

**TENTATIVE AGREEMENT BETWEEN THE
SIERRA SANDS UNIFIED SCHOOL DISTRICT AND THE
DESERT AREA TEACHERS ASSOCIATION**

May 23, 2018

Except as agreed herein, all language currently contained in the collective bargaining agreement between the Sierra Sands Unified School District ("District") and the Desert Area Teachers Association ("DATA") is intended to remain in full force and effect.

ARTICLE V

HEALTH AND WELFARE

A. Through September 30, 2016, the District shall continue to provide employees and their eligible dependents with the health and welfare benefits described in the 2015-2016 contract.

1. On October 1, ~~2016~~ 2018, the District will implement the comprehensive group health and welfare package consisting of (a) medical coverage that is currently described by SISC as "~~PBC 90-A~~ PPO 80-E \$20" (~~\$100/\$300~~ \$300/\$600 deductible, \$20 office visit co-pay, and ~~90-10~~ 80-20 co-insurance with a ~~\$300 co-insurance maximum per individual~~ a Med OOP \$1,000 individual/\$3,000 Family) including prescription coverage (Rx G \$7/\$25/\$14-~~\$60~~ \$25), behavioral health is now a component of the Anthem Blue Cross package, (b) dental coverage - Delta Dental Plan \$ 1,500 (annual cap of \$ 1,500), and (c) vision coverage - VSP Vision Plan B with a \$10/\$25 co-pay.

Commencing the ~~2016-2017~~ 2018-2019 school year on October 1, ~~2016~~ 2018, the District shall pay 90 percent of the premiums for the health and welfare benefit package described above and in the Collective Bargaining Agreement. Hereafter, the 90 percent calculation of PPO 80-E \$20 will be described as the "District Contribution." Bargaining unit members shall pay the

remaining 10 percent of the premiums for the health and welfare package described above. Future increased costs of the ~~PBC 90-A~~ PPO 80-E \$20 plan will be shared by the District and bargaining unit members 90% and 10% respectively. If bargaining unit members select the ~~80-E or 80-M~~ plan, the District will reimburse the member the difference in plan cost as a stipend, to be paid tenthly. ~~If bargaining unit members select 90-C or 80-C, then the difference between the cost of 90-A and 90-C or 80-C will be applied to the member's monthly deduction.~~ If bargaining unit members select 100-B, 90-A, 90-C, 80-C, or 80-E then the bargaining unit members shall reimburse the district the difference in cost between ~~the 90-A and the 100-B~~ the cost of the plan and the District Contribution through a monthly deduction (to be calculated and paid tenthly). The Health Benefit Committee will reassess what plans are available on a yearly basis. The Health and Welfare Benefits Chart appears in Appendix F. Parties agree that this paragraph resolves negotiations regarding Article V for ~~2016-2017~~ 2017-2018 and 2018-2019.

2. The District will distribute information to bargaining unit employees concerning the benefits and provisions of its Internal Revenue Code section 125 Plan.

3. Part-time employees whose assignment is half time or greater at the work site shall receive a full contribution toward the fringe benefit package specified above.

A full year of service to the District shall entitle an employee to a full year's benefits.

B. An employee covered by this Agreement who retires from the District after having served in the District for thirty (30) years or attaining the age of fifty-five (55) with ten (10) years of consecutive service to the District, or who is certified by STRS as totally disabled and who has completed ten (10) or more consecutive years of service shall

receive the comprehensive group health and welfare package consisting of (a) medical coverage that is currently described by SISC as "~~PBC PPO~~ 90-A \$20" (\$100/\$300 deductible, \$20 office visit co-pay, and ~~90-10 co-insurance with a \$300 co-insurance maximum per individual~~) a Med OOP \$1,000 individual/\$3,000 Family, including prescription coverage (Rx G \$7/\$25/~~\$14-\$60~~ \$25), behavioral health is now a component of the Anthem Blue Cross package, (b) dental coverage - Delta Dental Plan \$1,500 (annual cap of \$1,500), and (c) vision coverage - VSP Vision Plan B with a \$10/\$25 co-pay.

1. This benefit applies until the age of sixty-five (65), or until the employee becomes eligible for other benefits (i.e., Social Security, Medicare A & B, etc.), whichever is sooner.

2. The term "eligible" shall mean the age at which the person may apply for other benefit.

C. The District shall provide all retirees or other appropriately qualified individuals with the opportunity to continue health and welfare benefits as provided by COBRA or other applicable state or federal law through premiums payment to the District.

D. The District will provide the opportunity for all retirees and eligible spouses to purchase the Medicare Supplement Plan, with the retiree paying all benefit costs to the District in accordance with its regulations and as long as the carrier permits.

E. The parties agree to implement the provisions of AB 256, which permits unit members employed prior to April 1, 1986, to make "matching" contribution for Medicare coverage.

F. The District shall provide the opportunity for bargaining unit members to

participate in a flexible benefit plan. Fees charged by the provider shall be paid by the participating employee.

G. District and DATA shall have equal representation, not to exceed a total of six (6) members to form a Health Benefit Committee ("Committee"). The purpose of the committee will be reviewing current plans, benefits, and carriers and exploring options which may reduce the costs, or rates of increase in costs, in the District's health insurance programs. The committee shall have the authority to review variations on current plans, designate different plans for member choice, and develop new plans or new approaches such as a Joint Trust. Actions, decisions, and recommendations of the committee will be reached by a majority of the committee. The Committee shall make recommendations to the parties' negotiating teams. This agreement reflects the parties' understanding that the cost of health insurance is an ongoing part of employee compensation, that such cost should be reflected in the District's budget planning and will impact the amount of money otherwise available for salary adjustments.

H. Opting Out of SISC Plans

1. Any DATA members eligible for SISC Coverage that meet the following

exceptions may opt out of SISC coverage benefits offered by the District:

a. Active employees who are enrolled in Medi-Cal must show proof of enrollment.

b. Active employees, who are eligible, enrolled in Medicare Parts A and B must show proof of enrollment.

c. Active employees who are enrolled in TRICARE must show proof of enrollment.

- d. Active employees, who are eligible, enrolled on a Covered California Medical Plan and receiving a related subsidy must show proof of enrollment and subsidy.
2. If a DATA member declines benefits, they must decline all eligible SISC benefits offered by the District and must complete a Declination of Coverage.
3. If a DATA member declines coverage, the money the district would have spent on their benefits package will be divided the following ways:
- a. 25% of the package will be reabsorbed into the district budget.
 - b. 75% of the package will be collected with all other opt out monies and divided between all members of DATA and distributed at the end of the school year in the form of a bonus.

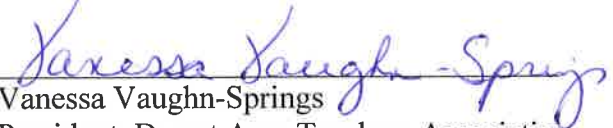
FOR THE DISTRICT



Dave Ostash
Assistant Superintendent, Human
Resources
Sierra Sands Unified School District

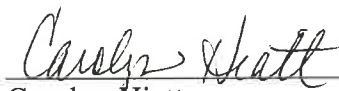
Date: 6/6/18

FOR THE ASSOCIATION



Vanessa Vaughn-Springs
President, Desert Area Teachers Association
(DATA)

Date: 6-8-18



Carolyn Hiatt
Negotiations Chairperson, Desert Area
Teachers Association (DATA)

Date: 6/6/18