

ARTICLE XVII

HOSPITAL-MEDICAL, DENTAL, VISION GROUP COVERAGE, GROUP LIFE INSURANCE COVERAGE, AND THE DISTRICT'S EMPLOYEE ASSISTANCE PROGRAM

101700. HEALTH AND RELATED BENEFITS PROGRAM FOR ACTIVE EMPLOYEES AND THEIR DEPENDENTS AND SURVIVORS.

101700.10 Health Benefits Program. The District's "Health Benefits Program" consists of group benefit plans recommended by the Joint Labor/Management Benefits Committee (JLMBC) and approved by the Board under which eligible District employees (and their eligible dependents) receive hospital, medical, dental, and vision care coverage.

Effective beginning the 2010 plan year, as a result of JLMBC recommendation and bargaining among the parties, the hospital and medical coverage shall be administered by the CalPERS Health Care Program in accordance with the Public Employees Medical and Hospital Act (PEMHCA). The purpose of the Health Benefits Program is to provide quality health care to the District's employees, retirees, and their eligible dependents and survivors.

- a. Eligibility. Each of the following unrepresented employees and his or her dependents and survivors are eligible to receive benefits and enroll in plans under the Health Benefits Program once the District has verified the employee's dependent's or survivor's eligibility under this agreement:
1. every classified manager and confidential employee who is employed at least half time as either a probationary or regular classified employee;
 2. every academic manager and academic confidential employee who is employed at least half-time in one or more monthly rate assignments; and
 3. every member of the Board of Trustees and of the Personnel Commission (for the purposes of this Board Rule, the term "employee" shall be deemed to include Trustees and Personnel Commissioners).

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- b. Dependents. Dependents who are eligible to enroll in plans under the Health Benefits Program include an eligible employee's:
1. Spouse. Marriage certificate and social security number of spouse must be on file.
 2. Qualified domestic partner.
 3. Children (natural, adopted, foster, domestic partner children, or stepchildren) up to age 23* who are unmarried. Coverage will terminate at the end of the month in which dependent turns age 23*.
 4. Economically Dependent Children. Children up to age 23* (not otherwise eligible under subsection 3, above) who are unmarried, who are economically dependent (as being claimed as dependents on the employee's federal income tax returns) upon the subscriber (eligible employee or retiree). The subscriber must have been granted legal or joint legal custody of the child; or the child resides with the subscriber (generally in the absence of natural or adoptive parents).
 5. Disabled Children Over Age 23*. Children (not otherwise eligible under subsection 3 above) unmarried, without regard to age, who are physically or mentally incapacitated (and therefore incapable of self support), and who are being claimed as dependents on the employee's federal income tax returns. The mental or physical condition must have existed prior to age 23* and continuously since age 23*.

* Effective January 1, 2011, the upper age limit will increase from age 23 to age 26.

As used in this section, the term "dependent children" means an employee's natural children, step-children, legally adopted children, foster children, and the dependent children of a domestic partner only.

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- c. Survivors. Upon the death of an active employee, the District shall deem the employee to have resigned from District employment on the date of his or her death and to have begun receiving a retirement allowance whether or not the employee was in fact old enough to retire. If, based on that premise, the employee would have been eligible to continue his or her participation in the hospital and medical plans available to active employees under Section 101701.11 below, all of Section 101701 shall be applicable to the employee's survivors as if they were survivors of a retiree. For that purpose, references to survivors of retirees in Section 101701 shall be deemed to refer to those individuals.

- d. Enrollment. Verification of eligibility, and enrollment or re-enrollment in plans shall be administered as follows:
 - 1. *Initial Enrollment*. Upon employment, each new employee who is eligible to enroll in plans under the Health Benefits Program shall receive complete information regarding the District's Health Benefits Program, and may enroll in hospital, medical, dental, and vision care plans. The employee's hire date will establish an event date by which the employee will need to enroll all eligible family members into an eligible health plan within 60 (sixty) days. (Enrollment in the Premium Only Plan described in Section II takes place during the designated time periods.)

