

ATTACHMENT A

ARTICLE V

INSURANCE

Section 1. **Medical Plan.**

Except as provided below, the Board will make comprehensive group hospital, prescription drug and medical coverage through a High Deductible Health Plan with a Health Savings Account (HDHP-HSA), as described herein, available to each eligible Administrator and to his or her eligible dependents.

Administrators who are ineligible for the HDHP-HSA may participate in the High Deductible Health Plan with a Health Reimbursement Account (HDHP-HRA), as outlined in Appendix 3, to provide hospital, prescription drug and medical coverage. Retirees may participate in the HDHP at their own expense (without deductible contributions).

All individuals with change in status (“qualified life events”) during the year, including new hires, will be eligible for the HDHP-HSA on a pro-rated basis. The employer funding is pro-rated by the effective date of coverage for the qualified life event.

Covered services will be made available at a level that is substantially equivalent to the level of covered services available under the medical plan in effect as of the effective date of this Agreement (the “Medical Plan”), subject to the terms and conditions set forth in the Medical Plan, in this Article and in Appendix 3 and Appendix 4.

Section 2. **Dental Plan.** The Board will make comprehensive group dental insurance coverage available during the term of this Agreement to each eligible Administrator who applies for it and to his or her eligible dependents. Covered services will be made available at a level that is substantially equivalent to the level of covered services available under the dental plan in effect as of the effective date of this Agreement (the “Dental Plan”), subject to the terms and conditions set forth in the Dental Plan and in this Article.

Section 3. (a) **Means Of Providing Covered Service And Terms.** The Board may self-insure the Medical and/or Dental Plan and/or prescription drug coverage in whole or in part or, upon termination of an insurance contract with any carrier, may enter into an insurance contract with the same or a different carrier to provide covered services at a level that is not significantly diminished from the level of covered services in effect as of the effective date of this Agreement.

If the Board self-insures, it shall use the self-funded allocation rates in the calculation of employee premiums.

(b) **Deductible, Coinsurance, Co-pay Requirements.** Covered individuals must meet any and all deductible, coinsurance and/or co-pay requirements set forth in the Medical and/or Dental Plans, whether established by the Board's primary carrier, in an available alternate plan to which the Administrator subscribes and/or by the care/service provider.

(c) **Cost Containment.** Covered individuals must comply with any and all of the requirements set forth in the Medical and/or Dental Plans, an available alternate plan to which the Administrator subscribes and/or by the care/service provider concerning pre-certification, pre-admission testing, utilization review, second opinions and other such cost control and utilization monitoring provisions.

Section 4. Disability Protection. The Board will provide for each eligible Administrator who desires it, a disability income protection plan that shall commence on the 181st day of disability and provide the following:

(a) Sixty percent (60%) of the Administrator's annual salary, not to exceed \$9,000 per month. If the administrator should qualify for disability insurance, the Board will honor the sick day plan as a secondary contributor. The primary contributor under these circumstances will be the coverage provided by the insurance carrier. The combined payments of the insurance carrier and the Board of Education will be no more than 100% of salary, subject to the offsets set forth in subsection (c).

(b) Payments will continue until the disability ceases, the Administrator becomes eligible for full retirement benefits under the Connecticut Teachers' Retirement Fund or reaches age 65, whichever first occurs.

(c) Benefits will be offset by any amount paid toward the disability by Federal Social Security, benefits payable under the Connecticut State Teachers' Retirement disability plan, Workers' Compensation and any other offset generally found in long-term disability plans.

Section 5. Waiver of Coverage. (a) The Board will indemnify each Administrator who voluntarily elects to waive all medical and dental coverage provided by the Board under this Agreement, in accordance with the schedule and subject to the provisions set forth below. There shall be no payments made for transferring coverage from one Board sponsored plan to another (such as, but not limited to, from the Preferred Provider Plan to the HD-HSA Plan or vice versa).

	<u>Medical/Dental</u>
- Individual Coverage	\$ 750
- Family Coverage	\$1,000

The amount payable for waiving family coverage will be paid only to Administrators with dependents eligible for such coverage.

Administrators will not be permitted to waive individual coverage while retaining family coverage.

The amounts payable will be prorated for years in which the waiver is in effect for less than a full year.

(b) Payments set forth above will be made in two equal installments during each fiscal year in which the waiver is in effect: the first half will be paid during the month of February and the second half will be paid during the month of June.

