

Insurance Benefits

A. Eligibility

1. A Mental Health Employee’s eligibility to participate in the District-approved insurance program and the mental health employee’s ability to cover his/ her dependents begins the first of the month following the first thirty (30) calendar days of employment for mental health employees working at least a 50% contract.
2. Mental health employees working a 0-49% contract are not eligible for the District-approved insurance program and will receive no District contribution.
3. Effective July 1, 2006, mental health employees newly hired shall be required to participate in the district-approved medical insurance plan unless they can demonstrate coverage through a spouse’s group plan, Tri-Care, or Medicare.
4. Effective July 1, 2007, all mental health employees shall be required to participate in the district-approved medical insurance plan unless they can demonstrate coverage through a spouse’s group plan, Tri-Care, or Medicare.

B. District Medical Insurance Contribution

The District will contribute monthly the appropriate amount from the following chart only for those mental health employees **working at 50% or greater contract** who participate in a District-approved medical insurance plan.

	SY 2009-2010 SY 2010-2011 and SY 2011-2012*
<u>Medical Coverage</u>	50% Contract or Greater
Employee Only	\$169.24
Employee/Spouse	\$254.50
Employee/Children	\$264.89
Employee/Family	\$383.08

* See Section (G) (3) (iv) below.

The District will annually provide the Association with the numbers of mental health employees not receiving this benefit as well as the number not receiving full District **supplemental** benefit under the flexible benefit provision.

C. Supplemental Benefit Plan

In addition to the above contribution, the district will contribute the following amount per month for the supplemental benefit plan. See accompanying chart for specific contributions based on an individual's percentage of contract.

Salary Step	District Contribution	
	60% contract or greater	50% - 59% contract
1-3	\$220	\$110*
4-19	\$394	\$284
20 and greater	\$220	\$110*

*\$174 per month (\$2088/year) has been re-directed to salary for steps 1-3 as well as 20 and above through prior negotiations.

Effective with the 2006-2007 school year, mental health employees newly hired may use the supplemental benefit contribution for the following options in the benefit program: medical insurance, dental insurance, vision insurance, cancer insurance, accident insurance, the cost of dependent coverage, healthcare reimbursement, or dependent care reimbursement.

Mental health employees who were under contract during the 2005-2006 school year and continuously thereafter shall have the additional option to convert unused benefit contributions to additional compensation.

D. Life Insurance

The District will provide at no cost, a District-approved group term life insurance plan of \$50,000 for mental health employees working a 50% or greater contract and who have been covered under the Life Insurance plan for thirty-six (36) consecutive months or less-

The District will provide at no cost, a District-approved group term life insurance plan of \$75,000 year for a mental health employees working a 50% or greater contract and who have been covered under the Life Insurance plan for thirty-seven (37) consecutive months or more.

E. Long-Term Disability Insurance

The District will provide at no cost, District-approved long term disability insurance for mental health staff working a 50% or greater contract.

F. Liability Insurance

The District will provide liability insurance coverage for all mental health employees. The District shall provide a workshop detailing such coverage for current Mental Health employees by February 15, 1990 and, annually thereafter for new hires.

G. Premium Deposit Account (PDA)

1. The District agrees to maintain a Premium Deposit Account (PDA) in order to provide a reserve of funds to mitigate future insurance premium increases for all employees.

2. Expenditures

The District's insurance committee must approve all expenditures from the PDA under the following conditions:

- i. Expenditures from the PDA will only be used to increase the District Health Insurance Contribution.
- ii. Expenditures from the PDA may not be in excess of actual or reasonably projected funds.

3. PDA Funding Sources

- i. For purposes of this provision the term "benefits dollars" shall include all unspent or unused money allocated to the employee only under section (A) of policies 4744, 4144, and 4872 along with all unspent money allocated to employees for the purposes in section (B) of policies 4744, 4144, and 4872.
- ii. Beginning with the 2001 school year, all money received from the insurance carrier's performance guarantee payments will be placed into the PDA.
- iii. Beginning with the 2006-2007 school year, any benefits dollars unused or unspent for the purposes outlined in Policies 4744, 4144, and 4872 in sections (A) and (B) shall be placed into the PDA.
- iv. ~~The District will reserve for all employee groups an aggregate total of \$507,000 of the Kaiser refund received in May 2009 and credit it to the Premium Deposit Account.~~ **The District will reserve for all employee groups an aggregate total of \$500,000.00 of the Kaiser refund received in 2010 and credit it as an addition to the Premium Deposit Account. A joint team of District and CCEA representatives may recommend to the insurance committee the distribution of any PDA funds for school year 2011-2012 to be used as an increase in the District medical**

contribution. The initial meeting of this group shall take place within two weeks of the determination of the insurance rates/program for school year 2011-2012.

4. Annual Reporting

The District will provide the Association with an accounting indicating the amount of money received from the PDA funding sources identified in (F)(2) above, any expenditure of the PDA funds and, the amount of any PDA funds carried over from year to year.

Revised: June 8, 2009
Adopted: August 10, 2009
Effective: July 1, 2009

_____ **for the Association**

_____ **for the District**

Date: _____