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**Tentative Agreement Between
The Long Beach Unified School District and
The California School Employees Association
And its Long Beach Chapter #2 Units A & B**

February 18, 2015

ARTICLE V - COMPENSATION

B. HEALTH AND WELFARE BENEFITS.

1. **Employee Eligibility.** All probationary and permanent employees working fifty percent (50%) or more of a full time assignment (eighty [80] hours or more during a quadriweekly period) are eligible for health, dental, vision, and life insurance benefits. All other employees shall be eligible to purchase benefits by individually paying premium expenses through the Risk Management Branch at rates established by the District carrier.
 - a. All coverage is effective the first day of paid service or the first paid day upon return from an unpaid leave of absence.
 - b. Any employee in unpaid leave status for a period in excess of thirty (30) calendar days may continue health and welfare benefit coverage as provided in this Article by personally paying the premiums. The percentage of the annual premiums to be paid shall be the same as the percentage of the contract year during which the employee is in unpaid leave status. (For example, a two hundred four [204] day employee on unpaid leave for one [1] semester, i.e., one hundred two [102] days, is responsible for fifty percent [50%] of the annual benefit premiums).
 - c. Employees may choose coverage for themselves and their eligible dependents or same-gender domestic partners for whom a Declaration of Domestic Partnership is currently on file in the office of the Secretary of State for the State of California. A choice shall be made from any one of the approved plans described below during the enrollment period announced by the Risk Management Branch.
2. **Health Insurance.** The 2013 District annual maximum contribution toward individual unit member insurance premiums for District medical plans for eligible employees to include employee only, employee plus one and family coverage shall be based on the 2013 District PPO rates. The

ARTICLE V – COMPENSATION (continued)

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District dental and vision insurance shall not be subject to the District’s annual maximum contribution.

Beginning the 2014 insurance year (January 1, 2014) and each year thereafter, the District shall increase the prior year’s District annual maximum contribution toward individual unit member insurance premiums for District medical plans for eligible employees to include employee, employee plus one and family coverage by 3.5%. In the event the elected coverage in a District insurance program exceeds the above stated District maximum annual contribution, the cost difference shall be paid by the unit member through payroll deduction. The Health Benefits committee shall actively work to limit increases greater than 3.5%, through plan design modifications, vendor selection, wellness programs, and member education. In the event that the combination of the annual PPO rate increase and/or cost containment results in premiums below the District maximum annual contribution described above, that difference will mitigate future rate increases.

Effective January 1, 2016, change the health and welfare plan year from the current calendar year (January 1 to December 31) to match the District’s fiscal year (July 1 to June 30). The change shall be managed in the following manner:

- a. **January 1, 2016 through June 30, 2016 will be a “short” plan year (6 months).**
- b. **Effective July 1, 2016 the new plan year shall be based on the fiscal year (12 months).**
 - i. **Open enrollment shall take place in May of each year with all plan changes being effective on July 1.**
- c. **Flexible Spending Accounts will remain on the calendar year and will continue to have their open enrollment in November.**
- d. **In the initial transition year, the deductibles and out-of-pocket maximums that have accrued during the “short” plan year shall carry over for the first plan year based on the fiscal calendar. The accrued deductible and out-of-pocket maximum then shall reset back to zero on July 1, 2017.**
- e. **The District Annual Maximum (DAM) shall be converted to the fiscal year by taking the arithmetic average of the DAM for 2016 and 2017 calendar years.**

Example:

$$2016-2017 \text{ DAM} = [(2016 \text{ DAM}) + (2017 \text{ DAM})]/2$$

Effective July 1, 2017 the DAM will increase each July 1 by 3.5%.

The lowest cost District HMO medical plan offered unit members in any given insurance year shall not be subject to the District annual maximum contribution described in Section A,1 above. In the event that the District

ARTICLE V – COMPENSATION (continued)

1 anticipates that the premiums for the lowest cost District medical HMO plan
2 may exceed the District annual maximum contribution as described in
3 Section A,1 above in the succeeding year, negotiations will automatically
4 be initiated to address the excess cost during the next round of negotiations.
5

6 All eligible unit members retiring from the District after August 31, 2013
7 shall receive the same District annual maximum contribution for District
8 medical plans provided to active unit members. Eligible unit members who
9 retire on or before August 31, 2013 shall not be subject to the District's
10 annual maximum contribution as described above.
11

12 The District shall apply any health benefit cost containment changes,
13 including plan design changes, implemented for active employees to
14 retirees.
15

16 a. **Kaiser Foundation Health Plan.** Unlimited lifetime maximum.
17 Continuation of existing plan without modification of benefits,
18 except as noted.

