LBAEE
Monthly Newsletter
SEPTEMBER 2025 News

LBAEE UPDATES

- According to our negotiated MOU, effective the first full pay period including October 1, 2025, all bargaining unit members shall receive an additional 1% general wage increase to the base hourly rate.

- The City HR Department presented an update on Fiscal Year 2025 vacancies and recruitment and retention efforts to City Council. AEE's president Henry Corzo, in turn, addressed the council with the following statement:

  "The Long Beach Association of Engineering Employees (LBAEE) represents hundreds of employees in the City of Long Beach. Our group's unique skills from diverse engineering fields are a key contributor to the city's infrastructure development and success.

  We sympathize with the recent recruitment and retention efforts made by the Department of Human Resources. We however consider that our association has been disproportionally affected by the standing vacancy rate of 22.5%.

  Critical engineering work still needs to be performed resulting in our members having to extend sometimes 30% over their normal duties while their compensation keeps being eroded by inflation and recent economic variables like tariffs. A lot of times this leads to burnout and feelings of being undervalued which is currently reflected in the volume of resignations.

  Recent efforts of trying to get some positions to equity are simply not effective if the adjustments for cost of living are low when compared with nearby agencies that have provided 22%-25% in their recent MOUs to their professional engineering associations.

  As Mayor Rex Richardson has mentioned in the past, we need a broader commitment to make City public service attractive. And the City has to prioritize their efforts with their Engineering Employees if we seriously consider the City's infrastructure as a solid investment for its own future.

  LBAEE therefore recommends that the streamlining of the hiring process currently being pursued be combined with a comprehensive plan to make wages, employment conditions and benefits more attractive and competitive in our current economy." See the video at : https://www.youtube.com/watch?v=5ITlr64h9HQ

- LBAEE reviewed updated bulletins for Civil Engineer Associate and updated Specification Classifications for Petroleum Engineer I-II.

- Volunteer still needed for the Director position for the Public Works Group. Contact us!!!

- Recipients for the 20025 Scholarship have been selected: Kim Vu, Surya Kakarlapudi and Joseph Buehler

- The Association is planning a meeting to reconnect in person with our members on Wednesday October 8th at Noon. Stay tuned for details in how to RSVP in an upcoming email.

Medical Continuation Coverage Under COBRA

This month, we will discuss COBRA – a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA's state counterpart, known as Cal-COBRA, extends COBRA medical benefits to those who work for a small employer (fewer than 20 employees). Together, they provide important protection for employees who are separated from employment or who are on long-term disability leaves of absence.

What is COBRA? In short, COBRA allows individuals to continue to use the employer's medical plan and maintain health insurance coverage after leaving employment (known as continuation coverage), typically for a maximum of 18 months, although it can last longer under some circumstances. The cost of benefits under COBRA is legally limited to 102% of the premium for active employees and does not include employer contributions. COBRA took effect in 1986, long before the Affordable Care Act was signed into law. At that time, an employee who was separated from employment was often left without medical coverage. There was no health insurance exchange available where individuals who did not have an employer-sponsored medical plan could purchase health insurance, and there were no subsidies or tax credits for individuals to purchase their own insurance. At that time, it was also legal for health insurance companies to deny coverage to individuals because of a pre-existing medical condition. The Affordable Care Act has since prohibited this practice. Individuals who left employment often had to go without medical coverage until they secured another job, or until they qualified for benefits under Medicare, Medicaid, or Medi-Cal.

How Does it Work? An individual must meet three basic requirements to elect COBRA:

1. Their group health plan must be covered by COBRA.
2. A qualifying event must occur; and
3. They must be a qualified beneficiary for that event.

COBRA requires employer group health plans to provide a temporary continuation of health coverage that would otherwise end due to certain events, such as:

- Death
- Employment termination (for reasons other than gross misconduct)
- Reduction in hours
- Becoming eligible for Medicare
- Divorce or legal separation
- A child's loss of dependent status (and therefore coverage) under the plan.

Under COBRA, the continuation coverage must be offered to covered employees, former employees, spouses, former spouses, and dependent children. COBRA covers group health plans sponsored by an employer, including plans for state or local government employees, that had at least 20 employees on more than 50 percent of their typical business days in the previous calendar year. Full-time and part-time employees are counted in determining whether a plan is subject to COBRA requirements. Employers are obligated to provide terminating employees with information about their rights under COBRA at the point of separation – not later. Former employees have up to 60 days following the last day of coverage to sign up for COBRA. The individual must pay the full premium, back to the date of separation, to access the plan. People who plan to use their former employer's health program under COBRA must be enrolled in that plan when they separate from employment. If they had opted out of the plan, they may not be able to opt back in under COBRA. If a premium payment is missed, even by a day, the health insurance company can terminate coverage and deny reinstatement.

