

Article 22A
PAID BENEFITS FOR PART-TIME FACULTY

Eligibility

- 22A.1 Each qualified part-time faculty employee shall be eligible to enroll in a District-sponsored health benefit plan as specified in the article. A qualified part time faculty employee is one who:
- 22A.1.1 Has reemployment preference as provided in Article 7; and
 - 22A.1.2 Had an annual load factor of .4 or more during the academic year immediately preceding the benefit Plan Year. For example, eligibility for the 2013 Plan Year, effective January 1 – December 31, 2013 shall be determined by the employee’s annual load during the 2011-2012 academic year; and
 - 22A.1.3 Affirms annually via a signed affidavit (Appendix K of this *Agreement*) that he/she has no other access to medical insurance where all or part of the premium is paid through some other source.
 - 22A.1.3.1 Medicare shall be excluded from the definition of medical insurance for the purpose of 22A.1.3. A part-time faculty employee who is eligible for Medicare is required to enroll in Medicare Part A during the three-month window prior to turning age 65. At the time of Part A enrollment, the employee shall request to delay enrollment in Medicare Part B until he or she is no longer covered by the District’s Plan. The employee shall complete the Part A enrollment and request the Part B delay at the Social Security Administration. The faculty employee shall have the sole and complete responsibility for complying with this provision.

Medical Plan, Hospital, and Prescription Benefits – General

- 22A.2 Effective July 1, 2012, each qualified part time faculty employee is eligible to enroll the part-time faculty employee and his/her eligible dependents in any one of the health plans offered by CalPERS as described in Sections 22A.4 and 22A.5.
- 22A.2.1 The employee must enroll annually during the established open enrollment period or periods.
 - 22A.2.2 The CalPERS Select Plan shall be the “basic” plan; i.e., the plan on which the District funding responsibility for the employee’s health benefit coverage is established. The other five plans shall be a “buy-up.”
 - 22A.2.3 All plans shall require employees to contribute for each plan choice and tier placement as described below.

- 22A.2.3.1 Contribution rates in each plan shall have three tiers: employee-only; employee plus one; employee plus family.
- 22A.2.4 Effective with this provider change, the health benefit Plan Year shall be in accordance with CalPERS regulations, currently January 1 through December 31.

District Responsibility for Premium Payment

- 22A.3 District responsibility for premium payment shall be based on the load threshold of enrolled qualified part-time faculty employees as follows:
 - 22A.3.1 The load thresholds described in Sections 22A3.2 and 22A.3.3 shall be applied to the “basic” plan, CalPERS Select. The employee shall be responsible for the remainder of the monthly plan premium for the coverage elected.
 - 22A.3.2 For the period of July 1, 2012 through December 31, 2012, premium payment under this article shall be determined in accord with two load thresholds, each with a respective District contribution to the premium cost as described below.
 - 22A.3.2.1 For employees with loads of at least .5, the District shall be responsible for payment of 68 percent of the Select plan monthly premium or the dollar equivalent applied to the other plan options available as a “buy-up”
 - 22A.3.2.2 For employees with loads of .4 up to .499, the District shall be responsible for payment of 50 percent of the Select plan monthly premium or the dollar equivalent applied to the other plan options available as a “buy-up”
 - 22A.3.3 Effective January 1, 2013, premium payment under this article shall be determined in accord with three load thresholds, each with a respective District contribution to the premium cost as described below.
 - 22A.3.3.1 For employees with loads of .6 up to .67, the District shall be responsible for payment of 60 percent of the Select monthly plan premium or the dollar equivalent applied to the other plan options available as a “buy-up.”
 - 22A.3.3.2 For employees with loads of .5 up to .599, the District shall be responsible for payment of 50 percent of the Select monthly plan premium or the dollar equivalent applied to the other plan options available as a “buy-up.”
 - 22A.3.3.3 For employees with loads of .4 up to .499, the District shall be responsible for payment of 40 percent of the Select plan monthly premium or the dollar equivalent applied to the other plan options available as a “buy-up.”

22A.3.4 Notwithstanding 22A.3.2 and 22A.3.43 above, the District shall review, on a case by case basis, the eligibility for full District premium payment of faculty who, because of load configurations, are assigned loads that consistently fall slightly under the required load (e.g., .58 or .59 for the .6 threshold, .48 or .49 for the .5 threshold, or .38 or .39 for the .4 threshold). Human Resources shall notify the Faculty Association when an employee applies for such review and of the action taken.

