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2 **TENTATIVE AGREEMENT**  
3 **ARTICLE ~~XXI~~21: HEALTH BENEFITS**  
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6 **Section 1.** There will be two (2) voting members of the Adjunct faculty  
7 appointed by the College of the Desert Adjunct Association to the Health and Welfare  
8 Committee (see Appendix F).

9 **Section 2.** ~~Starting in~~For the 2024-2025 academic year, the District shall  
10 establish a part-time faculty health insurance program in order to participate in the 100%  
11 State Funded Part-Time Faculty Health Insurance Program for medical coverage only.

12 A. Unit Members whose College of the Desert semester teaching/work  
13 assignment equals or exceeds 40 percent (40%) of the cumulative equivalent of a  
14 minimum full-time teaching/work assignment (as defined by Ed. Code Section 87861)  
15 are eligible to receive ~~one of~~ the following:

16 1. Reimbursement for medical insurance premiums purchased for  
17 themselves and their dependents up to \$1,704.00 per calendar month~~the amount~~  
18 ~~provided by the District for full-time faculty health insurance only, excluding any~~  
19 ~~additional coverages such as vision, dental, life, etc.;~~ should medical insurance  
20 premiums be less than \$1,704.00 per calendar month, unit members will only be  
21 eligible to receive reimbursement for actual expenses incurred.

22 ~~2. In the event SISC permits participation by part time faculty in the~~  
23 ~~future, access to the same medical insurance plans at the same cost as full time~~  
24 ~~faculty for themselves and their eligible dependents.~~

25 B. A multidistrict part-time faculty member, whose total semester teaching/work  
26 assignments at two or more community college districts equals or exceeds 40 percent of  
27 the cumulative equivalent of a minimum full-time teaching assignment (as defined by  
28 Ed. Code Section 87861), shall be reimbursed by the District for the District's  
29 proportionate share of their total medical insurance premium they individually  
30 purchased for themselves and eligible dependents.

31 The District's proportionate share shall be determined as follows:

32 District's share of reimbursement = (A ÷ B) \* C

33 A = total premium paid by the multidistrict part-time faculty

34 B = total number of districts in which the multidistrict part-time faculty works

35 C = % of health care cost paid by the district toward the total cost of the premium  
36 (but not greater than a proportionate share of a district's most commonly subscribed  
37 family coverage plan)

38 C. A part-time faculty member, multidistrict part-time faculty member, or  
39 their eligible dependents are not eligible to participate in the program if:

40 1. Their premiums for medical health insurance are paid by an employer other  
41 than a community college district.

42 2. They are a retired College of the Desert employee receiving early retiree  
43 benefits.

44 D. For the purposes of this article, a 40% assignment shall be calculated as  
45 load per semester. Unit members must have worked a minimum of 40 percent (40%)  
46 throughout the semester for which they are requesting reimbursement.

47 E. There will be two reimbursement periods – Spring and Fall. Spring  
48 Reimbursement Period will apply to expenses incurred January through June May. Fall  
49 Reimbursement Period will apply to expenses incurred July August through December.

50 F. Reimbursement requests, via laserfische forms, along with any required  
51 proof of payment for medical insurance premiums, must be submitted to the Accounting  
52 Department by July May 15 for Spring 2025 reimbursement period or by January 15<sup>th</sup>  
53 by April 15<sup>th</sup> -for the Fall 2024 reimbursement period. Reimbursements will be paid  
54 within 30 calendar days of the deadline for submission.

55 G. The District will may require an itemized proof of payment that must  
56 indicate the amount of the incurred expense for the eligible unit member for the medical  
57 insurance premium. Expenses on the proof of payment must be incurred during the  
58 reimbursement period being requested as outlined in Section E. The District may require  
59 verification of multidistrict part-time faculty eligibility and adherence to Section B.