19 (1) Physician Visit: \$5 co-ay, effective 3/1/2013

20 (2) Emergency Room: \$100 co-pay, effective 3/1/2013. The fee
21 is waived if the person is admitted to the hospital.

22 (3) Chiropractic Care (up to thirty [30] visits per year): \$5 co-
23 pay

24 (4) Out-patient Mental Health: (twenty [20] visits per year): \$5
25 co-pay

26 Prescription Plan: Retail co-pay \$5 per 100 day prescription.
27

28 b. **HMO Health Plan.** Unlimited lifetime maximum.
29 \$250/Individual, \$500/Family per year out-of-pocket limit.
30

31 (1) Physician Visit: \$5 co-pay

32 (2) Emergency Room: \$100 co-pay, effective 3/1/2013. The fee
33 is waived if the person is admitted to the hospital.

34 (3) Chiropractic Care (up to thirty [30] days per year): \$5 co-
35 pay

36 (4) Out-patient Mental Health: (fifty [50] visits per year): \$5 co-
37 pay
38

39 Prescription Plan. Retail co-pay per thirty (30) day prescription: \$5
40 generic; \$10 name brand; \$35 non-formulary. Mail order co-pay
41 for a ninety (90) day prescription; \$5 generic; \$10 name brand; \$35
42 non-formulary.
43

44 c. **PPO Health Plan.**

45 Brief description of coverage: Comprehensive Major Medical.

ARTICLE V – COMPENSATION (continued)

- 1 (1) Preferred Provider - **Through December 31, 2015**, \$200/\$400
2 deductible; 20% co-insurance; \$500 individual/\$1,000 family
3 per year out-of-pocket limit (in addition to deductible);
4 **Effective January 1, 2016, \$300/\$600 deductible; 20% co-**
5 **insurance; \$1,000 individual/\$2,000 family per year out-of-**
6 **pocket limit (in addition to deductible).**
- 7 (2) Out-of-Network Provider - **Through December 31, 2015**,
8 \$400/\$800 deductible; 40% co-insurance; \$3,000
9 individual/\$6,000 family per year out-of-pocket limit (in
10 addition to deductible); **Effective January 1, 2016,**
11 **\$500/\$1,000 deductible; 40% co-insurance; \$5,000**
12 **individual/\$10,000 family per year out-of-pocket limit (in**
13 **addition to deductible).**

(24

15 Prescription Plan. The PPO plan will include a comprehensive
16 prescription program with the following co-pay structure:

17

18 Retail Pharmacy (30 Day Supply): \$0 co-pay for generic; \$20 co-
19 pay for formulary; and \$50 co-pay for non-formulary.

20

21 Mail Order Pharmacy (90 Day Supply): \$0 co-pay for generic; \$20
22 co-pay for Brand formulary; and \$50 co-pay for non-formulary.

23

24 d. **Hearing Aids.** Any active employee who is insured under any one
25 of the District sponsored medical plans may request reimbursement
26 for the costs of hearing aids. The maximum amount of
27 reimbursement shall not exceed one thousand dollars (\$1,000)
28 within any three (3) year period. The cost of hardware, fitting tests,
29 and other tests related to the hearing aids purchased shall be
30 included for reimbursement purposes.

31

32 3. **Dental Insurance.** The District agrees to provide eligible employees with
33 District payment of premium costs. Employees may choose between
34 approved plans described below:

35

36 a. **Delta Dental Plan of California, Premier + PPO Plan.** This is a
37 continuation of the present plan and the District shall continue to
38 pay premium costs under this plan for the employee only. The
39 employee may choose to pay premium costs for eligible dependents.
40 Maximum amount paid by plan per person per calendar year is two
41 thousand dollars (\$2,000) for premier & out of network dentists and
42 Two Thousand Two Hundred dollars (\$2,200) for PPO dentists .

