



**College-wide Benefits Committee
Minutes of the Meeting
September 12, 2013
BUS 111**

I. Call to Order

The meeting was called to order at 1:35pm.

II. Committee Members

Present

Fran Chandler, Co-Chair
Marcia Wade, Co-Chair

Anna Rojas
Linda Sinclair
Al Vasquez

Robert Villanueva
Sherri Lee-Lewis
Willis Barton

David Zehr

Absent

n/a

Guests

Charlie Yen (substitute for Management)

Assistants

Laurie Heyman, HR AA-III-Confidential
Heather Memarian, Benefits Support Technician
Lugina Rogers, HR-Analyst, Leaves & Benefits

Welcome to new committee member, David Zehr, representing the Faculty Association.

Welcome to new resource member, Lugina Rogers, HR-Analyst, Leaves & Benefits.

III. Review and Approval of the Minutes From Prior Meetings

1. Minutes for the meeting of June 06, 2013

Motion to approve made by:	Linda Sinclair
Seconded by:	Al Vasquez
Vote: Aye:	8
No:	0
Abstain:	1

IV. Old Business

1. Minutes to be sent out to committee members one week prior to meeting.
2. Retain June 06, 2013 minutes for future reference regarding discussion of Dental options.

3. All approved minutes are posted online at
<http://www.smc.edu/HumanResources/HumanResourcesDepartment/Pages/College-wide-Benefits-Committee.aspx>.

V. New Business

1. Review of Faculty Association requests for Benefits Committee recommendations per letter dated Sept. 5, 2013 from SMCFA to Committee Co-Chairs Chandler and Wade (attached):
 - a. Covering part-time faculty under the health insurance plans offered by PERS while maintaining the coverage currently offered by the Kaiser health plan.
 - i. Alliant response: It was reported that Alliant has stated that it would not offer the current Kaiser Plan if there were a competing Kaiser policy.
 - a. Committee requests response in writing. HR personnel will send this response before the next meeting if it is available since this response will affect the committee's work plan for the semester.
 - b. Affordable Care Act:
 - i. Communication of the aspects of the ACA that impact District personnel is critical.
 - c. Dental Plan Options:
 - i. Faculty Association is not convinced that the Committee has looked at all options, i.e., LACCD has a better dental plan.
 - ii. Committee staff support directed to explore additional options as well as the option of pooling resources with LACCD or other school or agency pools.
2. Faculty Association asked about the FY 2013-2014 goals of the other collective bargaining units:
 - a. Management response – No requests for review by committee at this time.
 - b. CSEA response – No requests for review by committee at this time. Former directive was to maximize dental, vision and health plans without significant additional cost to District.
 - i. Laser Surgery a benefit of great interest to members. CSEA may be willing to discuss the option of an employee paid minimal fee for expanded laser surgery benefits.
3. Discussion: Affordable Care Act (ACA)
 - a. General information about the Affordable Care Act Synopsis was discussed.
 - i. See website: www.healthcare.gov for additional information
 - ii. See attached Memo, "ACA Implementation".
 - b. California Health Exchange - 'Covered California' <http://www.coveredca.com>
 - i. District is required to send out notices to all personnel regarding 'Covered California' by October 1, 2013.