If the District receives the employee's enrollment forms at anytime during the calendar month, the District shall process the forms so as to make coverage effective on the first day of the following calendar month. If the District receives the employee's enrollment forms after the 60 (sixty) day eligibility timeframe, this will be considered a Late Enrollment. Under this situation, the employee will either have to wait a 90-day period or until the next CalPERS Open Enrollment period. The earliest effective date of enrollment will be the first month following the 90-day waiting period or the January 1 following the Open Enrollment period.

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2. *Re-enrollment following a Break in Coverage.* Following a break in coverage for any reason other than an error by the District, an eligible employee may re-enroll in hospital, medical, dental, and vision care plans at any time. However, unless re-enrolling during an open enrollment period, the employee must re-enroll in the same plan he or she was enrolled in when his or her previous enrollment ended.

If the District receives the employee's re-enrollment forms at anytime during the calendar month, the District shall process the forms so as to make coverage effective on the first day of the following calendar month.

3. *Open Enrollment.* There shall be an open enrollment period each enrollment year during which eligible employees may change plans. The District shall establish and announce the dates of such open enrollment period, and shall mail open enrollment materials to employees fourteen or more days before the beginning of the open enrollment period. If an eligible employee requests a change of plan, he or she shall continue to be covered under his or her existing plan until coverage under the new plan can be instituted.
4. *Changes in Enrollment other than during Open Enrollment.* Once enrolled in a plan, employees are generally barred from changing their enrollment except during an open enrollment period. Nevertheless, changes may be made under the following circumstances:
 - i. Any employee who is enrolled in a closed panel plan and who changes his or her permanent residence to a location that is outside the service area of the plan may, by submitting a timely application to the CalPERS, via the District, change his or her enrollment to a plan that provides service in the area of his or her new permanent residence without a break in coverage. To be timely, the application for a change in enrollment must be received by the District within ninety (90) days after the employee established his or her new permanent residence.

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- ii. Any employee who is enrolled in a closed panel plan and who, during an approved study, retraining or sabbatical leave of absence of sixty (60) days or more, temporarily relocates to a location that is outside the service area of the plan may, by submitting a timely application to CalPERS, via the District, temporarily change his or her enrollment to a plan that provides service in the area in which he or she will be temporarily located. To be timely, the application for a temporary change in enrollment must be received by the date on which the employee's leave commences.

- iii Any employee whose enrollment in a plan is terminated at the request or option of the plan provider for any reason other than non-payment of premium may enroll in another plan without a break in coverage by submitting a timely application to CalPERS, via the District. To be timely, the application for a change in enrollment must be received by the District within sixty (60) days after the employee's enrollment was terminated. Qualified, covered individuals will not have their health plans terminated due to claims or increased utilization.

- iv Finally, any employee who has had a "qualified life event" as defined by Sections 125 and 129 of the Internal Revenue Code may change his or her eligible dependents by submitting a timely application to CalPERS, via the District. To be timely, the application for a permissible "qualified life event" change must be received by CalPERS, via the District within thirty-one days of the qualifying event.

Refer to CalPERS's "Health Enrollment Reason Codes" for specific qualifying events and effective dates for coverage. Contact the District Benefits Office for this information.

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5. *Mandatory Re-enrollment during Open Enrollment.* Under normal circumstances CalPERS does not require mandatory re-enrollment each year in its health plans. They will notify current participating active employees of their options to change health plans or add/remove dependents during open enrollment. If the employee does not elect any changes, his or her hospital/medical coverage will continue with the same plan and dependents (pending eligibility).

If the employee does not elect any changes to the dental, vision and life insurance benefits during open enrollment, coverage will continue with the same plans and dependents.

