

ARTICLE 7: COMPENSATION AND BENEFITS

7.1 COMPENSATION - SALARY AND STIPENDS

7.1.1 Effective July 1, 2021, the District shall increase the salary schedule as follows: All cells shall be increased by 4.3%, with the exception of Column D, Step 25, which shall be increased by 5.0%.

Effective July 1, 2022, the District shall increase the salary schedule as follows: All cells shall be increased by 6.26%. Each longevity/professional growth increment shall be increased by 1%.

7.1.2 The Extra Duty Stipend Schedule, Appendix C-1 shall be amended to reflect any changes made to Appendices B-1, B-3, B-4, B-5 and B-8. Any CIF sanctioned and TVUSD Board of Trustees approved sports teams requiring coaches will be automatically included on the Extra Duty Stipend Schedule, Appendix C-1 or C-2. Effective November 15, 2021, the Staff/Curriculum Development rate shall be increased from \$39.00 per hour to \$50.00 per hour and the Class Overage rate shall be increased from \$2.25 to \$3.00.

7.1.2.1 The stipend and extra-duty percentages referenced in Appendix C-1 and C-2, shall be calculated based on the Stipend/Extra Duty Base, which will be indexed to applicable future compensation increases. Effective July 1, 2022, the Stipend/Extra Duty Base shall be \$57,630.

7.1.3 Unit members will be paid twelfthly.

7.1.4 Special Education unit members referenced in Section 5.6.1.3 shall receive an annual stipend in the amount of \$1,500 to be paid twelfthly in accordance with Section 5.6.1.2.

7.1.5 The District and the Association negotiations teams shall form an Ad-Hoc Budget Committee. The Committee will collaborate in an effort to reach consensus regarding a recommendation for compensation to the Association and District negotiation teams. In order to achieve this goal, the Committee shall collaboratively analyze the budget. The result of the Committee meetings will be reported to the negotiations teams irrespective of whether consensus is reached. The Committee will adopt and amend by-laws that govern their committee.

7.2 HEALTH AND WELFARE BENEFITS

7.2.1 Effective October 1, 2021, the District contribution limit to the cost of medical, dental and vision insurance premiums per each eligible, full-time unit member and his/her dependents shall be \$887.25 per month (twelfthly). For the 2021-2022 plan year, the District contribution limit shall be \$10,557.

Effective October 1, 2022, the District contribution limit to the cost of medical, dental and vision insurance premiums per each eligible, full-time unit member and his/her dependents shall be \$937.25 per month (twelfthly). For the 2022-2023 plan year, the District contribution limit shall be \$11,247. Payment of any additional medical, dental or vision insurance premium costs shall be paid by the individual unit member (Appendix B-6).

7.2.2 All rebates from the District JPA shall be applied directly to reduce the cost of Health and Welfare Benefits.

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7.2.3 The District shall establish an Insurance Advisory Committee (IAC) for the purpose of researching available options and cost economies to maximize plan benefits and minimize premium costs to the District and employee participants. TVEA will appoint five (5) members to the IAC. The District shall provide the IAC and TVEA with relevant data within a reasonable time of the request concerning the health and welfare costs, experience, and plan expenses.

The IAC shall meet as needed. It shall solicit proposals and estimates, study costs of providing insurance coverage and usage by District employees, and shall make recommendations to their respective employee units.

7.2.4 If, through the IAC and negotiations process, there are changes to the health insurance plans with the current carrier, the parties must complete negotiations and provide notification to the District at least seventy-five (75) calendar days before the coverage start date. In the event that plan change negotiations are not completed within the seventy-five (75) calendar day deadline, the parties may mutually agree to have a negotiations subcommittee, comprised of at least one (1) District and one (1) TVEA representative, meet to determine if a separate agreement can be reached.

In the event of a carrier change, negotiations must be completed and provide notification to the District at least ninety (90) calendar days in advance of the start date for the health plans of the new carrier. These notification timelines are intended to provide employees, at a minimum, a two week open enrollment period.

