

ARTICLE 18

INSURANCE

A. Eligibility

Employees will become eligible for fringe benefits the first of the month coincident with or following completion of 60 calendar days of employment with the Ann Arbor Public Schools in this bargaining unit.

B. Options

The Employer shall provide for each employee who works four (4) hours per day and twenty (20) hours or more per week, and who makes proper application, the option of the following insurance coverage: (For child care workers, the employee must work 10 shifts per week to qualify for benefits.)

Option 1: Health Care Insurance  
Delta Dental Care Insurance (except Child Care workers)  
\$25,000 Life Insurance  
Long Term Disability

Added July 1, 2023: Vision Insurance as defined in 18(H) (except Child Care workers)

Option 2: \$35,000 Life Insurance  
Long Term Disability  
Delta Dental Care Insurance (except Child Care workers)  
Vision Insurance as defined in 18(H) (except Child Care workers)

C. Premium Proration

Employees shall be entitled to paid fringe benefits, as permitted above, on a prorated basis.

For four (4) to less than six (6) hours worked per day (and 20 to less than 30 hours per week), the Employer will pay seventy-five (75) percent of the annual district contribution; (For child care workers, the employee must work 10 shifts per week to qualify for seventy-five (75) percent employer paid benefits).

For six (6) or more hours worked per day (and 30 or more hours per week), the Employer will pay one hundred (100%) of the annual district contribution.

D. Supplemental Coverage

Any eligible employee may purchase, at his/her own expense, the Short-Term Disability Insurance program offered by the Employer.

E. Liability

If any employee is insured by the Employer for health or dental insurance in excess of that to which he/she is entitled per Paragraph B and D above and fails, within 30 days to make

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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.

F. Health Care Benefits

The Health Care Insurance provided shall be 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.

The employee contribution for any plan will be \$1000 plus any additional buy up cost for MESSA ABC Plan 1, Blue Care Network HMO Plan, and Priority Health PPO.

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 (prorated for part time employees). 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.

**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.**

**Priority Health HSA PPO In-Network Deductible \$1650 Single/\$3300 Family; Coinsurance 100%; Out of Pocket Maximum \$3000/\$6000; After deductible RX \$10 Generic \$40 Preferred Brands \$80 Non Preferred Brand Mail Order 2X; Employer HSA Funding \$1650 Single/Family to be paid 50% in January then monthly starting July 1**

Rates will be provided to members prior to open enrollment.

**The employee contribution for Priority Health HSA PPO will be \$1196.20.**

The **employee contribution** for the Priority Health HMO in network deductible \$250/\$500 will be **\$1500**. Buy up amounts will be paid for all other plans.

G. Dental Care Benefits

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

H. Vision Care Benefits

The Vision Care Insurance provided in Paragraph B above shall be MESSA Vision Service Plan (VSP-3 Plus P 250CL) or a plan equivalent in benefits.

I. UNUM LTD Long Term Disability (LTD) Insurance Employer Paid Pays 66.67% up to \$3,333 monthly maximum after waiting period 60 calendar days

J. Enrollment

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. The parties agree to comply with 26 U.S.C & 36 (B) (c) 2 (C) (iii). Should it be found that 26 U.S.C & 36 (B) (c) (2) (iii) requires a change to the Master Agreement, he parties will meet in problem solving to discuss the impact of the above cited statutes or their amendments.

M. The following sliding scale will be in effect:

If 1 to 10	\$1,000
11-15	\$1,200
16-20	\$1,500
21 and above	\$1,700

Starting July 1, 2023, the scale will be amended to include

21-60	\$1,700
61-71	\$2,200
72+	\$2,500

- The time to determine the sliding scale for the amount of the payout will be set at the end of August of the applicable year

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- New employees who OPT-out at any time after the end of August will only be paid their pro-rated share of the applicable payout
- New employees who OPT-out after the end of August will not impact the sliding scale payout, which is established at the end of August.
- OPT-out payments are to be paid the first pay of the month for 10 months beginning in September and ending in June. The OPT-out number will be determined at the end of August of the applicable year based on the number of employees that OPT-in or OPT-out at that time.
- Only one member per family/or relationship is eligible.

N. **If a paraeducator gives official written notice, at least 30 work days prior to the last day of school, of intent to retire or resign at the end of the school year, and if, for the months of July and August of that year, the ~~teacher~~ <sup>paraeducator</sup> is not receiving a pension through the Michigan Public School Employees Retirement Fund or is not eligible for medical benefits through another source, the Board agrees to pay for the ~~teacher's~~ insurance benefits for the months of July and August of that year.**

*paraeducators*  
*[Signature]*

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