HEALTH BENEFITS – BOARD MEMBERS

Members of the Board shall be permitted to participate in the District’s health benefit programs. The benefits of members of the Board through the District’s health benefit programs shall not be greater than the most generous schedule of benefits being received by any category of an employee of the District.

Former members of the Board may continue to participate in the District’s health benefits programs upon leaving the Board if the following criteria are met: the member must have begun service on the Board after January 1, 1981; the member must have been first elected to the Board before January 1, 1995; and the member must have served at least 12 years. Retirees in this category over age 65 must enroll in Medicare parts A and B to be eligible for the coordination of benefits plan. Medical coverage will cease automatically if the retiree participates in Medicare part D.

Other former Board members who have taken office after January 1, 1995 and who have been elected for two terms, shall upon leaving office be given the option of selecting within 30 days to continue indefinitely health and welfare benefits on a self-pay basis. Former trustees who participate on a self-pay basis shall pay in advance the cost the District pays for the coverage, and the trustee may select one or more health and welfare options provided for the administrators, faculty, and/or classified employees.

The benefit plan options shall cover only the former trustee, trustee spouse or domestic partner, survivor, and the trustee’s minor dependents to the age as defined by federal law. Former trustee’s surviving family may continue in the benefit plans according to COBRA regulations.

Once a benefit plan is selected by the former trustee’s surviving family, no additional members can be added.

Reference:
Government Code Section 53201 and 53208.5