Professional Council Meeting Quarter 1

Date 9/28 — 4:45-6:30 p.m. — Education Center

In attendance: Clint Albers, Megan Bricks, John Hutchison, Chris Pittman, Angie Powers, Trisha Putthoff, Lachelle Sigg, Eric Skoglund, Rick Sola, Julia Wenzel, Sarah White, Laura Wiltanger

Meeting begins at 4:45pm with introductions and members sharing what they are excited for in the Fall.

Agenda:

Annual Review Items

- See items from NA highlighted in this document
    - Retirement Insurance Benefit Plan & VERP: We can set the next update later in the bargaining season
        - Last update was March 2026
    - District-Wide Program Assignments: By December 1
    - Assignment Area Review: By December 1
    - Leave Committee: Today
    - Bylaws & Association Activities: Today

Professional Council Bylaws & Expectations

1. Bylaws
    - Review of the Bylaws & Expectations, unless any changes are noticed and communicated via email, the bylaws can be considered reviewed and revised for 2026, as of September 28, 2026
2. Expectations (see below)
    - Decision-Making / Solving Issues Process: The Council believes that issues should be resolved informally when possible, starting at the lowest levels and advancing to higher levels only as necessary. Resolution, therefore, should start staff to staff, then proceed to include direct supervisors, then building-level administrators, then district-level administrators, then the Superintendent. For an alleged violation of the Negotiated Agreement, follow the Grievance Policy. The Professional Council exists to address issues that affect multiple staff members and that can be resolved by changing the Negotiated Agreement. The Professional Council will address those issues in accordance with its bylaws, Board Policy, and the Kansas Professional Negotiations Act. (Last confirmed 2025)

Committees

- Update committee list
    - Update to Conference Committee: Julia and Rick will communicate that soon, as there have been some last-minute changes as others have notified us
- Benefits (Eric Hansen, John, Lachelle, Angie)
    - Presentation on Medical & Prescription Drug Renewal Process by Eric Hansen
    - Meeting with medical and prescription plans were completed in June, OPS is moving forward with Blue Cross/Blue Shield KS as plan administrator and

pharmacy benefit manager, with a 3-year rate guarantee – rates may increase but to a capped limit; currently not sure what the limit is, can find that information

- Several rounds of “best and final offer” meetings pushed all the bidders to their best offers that include improved administrative pricing, credits and allowances, pharmacy rebates, and performance standards
- Timeline goes back to December 2025 when the RFP was finalized, January 2026, through June 2026 to complete the process
- December 2025: RFP Finalized; January 2026: RFP was distributed to prospective bidders/ carriers; February 2026: Proposals submitted by bidders and reviewed by Lockton; March 6, 2026: Meeting with Lockton to review the responses; March 11, 2026: Employee Benefits Committee meeting; March 26, 2026: Finalist presentations from Cigna, Aetna, and Blue KC; March 30, 2026: Best and final offers submitted by the carriers; April 8, 2026: Review of the best and final offers with Lockton; April 22, 2026: Finalist meeting with Cigna; May 1, 2026: Review the best and final offers again with Lockton; May 20, 2026: Finalist meeting with Blue KC; June 18, 2026: Confirm and accept offer from Blue KC
- Considerations that were maintained through the process for each bidder: Provider disruption, formulary disruption, pharmacy access and disruption, member experience among others
- Blue KC had additional criteria to meet – including charitable giving to OPSF
- The final decision wasn’t just about a bottom-line number, it included the whole process and user experience for employees
- OPS BCBS Medical Plan Claims Spend and Trend: Spending has increased by $9 million (approximately 19%) over the last 3 years: 2023: $45,075,882; 2024: $51,497,126; 2025: $54,040,582
- The number of additional members over the last 3 years is 10 employees and 80 additional members (family members)
- Had the increase in costs the past 2 years been passed along to employees, the increase would be approximately $200 per month per employee
- Plan Highlights: Olathe Public Schools will continue with the partnership with Blue KC, eliminate Spira plans as of January 1, 2027; Offer 4 plans starting January 1, 2027; Open CarePoint Health & Wellness Clinic; Reintroduce Wellness Incentives, implement 90%/10% coinsurance; Have no major network changes; Have no major prescription drug formulary changes
- Plan design –The 4 plan options: Preferred Care Blue (PPO), Preferred Care Blue (HDHP), Blue Select Plus (PPO), and Blue Select Plus (HDHP)
- The minimum amount for high-deductible plan is $3,500 per individual, $7,000 per family, which is set by the IRS
- -Plan details include plan copays for preventative services, non-preventative office visits/ urgent care / hospital inpatient & outpatient/ Emergency Room for each of the 4 plans
- CarePoint Clinic – PPO plans include $0 copays; HDHP plans include a $20 pre-deductible, then $0 copay
- Contribution rates for employer contributions would remain to be $140 for the Blue Select Plus HDHP (Narrow network) plan only

