

MEMORANDUM OF UNDERSTANDING  
BETWEEN CALIFORNIA MILITARY INSTITUTE(CMI) AND  
CALIFORNIA MILITARY INSTITUTE TEACHERS ASSOCIATION (CMITA)

HEALTH & WELFARE BENEFITS

April 23, 2021

This Memorandum of Understanding is made and entered into effective April 23, 2021 ("Effective Date"), by and between the CALIFORNIA MILITARY INSTITUTE("CMI" or "CHARTER") and CALIFORNIA MILITARY INSTITUTE TEACHERS ASSOCIATION ("CMITA" OR "ASSOCIATION") (hereafter collectively referred to as the "PARTIES").

**RECITALS**

During the 2017-2018 school year, the PARTIES worked collaboratively to find ways to provide cost effective, financially responsible health care benefits to CHARTER employees. On April 16, 2018, the PARTIES reached a successful three-year agreement, covering the 2018-2019, 2019-2020, and 2020-2021 school years. The agreement met the mutual interests of the PARTIES and helped mitigate increasing costs of health care benefits for certificated employees.

During April 2021 the PARTIES reviewed options In an effort to continue to provide high quality, cost effective health care benefits to certificated employees.

**AGREEMENT**

Now therefore, the Parties agree as follows:

1. In accordance with Appendix B of the Collective Bargaining Agreement the following three-tiered health and welfare plans shall be offered to Charter employees for open enrollment through the Riverside County Employer/Employee Partnership (REEP):
  - a. Anthem HMO 20
  - b. Anthem HMO 30
  - c. Anthem HMO 40
  - d. Anthem HSA
  - e. Anthem Minimum Value Plan (MVP) - 3-tier
  - f. Kaiser HMO 20 (High)
  - g. Kaiser DHMO 500
  - h. Kaiser HSA
  - i. Kaiser Minimum Value Plan (MVP) - 3-Tier
  - j. Delta Dental Incentive PPO
  - k. Delta Dental PPO
  - l. Delta Care HMO Dental
  - m. Anthem PPO Dental
  - n. Medical Eye Services (MES) Vision
  - o. Vision Service Provider (VSP) Vision

2. Attached to this agreement are the plan premiums and eleventhly payroll deductions based upon renewal rate percentages for 2021-2022, along with estimated plan premiums and eleventhly payroll deductions for 2022-2023 and 2023-2024 based upon a four-percent (4%) increase to all medical plans and no increase to dental and vision plans. The premiums for the Employee Assistance Program (EAP) and Talk Space are also included within the medical premiums.
3. Medical premiums shall be offered on a three-tiered rate structure: Single, Employee+1 or Family coverage. Family coverage is defined as employee and all eligible dependents and/or the employee's spouse. Employee+1 is defined as the employee plus any other eligible dependent or the employee's spouse. Dental and vision shall be offered on a composite rate structure. For each year, the amount shall be prorated for benefit eligible employees working less than full time. Please refer to the attached spreadsheet for further information.
  - a. Effective July 1, 2021 the Charter contribution towards premiums for health and welfare benefits for full-time unit members shall be \$9,675-Anthem \$9,675-Kaiser single coverage, \$17,375-Anthem \$15,175-Kaiser employee+1 coverage, and for \$16,375-Anthem \$14,175-Kaiser family coverage.
  - b. Effective July 1, 2022, the Charter contribution towards premiums for health and welfare benefits for full-time unit members shall be increased to \$10,025-Anthem \$10,025-Kaiser single coverage, \$18,175-Anthem \$15,975-Kaiser employee+1 coverage, and for \$17,175-Anthem \$14,975-Kaiser family coverage.
  - c. Effective July 1, 2023, the Charter contribution towards premiums for health and welfare benefits for full-time unit members shall be increased to \$10,375-Anthem \$10,375-Kaiser single coverage, \$18,975-Anthem \$16,775-Kaiser employee+1 coverage, and for \$17,975-Anthem \$15,775-Kaiser family coverage.
4. Open Enrollment for Health & Welfare shall be set by the Charter and occur each year in May for the upcoming plan year.
5. For the 2022-2023 plan year and the 2023-2024 plan year, CMITA shall review health and welfare plans offered by REEP. Should the ASSOCIATION desire to make changes to the plans being offered, the ASSOCIATION shall do so through the plan design process and in accordance with the timelines and deadlines imposed by REEP.
6. Health & Welfare negotiations shall be closed through June 30, 2024.

This Agreement constitutes the entire agreement and understanding of the PARTIES. There are no oral understandings, terms, or conditions, and neither party has relied upon any representation, express or implied, not contained herein. All prior understandings, terms, or conditions, written, oral, expressed, or implied, are superseded by this Agreement.