7.3 LIFE INSURANCE COVERAGE (STANDARD INSURANCE CO)

The District shall pay the premium for term life insurance in the amount of \$25,000 for the employee only.

7.4 DEATH BENEFIT

In the event of the death of a unit member, the surviving spouse and/or dependent children shall be eligible to receive fully paid health, vision, and dental benefits for six (6) months.

7.5 RETIREE HEALTH AND WELFARE BENEFITS

To qualify for this benefit, a retiring bargaining unit member must be at least fifty-five (55) years of age, and have fifteen (15) years of full-time service in the District as of the date of retirement. Partial years of service may be counted to reach fifteen years of full time service. For example, two years at 50% service will amount to one year of full time service. The retiring bargaining unit member must have participated in H&W insurance for the past 10 years with the District. Further, the retiring bargaining unit member must submit his/her letter of retirement no later than February 15th of the school year that he/she retires, and the retirement must be effective at the end of that school year.

The retiree benefit paid by the District shall not exceed the cost of the lowest active HMO medical premium at the time of retirement; however, in no event shall the benefit exceed the District's health and welfare contribution limit for each bargaining unit member. The retiree benefit shall only be applied towards the purchase of a health and welfare benefits package (including health, dental and vision). The benefit shall be paid for the lesser of five (5) years or until the retiree attains Medicare age eligibility (i.e. 65 years of age).

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For those eligible retirees who wish to extend medical coverage beyond five (5) years in order to reach Medicare eligibility, they may do so at their own cost. For those eligible retirees who wish to include an eligible family member in their plan, they may do so at their own cost. For those eligible retirees who wish to purchase a plan that costs in excess of the lowest HMO medical premium at the time of retirement, they may do so with the excess cost absorbed by the retiree.

In the event of the death of the retiree during the retirement benefit coverage period, any surviving eligible spouse or dependent may continue to participate in the health coverage plan in accordance with and subject to applicable law, with the entire cost of the coverage incurred by the surviving eligible spouse or dependent.

If a financial contribution from the retiree is required in order to maintain benefits during the retiree health and welfare benefit period, it is expected that the payments will be made on time. Payments not received on or before the due date in the office of Risk Management will be considered late. Should a retiree twice be late in paying his/her contribution, he/she will be required to deposit six months of contributions ahead of time. Should a retiree three times be late in paying his/her contributions, he/she will be dropped from coverage and no further benefits will be made available.

For any bargaining unit member who retires under this program and whose spouse remains employed by the District, the retiree may be carried on the spouse's medical plan. There would no longer be the "dual spouse discount" offered by the District, but the retiree could opt to use the cash equivalent of the lowest cost HMO to lower the cost of the active spouse's monthly premium(s) for a period of no more than five (5) years or until the unit member attains Medicare age eligibility (i.e. 65 years of age), whichever comes first. In the alternative, the retired employee could elect to wait to begin the Bridge Program as long as he/she is continuously covered under the employed spouses' medical insurance, until both spouses have retired in order to put the costs toward their retirement premium(s). The retiree would have no more than five (5) years from the retirement date to activate this option and the benefit lasts for a period of no more than five (5) years or until the unit member attains Medicare age eligibility (no more than 65 years of age), whichever comes first.

7.5.1 Unit members who would otherwise qualify for the Retiree Health and Welfare Benefits referred to in Article 7.5 of the CBA during the school year, but for their ability to complete a full school year due to unforeseen medical circumstances documented by a medical provider, and who are subject to placement on the 39-month rehire list, may elect to retire prior to the end of the school year and be deemed eligible for Bridge Medical. In these limited instances, the retiring unit member must submit his/her retirement notification within ten (10) days of his/her placement on the 39-month rehire list. The retiring unit member must also enroll in the District's retiree Health and Welfare Benefits plan and make the full monthly H&W premium payments until June 30. All other conditions of this benefit will be in accordance with Article 7.5.