- e. District Contribution Towards Premiums. Eligible employees shall be entitled to the District's contribution towards the premium costs of the plans in which they and their dependents are enrolled if:
 - 1. the eligible employee was in paid status during the calendar month preceding the month during which benefit coverage is effective and received at least one-half of the pay he or she would have earned had he or she received pay for full-time work; or
 - 2. the eligible employee, even though not in paid status, is on a formal illness leave of absence for a period of not more than eighteen months.
- f. Payment of Premiums During Unpaid Leaves. Eligible employees who have been granted an unpaid leave of absence and are not entitled to the District's contribution towards the premium costs of the plans in which they and their dependents are enrolled may continue to receive benefits under the Health Benefits Program by establishing a direct payment between the employee and the health plan provider for the period of the leave.

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If a direct payment method cannot be established, payment must be made by check or money order made payable to the District, and may be made in monthly installments.

Should an employee fail to make a payment required by this section, coverage shall terminate at the end of the month for which the last payment was received. Should the District terminate an employee's coverage in error, it shall reinstate the employee's coverage as soon as the error is discovered and, at the employee's option, either issue the employee a refund of the amount he or she paid for the months during which he or she did not receive coverage, or extend the employee's coverage for an equivalent period.

- g. Continued Eligibility and Payment of Premiums Following Layoff or Furlough. Notwithstanding anything in Sections 101700.10.a and 101700.10.f to the contrary, employees who have been furloughed (a furlough is a temporary lay-off for a specified period with a definite return date) shall remain eligible to receive benefits under the Health Benefits Program, and shall continue to be entitled to the District's contribution towards the premium costs of the plans in which they and their dependents are enrolled, during the period of their furlough:

When an employee is laid off (a layoff is a separation from regular service for lack of work or lack of funds, or because of a reduction in force) CalPERS' business rules stipulate termination of coverage for layoff beginning the next month after separation date. Employees who have been laid-off shall, upon applying and qualifying for COBRA (see section 101700.10.i below), continue to be entitled to the District's contribution towards the COBRA premium costs of their plans, according to the following table:

Years of Service	Months of Continuation following Layoff
1-5	2 months
6-10	4 months
11 or more	6 months

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These rules for furlough and lay-off do not apply to employees who are in temporary or limited status or classified specially funded program (SFP) status unless they hold regular or permanent status in another position in the District.

- h. Conditions of and Limitations on Eligibility and Coverage.
 - 1. Dual Coverage. Employees and their dependents may not be enrolled in more than one CalPERS plan at any one time. For that reason, an employee may be enrolled in a plan in his or her own capacity as an employee, or as a dependent of another employee, but not simultaneously in one plan as an employee and in another plan as a dependent. Likewise, children or other individuals who qualify as dependents may be enrolled in a plan only once as a dependent, not simultaneously in one plan as a dependent of one employee and in another plan as a dependent of another employee.
 - 2. Split Enrollment. Children or other individuals who qualify as dependents may be enrolled in a plan only once as a dependent, not simultaneously in one plan as a dependent of one employee and in another plan as a dependent of another employee.
 - 3. Every employee (or in the event of his or her incapacity, the employee's representative or agent) shall report any event or change of circumstance that has an effect on the administration of coverage under the Health Benefits Program. Such events or changes include, but are not limited to, change of address or telephone number, marriage, divorce, dependent's loss of eligibility, death of the employee, or death of a dependent.
- i. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). Once an employee who has enrolled in a plan under the Health Benefits Program becomes qualified for COBRA benefits, the District shall ensure that he or she is given the opportunity to continue coverage under the Health Benefits Program pursuant to COBRA in the manner prescribed by federal law. (CalPERS does not administer payments to COBRA).

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- j. If the internal responsibility for the administration of the Health Benefits Program is changed because responsibilities among the administrative units of the District are reorganized, notice of that change shall be given to the exclusive representatives within thirty days.
- k. Health Care Legislation. In the event that new health care legislation is enacted and the District is required to implement a plan pursuant to such legislation, the District and the Exclusive Representatives shall consult in order to assess the effects of such legislation.
- l. Pre-funding Retiree Health Benefits Costs. The District has established and will maintain a Trust with the California Public Employee's Retirement System (CalPERS) to prefund retiree health benefit costs for all eligible fulltime employees. The Trust is funded with annual contributions to the trust of 1.92% of the total full time salary expenditures in the District. Additionally, the District will direct an amount equivalent to all of the Federal Medicare Part D subsidy returned to the District each year into the trust fund. Funding from both of these sources commenced with fiscal year 2006-07. An annual Trust status report will be made to the JLMBC and to the District Budget Committee at their first meeting of the fiscal year.