This Agreement cannot be changed or supplemented orally and may be modified or superseded only by a written instrument executed by both Parties.

The language of all parts of this Agreement shall, in all cases, be construed as a whole, according to its fair meaning, and not strictly for or against either party.

Violations of this Memorandum of Understanding are subject to Article V - Grievance Procedure of the collective bargaining agreement between the PARTIES.

It is agreed and understood this agreement is subject to approval by the California Military Institute Governing Board.

Dated this 23<sup>rd</sup> day of April 2021

**California Military Institute Teachers Association (CMITA):**



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Jane Scibilia  
Bargaining Chairperson, CMITA



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Angel Love-Behrens  
Negotiations Member, CMITA



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Victor Murillo  
Negotiations Member, CMITA



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Mitchell Osborn  
Bargaining Member, CMITA

*Lorraine Turner*

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Lorraine Turner  
Negotiations Member, CMITA

**California Military Institute:**



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Nicholas Hilton  
Director, Human Resources



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Kirk Skorpanich  
Assistant Superintendent, Human Resources



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Candace Reines  
Deputy Superintendent, Business Services



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Igor Nicholas Milosavljevic  
Principal, California Military Institute

## CMITA Charter Health & Welfare 2021-22 to 2023-24

2021-22: Annual Charter Contribution Increases by \$75 for Single and by \$225 for Employee +1 and Family  
 2022-23 and 2023-24: Annual Charter Contribution Increases by an additional \$350 for Single and by \$800 for Employee +1 and Family Per Year

Select your Medical, Dental and Vision plan below (one from each shaded area) and add the employee costs for those plans to get your total 11thly employee cost for payroll deduction

