

1 entitled to continue to be covered under the health, dental, and vision care plan until
2 August 31 of the ensuing school year.

3
4 **PART-TIME TEACHERS**

5
6 Part-time unit members, including shared contracts, working 50% or more of the full-time
7 equivalent shall receive the basic insurance package. Teachers who are working less
8 than 50% of the full-time equivalent are not eligible for benefits, except:

- 9
10 1. Employees who transfer from a position of 50% or more of the full-time equivalent to
11 less than 50% of the full-time equivalent may continue coverage on the benefits plan
12 on an employee-pay-all basis until the later of:
13
14 (a) The August 31 following the date of the reduced service, or
15
16 (b) The end of the month, three months following the date of the reduced service.
17
18 2. Employees who are covered under the benefits plan on a leave of absence status,
19 who return to work in a position of less than 50% of the full-time equivalent may
20 continue coverage on the benefits plan on an employee-pay-all basis for the same
21 duration as Paragraph 1 above.
22
23 3. Employees may elect to continue the coverage for themselves and dependents by
24 submitting the annual premium in advance to the Payroll Department of the Poway
25 Unified School District or by arranging for payroll deductions.
26

27 **HOURLY TEACHERS**

28
29 Hourly unit members working over 50% of a full-time teacher shall receive the basic
30 insurance package. Unit members will receive Two thousand fifty dollars of
31 discretionary funds in the following manner:

- 32 a. 55%-64% assignment will receive \$410 (20%) of discretionary funds per year.
33 b. 65%-74% assignment will receive \$820 (40%) of discretionary funds per year.
34 c. 75%-84% assignment will receive \$1230 (60%) of discretionary funds per year.
35 d. 85%-94% assignment will receive \$1640 (80%) of discretionary funds per year.
36 e. 95%-100% assignment will receive \$2050 (100%) of discretionary funds per year.
37

38 **HEALTH AND WELFARE BENEFITS FOR RETIRED TEACHERS**

39
40 SEE APPENDIX C: OPEB Funding (Other Postretirement Employee Benefits) MOU.

41
42 Unit members with ten years of benefited eligible district service or more in the bargaining
43 unit will receive the equivalent of the cost of least expensive medical, dental and vision
44 coverage for use toward Health and Welfare premiums from the time of STRS/PERS
45 retirement from the District until age 65. All monies paid by the District must be used for
46 medical, and/or dental and/or vision coverage; no other benefits are covered. Unit
47 members selecting a more expensive medical, dental, or vision plan will pay the
48 difference in premium costs. If at any time a unit member ceases coverage for a PUSD

1 medical, dental or vision plan, the unit member becomes ineligible to reinstate election of
2 said plan.

3
4 Teachers moving out of the area or electing non PUSD coverage will be reimbursed for
5 the same dollar amount up to, but not to exceed the actual cost of the least expensive
6 medical, dental and vision coverage. Any unused monies remain with the District.

7
8 Unit members with ten years of benefited eligible service who separate from the District
9 and are not yet eligible to retire under STRS/PERS are eligible for retiree health and
10 welfare benefits upon their retirement from STRS/PERS if both of the following conditions
11 are met:

- 12
- 13 ● Retirement occurs within 12 months of separation from the District
- 14 ● They maintain continuous PUSD insurance coverage by submitting the premium
15 under the terms of COBRA.
- 16

17 Unit members who receive STRS Disability Allowance under Options A or B and meet
18 the requirements listed above will qualify for these benefits upon STRS notification to the
19 District.

20
21 Post 65 Retiree Benefits: All retirees will receive information on the option to purchase
22 PUSD dental and vision when they reach age 65. Retirees must select from the District
23 offered medical, dental and vision plans. There will be no cash contribution from the
24 District for premiums. Post 65 retirees will pay the District's rates for the plans.
25 Participants must make their quarterly premium payment by the specified due date. Lack
26 of payment by the due date will result in termination of benefits and will not be eligible for
27 reinstatement.

28

29 **CONDITIONS OF HEALTH AND WELFARE BENEFITS**

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31 For the duration of this contract, there shall be no change in the basic plans, unless by
32 mutual consent.

33 For the duration of this contract, the District guarantees no decrease in coverage.

34

35 **BENEFITS "OPT-OUT"**

36
37 Unit members who provide the required proof of other group medical insurance coverage
38 may opt out of major medical, dental and vision coverage and receive one thousand two
39 hundred fifty (1,250) dollars per plan year. Unit members who opt out of medical coverage
40 but retain dental and vision coverage will receive the difference of the opt out amount and
41 the actual cost for the selected dental and/or vision coverage.

42
43 Medicare, MediCal, TriCare, Covered California or individual policy plans shall not qualify
44 as "other group medical insurance coverage." And are therefore ineligible for opt out
45 funds. However, these unit members are eligible to participate in district sponsored dental
46 and vision plans at the same negotiated out-of-pocket rate as other unit members.

1 Unit members who Opt-Out must enroll in the District sponsored standard life insurance
2 coverage.

3
4 Unit members wishing to enroll in dental or vision coverage for themselves and/or their
5 dependents may do so. Premiums will be deducted from the employee "cash to warrant"
6 funds described below.

7
8 Effective July 1, 2007, unit members electing to Opt-Out of the District basic insurance
9 package will receive \$1,250 annually (\$125.00 tenthly) as cash to warrant. By the end of
10 each annual open enrollment period, unit members who currently opt out of the District
11 Basic Insurance package must formally select a District provided medical plan on the
12 Benefits Enrollment Form or an Opt-Out Option Form attesting that they and their "tax
13 family" have other group medical insurance coverage.

14
15 A unit member who fails to provide an Opt-Out Option Form by the end of annual open
16 enrollment shall lose eligibility for opt-out cash-to-warrant for the upcoming plan year.
17 The employee shall be automatically enrolled in the lowest cost employee-only medical
18 plan
19