Annual funding of the Trust from both these sources shall continue until/unless the parties agree otherwise due to changes in the healthcare landscape which make prefunding no longer necessary. Should that prove to be the case the 1.92% of the total full time salary expenditures will be placed on the salary schedules of all full time employees, effective the end of the payroll month that the decision is made to no longer fund the trust.

101700.11 Group Life Insurance Program. The District's group term life insurance program shall be continued for the duration of this Agreement subject to modification based on the recommendations of the Joint Labor Management Benefits Committee and approval of the Board.

- a. All active employees eligible for benefits under Section 101700.10.a of this Rule shall be eligible for group term life insurance benefits under the program.

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- b. The limits of coverage under the program shall be \$50,000, however, employees age 70 or above shall receive coverage equal to an amount equal to the greater of the minimum amount required by Federal Law or 50% of the amount in force immediately prior to his or her 70th birthday. This reduction shall take place on the premium date coincident with or immediately following his or her 70th birthday.

101700.12 Employee Assistance Program/Wellness Services. The District shall make available to all active employees (including those who are not eligible for benefits under Section I.A.1 of this Agreement) employee assistance and wellness services. The services shall help employees deal with problems that might adversely impact their work performance, health, and well-being and shall include assessment, short-term counseling, informational resources and referral services. Such services hold the same level of privacy/confidentiality as other medical services. Modification to the employee assistance and wellness services may be recommended by the Joint Labor Management Benefits Committee to the Board of Trustees.

101700.13 Tax Sheltered Retirement Plans. The District shall continue its voluntary salary reduction agreement program under which employees may contribute to tax sheltered retirement plans under Internal Revenue Code Sections 403(b) and 457. The process for selecting third-party administrators (TPAs) for these plans shall include the issuance of a formal request for proposals by the District, review of the responses by a task group consisting of representatives of the District and the Exclusive Representatives, and selection of TPAs based on the recommendation of the task group.

A list of the 403b vendors and enrollment forms available through our District can be found at www.403bcompare.com or via a link on the District's website.

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101700.14 Health Reimbursement Arrangements (HRA's). The District shall establish HRA's under IRC Section 105 for eligible, benefitted active employees and early retirees (under age 65). The District's contributions will be \$1500, for the 2010, 2011 plan years. HRA contributions for subsequent plan years shall be agreed upon by the parties. The process for selecting a TPA for these HRA's shall include the issuance of a formal request for proposals by the District, review of the responses by a task group consisting of representatives of the District and the Exclusive Representatives, and selection of a TPA based on the recommendation of the task group.

101700.15 IRC 125 and 129 Plans (Flexible Spending Accounts). The District shall continue its voluntary Flexible Spending Account (FSA) plan covering medical and dependent care expenses under Internal Revenue Code Sections 125 and 129. The process for selecting a TPA for FSA's shall include the issuance of a formal request for proposals by the District, review of the responses by a task group consisting of representatives of the District and the Exclusive Representatives, and selection of a TPA based on the recommendation of the task group.

101700.16 Ordering Rules for HRA's and Medical FSA's. Employees shall be informed at the time of enrollment that amounts available under an HRA must be exhausted before reimbursements may be made from the medical FSA.

101701. HEALTH BENEFITS FOR RETIREES RETIRING FROM A "QUALIFYING POSITION", THEIR DEPENDENTS AND SURVIVORS.

101701.10 Hospital, Medical, Dental and Vision Benefits. Eligible retirees and their eligible dependents and survivors shall have the right to continue their participation in the Health Benefits plans available to active employees, subject to the terms and conditions of this Board Rule. Nothing in this Board Rule, however, shall be construed as conveying any vested right to any particular plan, plan design, or plan component. The terms of the District's Health Benefits Program (CalPERS Health Care Program), as well as the plans available under the Program, remain subject to alteration by action of CalPERS, the Joint Labor/Management Benefits Committee or any future agreement between the District and its Exclusive Representatives.

