

MEMORANDUM OF UNDERSTANDING
By and Between
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
And
CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION and its
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT CHAPTER #291

July 16, 2024

Terms and Conditions: This Memorandum of Understanding is entered into by and between the San Bernardino Community College District (hereinafter, "District") and the California School Employees Association, and its Chapter #291, (hereinafter "Association"), collectively referred to as "the Parties".

For the year 2024-2025, the health and welfare benefits for eligible unit members shall be as follows:

- a. **Medical Plans Offered to Include a Choice of Six (6) Medical Plans:**
 - Anthem Blue Cross Full Network Classic (No Additional Cost Option)
 - Anthem Blue Cross Full Network CA Care (*+99.60)

 - Anthem Blue PPO Low (*+314.40)
 - Anthem Blue PPO (*+\$559.20)
 - Kaiser Low HMO \$30 Co-Pay (*+210.00)
 - Kaiser High HMO \$10 Co-Pay (*+285.60)
- b. **Dental Plans Offered to Include a Choice of Two (2) Dental Plans:**
 - DeltaCare USA (No Additional Cost Option)
 - Delta Dental PPO (*+\$60.73)
- c. **Vision Plan Offered:**
 - EyeMed (No Additional Cost)
- d. **Chiropractic:**
 - Anthem Blue Cross (Cost Dependent on Chosen Plan)
 - Kaiser (Cost Dependent on Chosen Plan)
- e. **Basic Life, Voluntary Life & Accidental Death, and Dismemberment (AD&D):**
 - Prudential Basic Life and Basic AD&D (No Additional Cost Option)
 - Prudential Voluntary Life and Voluntary AD&D (*Additional Cost Option)
- f. **Employee Assistance Program (EAP):**
 - Anthem Blue Cross through SISC (No Additional Cost)

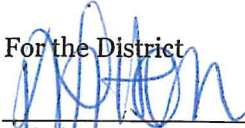
*All unit members' contributions are deducted on a 10thly basis.

For the 2024/2025 plan year only, The District will provide a reimbursement program for unit members enrolled in the new Anthem Blue Cross Full Network Classic (No Additional Cost Option) HMO plan to assist in the transition to the increased cost in copay. Unit members may be reimbursed \$10 for primary care visits or \$30 for specialty visits and is limited to a maximum reimbursement of \$400 per unit member. Reimbursement may be used for the unit member or their enrolled dependent(s) and will be reimbursed upon verification of copayment (i.e., receipt). This is a one-time reimbursement for the 2024/2025 plan only and shall not set a precedent for future years.

In the event of any unforeseen changes to Article 10: Health and Welfare Benefits or Appendix H (Health and Welfare Benefits Plan) of the CSEA Collective Bargaining Agreement, the Association and/or the District reserve the right to reopen this MOU. This MOU is effective October 1, 2024 – September 30, 2025 (Benefit Plan Year).

This agreement is subject to all approvals required by the CSEA 610 policy and the District.

For the District

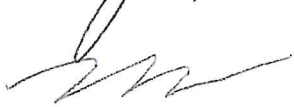


Kristina Hannon, SBCCD
Vice-Chancellor, Human Resources,
Payroll & Police Services

For CSEA



Ernest Guillen, President CSEA #291



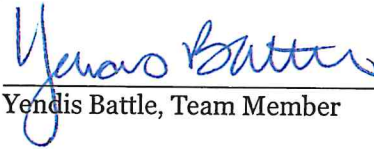
Noah Snyder, CSEA LRR



Diana Vaichis, Team Member



Kevin Limoges, Team Member



Yendis Battle, Team Member



Cedrick Wrenn, Team Member