

TRI-VALLEY SCHOOLS EMPLOYEE INSURANCE ADDENDUM

A. GROUP LIFE INSURANCE

1. The Board shall contract from a carrier licensed by the State of Ohio, for group term life insurance for each bargaining unit member in the sum of \$50,000 with an additional \$50,000 of accidental death and dismemberment coverage.
2. If requested, the Tri-Valley Education Association and/or Tri-Valley OAPSE shall be provided a copy of the contract and all riders between the Board of Education and the insurance company.

B. "BASIC" COMPREHENSIVE MAJOR MEDICAL PROGRAM

1.
 - a. The Board shall provide a single or family comprehensive major medical program for each certificated employee, equal to or exceeding the specifications below.
 - b. If requested, the Tri-Valley Education Association and/or Tri-Valley OAPSE shall be provided a copy of the contract and all riders between the Board of Education and the insurance company or a third-party administrator.
 - c. All benefits are paid on a usual, customary and reasonable basis.
2. Hospital Benefit:
 - a. Room and Board Semi-Private
 - b. Extra Hospital Charges Subject to deductible and co-insurance
 - c. Emergency Out-Patient Coverage Subject to deductible and co-insurance
 - d. Out-Patient Coverage Subject to deductible and co-insurance
 - e. Intensive Care Subject to deductible and co-insurance
3. Surgical Benefit:
 - a. Maximum Benefit Subject to deductible and co-insurance
 - b. Anesthesia Subject to deductible and co-insurance
 - c. In-Hospital Doctor Calls Subject to deductible and co-insurance
 - d. Surgical Assistant Subject to deductible and co-insurance
4. Outpatient Laboratory and Pathological Benefits:
 - a. Sickness (Unlimited) All diagnostic services such as: Electroencephalograms; X-Ray; Electrocardiograms; Blood; Pancreatic, and Kidney function tests; Pap Smear; Thyroid; Urinalysis; and the like. Subject to deductible and co-insurance

- b. Accident Emergency \$1,000 at 100% Paid & remaining is subject to deductible and co-insurance
- c. Initial In-Hospital Exam for Newborns Paid in Full
- d. Ambulance Service Subject to deductible and co-insurance
- e. Air-Lift Transport Service Subject to deductible and co-insurance

5. Specifications - Major Medical Insurance:

- a. Maximum benefits: Unlimited
- b. Deductible:

If the Major Medical Insurance Fund, with all deductions deposited, is the amount specified below at the conclusion of September, then the deductible on January 1 will be as follows:

- (1) Below \$2,000,000 \$1,000 per individual, but not more than \$2,000 per family
- (2) \$2,000,000 and above \$800 per individual, but not more than \$1,600 per family

c. Co-pay:

(1) Medical appointment/visit:

If the Major Medical Insurance Fund, with all deductions deposited, is the amount specified below at the conclusion of September, then the co-pay on January 1 will be as follows:

- (a) Below \$2,000,000 \$25.00 co-pay per visit
- (b) \$2,000,000 and above \$20.00 co-pay per visit
- (2) First care (i.e. Genesis Health Plex) \$50.00 co-pay per visit
- (3) Emergency room \$100.00 co-pay per visit

d. Co-pays do not apply to the deductible and co-insurance.

e. Co-Insurance Provision: Insurance to pay 80% of first \$5,000.00 and 100% R&C thereafter

f. Maximum Deductible and Co-Insurance Cost will be as follows:

- (1) Below \$2,000,000 \$2,000 per individual, but not more than \$4,000 per family
- (2) \$2,000,000 and above \$1,800 per individual, but not more than \$3,600 per family

g. Tri-Valley will comply with the Affordable Care Act (ACA) reforms that require all co-payments must be included in the out-of-pocket costs. These co-payments will be included at the Federal MOOP (maximum out of pocket) guideline level as adjusted by the Federal Government.

6. Substance abuse, inpatient nervous treatment and mental treatment shall be treated as any other illness.

7. Wellness/routine will have no copay or cost to the insured:
 - a. Well child care for a child under the age of 1 will be paid in full.
 - b. Routine/preventive care (i.e. well child care, immunizations, routine gynecological services, routine PSA testing, routine mammogram and mammogram reading, etc.) for individuals age 1 and older will be paid in full
 - c. Gardasil shots to protect against human papilloma virus and cervical cancer will be paid in full.
 - d. The cost of a routine/preventative colonoscopy for any individual age 50 or older that has not had the procedure within the last 5 years will be paid in full.
8. Drug card deductible receipts will not be permitted to be turned in on the major medical insurance plan for reimbursement.

C. PRESCRIPTION DRUG INSURANCE

1. The Board shall provide single or family prescription drug benefits coverage for each bargaining unit member equal to or exceeding the specifications below. A bargaining unit member selecting prescription drug insurance must select the same coverage (family or single) as the comprehensive major medical program.
 - a. Card Plan Specifications: Deductible Per Prescription
\$5.00 generic / \$25.00 brand
 - b. Mail order prescriptions will have the same deductible per prescription as follows:
 - (1) one (1) deductible for a thirty (30) day supply.
 - (2) two (2) deductibles for a sixty (60) or ninety (90) day supply.
 - c. Unless requested otherwise by the physician or the patient, prescriptions will be filled with generic drugs when a generic is available.

