

4-2-09
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Management Proposal

Bargaining Unit: 10

Exclusive Representative: CAPS

Subject: Health, Dental, Vision

ARTICLE 5.1

5.1 Health, Dental, Vision

A. Health Benefits Plans

1. Health Contribution

- a. ~~Effective July 1, 2006, the employer health benefits contribution for each employee shall continue to be an amount equal to 85 percent of the weighted average of the Basic health benefit plan premiums for a State active civil service employee enrolled for self alone, during the benefit year to which the formula is applied, for the four basic health benefit plans that had the largest State active civil service enrollment, excluding family members, during the previous benefit year. For each employee with enrolled family members, the employer shall contribute an additional 80 percent of the weighted average of the additional premiums required for enrollment of those family members, during the benefit year to which the formula is applied, in the four basic health benefit plans that had the largest State active civil service enrollment, excluding family members, during the previous benefit year.~~

cleanup?

The employer health benefits contribution for each employee shall be an amount equal to 80 percent of the weighted average of the Basic health benefit plan premiums for a State active civil service employee enrolled for self-alone, during the benefit year to which the formula is applied, for the four Basic health benefit plans that had the largest State active civil service enrollment, excluding family members, during the previous benefit year. For each employee with enrolled family members, the employer shall contribute an additional 80 percent of the weighted average of the additional premiums required for enrollment of those family members, during the benefit year to which the formula is applied, in the four Basic health benefit plans that had the largest State active civil service enrollment, excluding family members, during the previous benefit year.

To be eligible for these contributions, an employee must positively enroll in a health plan administered or approved by CalPERS.

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b. The parties agree to work cooperatively with CalPERS and the health plans to control premium increases.

c. Effective January 30, 2009 through December 31, 2009, and upon approval of funding by the Legislature and ratification by the Union, the State agrees to pay the following monthly health benefit premium contribution in addition to the employer premium contributions calculated in accordance with sub-section a., above, for employees enrolled in the Blue Shield Access+, Blue Shield NetValue and Kaiser HMO Plans.

new

<u>Single</u>	<u>2-Party</u>	<u>Family</u>
\$13.78	\$29.96	\$43.72

Only employees enrolled in a qualifying plan on January 1, 2009, shall be eligible. Enrollments or health plan changes that take place after January 1, 2009, including retroactive transactions, shall not establish eligibility.

2. Dependent Health Vesting

Unit 10 employees who first become eligible for health benefit enrollment on or after January 1, 2007, shall be subject to a two-year vesting schedule for the employer health contribution for dependents as follows:

- a. 50% of the normal employer dependent portion of the contribution upon initial enrollment;
- b. 75% of the normal employer dependent portion of the contribution upon completion of 12 months of service; and
- c. 100% of the normal employer dependent portion of the contribution upon completion of 24 months of service.

The employer dependent contribution amounts shall be established by DPA each year at the same time that the normal employer health contributions are established.

B. Health Benefits Eligibility

1. Employee Eligibility

a. For purposes of this section, "eligible employee" shall be defined by the Public Employees' Medical and Hospital Care Act.

2. Permanent Intermittent (PI) Employees

- a. Initial Eligibility - A permanent intermittent employee will be eligible to enroll in health benefits during each calendar year if the employee has been credited with a minimum of 480 paid hours in one of two PI control periods.

For purposes of this section, the control periods are January 1 through June 30 and July 1 through December 31 of each calendar year. An eligible permanent intermittent employee must enroll in a health benefit plan within 60 days from the end of the qualifying control period.

- b. Continuing Eligibility - To continue health benefits, a permanent intermittent employee must be credited with a minimum of 480 paid hours in a control period or 960 paid hours in two consecutive control periods.

3. Family Member Eligibility

For purposes of this section, "eligible family member" shall be defined by the Public Employees' Medical and Hospital Care Act and includes domestic partners that have been certified with the Secretary of State's office in accordance with AB 26 (Chapter 588, Statutes of 1999).

C. Dental Benefit Plans

1. Dental Contribution

- a. ~~From July 1, 2006,~~ Effective January 1, 2009, the State agrees to pay the following contribution for dental benefits. To be eligible for this contribution, an employee must positively enroll in a dental plan administered by Department of Personnel Administration.
 - (1) The State shall pay up to ~~\$35.04~~ \$36.05 per month for coverage of an eligible employee.
 - (2) The State shall pay up to ~~\$61.73~~ \$63.84 per month for coverage of an eligible employee plus one dependent.
 - (3) The State shall pay up to ~~\$89.55~~ \$92.81 per month for coverage of an eligible employee plus two or more dependents.
- b. The employee will pay any premium amount for the dental plan in excess of the State's contribution, except that the employee's share of the cost shall not exceed 25 percent (25%) of the total premium.

2. Employee Eligibility

Employee eligibility for dental benefits is the same as that prescribed for health benefits under Section 5.1.B.1 and 2 of this agreement.

3. Family Member Eligibility

Family member eligibility for dental benefits is the same as that prescribed for health benefits under Section 5.1.B.3 of this agreement.

4. Coverage During First 24 Months of Employment

Employees first appointed into State service who meet the above eligibility criteria, will not be eligible for enrollment in the State-sponsored indemnity or preferred provider option plan until they have completed twenty-four (24) months of employment without a permanent break in service, during the 24 month qualifying period. However, if no alternative plan or prepaid plan is available within a 50-mile radius of the employee's residence, the employee will be allowed to enroll in the indemnity or preferred provider option plan.

D. Vision Benefit Plan

1. Program Description

The employer agrees to provide a vision benefit to eligible employees and dependents. The vision benefit provided by the State shall have an employee copayment of \$10 for the comprehensive annual eye examination and \$25 for materials.

2. Employee Eligibility

Employee eligibility for vision benefits is the same as that prescribed for health benefits under Section 5.1.B.1 and 2 of this agreement.

3. Family Member Eligibility

Family member eligibility for vision benefits is the same as that prescribed for health benefits under Section 5.1.B.3 of this agreement.