance coverage. If either or both employees waive dental insurance coverage, they shall be provided with a yearly stipend of one hundred and fifty dollars (\$150) in lieu of dental insurance coverage. Stipends will be applied to earnings.

Employee Insurance Benefit Chart for dual employees both working in RUSD:

Employee Hire Date	Waiver Amount Monthly Stipend
Prior to January 1, 2014	Continues at \$60 for medical, \$15 for dental Total \$75
Between January 1, 2014 and December 31, 2018	\$85 for medical, \$15 for dental Total \$100 This will be in effect until 2023 to address the non-waiver stipend language between 2014-2018 Effective January 1, 2023, waiver stipend will revert back to: \$50 for medical, \$15 for dental Total \$65
After January 1, 2019	\$60 for medical, \$15 for dental Total \$75

9.9.2 Request for Waiver: A request for a waiver may be submitted at any time.

9.10 District-Paid Insurance After Exhaustion of Paid Sick Leave: After a unit member has exhausted all paid sick leave entitlements, including the accrued sick leave and the five-month entitlement, and, still too incapacitated to work, that unit member is granted a health leave, the District will continue to pay for those portions of the unit member's insurance program it had been paying for on the last day of the unit member's paid sick leave. The District shall continue this payment for up to twelve (12) months or until the unit member is granted disability payments by the Public Employees Retirement System, whichever occurs sooner. The unit member may not add coverages at District expense through the period of District payment following exhaustion of sick leave. The District shall not be obligated to sell the unit member any insurance coverage after this period. It shall be the unit member's responsibility to make timely arrangement for conversion from District coverages.

9.11 Death of a Unit Member: Should a unit member die while in paid status, the District shall pay the cost of the unit member's health insurance program through the fringe benefit year in which the unit member's death occurs. The insurance carrier permitting, the District shall allow the unit member's spouse or dependent to purchase continued health insurance for up to two (2) fringe benefit years subsequent to that in which the unit member died, provided that during that time the spouse or dependent has not remarried or become eligible for health insurance coverage with a different employer. Either remarriage or employment that has health insurance as a benefit shall provide sufficient reason to end all access to District benefits for the unit member's spouse or dependent. If the spouse or dependent is neither remarried nor employed where health insurance is available through the employer at the end of the second year subsequent to that of the unit member's death, and the spouse or dependent is in a state of economic hardship, the District will request that the carrier continue to allow the District to sell to the spouse or dependent for one more year the coverage previously sold. The District shall be the sole determiner of economic hardship. All purchases of health insurance coverage under this provision shall be made annually and in advance. Unused portions of such payment shall be refunded to the purchaser. Date and method of payment and other implementing procedures shall be determined by the District.

9.12 Health and Welfare Benefits Committee:

- A. The Association and District agree to meet on an as needed basis, and at least once a quarter to discuss the Health and Welfare benefit plans.
1. Composition: The Health and Welfare Benefits Committee (HWBC) will be comprised of four (4) RCTA Representatives, four (4) CSEA Representatives, four (4) Professional Relations members and three (3) non-voting District advisors. Any group may invite outside consultants to the meetings with permission from the HWBC.
 2. Decision Making: The HWBC shall be responsible for making recommendations regarding health and welfare insurance carriers, levels of coverage, plan design, premium rates, cost containment and other health and welfare insurance related issues. Consensus shall be used in all committee deliberations. All recommendations from the committee shall be submitted to their respective bargaining teams.
- B. The District shall provide the committee with complete health and welfare benefits data in a timely manner as requested or when received from vendors, which includes but is not limited to:
1. Utilization (HIPPA protected)
 2. Claims Experience (HIPPA protected)
 3. Enrollment
 4. Claims Data Reports
 5. Financial Data related to Health Premiums
 6. Reports and Updates from the Carriers

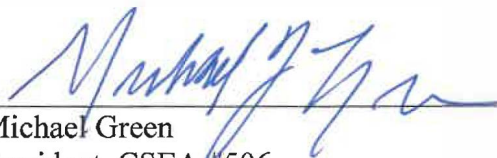
This is a tentative agreement and shall not be finalized until the completion of CSEA's policy 610 review process and the District's Board approval process.

FOR THE DISTRICT:



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Riverside Unified School District

FOR CSEA:



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Riverside Unified School District



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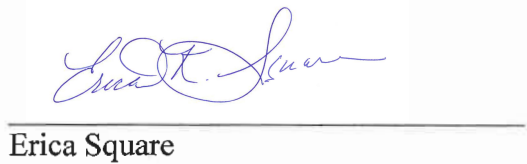
Melissa Montanez



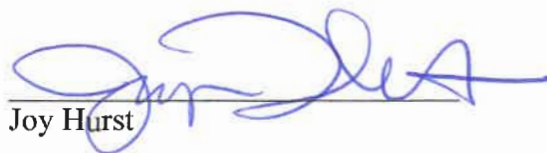
Steven Dunlap



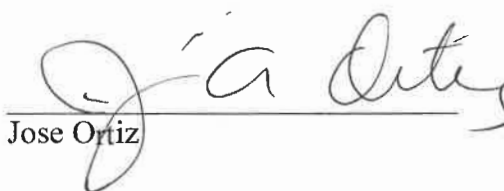
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