43

44 b. **Delta Care of California (PMI) Dental Health Plan.** This is a
45 continuation of the present plan. Premiums for both the employee

ARTICLE V – COMPENSATION (continued)

1 and his/her eligible dependents are provided by the District for this
2 plan.
3

4 4. **Life Insurance.** Employees whose regular annual salary exceed fifteen
5 thousand dollars (\$15,000) shall be insured for the amount of the annual
6 salary but not to exceed fifty thousand dollars (\$50,000); employees whose
7 regular annual salary is fifteen thousand dollars (\$15,000) or less shall be
8 insured for fifteen thousand dollars (\$15,000). The amount of the coverage
9 shall be based upon the salary rate on the last day of actual service to the
10 District by the employee.
11

12 4. **Vision Care Insurance.** The District agrees to provide vision care
13 insurance for eligible employees. The Medical Eye Service plan provides
14 one (1) comprehensive exam every twelve (12) consecutive months; two (2)
15 pairs of lenses in any twenty-four (24) consecutive months. Employee is
16 responsible for paying a ten dollar (\$10) deductible per calendar year. Prior
17 enrollment in the plan is required.
18

19 The District pays all premium costs.
20

21 5. **125 Plan.** The District will provide employees the opportunity to
22 participate in a 125 Plan at no administrative cost to the employee.
23

24 6. **Tax-Sheltered Annuities.** Employees may participate in the Board
25 approved tax-sheltered annuity plan of their choice through voluntary
26 payroll deduction. The District will consider any plan brought forward by
27 CSEA for approval. The District shall not be required to be the holder for
28 any group annuity plan.
29

30 9. **Cost Containment.** The Association agrees to participation in a District
31 cost reduction committee to meet on an as needed basis to address the
32 extensive current and projected increases in health care costs.
33 Recommendations shall be submitted for consideration by the respective
34 collective bargaining teams.
35

36 10. **Duration of Benefits.** Health insurance coverage shall be extended to the
37 end of the calendar month for the employee who terminates employment. If
38 an employee has served five (5) consecutive years prior to retirement, the
39 District shall pay for coverage for one (1) additional month. Employees
40 who terminate employment with the District may extend specified health
41 benefits at employee expense as provided in the Consolidated Omnibus
42 Budget Reconciliation Act (COBRA). Information should be requested
43 from the Risk Management Branch.
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45 11. **Benefits of Retiring Employees.** Effective upon ratification of this
46 Agreement, employees with fifteen (15) or more years of service in the

ARTICLE V – COMPENSATION (continued)

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Long Beach Unified School District when they retire at age fifty-five (55) or older shall be eligible to have District payment of insurance premiums for health and hospital insurance for themselves and their dependents. This premium payment will end when the retiree reaches age sixty-five (65). Medicare coverage will be primary for those employees who are eligible; the District’s plan will provide secondary or umbrella coverage over Medicare payments.

All retirees and their dependents eligible for Medicare Part A must be registered in the Medicare system in order to qualify for District-paid benefits. All retirees and their dependents must enroll in Medicare Part B. All retirees and their dependents must assign those Medicare Part A (if eligible) and Medicare Part B benefits to the District medical plan carrier they are using in order to qualify for District-paid benefits. This language does not change the years of service and age requirements for Unit members receiving District-paid health benefits upon retirement. Additional information is available from the Risk Management Branch.

Employees who retire from the District may remain in a District health and/or dental plan by paying personally the insurance premiums. There is no limit on age.

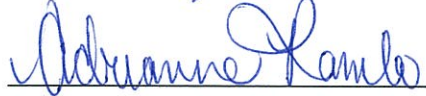
~~12. **Maintenance of Benefits.** For the life of this Agreement, the District agrees to pay an increase in premiums for specified benefits.~~

FOR THE CSEA:




Valeeta Pharr, President
CSEA, Long Beach Chapter #2

07/18/2015
Date



Adrienne Rambo, Vice President – Unit A
CSEA, Long Beach Chapter #2

2-18-15
Date



Dan Ewaskey, Vice President – Unit B
CSEA, Long Beach Chapter #2

2-18-15
Date

FOR THE DISTRICT:



Brian Moskovitz, Director
Long Beach Unified School District

2/18/15
Date