D. GROUP DENTAL INSURANCE

1. The Board shall provide single or family dental benefits coverage for each bargaining unit member equal to or exceeding the specifications below.
 - a. Maximum benefits per person per calendar year

(1) Class I, II, or III	\$1,250.00 per person
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 - b. Deductible

(1) Individual	\$25.00 per calendar year
(2) Family	\$75.00 per calendar year

2. Benefits Paid:

- a. Class I - Preventive & Diagnostic:
No Deductible & 100% of R&C charges
 - (1) Routine Oral Exams - twice a year at least 4 months apart
 - (2) Teeth Cleaning - twice a year at least 4 months apart
 - (3) Fluoride Treatments - once every twelve (12) months
 - (4) Emergency Pain Treatments
 - (5) Space Maintainers
 - (6) All Diagnostic X-Rays including complete series
 - (7) Test and Lab Exams

- b. Class II - Basic Restorative:
80% of the R&C charges
 - (1) Fillings - Amalgams, Silicate, Acrylic
 - (2) Root Canal Therapy
 - (3) Treatment of Gum Disease
 - (4) Repair of Bridgework and Dentures
 - (5) Extractions and Oral Surgery including gum treatment and surgery
 - (6) General Anesthesia - if medically necessary

- c. Class III - Major Restorative:
50% of the R&C charges
 - (1) Inlays, Onlays, Gold Fillings, or Crown Restorations
 - (2) Initial Installation of Fixed Bridgework
 - (3) Installation of Partial or Full, Removal Dentures
 - (4) Replacement of Existing Bridgework or Dentures

- d. Class IV - Orthodontia:
Life-Time Maximum benefits of \$1,750.00 per person
60% of the R&C charges
 - (1) Orthodontic Benefits for Adults Also
 - (2) Full Banded Orthodontic Treatment
 - (3) Appliances for Tooth Guidance
 - (4) Appliances to Control Harmful Habits
 - (5) Retention Appliances - not in connection with full banded treatment

E. GROUP VISION CARE INSURANCE

1. The Board shall contract through a carrier licensed by the State of Ohio, single or family vision care insurance coverage for each certificated employee equal to or exceeding the specifications below.
 - a. Covered Expenses Benefit Period
 - (1) Examinations One (1) in any twelve (12) month period.
 - (2) Lenses (if required) One (1) in any twelve (12) month period.
 - (3) Frames (if required) One (1) in any twelve (12) month period.
 - (4) Maximum Benefit Payment according to schedule.
 - b. The Insurance Committee will choose a comparable vision plan if the current plan is unavailable. If the committee cannot find a comparable plan, the recommended plan must be approved by the Board, the TVEA Executive Committee, and the Executive Committee of the Tri-Valley OAPSE.

F. PREMIER COMPREHENSIVE MAJOR MEDICAL PROGRAM OPTION

1. A "Premier Plan" member will receive:
 - a. a major medical insurance deductible at 25% of the set major medical insurance deductibles in section B.5.b of this article.
 - (1) Below \$2,000,000 \$250 per individual, but not more than \$500 per family
 - (3) \$2,000,000 and above \$200 per individual, but not more than \$400 per family
 - b. A \$5.00 reduction to the medical appointment/visit co-pay in section B.5.c.(1) (a-c).
 - (1) Below \$2,000,000 \$20.00 co-pay per visit
 - (2) \$2,000,000 and above \$15.00 co-pay per visit
 - c. Maximum Deductible and Co-Insurance Cost in section B.5.f. of this article will be reduced due to the reduction in the major medical insurance deductible.
 - (1) Below \$2,000,000 \$1,250 per individual, but not more than \$2,500 per family
 - (2) \$2,000,000 and above \$1,200 per individual, but not more than \$2,400 per family
 - d. All other specifics in sections A-E above will remain the same.
 - e. Tri-Valley will comply with the Affordable Care Act (ACA) reforms that require all co-payments must be included in the out-of-pocket costs. These co-payments will be included at the Federal MOOP (maximum out of pocket) guideline level as adjusted by the Federal Government.

G. HEALTH SAVINGS ACCOUNT

1. An "HSA Plan" member will receive the difference of the cost of the HSA Plan and what the Board contributes to the basic plan for that type of coverage (single or family) into their Health Savings Account monthly. An employee on an HSA Plan will pay the first \$4,000 if on a single plan or first \$8,000 if on a family plan.

H. NON-NETWORK COVERAGE

1. All specifics in this addendum are for network coverage. Non-network coverage for major medical insurance deductibles, co-insurance, and out-of-pocket may be higher for bargaining unit members no matter which plan (basic, premier or HSA) the member selected. It is the bargaining unit members' responsibility to check whether a provider is in the network or non-network. An employee should contact the insurance broker or the insurance provider for inquiries about network status and non-network coverage costs.