

However, participants in the biometric wellness program in 2014-15 who meet their targeted wellness score will qualify for an eleven percent (11%) premium contribution in 2015-2016 and thirteen percent (13%) premium contribution in 2016-2017. Participants who meet their targeted wellness score and have annual preventative exam (for both employee and spouse, where applicable) will qualify for an eleven percent (11%) premium contribution in 2016-17.

Participants in the Cigna co-pay Plan shall contribute a premium share of eighteen percent (18%) in 2015-2016 and twenty percent (20%) in 2016-2017. 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.