- Notable changes: Removal of Spira Care plan options, introduction of 10% member coinsurance, after deductible, addition of CarePoint Health clinic services
- How Co-Insurance Works: With a $3,500 annual deductible and a 90%/10% patient coinsurance split, you pay 100% of your medical costs up to $3,500. After the deductible is met, insurance pays 90% of the allowed medical costs, and you pay the remaining 10% up to the out-of-pocket max
- 3 example scenarios provided in the presentation to demonstrate the costs involved with co-insurance
- CarePoint Health and Wellness Clinic Update
    - Operational Updates: Construction is almost complete; Marathon will be on-site tomorrow (September 30) to start unpacking materials and get things ready to open
    - Staffing: A physician, nurse practitioner, registered nurse, medical assistants, licensed clinical mental health counselors will be staffed in the clinic
    - There is no official opening day yet, but Olathe Public Schools staff will start to receive emails about how to set up online portal/app to make appointments and navigate their wellness incentive portal
    - Clinic hours will be offered in ways to provide opportunities for all schedules: Monday/Wednesday will be “early days” and open from 7am-5pm, Tuesday/Thursday will be the “late days” and open from 8am-6pm, and then Friday will be open 7 am-11 am.
    - Clinic provider information will be going out to staff to help them select a provider; the physician is bilingual
        - Question: We often refer to it as a “district” clinic – how are the records kept? Does the district have access to medical records?
        - Answer: Marathon will independently run the clinic regarding technology, such as having their own servers for data storage. They are in partnership with Blue KC, so they can streamline that type of communication with the health insurance, but that information does not come to the district, other than what already does, such as plan usage statistics. The Marathon employees are not district employees.
        - Question: Can someone not on the district insurance go to the clinic?
        - Answer: No. This is to help keep down the costs; this clinic is focused on the overall health and wellbeing of those on the district insurance; the clinic is considered a private/concierge clinic that is exclusive to those on the district insurance plan- so employees and their family members included on their plan.
- Wellness Incentive Program
    - Year 1: Incentive requirement – online health risk assessment through the Marathon portal/app during the Fall 2026 through February 2027, Incentive: Premium surcharge: $65/month is charged if someone does not complete the requirement and will start to be applied on April 15, 2027

        - Year 2: Incentive requirements – complete health risk assessment, annual exam with biometric screening that includes blood draw, BMI, blood pressure, etc.; timeline to complete is April 1, 2027, to November 1, 2027; premium surcharge is $65 per month, and the surcharge would be applied starting in January 2028.
        - The biometric screening is purely informational- there is not a “cut-off” to which someone would not qualify for the incentive; they qualify by completing it
        - Communication during Year 1 will be pushed out to employees via email with links and QR codes to the Marathon portal with the open enrollment materials, there will be a check-in/check-out process through the clinic; and the premium differential and surcharge will be communicated during the open enrollment process
        - Communication during Year 2 will include a school calendar for themed outreach, a summer wellness push, post-holiday check-ins with staff, onsite visits from the care team, targeted outreach based on risks, preventive care campaigns, and a promotion of monthly health themes
    - Conversation among Professional Council members regarding the incentive program included questions and discussion about the contributions to the HSA; clarification if members participate in the incentive program, it helps to off-set the costs of the employer contributions to the HSA
    - 2026 & 2027 Medical Rates
        - Actual rates increase from Blue KC presented for the 4 plans being offered starting January 1, 2027
        - First chart presented (slide 18) assumes that the employee is participating in the wellness incentive: Chart includes rate increase paid by the district and rate increase for the employee
        - Average rate increase for all plans ranges from 4.11%-4.21% total cost, the district pay increase ranges from 4.11%-4.33%, the employee pay increase ranges from 0%-4.35%
        - The monthly district pay increase ranges from $35-$103; the monthly employee pay increase ranges from $0-$31
        - Second chart presented displays costs if an employee does not participate in the wellness incentive, the employee will incur the additional $65/moth costs
        - Question: Would the 3-year rate guarantee be an increase around the same 4% each year? What is the capped percentage of increase?
        - Answer: Not necessarily – there are a lot of factors that contribute to those costs, at this time it is unknown what the percentage increase cap is; can find the details from Blue KC
        - Question: Were changes to the plans that have been presented, such as coinsurance, wellness incentive, included to help reduce the increase in overall costs?
        - Answer: When reviewing and renewing insurance, all options were considered; the options that have been selected help reduce the cost increase to both the district and what is being passed on to the employee

