

**WVMCCD AND WEST VALLEY-MISSION FEDERATION OF TEACHERS (WVMFT, AFT 6554)
TENTATIVE AGREEMENT, ADOPTION CONTINGENT ON SUCCESSFUL CONCLUSION
OF SUCCESSOR NEGOTIATIONS RESOLVING ALL
OPEN CONTRACT SECTIONS AND SUBJECTS**

June 30, 2021

ARTICLE 102

Associate Member Fringe Benefits

102.1 Associate faculty may purchase the Associate Faculty Dental plan in accordance with provisions of the plan.

102.2 Associate faculty may qualify for insurance premium reimbursement in two ways as follows:

1. by having Re-Employment Preference, maintaining a .067 load per semester and remaining in Re-Employment Preference status; or
2. by having at least a .40 load if they meet the following qualifications:
 - a. Associate faculty who have a load with the West Valley-Mission Community College District of at least 40% for three consecutive Fall and Spring semesters are eligible for one of the programs beginning in the third semester.
 - b. Subsequent to earning eligibility, if the associate faculty member's assignment falls below 40%, but is at least 20%, the member shall retain eligibility. If an associate faculty member's assignment falls below 40% for a second consecutive semester, the member shall lose eligibility and must reestablish eligibility by meeting the original requirement for eligibility.

Program Requirements:

1. A completed Request for Reimbursement form must be submitted to Human Resources by the first Friday in November for the Fall semester and by the first Friday in April for the Spring semester for the following premiums:
 - A Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) or other insurance health plan of choice that is licensed and registered by either the California Department of Insurance or by the California Department of Managed Health Care at the time a request for reimbursement is submitted.

- Dental insurance.
- Vision insurance.
- Prescription insurance

Only the associate faculty member's premium is eligible for reimbursement under this program. Premium costs for coverage of family members are not eligible for reimbursement by the District.

2. A new Request for Reimbursement form must be submitted each semester.
3. Three weeks prior to the end of the semester proof of insurance payment, along with all cancelled checks, cash receipts, money order receipts, or credit card receipts as proof of payment must be submitted to Human Resources.
4. At the end of each semester, once all of the Requests for Reimbursement forms have been submitted and the eligibility of each applicant verified, each eligible applicant shall be notified that they are to receive payments, each ineligible applicant shall be notified if they don't qualify, otherwise they are notified when they receive a payment. At the end of each semester, each eligible member shall receive reimbursement for either (1) the amount of premium representing six months of coverage; or (2) ~~\$2,000~~ \$2,700 whichever is less. If the amount available for reimbursement of paid premiums (~~\$135,000~~ \$160,000 per six months) is not sufficient to meet all the submitted claims, each eligible claimant shall receive an equal prorated share of the ~~\$135,000~~ \$160,000.
5. Failure to submit the required proof of enrollment and/or proof of payment will result in employee ineligibility for participation in this reimbursement program for the semester.

102.3 Retirement Benefits

Associate faculty shall participate in one of the following retirement plans, depending on the member's individual employment circumstances:

1. STRS (State Teachers Retirement System)
2. APPLE (Accumulation Program for Part-Time Limited Service Employees)
3. PERS (Public Employees Retirement System)

4. Social Security

102.4 The District shall send to WVMFT a comprehensive breakdown of healthcare reimbursement disbursements to members simultaneous with the submission of the list of reimbursements to the District Finance Office.

102.5 **Associate Faculty Health Coverage Benefit**

Effective Spring 2022, the District shall provide to eligible associate faculty 100% of the lowest cost medical plan offered by CalPERS at the employee-only level for a six month period.

102.5.1 Eligibility Requirements for the Associate Faculty Health Coverage Benefit

Associates with reemployment preference are eligible for this benefit for a six-month period if the following two conditions are met before the benefit period:

- a. **Member works at least a 60% of full-time load in a semester. Non-Instructional faculty paid by the hour must work a minimum of 315 hours. Workload shall be measured at the census date immediately preceding the benefit period and will only be considered for Fall and Spring Semesters.**
- b. **Member attests by a signed letter that he/she has no other medical coverage.**

102.5.2 Medical Plans

The District shall provide a funding level equal to the lowest cost medical plan offered by CalPERS at the employee-only rate for a six-month period. The Associate Faculty Member may choose any of the plans offered by CalPERS and may add a spouse and/or dependents, but any premium costs that exceed the District's funding level shall be paid by the employee through payroll deductions.

The Associate Faculty Insurance Premium Reimbursement Plan (Article 102.2) may be used in conjunction with this plan for the following purposes:

- a. **To cover the increased costs associated with selecting a plan that exceeds the District's funding level.**

102.5.3 Coverage Period

The District shall provide this medical coverage benefit for a six-month period, with the periods being:

- a. **November through April**
- b. **May through October**

102.5.4 District and Member Responsibilities

The District shall notify all associate faculty of the plan prior to open enrollment for the six-month period. The notice shall include all necessary steps and the timeline required for enrollment.

The District shall not provide a cash-in-lieu benefit for those associates who are eligible but choose not to enroll in this benefit.

FOR THE WVMFT:

DocuSigned by:
Kate Disney
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Dated: 7/15/2021

FOR THE DISTRICT:

DocuSigned by:
Dr. Eric Ramones
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Dated: 7/15/2021