

Letter of Understanding
2025 Benefits

In the interest of sound labor-management relations, the Wyandotte Public Schools, hereinafter referred to as "Employer," the Wyandotte Education Association (WEA) MEA/NEA, hereinafter referred to as "WEA", and the Wyandotte Education Administrative Assistants Association (WEAAA), MEA/NEA, hereinafter referred to as "WEAAA," hereby agree as follows:

The Employer, WEA, and WEAAA are engaged in negotiations regarding medical/hospitalization/prescription drug, dental, vision, life, and long-term disability benefits. As a result of those negotiations, the parties agree to the following benefits effective January 1, 2025 through December 31, 2025:

- **Blue Cross/Blue Shield of Michigan medical/hospitalization/prescription drug coverage.** The following plans shall be offered by Blue Cross/Blue Shield:
 - Simply Blue HSA PPO - \$2,500/\$5,000 deductible; \$10/\$40/\$80 RX copay after deductible; \$4,000/\$8,000 out of pocket maximum;
 - Simply Blue HSA PPO - \$2,500/\$5,000 deductible; 20% coinsurance after deductible; \$10/\$40/\$80 RX copay after deductible; \$4,000/\$8,000 out of pocket maximum;
 - Simply Blue HSA PPO - \$3,000/\$6,000 deductible; \$10/\$40/\$80 RX copay after deductible; \$4,600/\$9,200 out of pocket maximum; and
 - Simply Blue HSA PPO - \$3,000/\$6,000 deductible; 20% coinsurance after deductible; \$10/\$40/\$80 RX copay after deductible; \$4,600/\$9,200 out of pocket maximum.

The Employer shall adhere to Public Act 152 of 2011, including but not limited to paying the Hard Cap amount for the 2025 calendar year.

- **Blue Cross/Blue Shield of Michigan dental coverage for the WEA and ADN dental coverage for the WEAAA.** The WEA plan is highlighted below. The WEAAA plan highlights shall be attached to this document.
 - 80% coverage for Class I services; 80% coverage for Class II services; 80% coverage for Class III services. The annual combined allowable maximum for Class I, II, and III services is \$1,200; and
 - 50% coverage for Class IV services with a lifetime maximum of \$500.

<u>Class I Services</u>	
Oral exams	80% of approved amount, twice per calendar year
Full mouth and panoramic X-rays	80% of approved amount, twice per calendar year
Dental prophylaxis (teeth cleaning)	80% of approved amount, once every 60 months
Pit and fissure sealants – for members age 19 or under	80% of approved amount, once per tooth every 36 months when applied to the first and second permanent molars
Palliative (emergency) treatment	80% of approved amount
Fluoride treatments	80% of approved amount, two per calendar year
Space maintainers – missing posterior (back) primary teeth – for members under age 19	80% of approved amount, once per quadrant per lifetime
<u>Class II Services</u>	
Filling - permanent adult teeth	80% of approved amount, replacement fillings covered after 24 months or more after initial filling
Filling - primary (baby) teeth	80% of approved amount, replacement fillings covered after 24 months or more after initial filling
Onlays, crowns and veneer fillings – permanent teeth – for members age 12 or older	80% of approved amount, once every 60 per tooth
Recementation of crowns, veneers, inlays, onlays and bridges	80% of approved amount; three times per calendar year after six months from original restoration
Root canal treatment - permanent tooth	80% of approved amount; once every 12 months for one with more or more canals
Scaling and root planing	80% of approved amount; once every 24 months per quadrant
Limited occlusal adjustments	80% of approved amount; limited occlusal adjust covered up to five times in a 60-month period
Occlusal guards	80% of approved amount; once every 12 months
General anesthesia or IV sedation	80% of approved amount; when medically necessary and performed with oral surgery
Repairs and adjustments of a partial or complete denture	80% of approved amount; six months or more after is is delivered
Relining or rebasing of a partial or complete denture	80% of approved amount; once every 36 months per month
Tissue conditioning	80% of approved amount; once every 36 months per arch

<u>Class III Services</u>	
Removable dentures (complete and partial)	80% of approved amount; once every 60 months
Bridges (fixed partial dentures) - for members age 16 and older who are covered at the time of the actual implant placement	80% of approved amount; once every 60 months after original was delivered
Endosteal implants - for members age 16 or older who are covered at the time of the actual implant placement	80% of approved amount; once per tooth in a member lifetime when implant placement is for teeth numbered 2 through 15 and 18 through 31
<u>Class IV Services</u>	
Orthodontic services for dependents under age 19	
Minor treatment for tooth guidance appliances	50% of approved amount
Minor treatment of control harmful habits	50% of approved amount
Interceptive and comprehensive orthodontic treatment	50% of approved amount
Post-treatment stabilization	50% of approved amount
Cephalometric film (skull) and diagnostic photos	50% of approved amount

- **EyeMed Insight Network vision coverage** with the following plan highlights:

