

**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 14

Fringe Benefits

14.1 Benefits for Regular/Contract Members Overview

The District shall provide regular/contract members and their dependents with insurance coverage for medical, dental, vision, prescription, and long-term disability insurance.

Immediately following the Board's adoption of the terms and conditions of the parties' May 24, 2017, Tentative Agreement, the District will initiate the process for conversion to the CalPERS medical plans. The parties will work in good faith to facilitate the process with the mutual interest and objective of completing the conversion and initiating coverage effective April 1, 2018.

Under the CalPERS Plans, the District's annual contribution provided to active employees toward premium costs for health benefits (including medical, dental, vision and prescription) shall be limited to ~~\$11,741~~ **\$12,480** for single coverage, ~~\$22,072~~ **\$23,580** for 2-party coverage, and ~~\$28,270~~ **\$30,240** for 3 or more coverage. Members shall pay any costs beyond the District's annual contribution for each of these coverages. The District will make available all medical plan options provided by CalPERS.

It is understood that CalPERS medical plans are subject to change by CalPERS board of directors, and in no way does the District have any influence over its decisions. Discontinuance of participation in the CalPERS medical benefits program shall be mutually agreed upon by the District and WVMFT, AFT 6554 and shall meet any and all contractual obligations with CalPERS.

In order to qualify for benefits, the member must be either regular or contract members and have at least a 50% load. Those regular/contract members working less than 100% shall pay the pro rata share of the premium unless specifically stated otherwise in other provisions of this contract. For members working less than 100%, participation in benefits shall be voluntary.

The District shall also extend benefits to a member’s domestic partner if the member and his/her partner meet the eligibility requirements as defined by the State of California as set forth in Family Code §297 and §299.2. In addition, the member and domestic partner will be required to complete and sign the District’s Affidavit of Domestic Partnership to be eligible to participate in the District’s benefits program. Dependents of eligible domestic partners shall be included in the District benefits program. If the domestic partnership ceases, the unit member has an obligation to immediately notify the District of the termination of the relationship and to file with the District an “Affidavit of Termination of Domestic Partnership.” In addition, the terminated partnership must meet all applicable California Law and Family Codes. Unit members who fail to notify the District of the termination of the domestic partnership will be held personally responsible for the cost of the benefits premiums for the former domestic partner. Domestic partners and their eligible dependents shall be eligible for benefits upon the retirement of the unit member.

The intent of this article is to always be aligned and in agreement with California State law. If at any time, California State law changes, this article will change to comply with any and all changes.

14.1.1 The District shall provide regular, contract members and their dependents with insurance coverage for medical and prescription drugs (through CalPERS), dental, and vision services. For medical services, each member may choose from the available CalPERS plans. Once plans are selected by the member, member-initiated changes to a different plan are allowed only during the open enrollment period, unless the member experiences a qualifying life event as determined by CalPERS that allows the member to make a change. All other benefits agreed to through collective bargaining shall be offered to all members.

The District is responsible for paying the cost of the premiums for medical, dental, vision and prescription, up to the cap amount as outlined in Article 14.1 (~~\$11,741~~ **\$12,480** for single coverage, ~~\$22,072~~ **\$23,580** for 2-party coverage, and ~~\$28,270~~ **\$30,240** for 3 or more coverage). Any amount that exceeds the cap shall be paid by the member through payroll deductions. Those benefits designated as optional/voluntary shall be paid by the member through payroll deductions.

14.1.2 Waiver of Coverage

A member may waive medical and prescription drug benefits as specified in Article 14.1.1 if the member provides proof of coverage on another group plan. Any member waiving District benefits shall be paid ~~\$3600~~ **\$4,800** annually. Members working less than 100% shall be paid a pro rata share of ~~\$3600~~ **\$4,800**

annually. Payment shall be made as taxable income, or if legally permissible, with pre-taxed dollars deposited into a District sponsored voluntary retirement plan.

Each year, members have the opportunity to opt back into medical coverage during the open enrollment period or within 30 days of experiencing a qualifying life event as defined by the health plan. Active members who are not currently enrolled in a District medical, dental or vision plan, who are planning their retirement may opt in during any open enrollment period prior to retirement.

14.1.3 Effective July 1, 2016, Long-term disability insurance will be provided and paid for by the District.

14.1.4 Life Insurance: Effective January 1, 2019, the District shall provide life insurance coverage at \$50,000 for each member at no additional cost to the member.

14.2 Retiree Benefit

Medical Coverage for Qualified Annuitants

A member who retires from the District as a qualified annuitant as regulated by the California Public Employees' Retirement System or California State Teachers' Retirement System will receive the District contribution to medical insurance as specific in Resolution No. 17080101, in according with the unequal contribution method described therein.

Medical and dental benefits for retirees shall include an eligible spouse/domestic partner or surviving spouse/domestic partner, and eligible dependents and/or eligible dependents of domestic partner.