- When considering the usage of insurance there are a small percentage of member users that increase the costs overall for everyone; the introduction of coinsurance allows for those who use have high usage and costs to have a way of not being burdened with too high of costs but those who are not using their full deductible will have no change in how they approach their plan
    - There are no major prescriptions drug formulary changes – and the prescriptions formulary are the biggest usage costs
- Question: Does the Year 2 screening have to happen at a CarePoint, or can employees use their primary care doctor?
- Answer: Employees can be a primary care doctor; there will be a form to submit to meet the requirements of the incentive if not completed at the clinic
- Question: Will the CarePoint clinic be used for workers' compensation claims?
- Answer: At this time, no, but this may be something that is considered in the future.
- Question: For clarification, are there any changes to the prescription coverage for individual medications, for example, GLP-1 medications?
- Answer: No, the cost increase in cost that would be for every employee would be more than what would be saved by those wanting access to the medication, the last estimate provided from Blue KC would that inclusion of GLP-1 medications would be an additional $3 million dollar cost
- Question: Would there be opportunities through CarePoint for wellness programs to address concerns such as weight loss? Pre-diabetes?
- Answer: There are ideas being considered to help employees, but there are no formal plans at this time.
- Question: Have any agreements with local gyms or other health/fitness programs been made to help employees with overall health and wellness?
- Answer: There typically isn't a great return on that type of partnership, past attempts have shown that individuals typically have a gym that they use for a list of reasons and they would not use a program if offered, but ideas will continued to be explored.
- Delta Dental
    - Enrollment: Employee only: 1562; Employee + Spouse: 321; Employee + Child(ren): 369; Family: 642; Ortho Employee + Child(ren): 57, Ortho Family: 54
    - Monthly increase ranges from $2.16 to $10.44
    - No plan changes, 5% rate cap for 2028 and 2029 added to the renewal
    - Current loss ratio of 122.32% with data through June: for every dollar spent by employees on premiums, Delta Dental pays out $1.22
- Chubb Permanent Life + Chronic Illness Plan
    - This has been a difficult plan to use and work with; not widely used – only 105 employees (less than 2%)
    - The administration of the plan has been confusing and frustrating; employees report poor customer service; there have been reports of billing inconsistencies and customer service confusion
    - This is an issue-age policy, meaning rates are based on the age of the employee at the initial coverage effective date rather than policy anniversary