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61 ~~Effective Fall 2024, the District shall in order to participate in the State Funded~~  
62 ~~Part-Time Faculty Health Insurance Program.~~

63 ~~A. Unit Members whose teaching/work assignment equals or exceeds 40~~  
64 ~~percent of the cumulative equivalent of a minimum full-time teaching/work assignment~~  
65 ~~(as defined by Ed. Code Section 87861) are eligible to receive one of the following:~~

66 ~~1. Access to the same medical insurance plans at the same cost as full-~~  
67 ~~time faculty full medical insurance benefits for themselves for themselves and~~  
68 ~~their dependents~~

69 ~~2. Reimbursement for medical insurance premiums purchased for~~  
70 ~~themselves and their dependents up to the amount provided by the District for~~  
71 ~~full-time faculty health insurance as defined in Article 10 of the CODFA~~  
72 ~~collective bargaining agreement. equal to benefits provided to full-time faculty~~  
73 ~~by the District, as defined in Article 10 of the CODFA CBA. In no event shall a~~  
74 ~~Unit Member pay more than the actual individual premium paid by full-time~~  
75 ~~faculty in the District.~~

76 ~~In the event that SISC cannot cover Part-time faculty, the District shall offer~~  
77 ~~reimbursement of medical premiums up to the amount defined in Article 10 of the~~  
78 ~~CODFA CBA.~~

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B. — Notwithstanding section A, if A multidistrict part time faculty member whose total teaching/work assignments at two or more community college districts equals or exceeds 40 percent of the cumulative equivalent of a minimum full time teaching assignment (as defined by Ed. Code Section 87861) individually purchases health insurance benefits (including coverage for dependents), the multidistrict part time faculty member shall be reimbursed for the District’s proportionate share of their total health insurance premium by the district. The District’s proportionate share shall be determined by dividing the total health insurance premium paid by the multidistrict part time faculty member by the total number of community college districts in which the multidistrict part time faculty member works for purposes of meeting the requirements of subdivision (b) of Section 87861, and multiplying that quotient by the percentage of health care cost paid by the District toward the total cost of the health insurance premium.employee

C. — A multidistrict part time faculty member may purchase benefits from the District. The District shall reimburse its proportionate share of the multidistrict part time faculty member's total health insurance premium as described in Section B above.

D. — Part time Faculty who have previously qualified for benefits, and who subsequently fall below a forty percent (40%) assignment for a semester may remain in the benefits program at the same cost for one semester. If they do not qualify in the next semester, they are eligible to participate via COBRA.

E. — For the purposes of this article, a 40% assignment shall either be calculated as load per semester or as an average of load over the academic year.

F. — The benefit periods are July through December for Fall semester and January through June for Spring semester. ~~June~~ July  
July 15

G. — The district may require verification of multidistrict part time faculty eligibility and adherence to Section B. no more than once per benefits period (as defined in Section F) and that verification shall allow for reimbursement of multidistrict part time faculty for the entire benefits period.

A medical insurance reimbursement provision will be in effect from January 1, 2023 ~~September 1, 2024~~ through June 30, 2024~~5~~. The District will provide a medical insurance premium reimbursement to unit members as stipulated below. The maximum

117 total amount of the District's reimbursement will be \$1500,000 for this time period.  
118 Reimbursement stipulations are as follows:

119 A. Reimbursements will be for medical coverage only (i.e. dental, vision, or  
120 other voluntary benefits will not be eligible)

121 B. There will be two reimbursement periods—Spring and Fall.

122 a. Spring Reimbursement Period will apply to expenses incurred  
123 January through June

124 b. Fall Reimbursement Period will apply to expenses incurred July  
125 through December

126 C. To be eligible for the reimbursement periods, unit members must hold an  
127 adjunct assignment in Spring following the Winter term or the Fall  
128 following the Summer term of the period they are claiming  
129 reimbursement. Adjuncts eligible for Medicare Insurance or receiving  
130 District paid Retiree Benefits are not eligible for this program.

131 D. Reimbursement amounts are prorated equally to participating adjunct  
132 based on participation and available funding. This payment shall be in a  
133 lump sum after the end of each reimbursement period. For the Spring 2023  
134 semester, Participating Adjuncts will be guaranteed forty dollars (\$40) per  
135 month per the reimbursement period. Once the overall participation levels  
136 have been determined, reimbursements may increase in subsequent  
137 reimbursement periods.

138 E. For reimbursement, unit members must provide the District with proof of  
139 payment of their medical insurance premium.

140 a. Proof of payment must indicate the amount of the incurred  
141 expense the unit member is contributing (out of pocket expense)  
142 for the insurance premium.