Plan Choices and Employee Monthly Contribution Rates

22A.4 Brief information on the CalPERS plans, including benefits, coverage limitations, deductibles, copays, and coinsurance, is contained in the CalPERS 2012 Health Benefit Summary and available online at <<http://hr.fhda.edu/benefits/medical>>. 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; and Kaiser for Kaiser CA.

22A.5 Employees shall be required to pay the respective monthly premium for the plan selected. Rates for each plan, load threshold, and tier are expressed monthly, i.e., 1/12th of the employee annual contribution, as specified below:

22A.5.1 **PERS Select** – PPO Plan with deductible of \$500 individual/\$1,000 family. Coinsurance: 20 percent network, 40 percent non-network. Maximum calendar year out-of-pocket for network services (excluding pharmacy): \$3,000 individual/\$6,000 family. Office visit co-pay: \$20. Network: Anthem Blue Cross Select PPO Network, a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Prescription: Retail -\$5 generic/\$20 preferred/\$50 non-preferred; Mail Order - \$10/\$40/\$100 for 90 day supply. Prescription maximum calendar year co-payment per person: \$1,000.

Rates effective July 1 through December 31, 2012:

PERS Select	.4 - .499 Load	.5 - .67 Load
E	\$244	\$156
E + 1	\$487	\$312
E + family	\$634	\$406

Rates effective January 1 through December 31, 2013:

PERS Select	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$313	\$261	\$209
E + 1	\$626	\$522	\$417
E + family	\$814	\$678	\$542

22A.5.2 **PERS Choice** – PPO Plan with deductible of \$500 individual/\$1,000 family. Coinsurance: 20 percent network, 40 percent non-network. Maximum calendar year out-of-pocket for network services (excluding pharmacy): \$3,000 individual/\$6,000 family. Office visit co-pay: \$20. Network: Anthem Blue Cross Prudent Buyer PPO Network. Prescription co-pay: Retail, \$5 generic/\$20 preferred/\$50 non-preferred; Mail Order, \$10/\$40/\$100 for 90 day supply. Prescription maximum calendar year co-payment per person: \$1,000.

Rates effective July 1 through December 31, 2012:			
PERS Choice	.4 - .499 Load	.5 - .67 Load	
E	\$330	\$243	
E + 1	\$661	\$485	
E + family	\$859	\$631	

Rates effective January 1 through December 31, 2013:			
PERS Choice	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$406	\$354	\$301
E + 1	\$811	\$707	\$603
E + family	\$1,055	\$919	\$784

- 22A.5.3 **PERS Care** – PPO Plan with deductible of \$500 individual/\$1,000 family. Coinsurance: 10 percent network, 40 percent non-network. Maximum calendar year out-of-pocket for network services (excluding pharmacy): \$2,000 individual/\$4,000 family. Office visit co-pay: \$20. Network: Anthem Blue Cross Prudent Buyer PPO Network. Prescription co-pay: Retail, \$5 generic/\$20 preferred/\$50 non-preferred; Mail Order, \$10/\$40/\$100 for 90 day supply. Prescription maximum calendar year co-payment per person: \$1,000.

Rates effective July 1 through December 31, 2012:			
PERS Care	.4 - .499 Load	.5 - .67 Load	
E	\$786	\$698	
E + 1	\$1,571	\$1,396	
E+ family	\$2,042	\$1,814	

Rates effective January 1 through December 31, 2013:			
PERS Care	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$893	\$841	\$788
E + 1	\$1,785	\$1,681	\$1,577
E + family	\$2,321	\$2,185	\$2,050

- 22A.5.4 **Kaiser Permanente** – HMO Plan with maximum calendar year out-of-pocket (excluding pharmacy): \$1,500 individual/\$3,000 family. Office visit co-pay: \$15. Prescription co-pay: Retail, \$5 generic/\$20 brand; Mail Order, \$10/\$40 for 100 day supply.

Rates effective July 1 through December 31, 2012:			
Kaiser CA	.4 - .499 Load	.5 - .67 Load	
E	\$305	\$195	
E + 1	\$610	\$391	
E + family	\$794	\$508	

Rates effective January 1 through December 31, 2013:			
Kaiser CA	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$392	\$327	\$261
E + 1	\$784	\$653	\$523
E + family	\$1,019	\$849	\$679

- 22A.5.5 **Blue Shield NetValue** – HMO Plan with maximum calendar year out-of-pocket (excluding pharmacy): \$1,500 individual/\$3,000 family. Office visit co-pay: \$15. Smaller network of HMO providers than the

Blue Shield Access+ plan. Prescription co-pay: Retail, \$5 generic/\$20 brand formulary/\$50 non-formulary; Mail Order, \$10/\$40/\$100 for 90 day supply. Prescription maximum calendar year co-payment per person: \$1,000.