If the individual chooses continuation coverage, employers may require the individual to pay the full cost of the coverage, plus a 2% administration charge. Continuation coverage premiums are often higher than what individuals are used to paying, since employers typically cover part of the cost for active employees. Under COBRA, however, individuals must pay the entire premium themselves, plus the 2% administrative fee.

Employees on Disability are Eligible for COBRA. If an individual is off work with an illness or injury, the Family Medical Leave Act requires the employer to continue medical benefits (including the employer's contribution to those benefits) for at least twelve weeks. However, what if your condition lasts longer than twelve weeks? Can the employer discontinue benefits? The answer is no. Under these circumstances, an individual has the right to continued benefits under COBRA. COBRA enables the individual to purchase the same benefits they had as an active employee at no more than 102% of the actual cost. Under most circumstances, COBRA benefits last for a maximum of 18 months. Nevertheless, under some conditions, such as disability,

they may be continued for up to 29 months. Thus, if an individual or their family member became disabled either (1) before applying for COBRA coverage, or (2) within the first 60 days of being covered, the individual is eligible for an additional 11 months (for a total of 29 months). This disability extension applies not only to the person who is disabled, but to the family members who are receiving COBRA benefits via the disabled person's plan. This benefit applies whether the disabled person has lost their job permanently or is off work temporarily and waiting to return to work.

Is COBRA a Good Option? COBRA insurance can be very expensive. Many employers provide an excellent medical plan and contribute a significant amount towards the cost of the monthly premium. With COBRA, the individual can still have access to a great medical plan, but the individual will have to pay the full premium. Unfortunately, many individuals who lose their income cannot afford to pay the full premium. However, for those who must continue coverage under that plan (e.g., someone managing a costly chronic health condition), COBRA can be a good option.

Special Enrollment. Keep in mind that an employee who loses group health coverage may be able to enroll in a spouse's plan through a special enrollment period. Also, a dependent who loses eligibility for group health coverage may be able to enroll in a different parent's plan. To have a special enrollment opportunity, the individual or dependent must:

- Have been previously eligible for the plan in which they now want to enroll
- Have had other health coverage when that plan was first offered to them
- Request special enrollment within 30 days of losing other coverage

Also, an individual who loses their employer group coverage can now enroll in the Health Insurance Marketplace, thanks to the Affordable Care Act. The marketplace allows individuals to find and compare private health insurance plans. Individuals may qualify for a tax credit that lowers the monthly premiums and reduces cost-sharing responsibilities, such as deductibles, coinsurance, and copayments. For a special enrollment, the individual must select a marketplace plan 60 days before or after losing their job-based coverage. However, anyone who lacks employer coverage can enroll in marketplace coverage during an open enrollment period that begins in November.

If an individual elects COBRA coverage and experiences a new special enrollment event (such as marriage, the birth of a child, or exhausting COBRA coverage), they can request a special enrollment in another group health or marketplace plan. If an

individual chooses to terminate COBRA coverage early with no special enrollment opportunity available at that time, they will have to wait until the next open enrollment period to enroll in coverage through another group health plan or the marketplace.

COBRA and Medicare. If an individual is over age 65 and they lose their job after their Medicare initial enrollment period and did not enroll in Medicare Part A or B, they may have an 8-month special enrollment period beginning the month after their employment ends or the month after their group health coverage ends, whichever is earlier. If an individual elects COBRA coverage instead of Medicare, they may have to pay a late enrollment penalty and may have a gap in coverage if they later decide they want Part B. If the individual enrolls in Medicare Part A or B before COBRA coverage ends, the plan may terminate COBRA coverage. However, if Medicare Part A or B is effective on or before the date the individual elects COBRA, the plan cannot discontinue COBRA coverage because of Medicare, even if the individual enrolls in the other part of Medicare after electing COBRA. Generally, if someone has both COBRA and Medicare, Medicare will be the primary payer, and COBRA will be the secondary payer. The secondary payer might not pay all the uncovered costs. For more information, visit the Medicare website.