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101701.11 Eligibility. A retiree who is eligible to continue his or her participation in the health benefits plans which are available to active employees is one who has retired from District service under the rules of the California Public Employees Retirement System (CalPERS) or the California State Teachers Retirement System (CalSTRS), who is receiving a retirement allowance from that system, and who:

- a. for employees whose most recent uninterrupted District employment began before February 11, 1992—has rendered continuous paid service to the District in a “qualifying position” for three or more years immediately preceding his or her retirement; and – for employees whose most recent uninterrupted District Employment began before July 1, 1998 – has rendered continuous paid service to the District in a “qualifying position” for seven or more years immediately preceding his or her retirement; or
- b. for employees whose most recent uninterrupted District employment began on or after July 1, 1998—has rendered continuous paid service to the District in a “qualifying position” for ten or more years immediately preceding his or her retirement.

For the purposes of this section, a “qualifying position” is any position that made the employee eligible to enroll in plans under the Health Benefits Program. An individual shall be deemed to have “retired from District service” if the effective date of his or her retirement under CalPERS or CalSTRS is no later than 120 days after his or her resignation from District employment. Retirees do not have to be enrolled in health benefits at the time of their retirement; they just need to have been eligible as indicated above. In addition, no absence from the service of the District under any paid leave of absence, or any unpaid leave of absence or layoff of thirty-nine months or less, shall be deemed a break in the continuity of service required by this section.

(This language, although it differs from the eligibility language that appeared in prior Board Rules, reflects the Board’s existing interpretation of that language and is declarative of the Board’s original intent.)

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101701.12 Dependents and Survivors. To qualify as a dependent or survivor who is eligible to continue his or her participation in the hospital and medical plans available to active employees.

- a. a dependent or survivor must be an eligible retiree's:
 - 1. spouse and receive a survivor's allowance under CalPERS or CalSTRS: This condition shall not apply to the survivor of a retiree who had not elected to provide an allowance (unmodified) prior to January 1, 2010;
 - 2. qualified domestic partner on the date of retirement from District service;
 - 3. child (natural, adopted, foster, domestic partner children, or stepchildren) up to age 23* who is unmarried (coverage will terminate at the end of the month in which dependent turns age 23*);
 - 4. a child up to age 23* (not otherwise eligible under subsection 3 above) who is unmarried and is economically dependent upon the retiree (as being claimed as dependents on the retiree's federal income tax returns) and for whom the retiree must have been granted legal or joint legal custody, or, in the absence of natural or adoptive parents, the child resides with the retiree; or
 - 5. a disabled child (not otherwise eligible under subsection 3 above) who is unmarried without regard to age who is physically or mentally incapacitated (and therefore capable of self support), and who is being claimed as a dependent on the retiree's federal income tax returns.

*Effective January 1, 2011, the upper age limit will increase from age 23 to age 26.

—and—

- b. a dependent may not be enrolled in any plans other than those under which the retiree is covered, or in the case of any survivor, the survivor must have been enrolled in plans as a dependent at the time of the retiree's death.

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101701.13 Limitations on Survivor Eligibility. A survivor's eligibility to continue his or her participation in the Health Benefits Program depends on whether he or she continues to receive a survivor's allowance. The eligibility of a surviving child receiving a survivor's benefit continues until the end of the month in which he or she turns age 23.

*Effective January 1, 2011, the upper age limit will increase from age 23 to age 26.

