

3.13 Voluntary Deductions

The District will provide to all faculty access to voluntary deductions for approved vendor accounts, including, but not limited to Roth 403(b) and 403(b) IRAs. Prior to any changes being made to approved vendors, the District shall notify all faculty of said changes.

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- 4.1 The District during the term of this agreement will continue to offer Blue Cross for eligible faculty members, dependents, and domestic partners in accordance with the plan design in effect as of June 30, 2007 as modified by the implementation of an out-of-pocket maximum for prescription drugs. Effective July 1, 2007, the out-of-pocket maximum is \$500 per year per person/\$1,000 per family for mail order Rx. Any future modifications in the faculty health plan designs or changes in carriers proposed by the Joint AFT/Management Health Benefits Committee (described in Section 4.7) must be agreed to in writing by the AFT and the District. The District will, during the term of this Agreement, and subject to the remaining provisions of this Article, continue to offer Delta Dental and vision coverage for eligible faculty members and their dependents and domestic partners under the existing plans, or under such plans as recommended by the Joint AFT/Management Health Benefit Committee, and approved by the AFT and the District.
- 4.2 An eligible faculty member who wishes to have health coverage provided through Kaiser or another HMO agreed upon by the AFT and the District rather than Blue Cross may do so, provided that the District's share of the cost for such coverage shall not exceed the amount it would otherwise contribute for Blue Cross medical and vision coverage under this Agreement. The District's contribution shall in no event exceed the full cost of the monthly premium for any such coverage. The deletion or addition of any federally qualified HMO to the options available to faculty members shall only be by joint agreement of the parties.
- 4.3 Faculty members bear the responsibility for meeting all requirements for eligibility in any plans provided by the District and for properly completing enrollment and/or application forms.

4.4

**4.4.A. Contract Faculty Eligibility**

Faculty members eligible to participate in the District-provided insurance benefits and to receive District contributions toward these benefits are those employed under contract during the regular college year on at least a half-time basis. In order to qualify for domestic partner coverage, faculty members and their partners must provide the District with proof of a filed Declaration of Domestic Partnership with the California Secretary of State pursuant to California Family Code section 297 et seq.

**4.4.B. Non-Contract Faculty Eligibility and Coverage**

- (1) The District shall provide a Kaiser HMO healthcare plan to non-contract faculty members who meet the criteria listed below. The District agrees to contribute up to \$270,378 annually for this purpose. For the 12-month period beginning September 1, 2008, the District will contribute at least \$3,338 toward the annual single-party premium, the balance to be contributed by the employee at the rate of \$100 deducted tenths. The full cost of additional coverage for family member(s), if any, also shall be paid by the employee. If the District does not spend the full \$270,378 in the 12-month period, any unspent monies will be set aside by the District for use in the following year toward non-contract unit members' insurance (e.g., offset rate increases, expand the benefit). Any remaining funds will remain in this pool to be used in future years. The District and Federation will negotiate the effect of any modification in rates, number of subscribers or coverage for this plan, per Section 4.7. If the part-time health benefits plan is discontinued, the funds shall be distributed to the non-contract salary schedule in 3.4.B.

ARTICLE 4  
Health and Welfare Benefits

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- a. A non-contract faculty member who has been employed by the District for four or more semesters and who has taught an average load of .40 or greater for the preceding fall and spring semesters shall be eligible for coverage commencing on September 1 for the next academic year.
  - b. An eligible employee must elect to join the plan during the open enrollment period held in May of the preceding academic year unless the conditions for legally-mandated "Special Enrollment rights" exist.
  - c. If a non-contract faculty member does not receive an assignment by the beginning of any semester, that employee will not be eligible for continuing coverage except at his/her own expense as provided under COBRA. A faculty member who is unable to accept an assignment due to a serious medical problem may obtain a temporary waiver from District Human Resources in order to maintain coverage for the academic year or remainder thereof (i.e., September 1 through August 31) and will retain eligibility for the following academic year provided he/she would have been eligible based upon his/her ARFs and work offers.
  - d. A faculty member electing this coverage may not be covered by any other health plan at the same time. Likewise, any family members(s) included in the plan may not be covered by any other plan.
- (2) Enrollment in the above plan shall be limited to 81 non-contract faculty members for 2008-2009. In the future, if the number of employees applying to enroll in the plan exceeds the agreed upon limits, coverage for the plan will be given first to those faculty members already enrolled and then to those new enrollees having the greatest longevity.
  - (3) Premium payments by eligible faculty will be made tenthly. Deductions from payroll checks will be used whenever possible.
  - (4) Non-contract faculty who are currently insured under the predecessor agreement may retain coverage at their own expense, provided they maintain eligibility under the terms of Section 4.4.B. ratified on November 17, 2007.

4.5 Beginning July 1, 2017, the District shall contribute up to \$23,745.72 per year to provide the benefits specified in this Article for each faculty member eligible for such benefits.

In the event the contribution as described above is insufficient to cover the annual aggregate premium rates for medical, dental, vision and life with or without plan modifications, faculty members eligible to participate in the District's offered health and welfare benefits plans shall be responsible to pay the difference in premiums. Should this occur, the difference in premiums a faculty member is responsible for in order to maintain his/her coverage eligibility shall be collected through payroll deduction.

For the fiscal year 2017-2018, the above limit is waived, and the District will pay the full cost required to maintain the above-mentioned Blue Cross.

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Delta Dental, and vision coverage. The above limit shall be applicable for fiscal year 2018-2019 unless modified by mutual agreement.

~~The District shall continue to contribute the sum needed to provide the benefits specified in this Article for each faculty member eligible for such benefits and shall increase such contributions each fiscal year by the amount that is required to maintain the above-mentioned Blue Cross, Delta Dental, and vision coverage.~~

- 4.6 Payments of the District contribution for faculty members absent due to illness or injury of the faculty member shall be made until the expiration of paid illness leave or until the employment is terminated, whichever occurs first.
- 4.7 It shall be the role of the AFT/Management Health Benefits Committee to gather information and provide advice concerning faculty health and welfare benefits to AFT and the District. The Health Benefits Committee shall review all bids for health care providers and insurance carriers and recommend changes to the faculty health plan, including, but not limited to, co-pays, deductibles, premium contributions, as well as the selection, addition, termination or substitution of any health plans/providers, and/or insurance carriers. The Health Benefits Committee may solicit bids from health care providers, plans, and insurance carriers.