

MEMORANDUM OF UNDERSTANDING
BY AND BETWEEN THE
SAN BERNARDINO COMMUNITY COLLEGE DISTRICT
AND SAN BERNARDINO COMMUNITY COLLEGE DISTRICT TEACHERS
ASSOCIATION

HEALTH AND WELFARE BENEFITS FOR FULL-TIME FACULTY

This Memorandum of Understanding (“MOU”) is entered by and between the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT (“District”) and the SAN BERNARDINO COMMUNITY COLLEGE DISTRICT TEACHERS ASSOCIATION (Association), collectively, “the parties.”

For the year 2020-2021, the benefit cap shall be as follows:

1. Medical plan only: \$13,704.00
 - a. Individual full-time unit members shall have the option to select other health plans offered by the District during open enrollment and shall be responsible for the cost differential between the plans.
 - a. Medical plans offered to include a choice of five (5) medical plans:
 - i. Anthem Blue Cross Select-Network HMO Premier (No additional cost option)
 - ii. Anthem Blue Cross Full-Network HMO Premier (Additional cost option)
 - iii. Anthem Blue PPO (Additional cost option)
 - iv. Kaiser Low HMO \$30 Co-Pay (No additional cost option)
 - v. Kaiser High HMO \$10 Co-Pay (Additional cost option)
2. Dental, Vision, Term Life and AD&D: \$641.76
 - a. Individual full-time unit members shall have the option to select other health plans offered by the District during open enrollment and shall be responsible for the cost differential between the plans.
 - b. Dental plans offered include a choice of two (2) dental plans:
 - i. DeltaCare USA HMO (No additional cost option)
 - ii. Delta Dental PPO (Additional cost option)
 - c. Vision plan offered include one vision (1) plan:
 - i. EyeMed (No additional cost option)
 - d. Term Life and AD&D policies include Basic and Voluntary coverage options:
 - i. Prudential Basic Term Life: \$50,000 (No additional cost)
 - ii. Prudential Basic AD&D: \$50,000 (No additional cost)
 - iii. Prudential Voluntary Term Life (Additional cost option)
 - iv. Prudential Voluntary AD&D (Additional cost option)

3. Medical Wavier

- a. Full-time faculty members who chose to opt-out of the medical plan benefits shall complete the 2020-2021 Opt-Out of Medical Benefits Form.
- b. In lieu of medical benefits, full-time faculty members who chose to opt-out shall receive a \$250 per month (\$3,000 per year) stipend. It is understood that this monthly stipend may be considered a compensable benefit and subject to the appropriate taxes and applicable retirement contributions. The District shall still continue any other plan that the faculty member is currently enrolled in including dental, and vision, and any other alternative insurance benefits including Basic Life Insurance and the Employee Assistance Program (EAP).

There shall be no requirement for the District to procure the prior consent of any unit member before deducting the balance of any premium in excess of the above amount from any compensation due from the unit member.

The District shall contribute the cost of the least expensive health and welfare plan to full-time unit members during the 2021-2022 year.

This Agreement is made and entered into this 27th day of March, 2020.

Dated: _____

Kristina Hannon, Vice Chancellor, Human
Resources & Police Services

Dated: 3/27/2020

Sheri Lillard
Sheri Lillard, SBCCDTA Lead Negotiator