CalPERS Announces Medical Rates for 2026

Last month, CalPERS announced the new health plan premiums for 2026. You can see the rates by plan and region, including the COBRA rates that reflect the 2% surcharge, at: CalPERS Members Health Benefits Plans & Rates

For most plans, the 2026 premium increases will be smaller than the price hikes enrollees saw for 2025. The overall weighted premium rate increase is 8.2%. Health Maintenance Organization (HMO) plans increased by an average of 6.5%. Preferred Provider Organization (PPO) plans increased by an average of 12%. Nearly 240,000 members are enrolled in the two PPO plans, Gold and Platinum, which will see an 11% and 13% increase, respectively. More than 520,000 members are enrolled in Kaiser Permanente, the most popular plan, which will see a premium increase of 5% next year. These figures may vary based on your region. Pharmacy costs continue to drive increases, particularly with specialty and brand name drugs. In addition, large group health plans must now cover infertility diagnosis and treatment in accordance with SB 729. This includes in vitro fertilization (IVF) (up to 3 completed egg retrieval cycles and unlimited embryo transfers). The law will apply to plans offered through

CalPERS pursuant to the Public Employees' Medical and Hospital Care Act (PEMHCA), but the effective date for those plans is delayed until July 1, 2027.

CalPERS administers health benefits to more than 1.5 million members and their beneficiaries, making CalPERS the nation's second largest purchaser of public employee health services after the U.S. Government. CalPERS members can shop for health plans and make changes during open enrollment, which runs from September 15 through October 10. Beginning on September 8, members can find open enrollment information on the CalPERS website and customized information in their myCalPERS accounts. In their online accounts, members can compare monthly plan premiums and copays, and search for primary care doctors and specialists to see which plan works best for them. New premiums will take effect January 1, 2026.

News Release - CPI Data!

The U.S. Department of Labor, Bureau of Labor Statistics, publishes monthly consumer price index figures that look back over a rolling 12-month period to measure inflation.

2.7 % - CPI for All Urban Consumers (CPI-U) Nationally
3.0 % - CPI-U for the West Region
3.2% - CPI-U for the Los Angeles Area
1.5% - CPI-U for San Francisco Bay Area (from June)
3.5 % - CPI-U for the Riverside Area
4.0 % - CPI-U for San Diego Area

Questions & Answers about Your Job

Each month we receive dozens of questions about your rights on the job. The following are some GENERAL answers. If you have a specific problem, talk to your professional staff.

Question: I will be going out for two weeks due to a medical procedure. I have a note from my doctor saying I will be unable to work while recovering from surgery. I would like to use my sick time while I am out, but HR is requesting me to fill out FMLA paperwork for a leave of absence. Do you know what my options are? Am I not able to use my accrued sick time? I do not want to go out on FMLA. If I do, will this affect my CalPERS service credit or the amount I must pay for my medial insurance?

Answer: Yes, you can use your accrued sick leave while you are out recovering from a medical procedure. Sick leave is specifically intended for situations where you are unable to work due to illness, injury, or recovery from surgery. Since you have a note from your doctor stating you are unable to work, you may use your available sick time during your recovery to remain in paid status.

However, your employer is also required to comply with the Family and Medical Leave Act (FMLA), which provides eligible employees with up to twelve weeks of job-protected leave per year for qualifying health or family reasons. Even if you do not want to use FMLA, the law allows your employer to designate your time as FMLA-qualifying if your situation meets the criteria (most surgeries and medically necessary recovery periods qualify). The designation is not optional once your employer is aware that your condition qualifies under the law.

It is important to understand that going out on FMLA does not stop you from using your sick leave. FMLA simply runs concurrently with your paid leave. This means that while you are using your accrued sick time and continuing to receive your regular paycheck, your time off is also being counted toward your FMLA entitlement. The protections under FMLA apply regardless of whether you are using paid or unpaid leave, and your employer must continue your benefits and hold your job for the duration of the FMLA leave.

If you are using paid sick leave, you remain in paid status. This means your CalPERS service credit will not be affected. You will continue to earn service credit, and your time off will count toward your retirement in the same way as if you were working. Your payroll deductions for health insurance will also continue without interruption,

and there will be no increase to your medical insurance cost. Your benefits will remain active and unchanged.