(c) Written notice of intention to waive insurance coverages must be received by the Superintendent or his or her designee not less than thirty (30) calendar days prior to the publicized enrollment date and will be subject to regulations or restrictions prescribed by the carrier.

(d) Any Administrator who has waived coverage may elect to resume such coverage effective at the ensuing enrollment date provided he or she has submitted to the Superintendent written notice of his or her intention to resume such coverage at least thirty (30) days in advance of such enrollment date. Actual resumption of coverage will be subject to the regulations and restrictions prescribed by the carrier, including, but not limited to, waiting periods and successfully passing physical examinations. Under extraordinary circumstances (including, but not limited to, divorce, loss of coverage by spouse or death of spouse) and subject to approval by the Superintendent, such resumption of coverage may begin prior to the ensuing enrollment date, subject to the regulations and restrictions of the carrier as provided herein. In the event resumption of coverage takes place prior to the end of a fiscal year for which a payment listed above has been made or is due to be made, the Board and the Administrator will make appropriate adjustments in such payments so as to prorate them in a manner consistent with the date upon which coverage resumes.

Section 6. Costs of Coverage. (a) **Medical Plan. HD-HSA.** The Board and each regular full-time Administrator will share the premium cost for the individual, two-person or family coverage under the HD-HSA plan the Administrator elects pursuant to Section 1 of this Article as follows: the Board will pay an amount equal to eighty percent (80%) effective July 1, 2017, provided that the Board contribution toward premium for the HDHP shall be reduced to seventy nine percent (79%) effective July 1, 2019. The Administrator will pay the balance of the premium cost for coverage and will authorize the Board to make regular periodic payroll deductions, as determined by the Board, to pay his or her share of the premium cost.

For coverage under the Board's Long-Term Disability Plan, the Board will contribute an amount equal to 90% of the cost of coverage and the Administrator will pay the balance.

(b) **Dental Plan.** For coverage under the Dental Plan for each eligible regular full-time Administrator who selects coverage and his or her eligible dependents, the Board shall pay the same percentage of the premium cost of the Dental Plan as the Board pays of

the premium cost of the Administrator's HD-HSA plan. The Administrator shall pay the balance through payroll deductions as described in subparagraph (a) above.

(c) **Eligible Part-Time Administrators.** The Board's obligation to pay a portion of the premium for coverage for eligible regular part-time Administrators (those who are assigned to work a regular schedule of half (1/2) a full-time schedule or more) under the Medical and Dental Plans provided for in Sections 1 and 2 above shall be pro-rated based on the portion of a regular full-time schedule to which each eligible regular part-time Administrator is regularly assigned, respectively, and the Administrator shall pay the balance pursuant to regular payroll deductions in accordance with the provisions set forth in subparagraphs (a) and (b) above.

Section 7. **Life Insurance.** The Board will provide group term life insurance for each Administrator in an amount equal to two and one-half (2 ½) times the Administrator's regular annual salary, at no cost to the Administrator. It is agreed that, as used in this Section 7, "annual salary" means compensation as set forth on Appendix 1.

Section 8. **Vandalism.** The Board will reimburse each Administrator up to a maximum of \$500 or the amount provided as a deductible on the Administrator's own automobile insurance, whichever is the lesser, for damage to his or her automobile caused by vandalism while the automobile was parked on school property at a time when the Administrator was engaged in performing his or her professional responsibilities.

Section 9. **General Provisions.**

(a) **Plan Year.** "Plan Year", as used in this Article, is hereby defined as the Board's fiscal year (July 1 - June 30), unless the Board notifies the Association of any change in Plan Year.

(b) **Eligible Dependents.** No Administrator may extend to his or her dependents coverage under any of the Plans provided by this Agreement unless the Administrator is covered by such plans.

(c) **Change of Insurance Carrier.** The Board shall have the sole discretion to choose its primary carrier, to change carriers and/or to self-insure in whole or in part, provided that the level of covered Medical and Dental services described in Section 1 are not significantly diminished.

(d) **Disputes Relating to Eligibility/Benefits.** Eligibility for benefits shall be determined exclusively in accordance with the provisions of the respective insurance contracts acquired by the Board to provide covered services, and any dispute relating to eligibility for or the amount of covered services or benefits in any individual case shall be processed by the Administrator directly with the respective insurance carrier and shall not subject the Board to any claim in any forum. In no event shall the Board be considered to be an insurer or a guarantor of any covered services or benefits.

