

APPENDIX F
INSURANCE
SCHOOL YEARS 2017-2020

1. The following health insurance and prescription coverage is available to members of the bargaining unit, their spouses and their children (including unmarried children up to the age of nineteen (19) unless in school full-time, then until the age of twenty-three (23), or as otherwise provided by federal law) according to their enrollment based upon the provisions set forth herein below:

a. Health Insurance/Prescription Program:

High Deductible Health Plan - HSA Plan: Except as provided below, the sole insurance option for the duration of this contract shall be a High Deductible Health Plan HSA with a \$2,000/\$4,000 deductible, of which, the employer will fund fifty percent (50%). Employer funding of the deductible will be paid in two installments the first pay period after September 1st and March 1st. After the deductible is met copays of \$0/\$25/40 for generic/brand preferred/brand non-preferred prescriptions.

Plan will include mandatory generic substitution (as per current practice). Members who are prescribed a brand name that has a generic equivalent will automatically be dispensed the generic version. However, if physician indicates "dispense as written" or "no substitution," member is responsible for the applicable brand copay.

Cigna Co-pay Plan: Employees who are not eligible for the HDHP-HSA plan because they participate in Medicare or because they have received benefits from the Veteran's Administration in the last three months shall be permitted to continue in the current Cigna co-pay plan with a premium contribution rate as described below.

b. The HDHP-HSA plan and Cigna co-pay plan referenced in subparagraph a, hereinabove, shall be attached and made a part of this agreement for informational purposes only as Exhibit 1.

2. LIFE INSURANCE: \$50,000 plus \$50,000 of A.D.D. coverage for the employee only.

3. CIGNA ENHANCED DENTAL PLAN: Including coverage for Additional Basic Services, Prosthodontics, Periodontics, Orthodontics and Dependent Rider for the employee and his/her dependents.

4. To be eligible to receive health, medical, dental and life insurance benefits set forth in subsections 1-3, above, the employee shall annually contribute sixteen percent (16%) of the premium rate in 2017-2018, seventeen percent (17%) of the premium rate in 2018-2019 and

eighteen percent (18%) of the premium rate in 2019-2020 for the applicable class (single, two person, family) for such benefits.

However, participants in the biometric wellness program in 2016-2017 who meet their targeted wellness score will qualify for an fourteen percent (14%) premium contribution in 2017-2018, participants in the biometric wellness program in 2017-2018 who meet their targeted wellness score will qualify for an fifteen percent (15%) premium contribution in 2018-2019, and participants in the biometric wellness program in 2018-2019 who meet their targeted wellness score will qualify for a sixteen percent (16%) premium contribution in 2019-2020. Participants who meet their targeted wellness score and have annual preventative exam (for both employee and spouse, where applicable) will qualify for a twelve percent (12%) premium contribution in 2017-2018, a thirteen percent (13%) premium contribution in 2018-2019, and a fourteen percent (14%) premium contribution in 2019-2020.

Participants in the Cigna co-pay Plan shall contribute a premium share of twenty-one percent (21%) in 2017-2018, twenty-two percent (22%) in 2018-2019, and twenty-three percent (23%) in 2019-2020. The Board of Education shall implement a Section 125 premium conversion plan for such contributions.

5. The Board shall contribute the remaining portion of the cost for these benefits. To be eligible to receive insurance benefits, each employee must submit a written wage deduction authorization permitting the Board to deduct from the employee's salary his/her share of the premium set forth above. An employee may forego or withdraw from full coverage rather than pay his/her share of the premium. All insurance benefits, including the reinstatement of discontinued insurance benefits, shall be provided in accordance with the terms of the insurance company administering the plan at the time benefits are sought.
6. If a husband and wife are both members of the bargaining unit, and choose not to participate in any of the medical coverage, then such non-participating spouse shall be compensated five hundred dollars (\$500.00) in the case of husband-wife coverage and six hundred dollars (\$600.00) in the case of family coverage. Teachers not receiving this benefit as of August 31, 2015 shall not be eligible.
7. The Meriden Board of Education has the right to study health insurance plans alternative to the plans set forth above. The Board may change any carrier or administrator of health insurance provided:
 - a. The plan suggested by the Board as an alternate must be at least equivalent in coverage, benefits, portability, and administration as the present plan at no additional cost to the employee.
 - b. The Federation shall have the opportunity to study the proposed plan for a period of thirty (30) days.
 - c. If at the end of the aforementioned thirty (30) days, there is disagreement between the parties on the issue of whether or not the plan offers equivalent coverage, benefits, portability and administration, then the issue will be submitted to a

mutually selected arbitrator. If the parties cannot mutually select an arbitrator, then the matter will be submitted for arbitration to the American Arbitration Association according to its rules and regulations. The costs of the arbitrator shall be borne equally by both parties. The above noted carriers shall not be changed prior to the decision of the arbitrator.

- d. The Board may finally implement a change in any health insurance carrier or administrator only one (1) time during the life of the Contract for each health insurance plan.