In order to retain coverage, retirees shall be required to annually verify their residence, dependent status, and Medicare enrollment.

Retirees, spouses/domestic partners, and/or surviving spouses at age 65 are required to enroll in all parts of Medicare upon initial eligibility, and enroll in a Medicare plan offered by CalPERS.

All retirees, eligible to receive retiree benefits, who move out of the service area shall be able to change medical plans. A change in medical plan may result in plan changes (i.e., co-pays and/or deductibles). Retirees changing plans as a result of a move are entitled to the level of service offered in the new area. Eligible choices will be restricted to the plans available in the new area.

14.2.1 Post-Retirement Benefit Coverage—Members hired prior to January 1, 1994

14.2.2 Bargaining unit retirees shall be eligible to participate in the medical (including prescription) and dental plans provided to members, or the equivalent, if the eligibility requirements specified in Article 14.2.3 are met. The District shall pay 100% of the cost of the premiums for these plans, with the exception of those members that do not qualify for 100% benefits and shall be paid a pro-rata amount as outlined in Article 14.2.3.

14.2.3 Eligibility Requirements

To qualify for post-retirement benefits, the member must

1. be an active participant in the District fringe benefit program at the time of retirement. (Members who have waived coverage per Article 14.1.2 may opt back into the fringe benefit program during any open enrollment period prior to retirement.)
2. be eligible to retire through the State Teachers Retirement System (STRS) or the Public Employees Retirement System (PERS).
3. have provided service to the District immediately preceding retirement.
4. be enrolled in all parts of Medicare for which the member is eligible, or must enroll when the member initially becomes eligible. The retiree must also participate in a Medicare plan offered by CalPERS at age 65.

In addition, a retiree’s eligibility for the District’s paid health and dental benefit package is determined by their years of service to the District and as provided by the contract of their collective bargaining unit at the time of retirement. To receive full benefits, members retiring who were hired before November 1, 1990 must have completed ten (10) years of service with the District. To be eligible for pro rata benefits, these members must have completed five (5) years of service.

This benefit is prorated as follows: 50% = 5 years
 60% = 6 years
 70% = 7 years
 80% = 8 years
 90% = 9 years
 100% = 10 years

To receive full benefits, members retiring who were hired full-time between November 1, 1990 and January 1, 1994 must have completed fifteen (15) years of service with the District. To be eligible for pro rata benefits, these members must

have completed ten (10) years of service. This benefit is prorated as follows:

- 50% = 10 years
- 60% = 11 years
- 70% = 12 years
- 80% = 13 years
- 90% = 14 years
- 100% = 15 years

14.2.4 Post-Retirement Benefit Coverage—Members hired on or after January 1, 1994 who retire on or after April 1, 2018 - Established pursuant to California Government Code Section 22895.

To qualify for post-retirement benefits, the member must

1. be an active participant in the District fringe benefit program at the time of retirement (Members who have waived coverage per Article 14.1.2 may opt back into the fringe benefit program during any open enrollment period prior to retirement.)
2. be in retirement status, including Disability Retirement, through the California State Teachers’ Retirement System (STRS) or the California Public Employees’ Retirement System (PERS) as a qualified annuitant.
3. have provided service to the District immediately preceding retirement.
4. be enrolled in all parts of Medicare for which the member is eligible, or must enroll when the member initially becomes eligible. The retiree must also participate in a Medicare plan offered by CalPERS at age 65.
5. have completed the following service requirement: sixty (60) years of continuous credited service with the District.

Retirees who meet the eligibility requirements listed in 14.2.3 shall receive the District’s minimum monthly employer contribution as determined by CalPERS in accordance with Board Resolution No. 17080101.

14.3 All regular/contract faculty hired for the first time by the District after July 1, 1998 shall be paid \$5,500 when they achieve tenure and return for duty in the following year.

14.4 District Benefits Review Committee

14.4.1 Purpose


The purpose of the District Benefits Review Committee is to research and share information with its constituencies and act in an advisory capacity to its constituencies. All proposed changes in fringe benefits would still have to be negotiated.

14.4.2 Membership

The District Benefits Review Committee shall consist of the following:

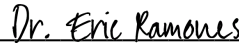
WVMFT, AFT 6554 (one from each campus)	2 members
WVMFT, AFT 6554 Retirees	1 member
WVMCEA (includes 1 retiree)	3 members
Supervisors	1 member
Confidential	1 member
Police	1 member
Manager's Association	1 member
Board of Trustees	1 member
Associate Vice Chancellor of Human Resources	1 member
District Budget Office	Resource
WVMCEA Union Official	Resource
HR Specialist	Resource
Benefit Consultants	Resource

FOR THE WVMFT:

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 Dated: 7/15/2021

FOR THE DISTRICT:

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