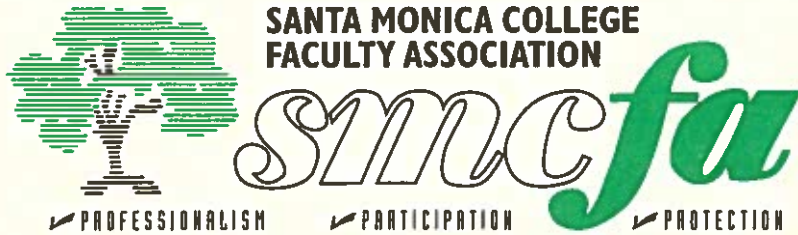
- ii. Tax credits available to pay for health insurance through 'Covered California'.
 - iii. Open enrollment for this starts October 01, 2013 and runs through to March 2014.
 - iv. ACA Handouts (see attached)
 - a. Key Features of the Affordable Care Act
 - b. ACA Marketplace Mailer
 - c. Frequently Asked Questions for Employees about the New Health Insurance Marketplace
 - c. ACA workshops by Keenan & Associates to be sponsored by Faculty Association for part-time faculty. Invitations shall be sent to the committee, all of whom are invited.
4. Meeting Attendance Discussion. It is important that committee members attend each scheduled meeting. The importance of this committee's work requires committee members arrive on time, and attend each meeting to its conclusion.
5. Suggested agendas for the following meetings:
- a. October 03, 2013.
Response on Kaiser issue. Committee support staff to forward information to co-chairs as soon as possible.
 - b. October 24, 2013.
Reopen dialogue with Alliant regarding coverage goals:
 - Increase benefits
 - Lower costs
 - Additional cleanings
 - Better coverage for crowns and implants
 - Coverage for orthodontics

VI. Next Meetings

- Thursday, Oct. 03, 2013 BUS 111 (Confirmed)
- Thursday, Oct. 24, 2013 BUS 111 (Confirmed)
- Thursday, Nov. 14, 2013 BUS 111 (Confirmed)
- Tuesday, Dec. 03, 2013 BUS 111 (Confirmed) – alternate date needed

VII. Adjournment

Meeting adjourned at 3:00 pm



September 5, 2013

Marci Wade and Fran Chandler
Collegewide Benefits Committee Co-Chairs

Pursuant to Article 10.17 of the collective bargaining agreement, the Faculty Association hereby requests that the Benefits Committee study the following subjects and prepare a recommendation on them.

1. The possibility of covering part-time faculty under the health insurance plans offered by PERS while maintaining the coverage currently offered by the Kaiser health plan
2. Review and educate District employees on the effects of the Affordable Care Act
3. Review options for the dental plan offered by the District

A handwritten signature in black ink, which appears to read "Moassessi".

Mitra Moassessi
President of the Santa Monica College Faculty Association



INTEROFFICE MEMORANDUM

TO: Benefits Committee Members
FROM: Marcia Wade, VP-HR, Co-Chair of Committee
SUBJECT: Affordable Care Act Implementation
DATE: September 30, 2013
CC: Fran Chandler, Co-Chair of Committee

1. Santa Monica College Health Insurance

Santa Monica College provides the following health insurance program:

A. Employer-paid health insurance for the employee and the employee's dependents to the following individuals:

- Full-time Academic Administrators
- Classified Managers
- Project Managers
- Confidential Employees
- Classified Staff who are members of CSEA and work 35 hours per week or more
- Classified Staff who are members of SMCPOA and work 35 hours per week or more
- Full-time Faculty

B. Partial employer-paid health insurance for the employee and the employee's dependents to the following individuals:

Classified Staff who are members of CSEA and work less than 35 (thirty-five) hours per week, but 20 (twenty) or more hours per week, shall receive a pro-rata share of the amounts which are authorized for a full time employee if they elect to be enrolled in a health, vision, and dental care plan. The pro-ration shall be based on a 40 (forty) hour week. If the employee elects to enroll only in a vision and dental care plan, the District shall pay the full cost of the plan.

Classified Staff who are members of SMCPOA and work less than 35 (thirty-five) hours per week, but 20 (twenty) or more hours per week, shall receive a pro-rata share of the amounts which are authorized for a full time employee if they elect to be enrolled in a health, vision, and dental care plan. The pro-ration shall be based on a 40 (forty) hour week. If the employee elects to enroll only in a vision and dental care plan, the District shall pay the full cost of the plan.

C. Employer-paid health insurance for the employee to the following individuals:

Part-time faculty who meet the requirements of Section 10.5 of the collective bargaining unit with the Santa Monica College Faculty Association. The health insurance plan is provided by Kaiser and employees may elect dental and vision coverage in lieu of the Kaiser plan.