(e) **Reopener.** The Board and the Association agree to reopen Article V (Insurance) during the duration of this contract, including plan design and premium cost share if there is a change in the DEA insurance benefits either through negotiations or arbitration, and if there is a re-opener with the DEA during their successor agreement(s) upon request of the Board.

Section 10. **Death Benefit.** In the event an Administrator dies during the term of this Agreement while still employed by the Board as an Administrator, the Board will continue (1) to pay to his or her spouse or dependent children the Administrator's salary for a period of sixty (60) calendar days immediately following the death of the Administrator, and (ii) permit the Administrator's spouse or dependent children to extend, at his, her or their expense, the Administrator's family insurance coverage, if any, for a period of up to twenty-four (24) months following the death of the Administrator, including the period for continuation of such benefits provided under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Section 11. **Reimbursement Account Plan.** The Board will continue in effect the Reimbursement Account Plan (the "RA Plan") in effect as of June 30, 1999, as more fully described on **Appendix 2** attached hereto.

Section 12. **Tuition Reimbursement.**

The Board shall establish a fund of \$5,000 for the purpose of reimbursing administrators who hold a 6th Year Certificate or above for the cost of college/university courses in the following manner:

- (a) The course must relate to his/her present teaching assignment or must be for an additional endorsement to a professional certificate directly related to the administrator's assignment.
- (b) The course must be approved in advance by the Superintendent. At the time of approval, the Superintendent shall notify the administrator whether funds remain available for reimbursement.
- (c) It must be a graduate level course at an accredited college or university and cannot be a correspondence or internet course.
- (d) Proof of successful completion of the course, a grade of B or better, must be submitted to the school district.
- (e) When the forgoing conditions are met, such administrator shall be reimbursed \$150 per credit hour or the actual cost of the course, whichever is less.
- (f) No more than one (1) course of up to three (3) credits per year per administrator can be submitted for reimbursement.

APPENDIX 3 **MEDICAL PLAN**

(A) **HDHP-HSA Plan.** The Board will make available to Administrators a High Deductible Health Plan with a Health Savings Account (HDHP-HSA). Effective July 1, 2017 the HDHP shall have an in-network deductible of \$2,250 single and \$4,500 family, of which the Board will contribute 50%. Effective July 1, 2018, the in-network deductible will increase to \$2,500 single and \$5,000 family, of which the Board will contribute 50%.

Once the in-network deductible is met there shall be no coinsurance for in-network covered services, except for prescriptions. Upon satisfaction of the HDHP in-network deductible, prescriptions are subject to a retail copay of \$5 generic, \$35 preferred brand, and \$40 non-preferred brand (up to a 30 day supply per prescription) and mail order copay of \$10 generic, \$70 preferred brand, and \$80 non-preferred brand (up to 90 day supply per prescription). Out-of-network services will be subject to a 70% plan/30% member coinsurance up to the out-of-network maximum out-of-pocket amount per plan year.

The Board contributions toward the in-network deductible shall be deposited in the HSA bank account of the employee in each plan year as follows: 50% July 1st and 50% January 1st. An Administrator in this program will be required to pay a premium share equal to 20% in 2017-2018, 20% in 2018-2019 and 21% in 2019-2020.

Retirees may participate in this plan if eligible, provided that the Board will not contribute to the deductible for such retirees.

(B) **HDHP-HRA Plan.**

The High Deductible Health Plan with a Health Reimbursement Account (HDHP-HRA) shall be limited to Administrators who (a) are not eligible for the HSA (*e.g.*, because they participate in Medicare or have recently received benefits from the Veteran's Administration), or (b) are retired (who may participate at their own expense). The Board shall set up a HRA for Administrators participating in the HDHP-HRA with the fund amounts equal to the employer contributions that are deposited into the HSA for eligible Administrators. The Board funding to the HRA shall include a rollover feature for each covered individual allowing any unused HRA deductible funds to be rolled over to the amount legally allowed.

(C) **Vision Coverage.** All eligible Administrators will be covered by a Vision Plan, with the same premium share contribution percentages as the Administrator's HDHP-HSA or HDHP-HRA plan.

APPENDIX 4
SUMMARY PLAN DOCUMENT

[Insert Summary Plan Document]