	2020-21			2021-22				2022-23				2023-24			
	Annual Premium	Charter Contribution per Employee	11thly Employee Cost	Annual Premium	Charter Contribution per Employee	11thly Employee Cost	Difference from 2020-21	Estimated Annual Premium	Charter Contribution per Employee	11thly Employee Cost	Difference from 2021-22	Estimated Annual Premium	Charter Contribution per Employee	11thly Employee Cost	Difference from 2022-23
Anthem HMO 20 Single	\$8,437.44	\$9,600.00	\$0.00	\$8,564.29	\$9,675.00	\$0.00	\$0.00	\$8,906.87	\$10,025.00	\$0.00	\$0.00	\$9,085.00	\$10,375.00	\$0.00	\$0.00
Anthem HMO 20 Employee + 1	\$21,093.60	\$17,150.00	\$427.40	\$21,347.02	\$17,375.00	\$429.98	\$2.58	\$22,200.90	\$18,175.00	\$434.88	\$4.90	\$22,644.91	\$18,975.00	\$402.52	-\$32.36
Anthem HMO 20 Family	\$21,093.60	\$16,150.00	\$518.31	\$21,347.02	\$16,375.00	\$520.89	\$2.58	\$22,200.90	\$17,175.00	\$525.79	\$4.90	\$22,644.91	\$17,975.00	\$493.43	-\$32.36
Anthem HMO 30 Single	\$7,878.12	\$9,600.00	\$0.00	\$7,999.38	\$9,675.00	\$0.00	\$0.00	\$8,319.36	\$10,025.00	\$0.00	\$0.00	\$8,485.74	\$10,375.00	\$0.00	\$0.00
Anthem HMO 30 Employee + 1	\$19,695.36	\$17,150.00	\$300.29	\$19,934.79	\$17,375.00	\$301.60	\$1.31	\$20,732.19	\$18,175.00	\$301.36	-\$0.24	\$21,146.83	\$18,975.00	\$266.33	-\$35.03
Anthem HMO 30 Family	\$19,695.36	\$16,150.00	\$391.20	\$19,934.79	\$16,375.00	\$392.51	\$1.31	\$20,732.19	\$17,175.00	\$392.27	-\$0.24	\$21,146.83	\$17,975.00	\$357.24	-\$35.03
Anthem HMO 40 Single	\$7,140.24	\$9,600.00	\$0.00	\$7,254.12	\$9,675.00	\$0.00	\$0.00	\$7,544.29	\$10,025.00	\$0.00	\$0.00	\$7,695.17	\$10,375.00	\$0.00	\$0.00
Anthem HMO 40 Employee + 1	\$17,850.60	\$17,150.00	\$132.58	\$18,071.59	\$17,375.00	\$132.22	-\$0.37	\$18,794.45	\$18,175.00	\$125.20	-\$7.01	\$19,170.34	\$18,975.00	\$86.65	-\$38.56
Anthem HMO 40 Family	\$17,850.60	\$16,150.00	\$223.49	\$18,071.59	\$16,375.00	\$223.12	-\$0.37	\$18,794.45	\$17,175.00	\$216.11	-\$7.01	\$19,170.34	\$17,975.00	\$177.56	-\$38.56
Anthem HSA Single	\$10,497.84	\$9,600.00	\$187.31	\$10,645.30	\$9,675.00	\$193.04	\$5.73	\$11,071.11	\$10,025.00	\$196.74	\$3.70	\$11,292.53	\$10,375.00	\$200.68	\$3.94
Anthem HSA Employee + 1	\$24,354.96	\$17,150.00	\$723.89	\$24,640.99	\$17,375.00	\$729.43	\$5.55	\$25,626.63	\$18,175.00	\$746.31	\$16.88	\$26,139.16	\$18,975.00	\$720.18	-\$26.13
Anthem HSA Family	\$24,354.96	\$16,150.00	\$814.80	\$24,640.99	\$16,375.00	\$820.34	\$5.55	\$25,626.63	\$17,175.00	\$837.22	\$16.88	\$26,139.16	\$17,975.00	\$811.09	-\$26.13
Anthem MVP Single	\$4,600.44	\$9,600.00	\$0.00	\$4,688.92	\$9,675.00	\$0.00	\$0.00	\$4,876.48	\$10,025.00	\$0.00	\$0.00	\$4,974.01	\$10,375.00	\$0.00	\$0.00
Anthem MVP Employee + 1	\$9,200.88	\$17,150.00	\$0.00	\$9,335.37	\$17,375.00	\$0.00	\$0.00	\$9,708.78	\$18,175.00	\$0.00	\$0.00	\$9,902.96	\$18,975.00	\$0.00	\$0.00
Anthem MVP Family	\$13,571.28	\$16,150.00	\$0.00	\$13,749.47	\$16,375.00	\$0.00	\$0.00	\$14,299.45	\$17,175.00	\$0.00	\$0.00	\$14,585.44	\$17,975.00	\$0.00	\$0.00
Kaiser HMO 20 (High) Single	\$8,774.04	\$9,600.00	\$0.00	\$8,939.36	\$9,675.00	\$2.02	\$2.02	\$9,296.93	\$10,025.00	\$2.70	\$0.68	\$9,482.87	\$10,375.00	\$0.00	-\$2.70
Kaiser HMO 20 (High) Employee + 1	\$17,548.08	\$14,950.00	\$305.08	\$17,836.23	\$15,175.00	\$310.82	\$5.74	\$18,549.68	\$15,975.00	\$302.95	-\$7.87	\$18,920.68	\$16,775.00	\$263.95	-\$39.00
Kaiser HMO 20 (High) Family	\$17,548.08	\$13,950.00	\$395.99	\$17,836.23	\$14,175.00	\$401.73	\$5.74	\$18,549.68	\$14,975.00	\$393.86	-\$7.87	\$18,920.68	\$15,775.00	\$354.86	-\$39.00
Kaiser DHMO 500 (Low) Single	\$7,197.60	\$9,600.00	\$0.00	\$7,340.85	\$9,675.00	\$0.00	\$0.00	\$7,634.48	\$10,025.00	\$0.00	\$0.00	\$7,787.17	\$10,375.00	\$0.00	\$0.00
Kaiser DHMO 500 (Low) Employee + 1	\$14,395.44	\$14,950.00	\$18.48	\$14,639.46	\$15,175.00	\$20.20	\$1.73	\$15,225.03	\$15,975.00	\$0.71	-\$19.49	\$15,529.54	\$16,775.00	\$0.00	-\$0.71
Kaiser DHMO 500 (Low) Family	\$14,395.44	\$13,950.00	\$109.39	\$14,639.46	\$14,175.00	\$111.11	\$1.73	\$15,225.03	\$14,975.00	\$91.62	-\$19.49	\$15,529.54	\$15,775.00	\$46.58	-\$45.05
Kaiser HSA Single	\$6,568.80	\$9,600.00	\$0.00	\$6,703.24	\$9,675.00	\$0.00	\$0.00	\$6,971.37	\$10,025.00	\$0.00	\$0.00	\$7,110.80	\$10,375.00	\$0.00	\$0.00
Kaiser HSA Employee + 1	\$13,137.60	\$14,950.00	\$0.00	\$13,364.01	\$15,175.00	\$0.00	\$0.00	\$13,898.57	\$15,975.00	\$0.00	\$0.00	\$14,176.54	\$16,775.00	\$0.00	\$0.00
Kaiser HSA Family	\$13,137.60	\$13,950.00	\$0.00	\$13,364.01	\$14,175.00	\$0.00	\$0.00	\$13,898.57	\$14,975.00	\$0.00	\$0.00	\$14,176.54	\$15,775.00	\$0.00	\$0.00
Kaiser MVP Single	\$4,993.80	\$9,600.00	\$0.00	\$5,106.19	\$9,675.00	\$0.00	\$0.00	\$5,310.44	\$10,025.00	\$0.00	\$0.00	\$5,416.65	\$10,375.00	\$0.00	\$0.00
Kaiser MVP Employee + 1	\$9,987.60	\$14,950.00	\$0.00	\$10,169.91	\$15,175.00	\$0.00	\$0.00	\$10,576.70	\$15,975.00	\$0.00	\$0.00	\$10,788.24	\$16,775.00	\$0.00	\$0.00
Kaiser MVP Family	\$14,132.52	\$13,950.00	\$85.48	\$14,372.86	\$14,175.00	\$86.88	\$1.39	\$14,947.77	\$14,975.00	\$66.42	-\$20.46	\$15,246.72	\$15,775.00	\$20.87	-\$45.55
Delta Dental Incentive PPO	\$1,549.08		\$82.84	\$1,549.08		\$82.84	\$0.00	\$1,549.08		\$82.84	\$0.00	\$1,549.08		\$82.84	\$0.00
Delta Dental PPO	\$1,306.92		\$60.83	\$1,306.92		\$60.83	\$0.00	\$1,306.92		\$60.83	\$0.00	\$1,306.92		\$60.83	\$0.00
Anthem PPO Dental	\$1,085.88		\$40.73	\$1,085.88		\$40.73	\$0.00	\$1,085.88		\$40.73	\$0.00	\$1,085.88		\$40.73	\$0.00
Delta Care HMO Dental	\$637.80		\$0.00	\$637.80		\$0.00	\$0.00	\$637.80		\$0.00	\$0.00	\$637.80		\$0.00	\$0.00
VSP Vision Family	\$133.92		\$1.27	\$133.92		\$1.27	\$0.00	\$133.92		\$1.27	\$0.00	\$133.92		\$1.27	\$0.00
Medical Eye Services (MES) Vision	\$120.00		\$0.00	\$120.00		\$0.00	\$0.00	\$120.00		\$0.00	\$0.00	\$120.00		\$0.00	\$0.00
Cash in Lieu		\$2,000.00			\$2,000.00				\$2,000.00				\$2,000.00		