The request from HR to complete FMLA paperwork is not about denying your sick leave request. It is to comply with federal law and track your leave appropriately. This ensures that your rights under FMLA are protected, including your right to return to your job after your recovery and the continuation of your benefits during your absence. It may feel unnecessary, especially if you are planning to use your sick time, but it is part of your employer's responsibility to administer the FMLA correctly.

In short, even if you do not wish to take FMLA, your employer can designate your medically necessary leave as FMLA. This does not stop you from using your sick time, and it does not affect your CalPERS service credit or increase your medical insurance costs if you remain in paid status using your accrued leave.

Question: My supervisor asked me to limit an employee's email access while he is on vacation. I'm concerned because it seems arbitrary. This is not an ordinary request. Do I have to comply? Should I inform the employee about the direction? Are there protocols for how and when to deny an employee access?

Answer: The employer owns the work email address of the employee. As such, it is within management's rights to limit an employee's email access. This is a lawful request. You should comply with the directive. Not following the direction could be considered insubordinate. You can confirm in writing by sending a brief email to your supervisor acknowledging the instruction and requesting any relevant policies or guidelines to follow.

Also, check with your IT department to ensure that the email access restriction is implemented in accordance with the organization's security protocols. Keep the action discreet and professional, avoiding unnecessary discussions or sharing details beyond what is necessary. If you are uncertain about what to say or how to respond to the employee, ask your supervisor or Human Resources for further clarification before communicating with the employee.

Question: Our Director is creating a hostile and retaliatory work environment. This includes obstructing career advancement, patterns of bias, and favoritism. This is widespread and longstanding. Several of us would like to file a grievance against the Director. We also would like to do a vote of no confidence. There is the potential for more people to join in who are currently hesitant due to

concerns about possible retaliation. How do we move forward with getting the Director removed?

Answer: You may not be successful in having a Director removed as that is the exclusive prerogative of the employer, but you can work toward changing their behavior. Start by documenting everything in detail. Keep records of incidents that demonstrate hostility, retaliation, bias, or favoritism including dates, times, names of witnesses, emails, memos, and other supporting evidence. Document and report any discrimination, harassment, or retaliation based on a protected status immediately. These complaints do not have to follow the chain of command. Employees can file the complaint directly with HR. You can also request an impartial third-party investigation, though it is up to the employer to decide who conducts the investigation. Depending on the nature of the complaint, the employer may also place the Director on administrative leave while the investigation is ongoing. This may help mitigate fears of retaliation, at least temporarily.

If reporting the Director's behavior internally does not resolve this issue, employees might consider filing a charge of discrimination with the federal Equal Employment Opportunity Commission or the California Civil Rights Department. Before you do, it is important to distinguish between behavior that is illegal discrimination (e.g., race, age, gender, etc.) with behavior that is not based on a protected characteristic.

If your MOU allows for an Association grievance, this may be an option. Filing an Association grievance can send a stronger message than a grievance from a single employee. A group grievance is an option if employees have reported the Director's behavior to HR and the harassment continues, or the Director retaliates against employees. As with any initial complaint, any grievance should identify specific incidences and cite the MOU or policy violations. Avoid making general accusations or conclusory statements in the grievance. Point out specific behavior and conduct. Also be aware that many of the co-workers who complained most vigorously about the Director may be unwilling to commit to an action.

A vote of no confidence is an option, but one that should be pursued once other methods to stop harassment and retaliation are unsuccessful. Your employee organization leaders can decide whether to conduct a vote and, if approved, draft a statement clearly outlining the reasons for the vote. The statement should identify the methods that were pursued that were not successful and be mindful of who the statement is being addressed to (e.g., top management or the governing board).

Question: Yesterday was my last day of service for the City. I had an exit interview with HR that went well. I feel I was able to say what I wanted to say about the reason I resigned. HR mentioned I would get my final pay with leave cash outs on the next pay day, two weeks out. Is this correct? I gave more than two weeks' notice. Please advise.

Answer: State law requires employers to pay final wages and leave cash outs immediately upon separation or within 72 hours, depending on whether an employee quits or is fired. (Labor Code §201). However, that section of the labor code does not apply to local government employees. Local public agencies, including cities, can issue final paychecks on the next regular payday following an employee's last day of service. This means that even if you gave more than two weeks' notice and completed your exit interview, the public employer is not legally obligated to provide your final wage or leave cash outs right away. However, check your MOU or personnel rules. You might find provisions that require a faster timeline. If that is the case, the employer must follow those terms. If you do not receive your final paycheck or leave cash outs as required, contact your HR department.