

Article 24

INSURANCE BENEFITS

- A. Eligibility - Employees will become eligible for fringe benefits the first of the month following their hire or re-hire date into this bargaining unit. Employees must work twenty (20) hours or more per week to be eligible for fringe benefits. For hybrid employees, hours worked as a teacher clerk shall be combined with hours worked in their other Office Professional Bargaining Unit position to calculate eligibility for fringe benefits.
- B. Options - The Employer shall provide for each eligible employee who makes proper application, the option of the following insurance coverage:

Option 1: Health Care Insurance
Dental Care Insurance
Vision Care Insurance
\$35,000 Life Insurance
Long Term Disability Insurance

Option 2: Dental Care Insurance
Vision Care Insurance
\$35,000 Life Insurance
Eligible for Opt Out Provision (see Section O)
Long Term Disability Insurance

Option 3: \$50,000 Life Insurance
Eligible for Opt Out Provision (see Section O)
Long Term Disability Insurance

C. Health Care Benefits

The Health Care Insurance provided shall be **Priority Health HSA PPO In-Network: \$1,650 Single/\$3,300 Family; Coinsurance 100%; Coinsurance Maximum None; Out of Pocket Maximum \$3,000/\$6,000; RX After Deductible \$10 Generic, \$40 Preferred Brand, \$80 Non Preferred Brand, Mail Order 2X. Out-of-Network: \$3,300 Single/\$6,600 Family; Coinsurance 70/30%; Coinsurance Maximum None; Out of Pocket Maximum \$6,000/\$12,000; RX After Deductible \$10 Generic, \$40 Preferred Brand, \$80 on Preferred Brand, Mail Order 2X. Employer HSA Funding: \$1,650 Single/Family. The employer will fund 50% of the amount on January 1 and 50%. Beginning July 1, the remaining amount**

November 13, 2024

will be funded by the employer monthly at a rate of 1/12 of the original total deductible amount.

The employee contribution for any plan will be \$1000 **\$1,196.20** plus any additional buy up cost for the **Priority HMO Plan \$10/40 co-pay prescription drug rider, with contraceptives and mail order prescription drug program (single co-pay), \$20 copay for office visits, and \$50 co-pay for emergency room visits.** MESSA ABC Plan 1, Priority Health PPO and Blue Care Network.

Each eligible employee may choose to purchase, at his/her own expense, the Blue Care Network HMO Plan with a \$10/40 co-pay prescription drug rider, with contraceptives and mail order prescription drug program (single co-pay), \$20 co-pay for office visits, and \$50 copay for emergency room visits. or the Priority health PPO with a \$250 deductible-single, \$500 deductible – 2 people/family, \$10/40 co-pay for Rx Drugs and \$20.00 co-pay for office visits,

or MESSA ABC Plan 1 – High Deductible with a \$1,400 **\$1,650** deductible-single, \$2,800 **\$3,300** deductible-2 people/family. After deductible, \$10/40 co-pay for RX Drugs. The District will fully fund the employee's health savings account. Equal contributions amounting to 1/12 of the deductible will be made into the employee's health savings account at the first pay of each month,

or **Priority Health HMO In-Network: Deductible \$250/\$500; Coinsurance 90/10%; Coinsurance Maximum \$1,500/\$3,000; Out of Pocket Maximum \$9,200/\$18,400: RX \$10 Generic, \$40 Preferred Brand, \$80 Non Preferred Brand, Mail Order 2X,**

or **Priority Health PPO In-Network: \$500/\$1,000; Coinsurance 90/10%; Coinsurance Maximum \$1,000/\$2,000; Out of Pocket Maximum \$9,200/\$18,400: RX \$10 Generic, \$40 Preferred Brand, \$80 Non Preferred Brand, Mail Order 2X. Out-of-Network: \$1,000/\$2,000; Coinsurance 70/30%; Coinsurance Maximum \$2,000/\$4,000; Out of Pocket Maximum \$18,400/\$36,800: RX \$10 Generic, \$40 Preferred Brand, \$80 Non Preferred Brand, Mail Order 2X.**

Rates will be provided to members prior to open enrollment.