143 b. Expenses on the proof of payment must be incurred during the  
144 reimbursement period being requested.

145 c. Proof of payment must be submitted to the Payroll Department by  
146 July 15th for Spring reimbursement period or by January 15th for  
147 Fall reimbursement period.

148 i. Proof of payments could include paystubs verifying a unit  
149 member's financial contribution for insurance coverage  
150 from an employer, financial contribution for insurance  
151 coverage from a spouse's/domestic partner's employer, or  
152 insurance coverage from a former employer. It may also  
153 include policy statements verifying payment of private  
154 insurance that covers the unit member.

155 ii. Verification that the unit member is a covered dependent

156 on the insurance policy they are requesting reimbursement  
157 for may be required.  
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160 A medical insurance reimbursement provision will be in effect from July 1, 2024 through June 30,  
161 2026. The District will provide a medical insurance premium reimbursement to unit members as  
162 stipulated below. The maximum total amount of the District's reimbursement will be \$250,000 for this  
163 time period. Reimbursement stipulations are as follows:

- 164 ~~— Reimbursements will be for medical coverage only (i.e. dental, vision, or other voluntary benefits~~  
165 ~~will not be eligible)~~
- 166 ~~— There will be two reimbursement periods — Spring and Fall.~~
  - 167 ~~— Spring Reimbursement Period will apply to expenses incurred January through June~~
  - 168 ~~— Fall Reimbursement Period will apply to expenses incurred July through December~~
- 169 ~~— To be eligible for the reimbursement periods, unit members must hold an adjunct assignment in~~  
170 ~~Spring following the Winter term or the Fall following the Summer term of the period they are~~  
171 ~~claiming reimbursement. Unit members receiving early retiree benefits from College of the~~  
172 ~~Desert are not eligible for this program. Reimbursement shall be for employee coverage only.~~
- 173 ~~— Reimbursement amounts are prorated equally to participating adjunct based on participation and~~  
174 ~~available funding (\$62,500 per reimbursement period). This payment shall be in a lump sum after~~  
175 ~~the end of each reimbursement period. Once the overall participation levels have been~~  
176 ~~determined, reimbursements may increase in subsequent reimbursement periods.~~
- 177 ~~— For reimbursement, unit members must provide the District with proof of payment of their~~  
178 ~~medical insurance premium.~~
  - 179 ~~— Proof of payment must indicate the amount of the incurred expense the unit member is~~  
180 ~~contributing (out-of-pocket expense) for the insurance premium.~~
  - 181 ~~— Expenses on the proof of payment must be incurred during the reimbursement period~~  
182 ~~being requested.~~
  - 183 ~~— Proof of payment must be submitted to the Payroll Department by July 15<sup>th</sup> for Spring~~  
184 ~~reimbursement period or by January 15<sup>th</sup> for Fall reimbursement period.~~
    - 185 ~~— Proof of payments could include paystubs verifying a unit member's financial~~  
186 ~~contribution for insurance coverage from an employer, financial contribution for~~  
187 ~~insurance coverage from a spouse's/domestic partner's employer, or insurance~~  
188 ~~coverage from a former employer. It may also include policy statements~~  
189 ~~verifying payment of private insurance that covers the unit member.~~
    - 190 ~~— Verification that the unit member is a covered dependent on the insurance policy~~  
191 ~~they are requesting reimbursement for may be required.~~

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195 **Section 3.** ~~Notwithstanding Article XXIV, Section 4, the District and the Association~~  
196 ~~acknowledge the evolving conditions and stipulations of legislation which may impact~~  
197 ~~the terms of this Article. to which the parties agree to meet and negotiate. The District's~~  
198 ~~obligation to fulfill this Article is subject to verified funding from the State of California.~~  
199 If the District receives less than 100% reimbursement from the State for its correctly  
200 submitted eligible medical premium and reimbursement expenses under this program, or

201 the State ceases to offer the reimbursement program for any reason in the future, the  
202 parties agree that the program will cease to exist ~~at the end of that academic~~  
203 ~~year~~ immediately.  
204

205 TA: 02/11/25

206 CL: CL

207 DG: 

**Signature:** Catherine Levitt  
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