

MEMORANDUM OF UNDERSTANDING
 BETWEEN THE PALOMAR COMMUNITY COLLEGE DISTRICT
 AND THE
 PALOMAR COLLEGE COUNCIL OF CLASSIFIED EMPLOYEES, AFT LOCAL 4522

This Memorandum of Understanding (“MOU”) is entered by and between the PALOMAR COMMUNITY COLLEGE DISTRICT (“District”) and the PALOMAR COLLEGE CCE/AFT, LOCAL 4522 (“CCE”), collectively “the parties.”

Whereas, both parties have negotiated Article 13: Health and Welfare Benefits and have discussed and agreed to continue to offer the current District provided health plans and additionally offer three new District incentivized plan design options for the October 1, 2018 – September 30, 2019 plan year for all eligible members.

Therefore, during the 2018-19 open enrollment period, the District will provide the following the health plan options under SISC Anthem and Kaiser plans:

SISC Anthem PPO (current plan no changes)

	Employee Monthly Plan Cost	Annual Deductible	District Provided Annual Incentive
Employee	\$0.00	\$0.00	None
Two-Party	\$0.00	\$0.00	None
Family	\$0.00	\$0.00	None

SISC Anthem Full Network HMO

With district incentive: Medical - Flexible Spending Account (FSA)

	Employee Monthly Plan Cost	Annual Deductible	Incentive provided twice annually (October & April)*	Annual Incentive Total
Employee	\$0.00	\$0.00	\$150.00	\$300.00
Two-Party	\$0.00	\$0.00	\$250.00	\$500.00
Family	\$0.00	\$0.00	\$350.00	\$700.00

SISC Anthem Health Savings Account

With district incentive: Health Savings Account (HSA)

	Employee Monthly Plan Cost	Annual Deductible	Incentive provided twice annually (October & April)*	Annual Incentive Total
Employee	\$0.00	\$1,500.00	\$900.00	\$1,800.00
Two-Party	\$0.00	\$3,000.00	\$1,750.00	\$3,500.00
Family	\$0.00	\$3,000.00	\$1,750.00	\$3,500.00

Kaiser HMO (current plan no changes)

	Employee Monthly Plan Cost	Annual Deductible	District Provided Annual Incentive
Employee	\$0.00	\$0.00	None

Two-Party	\$0.00	\$0.00	None
Family	\$0.00	\$0.00	None

Kaiser HMO Health Savings Account

With district incentive: Health Savings Account (HSA)

	Employee Monthly Plan Cost	Annual Deductible	Incentive provided twice annually (October & April)*	Annual Incentive Total
Employee	\$0.00	\$1,500.00	\$900.00	\$1,800.00
Two-Party	\$0.00	\$3,000.00	\$1,750.00	\$3,500.00
Family	\$0.00	\$3,000.00	\$1,750.00	\$3,500.00

**Members who enrolled in an FSA plan for the 2017-18 plan year and elect to enroll in the HMO or HSA plan for the 2018-19 year shall receive the twice-annual incentives in January 2019 and April 2019.*

Health Spending Account (HSA) incentive plans shall follow all state and federal tax rules and regulation. Contributions made by the District or any additional employee contributions are rolled over year-to-year if not fully used within the tax year.

Medical -Flexible Spending Account (FSA) incentive plans shall follow all state and federal tax rules and regulations. Contributions made by the District or any additional employee contributions allow for a maximum \$500 roll-over to the new tax year, any unused FSA contributions in excess of \$500 is lost by the employee.

Dated: 6/21/18


 Lisa M. Norman, Ed.D., J.D.
 Assistant Superintendent/Vice President, HR
 Services, District Chief Negotiator

Dated: 6/27/18


 Ane Gonzalez
 President, CCE/AFT, Local 4522