D. Santa Monica College does not provide health insurance to the following individuals:

Limited-term employees

Provisional employees

Student Workers

Interns (No more than 18 hours/week; i.e., Part-time Faculty/Counselor)

Non-merit employees (e.g., art models, community service workers)

Instructors of community service classes

Part-time faculty who do not meet the requirements of Section 10.5 noted above

Part-time coaches who do not meet the requirements of Section 10.5 noted above

The College has reviewed the hours of these employees and they did not meet the definition of a Full-time employee under the Affordable Care Act.

2. Standard Measurement Period. (12 month measurement without administrative period.)

The College has adopted a standard measurement period of 12 months from January 1 to December 31 and no administrative period.

3. Stability Period.

The College has adopted a one-year stability period, from January 1 through December 31 of the year following the Standard Measurement Period.

4. Reasonable Method for Calculating Hours for Employees Who Do Not Report Time Worked to the College. (Safe Harbor Provision)

A. Part-time Faculty.

A part-time faculty member shall be deemed a full-time employee if his or her teaching load is $\frac{3}{4}$ or more of the course load for a full-time faculty member. Part-time faculty members cannot work more than 67% of a full-time load.

B. Part-time Coaches.

Part-time coaches are not year round employees; they work either fall or spring semesters, sometimes both.

The California Community College Athletic Association Constitution and By-Laws establishes when practices may start and the number of contests that may occur (By-Law 3). The Sports Season Chart is set forth in By-Law 3.11. For sports at Santa Monica College, the number of contests (not counting post-season play) ranges from 9 for men's football to 50 or more for women's softball. Taking into account practice days, travel to and from games, and game days, no part-time coach receiving a

stipend works 1,430 or more hours during the Standard Measurement Period established by the College.

Resources

Liebert Cassidy Whitmore. "June 1, 2013 Deadline Approaching: Large Employers Should Prepare Now for the Affordable Care Act's Penalties". May 02, 2013.

<http://www.lcwlegal.com/84418>

U. S. Department of Labor. <http://www.dol.gov/ebsa/healthreform/>

U.S. Department of Health and Human Services.

www.hhs.gov/opa/affordable-care-act/index.html

Key Features of the Affordable Care Act

On March 23, 2010, President Obama signed the Affordable Care Act. The law puts in place comprehensive health insurance reforms that will roll out over four years and beyond. Click here for an overview of the key features of the Affordable Care Act year-by-year.



Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

TIMELINE



Benefits of the Affordable Care Act for Americans

Improving Quality and Lowering Healthcare Costs

- Free preventive care
- Prescription discounts for seniors
- Protection against health care fraud
- Small Business Tax Credits

New Consumer Protections

- Pre-existing conditions
- Consumer Assistance

Access to Healthcare

- Health Insurance Marketplace.

Benefits for Women

- Providing insurance options
- Covering preventive services
- Lowering costs

Young Adult Coverage

- Coverage available to children up to age 26

Strengthening Medicare

- Yearly Wellness Visit
- Many Free Preventive Services for some seniors with Medicare

Holding Insurance Companies Accountable

- Insurers must justify any premium increase of 10% or more before the rate takes effect

Timeline of Health Insurance Marketplace

- October - Open enrollment begins
- January - Coverage begins
- March - Open enrollment closes
- Future - All Americans have access to affordable health care.



Frequently Asked Questions for Employees about the New Health Insurance Marketplace

1. Q: What is the “Exchange” or “Marketplace” that I’ve been hearing about?

A: The Exchange/Marketplace is a new health insurance marketplace in each state. The Marketplaces are established under the Healthcare Reform Act that was passed in 2010. The Marketplace is an on-line site where individuals and smaller employers may go to purchase health insurance coverage for 2014.

2. Q: Why is the Marketplace being established?

A: Under federal law, beginning January 1, 2014 individuals will be required to have minimum essential health coverage, or else be subject to a penalty. This is referred to as the “individual mandate.” The Marketplace is intended to help individuals meet the individual mandate requirement by providing another place to purchase coverage, and possibly qualify for federal assistance to do so.

