

2011-2015 MASTER AGREEMENT PRINCIPALS

FRINGE BENEFITS - ARTICLE XIV

SECTION 1. Fringe Benefits

A. Insurance Benefits

1. The Board shall provide all insurance benefits in PLAN A as listed below for all administrators in the bargaining unit, except for those administrators electing benefits under PLAN B as listed below. Additionally, the Board shall provide the Long Term Disability Insurance benefits listed below for all administrators. Such benefits shall be provided, without cost to the administrators, to each administrator, and his/her eligible dependents.

2. a. PLAN A

i. HEALTH INSURANCE

(a) Medical health coverage shall be Blue Cross Blue Shield Community Blue 1 (CB1) plan, with \$10 office visit co-pay and the following riders: CNM, CNP, CRNA, DC, ECIP, ESRD, GCO, GCP-D, GLE-1, GPC-SAT2, HIT, HMN, ICMP, ASFP, BCP-PPO, BMT, CB-MH 0%, CB-MHP, CB-PCB, CB-PCM (750), CBPPO1, MLOS, ODMP, PDC, RAPS, ROMS, SD, SOCT, SOT-PE, SUBRO2, TBHD, XVA-2, MM65, MMC-PD. The funding arrangement shall be determined at the discretion of the district.

(b) A prescription program shall be provided through a third-party administrator with a zero (\$0.00) generic; twenty (\$20.00) brand name co-pay if no generic is available; and thirty (\$30.00) if a generic is available and the member chooses the brand name. If the brand name drug is a medical necessity determined and documented by the member's physician, then the co-pay will be twenty (\$20.00). In addition, members may receive a three-month supply of maintenance prescription drugs for a one month co-pay at either retail or mail order pharmacies. The prescription drug program will provide the same or better level of access to medications as Blue Cross Preferred prescription drug card.

(c) On January 1, 2011, a \$100/\$200 deductible will be added to the above stated plan. On January 1, 2013, the deductible will increase from \$100/\$200 to \$200/\$400; and on January 1, 2014, the deductible will increase from \$200/\$400 to \$300/\$600 for the above stated plan.

ii. DENTAL INSURANCE

Dental coverage shall have the following benefits: Class I (diagnostic/preventive) 100%, Class II (restorative) 90%, Class III (major restorative) 90%, Class IV (orthodontic) 80%. There will be a maximum annual benefit of \$1250 on Classes I, II, III, and a lifetime maximum of \$1500 on Class IV. The 100/90/90/80 dental plan is an

indemnity, self-funded plan administered by a third party administrator. It does not utilize a network and claims will be paid directly to the provider.

iii. LIFE INSURANCE

The Board will provide Term Life Insurance in the amount of seventy-five thousand (\$75,000) for the administrators only. Such insurance protection shall be paid to the administrator's designated beneficiary. In the event of accidental death, the insurance will pay double the specified amount; in the event of accidental dismemberment, the insurance will pay according to the schedule. Employees may purchase additional life for self and family members at the group rate to the limits of the carrier.

iv. VISION INSURANCE

Vision coverage shall be a 12/12/12 vision program administered by a third party administrator.

The plan will pay up to \$35 to an optometrist and \$45 to an ophthalmologist, once every twelve months. It will cover up to \$55 for standard eyeglass frames once every twelve months. It will also cover eyeglass and contact lenses once every twelve months up to the following amounts:

EYEGLASS LENSES:

	Clear	Tints	Polarized
Single Vision	\$ 38	\$ 42	\$ 56
Bifocal	\$ 60	\$ 70	\$ 90
Trifocal	\$ 72	\$ 84	\$ 110
Lenticular	\$108	\$118	\$ 138

Contact lenses: \$115 (\$200 if contact lenses are medically necessary.)

This 12/12/12 vision plan is an indemnity, self-funded plan. It does not utilize a network and claims will be paid directly to the provider.

v. LONG TERM DISABILITY INSURANCE

The Board will provide, without cost to the administrators, Long-Term Disability Insurance. Benefits shall be paid at sixty-six and two-thirds percent (66-2/3%) of salary to a monthly maximum of seven thousand dollars (\$7,000) and shall begin after the expiration of ninety (90) calendar days or after the modified fill requirements of the contract are met.

b. PLAN B

Administrators not electing insurance benefits as described in Article XIV Section 1. A. 2a. (a) & (b). above shall be provided by the Board with the following insurance benefits. The benefits listed below shall be provided, without cost to administrators, to each administrator, not enrolled in benefits under Section 1.

i. DENTAL INSURANCE AS DESCRIBED ABOVE UNDER PLAN A.

ii. LIFE INSURANCE AS DESCRIBED ABOVE UNDER PLAN A

iii. VISION INSURANCE AS DESCRIBED ABOVE UNDER PLAN A.

iv. LONG TERM DISABILITY INSURANCE AS DESCRIBED ABOVE UNDER PLAN A.

C. Benefit Eligibility

Commencement and duration of coverage, nature and amount of benefits and all other aspects of coverage shall be as set forth in the group policy and the rules and regulations of the district or carrier. The employer's only responsibility shall be payment, if required, of the premiums for benefits specified in this article.

Carrier selection shall remain the prerogative of the district and coverage provisions indicated may vary, but will be comparable to that agreed upon.

D. Duplication of Insurance Benefits

There shall be no duplication of insurance benefits. The employee must notify the Business Office of any personal insurance coverage or coverage from spouse's insurance plan that is a duplicate of Lakeview Public Schools' coverage. It is agreed that employees shall not knowingly cause the Board to provide insurance benefits that is a duplication of coverage held by the employee. The Association shall encourage employees to abide by this policy and shall assist the Board in its enforcement.

E. Duration of Coverage

Subject to the terms of the contract, it is the intent of the parties that benefits provided in Article XIV shall commence per the provisions of the Collective Bargaining Agreement. Coverage shall remain in effect continuously for the duration of this Agreement as long as the individual is actively employed by the Board. Benefits shall terminate at the end of the month in which the individual last works or when the person becomes eligible for insurance coverage from another source.