

**Human Resources**

**BP 7380 RETIREE HEALTH BENEFITS**

**References:**

Education Code Sections 7000 et seq.

The Board of Trustees of the Riverside Community College District, recognizing the value of continuity of service in the District by its employees, shall provide for retirees (certificated/academic, classified/confidential, management) who qualify, District paid medical insurance after retirement and until the retiree reaches age 65.

For those who do not qualify, based on years of service or age at retirement, the opportunity shall be provided to continue in the District's group medical insurance program by reimbursement to the District of the total cost of the premium until age 65.

In addition, employees who resign, or are terminated, are eligible for continued medical and dental insurance coverage under the provisions of COBRA and AB 528, at full cost to the individual.

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Date Adopted: November 18, 2008  
(Replaces RCCD Policies 3097 and 4097)

**Human Resources**

**AP 7380 RETIREE HEALTH BENEFITS**

**References:**

Education Code Sections 7000 et seq.

Any retiree (Academic/certificated, Classified/Confidential, Management) who is eligible to participate in one of the options listed below, is required to request to participate prior to the date of retirement from the District. Such requests are to be made to the District's Insurance Technician, by calling 328-3873. Managers who have been apprised by an employee of an impending retirement must notify Diversity & Human Resources, so they can assist in the facilitation of the process. Retirees who are eligible to continue on the District plan at full cost to the retiree are required to pay monthly or annual premiums in advance of the effective date of the coverage provided.

- I. The Riverside Community College District will continue to pay the medical insurance costs for an employee, for up to the amount of a subscriber and one dependent, if he/she retires from the District at age fifty-five (55) or older and has ten (10) or more years of service in the District. District payment of these costs cease on the retiree's 65th birthday. In cases where the dependent reaches age 65 prior to the retiree, the dependent is required to provide the District's Insurance Technician with a copy of their Medicare card(s). Retiree dental coverage is available at the expense of the retiree. Dependent eligibility is contingent upon retiree enrollment. There are no age limitations for retiree dental coverage.
- II. Those individuals who retire from the District with the minimum of ten (10) years service with the District, who are at least fifty (50) years of age, but not yet fifty-five (55) years of age are not eligible for District payment of medical insurance costs under this policy. These individuals may continue to be carried as a member of the group by reimbursing the District for their individual medical insurance costs only (no dependent coverage) until such time as they reach age 65, as long as the District can negotiate this benefit with the carrier.
- III. Those individuals who retire from the District at age fifty-five (55) or older, but do not have 10 years of service with the District, are not eligible for District payment of medical insurance costs under this policy. These individuals may continue to be carried as a member of the group by reimbursing the District for their individual medical insurance costs only (no dependent coverage) until such time as they reach age 65, as long as the District can negotiate this benefit with the carrier.

- IV. Those retirees who reach age 65 and are no longer eligible for District payment of medical insurance costs under this policy have the right to buy into the District health plan(s) for up to the amount of the subscriber and one dependent, as long as the District can negotiate this benefit with the carrier.
- V. In the event an individual has an eligible dependent(s), other than those stated in the first paragraph, at the time of retirement from the District who is not covered under this policy, he/she shall have the right to continue to have the dependent(s) carried as a member of the group by reimbursing the District for the dependent's medical insurance costs, as long as the District can negotiate this benefit with the carrier.
- VI. Former Board members who previously participated in the District's medical insurance program may continue to be carried as members of the group by reimbursing the District for their medical insurance costs, as long as the District can negotiate this benefit with the carrier.
- VII. The Chancellor of the District shall have the authority to grant up to six (6) months of District-paid medical insurance to those employees of the District who are approved for disability retirement and do not otherwise qualify for District-paid medical insurance. At the end of the six-month period, continued coverage is available under COBRA.
- VIII. Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and AB 528, former employees may be eligible to continue on the District plan at full cost to the former employee, with monthly or annual premiums, payable in advance of the effective date of the coverage provided. Upon separation from the District for reasons other than retirement, and depending upon the event which causes insurance coverage to end, the employee and his/her dependents may elect to continue coverage pursuant to the following considerations:
  - A. The employee and dependents may continue coverage for up to 18 months if the employee terminates for any reason, except gross misconduct, or loses eligibility due to a reduction in the hours worked.
  - B. Dependents may continue coverage for up to 36 months if the employee dies, the employee becomes divorced or legally separated, the dependent child ceases to be a dependent, or if the employee after age 65 becomes eligible for Medicare and elects Medicare as primary to the medical plan.
  - C. The individual will be charged the full cost of the premium plus an additional 2% of the premium for administrative costs. Payment is to be made in advance of the effective date of the coverage provided.
  - D. This continuation coverage will end if any of the following occur:

1. The former employee or dependents become eligible for coverage through another group health plan;
2. Entitlement to Medicare coverage begins;
3. Termination of the employer-provided group health plan (although when coverage is replaced by another group health plan, the individual may be continued under that plan); or
4. Failure to pay the required premiums.

*Office of Primary Responsibility:* Vice Chancellor, Diversity and Human Resources

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Administrative Approval: April 27, 2009  
(Replaces RCCD Regulations 3097 and  
4097)  
Revised: September 26, 2011