2021-22 annual premiums are based on final rate renewals.

2022-23 and 2023-24 premium estimates are based upon a 4% increase to all medical plans and no increase to dental and vision plans.

The premiums for the Employee Assistance Program and Talk Space are shown within the medical premiums.

Please contact Brenna Dorado at [brenna.dorado@puhsd.org](mailto:brenna.dorado@puhsd.org) or 951-943-6369 ext. 80283 with any questions.

<b>TITLE</b>	CMITA Health and Welfare MOU Revision (2)
<b>FILE NAME</b>	CMITA H&W MOU April 2021-Final.pdf
<b>DOCUMENT ID</b>	2777a03b70c8548fab706642647bd25c04d56455
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14:23:22 UTC-8

Sent for signature to Jane Scibilia (jane.scibilia@puhsd.org), Nick Hilton (nick.hilton@puhsd.org), Kirk Skorpanich (kirk.skorpanich@puhsd.org), Angel Love-Behrens (angel.love-behrens@puhsd.org), Victor Murillo (victor.murillo@puhsd.org), Mitchell Osborn (mitchell.osborn@puhsd.org), Lorraine Turner (lorraine.turner@puhsd.org), Candace Reines (candace.reines@puhsd.org) and Igor Nicholas Milosavljevic (igor.milosavljevic@puhsd.org) from mayra.chavez@puhsd.org  
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VIEWED

**04 / 27 / 2021**

14:24:40 UTC-8

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**04 / 27 / 2021**

14:25:49 UTC-8

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**04 / 27 / 2021**  
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**04 / 27 / 2021**  
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15:02:26 UTC-8

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**04 / 27 / 2021**  
15:18:15 UTC-8

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**04 / 27 / 2021**  
15:19:17 UTC-8

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**04 / 28 / 2021**  
00:18:00 UTC-8

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**04 / 28 / 2021**  
00:18:32 UTC-8

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**04 / 28 / 2021**  
10:50:48 UTC-8

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**04 / 28 / 2021**  
10:51:02 UTC-8

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