        - Termination of plan will take place in December 2026
        - Olathe Public Schools will communicate with employees who will be affected, they can continue to work with Chubb on their own at the same rate
        - Moving coverage to a different carrier will likely result in rate increases for all current employees
    - Open Enrollment Planning
        - Open enrollment for 2027 will be from Monday, October 26 through Friday, November 6
        - IMPORTANT: This is an active enrollment – if you want to maintain the benefits you have now, you must elect them; doing "nothing" means that the employee won't have benefits starting in January 2027
        - The changes to the plans require employees to elect the plan that is best for them, this will also help them better understand the changes and options
        - Communication will include existing means: text messages, post cards, flyers to buildings, benefits guide via email and on the website, recorded presentations, question and answer sessions, in-person enrollment assistance, open enrollment page on the district website, and a benefits phone line
        - Considered changes: To host a benefits fair that would include carrier and vendor representation in lieu of a question-and-answer session; high-level benefits trifold to include information about CarePoint Health & Wellness; AI-driving plan decision support tool
    - Question: Do these changes and rates take effect even if we don't have a contract ratified?
    - Answer: Yes, the addendum in our negotiated agreement states the current plans and rates are for 2026.
- Conference (Rick & Julia)
    - Conference committee met last week and have 5 meetings on the calendar; the committee is looking to meet the goal of having a proposal ready by December, if not sooner
    - The committee reviewed the data from the survey conducted last year– the data includes scaled/number ranking data and approximately 1000 comments from parents/community and staff surveys
    - Common themes from the comments: arena style being at all levels on one night is difficult, compare to neighboring districts
    - Committee will look at the list of items raised in the first meeting, will prioritize them based on committee suggestions

Language Clean-Up & Review

- Current suggestions already approved by Council
    - Reviewed one more time to verify that these changes were approved in the Spring
    - National Board Reimbursement form: Julie Miller is the contact person on that form
        - At this time, the contact person is Josephine Eastwood.

District Update

- Update on 26-27 compensation proposal
    - Data needs to be provided from the state; this information has not yet been given to Olathe Public Schools; it is expected any time; this information is important to understanding what money the district will be working with before bringing forward a proposal.
    - Recent survey sent by Olathe NEA in September 2026 with 939 respondents—slightly higher than the last two surveys.
        - Question regarding compensation: “Which of the following compensation items is MOST important to you, assuming we are able to negotiate column movement for those who qualify? Yielded responses: 42% “Raising the base salary, which increases all cells;” 49% “Negotiating a step movement, which moves each person down one cell;” 3.7% “One-time stipend timed around winter break;” 3.9% “Enhancements to the Extra-Curricular/Academic Support stipends”
    - Informational cost projections provided by ONEA: Column Movement: $1.15 million; Step Movement: $2.8 million; Raising base to $50,000: $2.7 million

ONEA Response to Counter Proposal

- Assignment & Transfer
    - Our current language does not have details that fit the current reality of school closures and consolidations
    - Review of the policy language that was agreed upon by the district on May 6, 2026, the language that was proposed to be changed in the district counter-proposal on May 6, 2026, and Olathe NEA’s counter-proposal for tonight, September 29, 2026
    - GBZCA Definitions
        - District agreed to the following definition ONEA proposed in April: “District Seniority: District Seniority is the number of years of continuous service in the district. Approved leaves do not interrupt continuous service; a year of service with a leave of absence of one semester or less will be counted as one year of district seniority.”
            - There are times in the negotiated agreement that use the term “seniority,” it is assumed “district seniority” unless otherwise stated
            - Question: Do years as service as a classified staff (like those in the para-to-teach program) count toward district seniority?
            - Answer: The NA applies only to the certified bargaining unit.
    - GBZCA: Employee-Initiated Transfer
        - Last year ONEA introduced this language based on information that Oracle automatically notified principals of transfer requests: “An employee who wishes their application for transfer not to be disclosed to their current principal until June 1st should notify HR of their transfer request rather than submitting it through the online application system.”
        - District clarified that Oracle does NOT automatically notify principals, so ONEA retraced their language to keep the original language: “Until June 1, the principal/administrator will be informed of the employee’s application for transfer only with the permission of the employee.”