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COSTS	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES Exam Retinal Imaging	\$0 Copay Up to \$39	\$0 Copay Up to \$39	Up to \$45 Not covered
CONTACT LENS FIT AND FOLLOW UP Fit and Follow-Up (Standard) Fit and Follow-Up (Premium)	Up to \$40; contact lens fit and two follow-up visits \$10% off retail price	Up to \$40; contact lens fit and two follow-up visits \$10% off retail price	Not covered No covered
FRAME Frame	\$0 copay; 20% off balance over \$150 allowance	\$0 copay; 20% off balance over \$100 allowance	Up to \$85
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive (Standard) Progressive (Premium Tier 1-3) Progressive (Premium 4)	\$0 copay \$0 copay \$0 copay \$0 copay \$65 copay \$85 - \$110 copay \$65 copay. \$20 off retail price less \$120 allowance	\$0 copay \$0 copay \$0 copay \$0 copay \$65 copay \$85 - \$110 copay \$65 copay. \$20 off retail price less \$120 allowance	Up to \$38 Up to \$60 Up to \$72 Up to \$108 Up to \$60 Up to \$60 Up to \$60

LENS OPTIONS			
Anti-reflective coating (Standard)	\$45	\$45	Not covered
Anti-reflective coating (Premium Tier 1-2)	\$57-\$68	\$57-\$68	Not covered
Anti-reflective coating (Premium Tier 3)	20% off retail prices	20% off retail prices	Not covered
Photochromic - (non-glare)	\$0	\$0	Up to \$70
Polycarbonate (standard)	\$40	\$40	Not covered
Scratch Coating (standard plastic)	\$15	\$15	Not covered
Tint - Solid gradient	\$15	\$15	Not covered
UV Treatment	\$0 copay	\$0 copay	Up to \$14
Polarized	\$15	\$15	Not covered
All other Lens Options	\$0 copay	\$0 copay	Up to \$44
	20% off retail prices	20% off retail prices	Not covered
CONTACT LENSES			
Contacts (Conventional)	\$0 copay; 15% off balance over \$115 allowance	\$0 copay; 15% off balance over \$115 allowance	Up to \$115
Contacts (Disposable)	\$0 copay; 100% of balance over \$115 allowance	\$0 copay; 100% of balance over \$115 allowance	Up to \$115
Contacts (Medically Necessary)	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$200
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1-800-203-0675	Up to 64% off hearing aids; call 1-800-203-0675	Not covered
Lasik from PRK from US Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	15% off retail or 5% off promo price; call 1-800-988-4221	Not covered

Frequency	ADULTS	CHILDREN
Exam	Once every 12 months from date of service	Once every 12 months from date of service
Frame	Once every 12 months from date of service	Once every 12 months from date of service
Lenses	Once every 12 months from date of service	Once every 12 months from date of service
Contact Lenses	Once every 12 months from date of service	Once every 12 months from date of service

- **National Insurance Services – Madison Life life insurance coverage** with the following amounts:
 - WEA - \$40,000.
 - WEAAA - \$25,000.

- **National Insurance Services – Madison Life accidental death and dismemberment coverage** with the following amount for the WEA only:
 - WEA - \$40,000.

- **National Insurance Services – Madison Life long-term disability coverage** with the following coverage:
 - WEA – 60% of salary; \$6,000. monthly maximum; 90 day waiting period with requirement to exhaust accumulated sick time first.
 - WEAAA – 60% of salary; \$4,000. monthly maximum; 90 day waiting period with requirement to exhaust accumulated sick time first.

Ancillary benefit premium coverage: The Employer shall pay 100% of the premium for dental, vision, life insurance, accidental death and dismemberment, and long-term disability coverage.

Opting out of Insurance Coverage and cash-in-lieu: The Employer agrees to provide a monthly cash-in-lieu benefit for employees who elect not to enroll in group health insurance coverage. An employee choosing cash-in-lieu must provide proof of group health insurance coverage elsewhere. The amount of cash-in-lieu shall be dependent upon the total number of Wyandotte Public Schools employees opting out of group health insurance coverage on a yearly basis as delineated below. In instances where spouses are employed by the Employer and receiving group health insurance, one spouse must opt out of the coverage and be provided the cash-in-lieu.

- 1 – 75 opt outs: \$200. cash-in-lieu;
- 76 – 100 opt outs: \$300. cash-in-lieu;
- 101 – 150 opt outs: \$400. cash-in-lieu; and
- 151 or more opt outs: \$500. cash-in-lieu.

Flexible Spending Account (FSA): A Limited Use FSA for dental and vision expenses and a Dependent Care FSA shall be made available to all employees. Maximum contributions of \$3,300. may be made to the Limited Use FSA and \$5,000. may be made to the Dependent Care FSA.

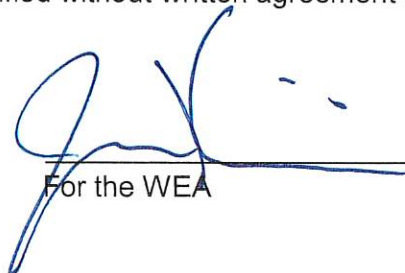
All aspects of the benefits delineated in this Letter of Understanding shall be negotiated on an annual basis. This is the entire agreement between the parties as it pertains to the benefits delineated and may not be altered/changed/modified without written agreement of all parties.



 For the Employer

11/11/2024

 Date



 For the WEA

11/11/24

 Date



 For the WEAAA

11/11/24

 Date