

ARTICLE X – HEALTH, WELFARE AND OTHER BENEFITS

The District and the Association shall form a joint committee to make recommendations to the parties regarding the provisions of health, welfare and other benefits. The committee shall investigate various plans and methods for providing benefits, including miscellaneous insurances.

10.1 BENEFITS

Effective upon entering into a contract with a health care provider, the District shall provide eligible unit members and their eligible dependents, including domestic partners as defined in the California Family Code Section 297, with the health plan, as described herein (Appendix E). The district shall contribute up to an annual maximum amount towards district medical, dental, and vision insurance for eligible unit members, and their eligible dependents, including domestic partners, as set forth in Appendix E.

Unit members hired prior to July 1, 1997, shall be eligible to purchase cancer insurance, life insurance (up to \$50,000) or other mutually agreed upon plans. The district's maximum annual contribution amount shall be used by unit members hired prior to July 1, 1997 who choose to purchase the aforementioned insurance plans if their health plan premiums (medical, dental and vision) are under the annual cap. All other unit members are eligible to apply for and purchase, if accepted by the carrier, the aforementioned insurance plans via payroll deductions.

Insurance carriers and/or the health plans may be changed by mutual agreement of the District and the Association.

For purposes of collective bargaining, it is agreed that the status quo during negotiations for a successor agreement shall be defined as the district contribution set forth in Appendix E.

10.2 ELIGIBILITY OF UNIT MEMBERS WORKING IN LESS THAN 100% ASSIGNMENTS

No unit member whose assignment is less than 50% shall be entitled to any health and welfare benefits. A unit member whose assignment is 50% or more shall be eligible to receive the Benefits set forth in Section 10.1.

10.3 REPLACEMENT OF HEALTH INSURANCE CARRIERS

In the event a health insurance carrier is terminated, the District shall attempt to find a suitable Preferred Provider option, a Health Maintenance option and if possible an indemnity medical option. It is agreed that Blue Shield/Blue Cross and Kaiser are suitable PPO and/or HMO providers. The District shall make a good faith effort to contract with these providers. The parties agree that continuity of medical insurance coverage for eligible unit members and retirees is of paramount importance and that the District may contract with other health insurance carriers prior to meeting and negotiating with the Association. Nothing herein shall be deemed to be a waiver of the Association's

right to seek subsequent changes of health insurance carriers or improvements to medical plans implemented by the District as a replacement.

The District shall meet with the Association upon request to negotiate any needed changes to the replacement plans at the earliest possible date.

10.4 RETIREES

10.4.1 RETIREES – AGE 55 TO 64

Unit members employed by the District, and eligible for unit member only medical and unit member only dental insurance, at the time the unit member retires from the District under the Public Employee Retirement System on or after reaching the age of fifty-five (55) shall be entitled to a District contribution for medical and dental insurance equal to the amount received by current unit members for unit member only medical and unit member only dental insurance plans offered by the District as follows:

- 10.4.1.1 After ten (10) years of continuous service in the District, for eight years (8) or up to age 65, whichever occurs first.
- 10.4.1.2 After twenty (20) years of continuous service in the District, for ten (10) years or up to age 65, whichever occurs first.

Unit members who retire under 10.4.1 shall be responsible for paying any costs in excess of the District maximum contribution by mailing, in advance, the remaining premium payment required for coverage, made payable to the Beverly Hills Unified School District or any company designated by the District. This payment must be submitted in accordance with the procedures established by the District's Business Office.

10.4.2 RETIREES – AGE 65 AND OVER

Retirees 65 or over under the Public Employee Retirement System may maintain unit member and/or dependent medical coverage by mailing, in advance, the entire premium payment required for coverage, made payable to the Beverly Hills Unified School District or any company designated by the District. This payment must be submitted in accordance with the procedures established by the District's Business Office. Retiree coverage is subject to the approval by the appropriate insurance carriers. If coverage is not granted by the insurance carrier, a retiree's payment for coverage shall be returned as soon as possible.

10.4.3 CANCELLATION

- 10.4.3.1 Retirees Age 55 to 64
Retirees and/or eligible dependent medical and dental insurance coverage shall be cancelled if a premium payment is not received in accordance with the health plans' procedures.
- 10.4.3.2 Retirees Age 65 and Over

Retirees and/or eligible dependent medical insurance coverage shall be cancelled if a premium payment is not received in accordance with the health plan's procedures.

10.5 LEAVE OF ABSENCE

The District shall continue to contribute toward an eligible unit member's health benefits while that unit member is on fully-paid leave status, in the same manner as if the unit member had remained in regular service.

Unit members on District approved, non-paid leaves of absence may elect to continue coverage for themselves and dependents by mailing, in advance, the entire premium payment required for coverage, made payable to the Beverly Hills Unified School District or any company designated by the District. This payment must be submitted in accordance with the procedure established by the District's Business Office.

CANCELLATION: The unit member's (and eligible dependent's) insurance coverage under the District's health insurance programs shall be cancelled if the leave expires and the unit member does not return to active duty or if a premium payment is not received in accordance with the health plan's procedures.