- GBZCA: Administrator-Initiated Transfer Due to Reduction in Staff
  - Last year, ONEA introduced this language, which would apply AFTER volunteers and district seniority are considered: “The employee with the least seniority in the affected area(s) and school(s) will be considered first for transfer. An exception may be made only if the principal/administrator provides HR with a clear, specific, and job-related written rationale for retaining the employee. Any such rationale must be based on demonstrable factors directly related to the position, including licensure, endorsement, position-specific qualifications or training, documented performance evaluations, State of Kansas highly qualified requirements, and relevant extracurricular or academic support assignments. The rationale shall not be arbitrary or based on subjective preference and must be applied consistently across similarly situated employees. Upon request, HR will provide the written rationale to the affected employee.”
  - The district did not accept this language last year, and ONEA is still getting feedback on the language. One of the scenarios we are considering is that some of bargaining unit from closing/consolidating buildings may be transferred to one building, and then that building could face administrator-initiated transfers due to reduction in staff.
  - Question: What does “in the affected area” mean in the contract language “The employee with the least seniority in the affected area will be considered first for transfer unless the principal/administrator . . .”?
  - Answer: The district follows district seniority.
- GBZCA: Administrator-Initiated Transfer for Other Reasons
  - Last year, the district introduced the following language in response to an ONEA proposal for closures/consolidations: “When schools are closing or combining, the process of administrator-initiated transfer for other reasons will occur. Human Resources will provide educators within the closing/consolidated building(s) with a preference form. These preferences will be utilized to aid the HR team in placing educators with every effort made to match the educator’s preference while maintaining the employment of the maximum number of educators and avoiding a reduction in force.”
  - ONEA proposed A-D subsections to align with what was understood from the closure meetings
    - When more than one educators’ preference form matches with a position, district seniority will determine who is placed in that position.
    - Educators will not have to apply, submit a resume, or interview for a position.
    - A job within educators’ licensure will be secured in such a manner that their pay will not be negatively impacted.
    - Educators will be placed ahead of new hires and internal transfers for positions within their licensure
  - Letter E: This addition provides an extension for those who qualify for VERP in buildings that are closing be extended to May 1st because they will not have all of the information to make an informed decision by the

February 1 deadline, based on the information presented in those buildings. This language comes from educators in identified buildings for closure or consolidation.
        - "Educators who qualify for Retirement Benefits (GBOA and GBOB) may notify the district by May 1st."
    - GBZCA: Reduction in Force
        - Question regarding subsection regarding "B. Procedures for Callback," "3. Staff members on the list will be ranked by continuous years of service in Olathe USD #233." Does this language only apply to years serving as a certified employee?
        - Answer: This is based only on certified years.
        - Question regarding same subsection, "1. Staff members on furlough will be considered as part of a callback list based on the following: Suitable licensure for available position. Employees with expired licenses will be removed from the callback list. ; Highly qualified status. ; Teaching experience in the available position within the last five years." What impact might "Teaching experience in the available position within the last five years" have on educators who may be moved to a different position due to closures/consolidations?
        - Answer: The "teaching experience" bullet would not impact them because this is Reduction in Force procedure. It will only apply if the district informed employees they are implementing a Reduction in Force.
        - Under number 2 in the same subsection: "For each posted opening, Human Resources will determine callback order based on the same three criteria. If employees have the same licensure, highly qualified status, and teaching experience, human resources may use supplemental assignments, prior building assignments, and teacher appraisals to determine order of callback."
            - Question: What is meant by "prior building assignments" and how does it relate to callback procedures?
            - Answer: We will need to think about this.
                - Editorial change suggested by ONEA: Capitalize Human Resources
        - Editorial changes suggested under number 5 in same subsection:
            - Strike "sick" before "leave" to align with change to PTO
            - Replace "he or she has" with "they have" for consistency
    - Question: If somebody changes their teaching position from science for 12 years but now they are teaching ELA for 2 years, are they a 14-year ELA educator for seniority? In other words, how is district seniority related to position/content area?
    - Answer: The only place the contract gets into your specific position is callback for RIF.

Upcoming Meetings:

- 10/8 4:45-7:45 pm (EC)
- 10/19 4:45-7:45 pm (EC)

How We Will Work:

- Quick communication between Council members
    - Listen to understand
    - We all have and should use our voice
    - Consider the scope of our impact as a Council
    - Not shying away from difficult conversations or topics
    - If someone feels that communication norms have been broken, we need to feel comfortable respectfully pointing this out.
        - The Council considers this important to deal with at the time and as a group.
    - Have an open mind, being good listeners, treating each other with respect

Processes We Will Use:

- Note taker (Julia) will send out minutes to all Professional Council members for review within a week, OR prior to the next meeting, whichever is sooner.
- Final minutes are submitted to communications department to be both added to the Professional Council website and included in the “In The Know”
- Meetings are noticed in the “In The Know”
- Agenda will be set by Clint and Angie
- Draft Consensus Folder