FRESNO UNIFIED SCHOOL DISTRICT EMPLOYEE HEALTH CARE PLAN

PLAN BOOKLET

ELIGIBILITY SECTION

Page numbers referenced in this document reflect page numbers in the Plan Booklet

PLAN CONTRIBUTIONS AND HEALTH PLAN RESERVE ASSESSMENT CONTRIBUTIONS

Active Employees and Eligible Retirees (Under Age 65)¹

Contributions are required for Health Benefit Plan coverage and are outlined in the Health Plan Contribution and Reserve Assessment Insert II contained in the back of this booklet. There are separate rates for the Employee/Retiree only and for Employees/Retirees with Dependents.

Health Plan Reserve Assessment

Employees and Retirees (Age 65 and Older but Under Age 75) 1

In addition to the monthly contributions, all eligible active Employees and Retirees (under age 75) who retired on and after August 31, 2006 shall contribute a Health Plan Reserve Assessment as outlined in the Health Plan Contribution and Reserve Assessment Insert II contained in the back of this booklet.

The monthly contribution and Health Plan Reserve Assessment shall continue only until the Retiree and/or Dependent reaches age 75, at which time the Post-75 year-old Retiree/Dependent shall not be required to make any monthly contributions.

EMPLOYEE ELIGIBILITY AND EFFECTIVE DATES

EMPLOYEE ELIGIBILITY

An eligible Employee who is employed by the Fresno Unified School District is eligible to participate in the Plan as determined by Board Policy or the Collective Bargaining Agreements between the District and the Employee organizations representing bargaining unit members.

No Opting Out

All eligible District active Employees shall be required to participate in the Health Care Plan and shall be required to pay the monthly contributions and assessments, at least at the Employee only level, for the Plan(s) or coverage.

Employees – Effective Date

Medical coverage by the Plan is provided on a contributory basis (that is, the Employee pays a portion of the cost of coverage). An eligible Employee's coverage is effective upon the first of next the month following date of hire (or on the first day of the month if the Employee is hired on the first of any month).

Rehire

An Employee who returns to work with the District within thirty-nine (39) months of termination from the Plan shall be eligible for Plan coverage effective upon the first of the next month following date of reemployment.

Retirees Exempt from Plan Contributions and Assessments: FURA Retirees who retired prior to April 17, 2006, and any Retiree who retired after April 17, 2006 but before August 31, 2006 who met and signed the "Agreement for the Provisions of District-Paid Health Benefits" are not required to pay contributions for Health Benefit Plan coverage nor a Health Plan Reserve Assessment.

Changes in monthly Contribution and Health Plan Reserve Assessment amounts are subject to the Collective Bargaining Agreement language between the District and the Employee organization representing bargaining unit members.

RETIRED EMPLOYEE ELIGIBILITY

Certain Retired Employees are also eligible to participate as a Retiree in the Plan. The conditions of eligibility, and any Retiree contributions, are determined by the District's Board Policies, or if applicable, by a negotiated Collective Bargaining Agreement. A Retired Employee may Opt Out of Retiree Benefits by completing an Opt Out form and submitting it to the District Benefits Department. Once a Retiree Opts Out of Retiree benefits he or she, and his or her eligible dependents, WILL NOT be allowed to enroll in the Plan at a later date.

In order to be eligible for the Plan's Medical and Prescription Drug benefits under Plan Options A and B, all Retiree Plan Participants age 65 and over and all Retired disabled Plan Participants who are eligible for Medicare Parts A & B based on age or disability, regardless of age, must enroll in Parts A and B of Medicare as their primary insurance coverage. Please see Coordination of Benefits for more information.

DEPENDENT ELIGIBILITY

An eligible Dependent of an Employee or Retiree is:

- 1. a legal spouse;
- 2. a Domestic Partner¹;
- 3. any child under the age of 26². For these purposes a "child" will include:
 - (a) an Employee's, Domestic Partner's¹ or Retiree's³ natural child,
 - (b) a Legally adopted child on the date the child is placed in the physical custody of the Employee/Retiree³,
 - (c) a stepchild of the Employee/Retiree³,
 - (d) a child of the Employee/Retiree³ subject to a Qualified Medical Child Support Order (QMCSO) as noted on page 69; and
 - (e) a child placed in the permanent legal guardianship of the covered Employee/Retiree³ by court order. A child placed in the permanent legal guardianship becomes an eligible Dependent on the latter of the date the child is placed in the physical custody of the Employee/Retiree³ or the date the court awards legal guardianship to the Employee/Retiree³.

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A Domestic Partner will be covered under the Fresno Unified School District's Health Plan provided a Participant is a same-sex partner, or opposite-sex partner where at least one of the partners is age 62 or older and qualifies for certain Social Security benefits, as defined under California Family Code 297 and has filed a Declaration of Domestic Partnership with the California Secretary of State, or by validly forming a legal union in a jurisdiction other than California consistent with the requirements of Family Code Section 299.2.

Important Note: If a Dependent child is born after the effective date of an Employee's coverage hereunder, benefits will only be available for Allowable Expenses of the child, provided the newborn child is enrolled within 31 days following the date of birth. After the 31-day period, coverage for the child will be available only if the Employee has notified the District's Benefit Department of the birth and has enrolled the child under the "Open Enrollment" provisions of the Plan.

Some but <u>not</u> all Retirees may enroll dependent children under the Plan. For example, Dependent child coverage is not provided under the Retiree Continuation Coverage provisions, of the Plan Ed Code 7000, noted on per page 78.

4. an unmarried mentally or physically Disabled child beyond the maximum age (pursuant to 3 on the previous page) provided the child is incapable of self-sustaining employment and is dependent upon the Employee/Retiree for support and maintenance and further provided that the condition existed prior to such child reaching the age of 26. Proof of any mental or physical disability shall be required within 31 days of such child's 26th birthday and the Benefits Administrator or District's Benefit Department may require additional proof from time to time.

An eligible Dependent does not include:

- 1. a spouse who is legally separated or divorced from the Employee/Retiree; or
- 2. an individual whose Domestic Partnership with the Employee/Retiree has terminated; or
- 3. a child who is on active duty in any military, naval or air forces of any country; or
- 4. any child who is covered as an Employee under this Plan.

DEPENDENTS EFFECTIVE DATE

Coverage for Dependents who are eligible and enrolled concurrently with the Employee will be effective on the Employee's effective date. Coverage for Dependents acquired later will be effective as follows, provided the Dependent is enrolled within 31 days of eligibility:

- 1. for a newly acquired Dependent spouse or Domestic Partner, coverage is effective on the date of marriage or Domestic Partnership;
- 2. for a newly acquired Dependent child including newborns, coverage is effective on the date the child was acquired. See also "Newborn Children..." on page 65, under "Important Note" at the bottom of the page.

If a new Dependent is not enrolled within 31 days of his or her eligibility, s/he can be enrolled later only in accordance with the "Open Enrollment" provision.