D. Dental Care Benefits

~~The Dental Care Insurance shall be Employer's Dental Care Benefits program Delta Dental Insurance Plan 100% X: 80/80/80, \$2,000, with benefits not less than those in effect as of the date of this Agreement.~~

The Dental Care Insurance shall be the MESSA dental plan administered by Delta Dental of Michigan. The plan includes 100% diagnostic and preventative services, 80% basic

11-14-24
services, 80% major services and 50% orthodontics services with a \$2,000 individual lifetime maximum. The dental plan will be fully paid by the employer.

E. Vision Insurance

The Vision Insurance shall be MESSA VSP-3 Plus P 250CL. The vision insurance will be fully funded by the district.

F. Term Life Insurance Benefits

The Employer shall provide each regular, full-time employee with ~~\$35,000~~ **\$80,000** group term life insurance benefits (~~\$50,000~~ **\$100,000** for Option 3).

G. Long-Term Disability

The Employer shall provide each regular full-time employee with long-term disability insurance with a ninety (90) calendar day waiting period. Benefits will be paid at the rate of 66 2/3% of the employee's regular salary until the employee returns to work, the employee reaches Social Security Retirement age, or the employee is otherwise not eligible for the benefit.

H. Premium Proration

The Employer's and employees respective contributions toward the premium cost of the foregoing coverage shall be as follows:

Regular Hours Worked Per Day/Per Week	Percent of Employer Contribution to Monthly Premium Cost	Percent of Employee Contribution to Monthly Premium Cost
Under 4 hours per day/20 hours per week	Not eligible for coverage	Not eligible for coverage
4 - 5.9 hours per day/20 - 29.9 hours per week	50%	50%
6 - 7.9 hours per day/30 - 39.9 hours per week	75%	25%

I. Liability

If any employee is insured by the Employer for health, vision or dental insurance in excess of that to which he/she is entitled per Paragraph C, D or E above and fails, within 30 days to make proper amendments to his/her coverage, he/she shall be liable for the difference in such premiums retroactive to the date the change should have occurred.

J. Enrollment

98-14-24
To qualify for any insurance benefits as above described, each employee must individually enroll and make proper application for such benefits at the Human Resources Office upon the commencement of his regular employment with the Employer. Instructions to enroll online shall be provided to employees by the Human Resources Office.

K. Limitations on Coverage

All insurance benefits under this Agreement shall be subject to such terms, conditions, exclusions, limitations, deductibles, co-payments and other provisions of the plan.

L. Coverage on Leave

Employees shall be permitted to maintain group medical insurance and life insurance coverage at their own expense for up to one (1) year while on an unpaid leave of absence. This provision is contingent on approval of the medical and life insurance carriers and must be prepaid in advance.

M. Section 125

The Employer shall provide the appropriate services to allow employees to make payments with non-taxable salary for medical expenses or dependent care expenses as provided in Section 125 of the Internal Revenue Service Code. The Employer may establish a monthly service fee to cover the cost of administering this benefit.

N. Opt-Out Provision

The amount of the Opt-out payout will be determined as of May 31st of the applicable enrollment year. New employees hired after the May 31st date, and opt out, will receive opt out money on a prorated basis.

Sliding Scale for the 2019-2020 school year only, as follows:

1-21 members opting out	\$1,000
22-26 members opting out	\$1,700
27-30 members opting out	\$2,200
31 and over members opting out	\$2,700

Sliding Scale beginning January 1, 2021 will be as follows:

1-21 members opting out	\$1,700
22-26 members opting out	\$2,200
27-30 members opting out	\$2,700
31-35 members opting out	\$3,200
36 and over members opting out	\$4,000