- a. The eligibility of a surviving spouse shall terminate when he or she remarries, enters into a domestic partner relationship, or is eligible for group coverage under his or her own employment.
- b. The eligibility of a surviving qualified domestic partner shall terminate when he or she marries, enters into another domestic partner relationship, or is eligible for group coverage under his or her own employment.
- c. The eligibility of a surviving child who is a dependent of a surviving spouse or domestic partner shall terminate when the eligibility of the surviving spouse or domestic partner terminates, unless the eligibility of the surviving spouse or domestic partner terminates because of death, in which case the child shall remain eligible as if the surviving spouse or domestic partner had not died.
- d. Any survivor whose eligibility terminates for any reason, shall not be eligible for re-enrollment.

101701.14 Enrollment. Enrollment and re-enrollment in plans shall be administered as follows:

- a. *Initial Enrollment.* Upon retirement, each new retiree who is eligible to enroll in plans under the Health Benefits Program shall receive uninterrupted coverage under the plan in which he or she was enrolled as an active employee, provided the employee submits all necessary applications and other required documentation in a timely fashion.

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- b. *Open Enrollment.* There shall be an open enrollment period each enrollment year during which eligible retirees may change plans. The CalPERS Health Care Program, in consultation with the District (via the JLMBC) shall establish and announce the dates of such open enrollment period, and shall mail open enrollment materials to retirees fourteen or more days before the beginning of the open enrollment period. If an eligible retiree requests a change of plan, he or she shall continue to be covered under his or her existing plan until coverage under the new plan can be instituted.

- c. *Changes in Enrollment other than during Open Enrollment.* Once enrolled in a plan, retirees are generally barred from changing their enrollment except during an open enrollment period. Nevertheless, changes may be made under the following circumstances:
 - 1. Any retiree who is enrolled in a closed panel plan and who changes his or her permanent residence to a location that is outside the service area of the plan may, by submitting a timely application to CalPERS via the District, change his or her enrollment to a plan that provides service in the area of his or her new permanent residence. To be timely, the application for a change in enrollment must be received by CalPERS via the District within ninety (90) days after the retiree established his or her new permanent residence.

 - 2. Any retiree whose enrollment in a plan is terminated at the request or option of the plan provider for any reason other than non-payment of premium may enroll in another plan by submitting a timely application to the District. To be timely, the application for a change in enrollment must be received by CalPERS via the District within ninety (90) days after the retiree's enrollment was terminated.

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- d. *Mandatory Re-enrollment during Open Enrollment.* Upon recommendation of the JLMBC the District may designate any open enrollment period as a mandatory enrollment period during which every eligible retiree or survivor must re-enroll for himself or herself and for each of his or her eligible dependents. If a retiree or survivor fails to re-enroll during any such mandatory enrollment period, his or her enrollment in hospital, medical, dental and vision care plans shall end at the beginning of the next plan year. In that event, a retiree (and his or her eligible dependents) may, if he or she remains eligible, re-enroll in plans. The retiree may re-enroll in plans at any time and the District shall verify his or her eligibility to CalPERS so that it can process the retiree’s or survivor’s re-enrollment forms as if they were initial enrollment forms—i.e. if CalPERS via the District receives the re-enrollment forms at anytime during the calendar month, it shall process them so as to make coverage effective on the first day of the calendar month following receipt of the forms.

101701.15 District Contribution Towards Premiums. The District shall contribute towards the premium costs of the plans in which an eligible retiree and his or her eligible dependents and survivors are enrolled as follows:

- a. For retirees (and their eligible dependents and survivors) who became eligible under Section 101701.11.a, the District will pay 100% of the District’s contribution towards premiums.
- b. For retirees (and their eligible dependents and survivors) who became eligible under Section 101701.11.b, the District will pay 50% of the District’s contribution towards premiums for those retirees who rendered service in a “qualifying position” for at least ten years but fewer than fifteen years; 75% of the District’s contribution towards premiums for those retirees who rendered service in a “qualifying position” for at least fifteen years but fewer than twenty years; and 100% of the District’s contribution towards premiums for those retirees who rendered service in a “qualifying position” for at least twenty (20) years.

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101701.16 Conditions of and Limitations on Eligibility and Coverage.

