

Board of Trustees

BP 2730 BOARD MEMBER HEALTH BENEFITS

References:

Government Code Sections 53201 and 53208.5

Health Benefits for Current Board Members

The District shall provide health, dental, vision and life insurance for members of the Board of Trustees. Those plans shall be equivalent to those provided to **management** employees.

Health Benefits for Retired Board Members

Health Benefits for retired board members are provided under either of the following categories:

- A. The District will continue to pay the cost of the District's group health and welfare benefit plan as provided for eligible retired management employees for each retired Board member and spouse following the retirement of the Board member provided that the Board member meets the following conditions at the time of retirement:
  1. The retired Board member must have served as a member of the Board of Trustees of the Chabot-Las Positas Community College District on or after January 1, 1981 and before January 1, 1995.
  2. The retired Board member must have served at least twelve complete years and one day of service at the time of retirement and has ceased to serve on the Board.
  
- B. The District will offer retiring board members the opportunity to continue to participate in the District's group medical plans if they have completed one or more terms of office. The retiree is responsible for the full costs of the health and welfare benefits.

Conditions of Continuing Benefits

1. The benefit(s) continue during the life of the retiree. Upon the death of the retiree, the spouse may continue the benefit(s) at his/her own expense, with

monthly payments made in advance as determined by the District, and accepted by the insurance carrier.

2. The retired Board member may pay the additional premium(s) necessary to provide coverage for other eligible dependents.
3. The District payment for eligible retirees will be limited to the coverage provided for retired management personnel in the case of retirees under 65 years or to the premiums which will replace or supplement Medicare for retirees 65 years of age or older. Retirees eligible for Medicare must enroll in Medicare Parts A, B, and D during his or her initial enrollment period as specified by the Social Security Administration. If the retiree and/or his/her spouse or approved domestic partner is ineligible, he/she must show proof of the ineligibility. Health and welfare benefit plan(s) may be changed from one company or health care organization to another by the retiree once each year during the annual open enrollment established by the District. Changes between companies will be subject to the policies in effect at that time by the insurance companies or health care service plans providing medical coverage. At the time of retirement, the retiree must be enrolled for continuance under any special requirements which are a part of that plan.
4. The District shall offer retired board members the opportunity to participate in the District's group dental and vision plans. The retiree shall be responsible for the full cost of the premium.

---

**Adopted:** June 16, 2015

*(This new policy replaces current CLPCGD Policies 7032 and 7033)*