

REVERE LOCAL SCHOOL DISTRICT
Summit County, Ohio

June 21, 2011

Special Meeting @ 6:00 p.m.

Board Room / Administration Building

I. CALL TO ORDER – Bill Hoover

II. ROLL CALL

- A.** Mario Bonacci
- B.** Joseph Forcina
- C.** William Hoover
- D.** Claudia Hower
- E.** George Seifert

III. EXECUTIVE SESSION

- A.** Property: To discuss the purchase or sale of public property. 6:00 p.m.
- B.** Personnel: To consider employee employment and compensation. 6:30 p.m. estimated
- C.** Negotiations: To review/prepare for negotiations or bargaining sessions with public employees. 7:00 p.m. estimated

IV. TREASURER'S AGENDA

A. Health Insurance Plan – Renewal with Anthem Under the Summit Regional Healthcare Consortium

The Treasurer recommends that the Board of Education approve the renewal effective 7/1/2011 through 6/30/2012 as detailed in **Attachment T-1**.

Mr. Bonacci _____ Mr. Forcina _____ Mr. Hoover _____ Mrs. Hower _____ Mr. Seifert _____

V. SUPERINTENDENT'S AGENDA

Certificated/Licensed Personnel

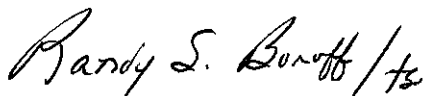
A. Resignation – Certificated/Licensed Staff Member

It is recommended that the Board of Education approve and accept the resignation of Bill Adams, Principal RHS, as noted in **Attachment 1**.

Mr. Bonacci _____ Mr. Forcina _____ Mr. Hoover _____ Mrs. Hower _____ Mr. Seifert _____

VI. ADJOURNMENT

Respectfully Submitted,



Randy S. Boroff
Superintendent

New Document

Your Summary of Benefits



Revere Board of Education
Blue Access® (PPO)
Effective 07/01/2011

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$200/\$400	\$400/\$800
Out-of-Pocket Limit (Single/Family)	\$600/\$1,200	\$1,750/\$3,500
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: - allergy injections (PCP and SCP) - allergy testing - MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, and non-maternity related Ultrasounds	\$15/\$30 No copayment/coinsurance 20% No copayment/coinsurance	20% 20% 20%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Vision and Hearing screenings - Physician Home and Office Visits (PCP/SCP) - Other Outpatient Services @ Hospital/Alternative Care Facility	\$15 10%	20% 20%
Emergency and Urgent Care Emergency Room Services facility/other covered services (copayment waived if admitted) Urgent Care Center Services	\$75 10%	\$75 10%
Inpatient and Outpatient Professional Services Include but are not limited to: Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	10%	20%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 180 days for skilled nursing facility	10%	20%
Outpatient Surgery Hospital/Alternative Care Facility Surgery and administration of general anesthesia	10%	20%
Blue 3.0		

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
 An independent licensee of the Blue Cross and Blue Shield Association.
 ®Registered marks Blue Cross and Blue Shield Association.

Your Summary of Benefits

Revere Board of Education – Blue 3.0 PPO Benefit Summary (continued)

Covered Benefits	Network	Non-Network
Other Outpatient Services (Combined Network & Non-Network limits) including but not limited to: • Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. • Home Care Services unlimited visits Network/30 visits Non-Network (excludes IV Therapy) • Durable Medical Equipment and Orthotics • Prosthetic Devices • Prosthetic Limbs • Physical Medicine Therapy Day Rehabilitation programs • Hospice Care • Ambulance Services	10% 10% 10%	20% 10% 10%
Outpatient Therapy Services (Combined Network & Non-Network limits) • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical Therapy: 60 visits • Occupational Therapy: 60 visits • Manipulation Therapy: 12 visits • Speech therapy: 20 visits	\$15/\$30 10%	20% 20%
Behavioral Health: Mental Illness and Substance Abuse² • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	10% 10% No copayment/coinsurance No copayment/coinsurance	20% 20% 20% 20%
Human Organ and Tissue Transplants³ • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	50%

Your Summary of Benefits

Revere Board of Education – Blue 3.0 PPO Benefit Summary (continued)

Covered Benefits	Network	Non-Network
Prescription Drugs⁴ Network Tier structure equals 1/2/3 Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply) Includes diabetic test strip Medicare Rx - Wrap Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits and are limited to a 30 day supply regardless of whether they are retail or mail service.	\$9 generic/\$14 formulary brand/\$23 non-formulary brand \$18 generic/\$28 formulary brand/\$46 non-formulary brand	50%, min \$30 ⁵ Not covered
Lifetime Maximum	Unlimited	Unlimited

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a percentage (%) coinsurance applies to other covered services and may not apply to some Behavioral Health services where coinsurance applies
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums do accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year
- Mammograms Routine and Diagnostic, Diabetic Education and Medical Nutritional Therapy are subject to the PCP/OV cost share in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

¹ These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

² We encourage you to review the Schedule of Benefits for limitations.

³ Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

⁴ If applicable, all prescription drug expenses except tier 1, (Network Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.

⁵ Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Your Summary of Benefits

Revere Board of Education – Blue 3.0 PPO Benefit Summary (continued)

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes members under age 19):

12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

Grandfathered Health Plan:

Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the federal health care reform law. As we receive additional guidance and clarification on the health care reform law from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

SUMMARY OF DENTAL BENEFITS REVERE BOARD OF EDUCATION

Effective 07/01/2011

BENEFITS AT A GLANCE

Annual Deductible	\$50 Individual \$100 Family
Diagnostic and Preventive Oral examinations Bitewing X-rays Cleaning of teeth (prophylaxis) Fluoride treatment Emergency treatment/pain relief Full-mouth X-rays (every 36 months)	Covered in Full* (not subject to deductible)
Primary Services Routine fillings Root canal treatment Oral surgery Periodontic services Simple extractions Denture and bridge repair Sealants for children under age 19 Inlays and crowns	30%*
Prosthetic and Complex Restorative Installation of full and partial dentures Installation of fixed and removable bridges	50%*
Annual Maximum (per individual)	\$1,750
Orthodontia (all covered persons)	50%*
Orthodontia Lifetime Maximum (per individual)	\$1,750

* Payments based on Provider's Reasonable Charge

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Anthem Dental coverage is underwritten by Anthem Blue Cross and Blue Shield.
 Dental and Vision administration services provided by Health Management Systems, Inc.
 Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
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 ®Registered marks Blue Cross and Blue Shield Association.

New Document



REVERE HIGH SCHOOL

3420 Everett Road • Richfield, OH 44286
330-659-6111 Ext. 3202 • 330-666-4155 Ext. 3202

Bill Adams - Principal
John Evans - Assistant Principal
Bill Schumacher - Athletic Director

Randy Boroff and the Revere Board of Education,

Please accept this letter of resignation, effective at the end of my current contract, July 31st 2011. For the past 6 years, I have been the proud Principal of an Excellent School. My family and I would like to thank you for allowing me this opportunity. I wish much success and good fortune to the Revere School District.

Sincerely,

Bill Adams

Received 6/15/11
AMM

RECEIVED
6/15/11

cc: DF
AD/PSJ