- a. Active employees who become eligible retirees under this agreement are entitled to uninterrupted coverage under the Health Benefits Plan provided they submit all necessary applications and other required documentation in a timely fashion.
- b. Dual Coverage. Retirees, their dependents, and survivors may not be enrolled in more than one District sponsored plan at any one time. For that reason, a retiree may be enrolled in a plan in his or her own capacity as a retiree, or as a dependent of another retiree, but not simultaneously in one plan as a retiree and in another plan as a dependent.
- c. Split Enrollment. Children or other individuals who qualify as dependents may be enrolled in a plan only once as a dependent or survivor, not simultaneously in one plan as a dependent or survivor of one retiree and in another plan as a dependent or survivor of another retiree.
- d. To the extent allowed by law, benefits provided under the District's Health Benefits Program shall be secondary to the benefits provided to a retiree or his or her dependents or survivors under Medicare. Furthermore, as a condition of continued enrollment in any hospital or medical plan available under the Health Benefits Program, each retiree and every eligible dependent and survivor age 65 and older must (unless exempted from this requirement under rules adopted by the Joint Labor/Management Benefits Committee) apply for and obtain coverage under Part A (hospital benefits) – either paid or premium free – and Part B (medical benefits) of Medicare. It shall be the sole responsibility of the employee or survivor to provide the District with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request.

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Medicare Part A (hospital benefits): Every person who is eligible for premium-free Medicare Part A coverage must obtain that coverage. Those retirees age 65 and older who (a) chose to begin payment of Medicare tax in the Medicare Division (election) of June 14, 2001, and (b) retire after the end date of the CalSTRS Medicare premium payment program or are otherwise ineligible for said program, and (c) do not earn sufficient service credits to qualify for premium-free Part A, are not required to enroll in Part A. Retirees age 65 and older who chose *not* to begin payment of Medicare tax in the Medicare Division (election) of June 14, 2001 must obtain and maintain coverage under Part A with no District contribution, unless the retiree was 58 or older on June 14, 2001. All dependents and survivors must obtain and maintain coverage under Part A, with no District contribution, in order to remain eligible for the District's medical plans.

Medicare Part B (medical benefits): Every person must apply for, obtain and maintain coverage under Part B of Medicare at his or her own expense.

Medicare Part D (prescription drug benefits): Enrollment in Medicare Part D shall be addressed each plan year by the JLMBC, and if deemed necessary, enrollment shall be accomplished through coordination with District medical plans. Retirees, eligible dependents, and survivors over the age of 65 *shall not* enroll as individuals. Those enrolling in Part D when not required to by the District shall be responsible for paying the entire Part D premium.

Other Requirements: Any retiree or eligible dependent or survivor who enrolls in Medicare but assigns his or her Medicare benefits to a Medicare-Advantage medical plan not sponsored by the District shall be ineligible for continued benefits under the District's medical plans. It shall be the sole responsibility of the retiree, dependent and survivor to provide the District with verification of enrollment in Medicare. The District shall acknowledge receipt of verification of Medicare enrollment upon a retiree's request.

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- d. Every retiree (or in the event of his or her incapacity, the retiree's representative or agent) shall report, by telephone, e-mail, or written correspondence, any event or change of circumstance that has an effect on the administration of coverage under the Health Benefits Program. Such events or changes include, but are not limited to, change of address or telephone number, marriage, divorce, dependent's loss.
- e. A retiree's or survivor's eligibility (and that of his or her dependents) under this agreement shall terminate whenever the retiree or survivor accepts employment in a position covered by CalSTRS or CalPERS and becomes eligible for health benefits by virtue of that employment.

101702. JOINT LABOR/MANAGEMENT BENEFITS COMMITTEE.

101702.10 The District shall convene a Joint Labor/Management Benefits Committee (JLMBC) as prescribed by the Master Agreement between the District and the exclusive representatives of its employees. The role, composition, and authority of the Committee are specified in Section IV of the Master Agreement. Section IV of that Agreement (as it now reads or as it may be revised by the parties from time to time) is, by this reference, incorporated herein as if set forth in full.

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