3. Q: Do I have to purchase health coverage through the Marketplace?

A: No. You may still obtain health coverage from other sources if you are eligible. To avoid the individual mandate penalty, you will want to confirm that the coverage you obtain provides “minimum essential coverage” under the rules.

4. Q: What are some possible other sources of coverage?

A: Your employer, your spouse’s employer, Medicare (if eligible in your state), the individual market, etc.

5. Q: What if I am covered under my employer’s plan? Can I keep it?

A: Yes. Most employer plans will qualify as the coverage required under the individual mandate requirements. You do not need to purchase coverage through the Marketplace in order to avoid the individual mandate penalty. You may, if you would like, however.

6. Q: Can I drop myself or my dependents from my group plan to purchase a plan through the Marketplace or outside of the Marketplace?

A: Maybe yes. Maybe no. Employers and Marketplaces have very specific rules around enrollment and disenrollment. In general, both have an annual open enrollment period (which will usually be different) and permit special enrollments during the year based on events such as marriage or birth of a child. Although these rules are similar, they are not identical. In addition, determining when you can change an election outside the annual open enrollment period will be determined by IRS regulations and the terms of the group health plan. Generally, employees may not change an election unless the employee experiences a change in status permitted by the IRS and allowed by the group health plan.

7. Q: How do I know if I qualify for assistance to purchase my coverage through the Marketplace?

A: Individuals who are not offered qualifying healthcare coverage through their employer may be eligible for government subsidies to help pay for health insurance premiums for plans purchased in the Marketplaces (based on income level and how many dependents you have). Generally, household income must be below 400% of the federal poverty level (which in 2013 is about \$46,000 for an individual, or about \$78,000 for a family of three), in addition to some other rules, in order to qualify. Whether you qualify will depend on what kind of coverage your employer offers. If your job-based coverage is considered affordable and meets minimum value requirements, you won't be able to get lower costs on premiums or out-of-pocket costs in the Marketplace. This is true no matter what your income and family size are. As state Marketplace sites are launched over the next months, you will be able to get details about a possible subsidy.

8. Q: Will my employer subsidize my health coverage if I purchase it through the Marketplace?

A: Employers are not required to help you pay for coverage that you purchase through the Marketplace. With most employer-provided plans, the employer pays a portion of the premium cost. You should consider this when making decisions about where to obtain your health coverage.

9. Q: Will I be able to see my same doctor if I purchase coverage through the Marketplace instead of at work?

A: Maybe yes. Maybe no. Insurance purchased through the Marketplace may have different provider networks.

10. Q: When will the Marketplace in my state be open for business?

A: Open enrollment in the Marketplaces is scheduled to begin October 1, 2013, with coverage to generally become effective January 1, 2014. Please refer to the Marketplace in your state for further information.

11. Q: Do I have to enroll by January 1, 2014 in order to get coverage through the Marketplace?

A: No. In this first year of Marketplace coverage, you may enroll until March 31, 2014. But if you enroll after December 15th of this year, your coverage will have an effective date that is later than January 1, 2014. To avoid not having coverage beginning January 1, 2014, and potentially incurring a penalty, you should enroll by December 15, 2013 if you wish to satisfy the individual mandate with coverage obtained through the Marketplace.

12. Q: Will my employer's health benefits program be available for purchase through the Marketplace?

A: Possibly, if your employer is considered to be a small employer under the rules, and has chosen to purchase its program for employees through the Marketplace. Generally, employers with over 100 employees, or in some states 50 employees, may not purchase their programs for employees through the Marketplace yet. Employers of any size may offer coverage through regular channels, however, just as they do today.

The intent of this analysis is to provide general information regarding the provisions of current healthcare reform legislation and regulation. It does not necessarily fully address all your organization's specific issues. It should not be construed as, nor is it intended to provide, legal advice. You should contact your tax advisor or an attorney who specializes in this practice area should address questions regarding specific issues.