Rates effective July 1 through December 31, 2012:

BS NetValue	.4 - .499 Load	.5 - .67 Load
E	\$368	\$280
E + 1	\$736	\$560
E + family	\$957	\$728

Rates effective January 1 through December 31, 2013:

BS NetValue	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$446	\$394	\$341
E + 1	\$892	\$787	\$683
E + family	\$1,159	\$1,023	\$888

- 22A.5.6 **Blue Shield Access+** – HMO Plan with maximum calendar year out-of-pocket (excluding pharmacy): \$1,500 individual/\$3,000 family. Office visit co-pay: \$15. Prescription co-pay: Retail, \$5 generic/\$20 brand formulary/\$50 non-formulary; Mail Order, \$10/\$40/\$100 for 90 day supply. Prescription maximum calendar year co-payment per person: \$1,000.

Rates effective July 1 through December 31, 2012:

BS NetValue	.4 - .499 Load	.5 - .67 Load
E	\$467	\$380
E + 1	\$935	\$759
E + family	\$1215	\$987

Rates effective January 1 through December 31, 2013:

BS Access+	.4 - .499 Load	.5 - .599 Load	.6 - .67 Load
E	\$552	\$500	\$488
E + 1	\$1,105	\$1,000	\$896
E + family	\$1,436	\$1,300	\$1,165

Payroll Deduction for Employee Monthly Contribution

- 22A.6 The employee shall contribute the required premium through payroll deductions from regular monthly paychecks.

- 22A.6.1 The following process for payment of required monthly contributions by part-time faculty employees shall apply for the period of July 1 – December 31, 2012. This process shall provide the same pre-tax status to the employee monthly contributions paid by check as if they had been processed through payroll deduction (normally required by the IRS for pre-tax employee monthly contributions).

22A.6.1.1 In May 2012, the “old” deduction (for the original October 1, 2011 – September 30, 2012 Plan Year) shall be made from the employee’s May payroll;

22A.6.1.2 In June, no deduction shall be made, and the employee shall be reimbursed for the May deduction and a part of

the April deduction, in order to close out the original Plan Year payments that would have covered October 1, 2011 through June 30, 2012;

- 22A.6.1.3 On or before August 15, 2012, the employee shall make a monthly contribution by check to the District for three months of coverage: July, August and September;
 - 22A.6.1.4 In each month of October, November, and December, the employee shall make his/her monthly contribution to the District by check;
 - 22A.6.1.5 In the December paycheck, the employee shall be credited with pre-tax status for the contributions made from July through December 2012. Therefore, the member shall experience no tax consequence from paying monthly contributions by check as opposed to through payroll deduction.
- 22A.6.2 Effective with the 2013 Plan Year, the required annual premium shall be recovered through nine equal deductions from the following regular payroll periods: January, February, March, April, May, June, October, November, and December.
- 22A.6.2.1 Payroll deductions for employee monthly contributions shall occur in the pay period the contribution is due. For example, the contribution for January shall be deducted from the January paycheck.
- 22A.6.3 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 Plan Compliance timelines and procedures.

Continuing Eligibility

- 22A.47 Continuing eligibility shall be determined annually for each Plan Year based upon the part-time faculty employee continuing to meet eligibility as a qualified part-time faculty employer as described in Section 22A.1.
- 22A.47.1 Eligibility shall cease if:
 - 22A.47.1.1 The employee's load for the prior academic year is less than .4; or
 - 22A.47.1.2 The employee loses reemployment preference per Article 7; or
 - 22A.47.1.3 The employee resigns or retires from service in the District: or
 - 22A.47.1.4 The employee fails to enroll during the annual Open Enrollment period normally in September/October and/or fails to submit required documents; or

22A.7.1.5 The employee fails to meet his/her financial obligation as specified in Section 22A.5 and in accordance with Plan Compliance procedures and timelines suffers loss of coverage affecting the next plan year. Eligibility may resume in accordance with Plan Compliance procedures and timelines.

22A.47.2 Should coverage cease, the part-time faculty employee is eligible for COBRA rights.

Same-Sex Domestic Partners

22A.8 The District and FA agree that same-sex domestic partners shall be included under this article. The procedures for application, qualifications, duration, and other appropriate provisions are specified in Appendix L of this *Agreement*.

Re-opener

22A.9 The program shall be dependent upon the continuation of funding as described in Education Code Sections 87860 through 87868 whereby the State pays up to one-half of the District's total cost, provided that the amount claimed by all districts in the state does not exceed the funding provided in the state budget. If a change occurs in the state funding to the District for this program, both FA and the District agree to re-open negotiations on the program.