

Employee Hospitalization/Medical Plan

In addition to the employee benefits otherwise contained in the Collective Bargaining Agreement between the parties, the following employee benefits and other pertinent information shall become effective upon ratification by the employees and the School Board. Upon ratification these benefit plan rates are effective for the period of January 1, ~~2009~~ 2010 through December 31, ~~2009~~ 2010.

Cigna Basic Plan (This plan will be available effective January 1, ~~2009~~ 2010)

The following rates are based upon a monthly calculation:

Type	Premium Amount	Board Contribution	Employee Contribution
Employee	\$218.95 <u>248.95</u>	\$218.95	\$ 0.00 <u>30.00</u>
Employee/Spouse	\$487.65 <u>517.65</u>	\$358.83	\$128.82 <u>158.82</u>
Employee/Children	\$451.18 <u>481.18</u>	\$358.83	\$ 92.35 <u>122.35</u>
Employee/Family	\$701.90 <u>731.90</u>	\$358.83	\$343.07 <u>373.07</u>
Joint*	\$772.12	\$717.66	\$ 54.46

~~*Joint costs for employee are per couple. Each employee will pay one half of the amount shown.~~

Surcharge of \$250.00 for Spouse with insurance elsewhere

Co payments:

- Primary Care Physician (PCP) office visit \$20.00
- Specialist office visit \$30.00
- In-patient care admission \$500.00
- In-patient care 80%
- Out-patient surgical care 80%
- Diagnostic Services 80%
- Preventive Care 100% after co-pay
- Maternity Care 80%
- Emergency Room co-pay \$100.00
- Lifetime maximum \$1,000,000.00
- Annual Deductible \$0
- Out-of-Pocket Maximum \$5,000/\$15,000.00

Pharmacy: Deductible \$50.00 Out-of-Pocket Maximum 1,500 individual/\$3,000 family
Generic 30% of the cost of the prescription or a minimum cost of \$10 (\$20.00 for mail service).

Preferred 30% of the cost of the prescription or a minimum cost of \$20.00 (\$40.00 for mail service).

Non-Preferred 30% of the cost of the prescription or a minimum cost of \$35.00 (\$70.00 for mail service).

Cigna EPO or Blue Cross/Blue Shield of Florida (BlueCare) Exclusive Provider Organization (EPO)

The following rates are based upon a monthly calculation:

Type	Premium Amount	Board Contribution	Employee Contribution
Employee	\$ 545.90 <u>575.90</u>	\$ 524.23	\$ 21.67 <u>51.67</u>
Employee /Spouse	\$ 883.10 <u>913.10</u>	\$ 524.23	\$358.87 <u>388.87</u>
Employee/Children	\$ 717.50 <u>747.50</u>	\$ 524.23	\$193.27 <u>223.27</u>
Employee/Family	\$1,000.70 <u>1,030.70</u>	\$ 524.23	\$476.47 <u>506.47</u>
Joint*	\$1,124.12	\$1,048.46	\$ 75.66

*Joint costs for employee are per couple. Each employee will pay one half of the amount shown.

Surcharge of \$250.00 for Spouse with insurance elsewhere

Co payments:	Primary Care Physician (PCP) office visit \$15.00 <u>\$20.00</u>
	Specialist office visit \$25.00 <u>\$30.00</u>
	Emergency room co-pay \$75.00 <u>\$200.00</u>
	In-patient care <u>\$300.00/day to a maximum of three (3) days</u>
	Out-patient surgical care \$25.00 <u>\$150.00</u>
	Major Out-patient procedures (Cardiac Catherization, MRI, CT Scan, PET Scan and Lithotripsy) \$50.00 <u>\$100.00</u>

One annual cancer screening to include Mammogram, PAP smear, colorectal, prostate, blood test for ovarian cancer as applicable. Discontinuation of coverage for artificial insemination.

Cigna PPO or Blue Cross/Blue Shield of Florida (BlueChoice) Preferred Provider Organization (PPO)

The following rates are based upon a monthly calculation:

Type	Premium Amount	Board Contribution	Employee Contribution
Employee	\$ 567.50 <u>597.50</u>	\$ 524.23	\$ 43.27 <u>73.27</u>
Employee/Spouse	\$ 927.50 <u>957.50</u>	\$ 524.23	\$403.27 <u>433.27</u>
Employee/Children	\$ 741.50 <u>771.50</u>	\$ 524.23	\$217.27 <u>247.27</u>
Employee/Family	\$1,072.70 <u>1,102.70</u>	\$ 524.23	\$548.47 <u>578.47</u>
Joint*	\$1,196.14	\$1,048.46	\$147.68

*Joint costs for employee are per couple. Each employee will pay one half of the amount shown.

Surcharge of \$250.00 for Spouse with insurance elsewhere

Deductible and stop loss levels will be as follows for the twelve (12) month period from January 1, ~~2009~~ 2010 through December 31, ~~2009~~ 2010:

Plan Benefit/Employee Responsibility	Type	Stop Loss
85/15 <u>80/20</u> (In-Network)	Individual	\$2,000 <u>\$2,500</u> (In-network)
	Family	\$4,000 <u>\$5,000</u> (In-Network)
70/30 <u>60/40</u> (Out-of-Network)	Individual	\$4,000 (Out-of-Network)
	Family	\$8,000 (Out-of-Network)

Deductible	Type	Amount
Individual	In-Network	\$300 <u>\$ 500</u>
Family	In-Network	\$600 <u>\$1,000</u>
Individual	Out-of-Network	\$400 <u>\$ 750</u>
Family	Out-of-Network	\$800 <u>\$1,500</u>

During the plan year January 1, ~~2009~~ 2010 through December 31, ~~2009~~ 2010, only expenses incurred in the plan year will be allowed to count toward the deductible for that plan year. PPO Plan Co-payment: General Practitioner office visit \$25.00 for each In-Network non-surgical office visit. Specialist office visit including preventative care \$25.00. Out-patient surgery covered the same as if surgery was performed as an in-patient. One annual cancer screening to include Mammogram, PAP smear, colorectal, prostate, blood test for ovarian cancer as applicable. Such annual diagnostic tests shall be covered at ~~100%~~ 85% in-network and 70% out-of-network.

Prescription Drug Plan

The prescription drug plan is available for all medical plan types. Refer to the Summary Plan Description (SPD) for Basic Plan prescription drug information.

Prescription drugs, limited to a thirty (30) day supply are paid at 100% at participating pharmacies, after a ~~\$10.00~~ \$20.00 co-payment for generic; ~~\$20.00~~ \$40.00 co-payment for preferred brand-name drugs and ~~\$35.00~~ \$70.00 co-payment for non-preferred brand name drugs. The above co-payments will be applied to each prescription and each refill.

Mail order service for long-term maintenance prescription drugs is available, limited to a 90-day supply, with a ~~\$20.00~~ \$40.00 co-payment for generic drugs, ~~\$40.00~~ \$80.00 co-payment for preferred brand-name drugs and ~~\$70.00~~ \$140.00 co-payment for non-preferred brand-name drugs.

Mental Health Plan

The Mental Health Plan services are provided by ~~Bradman~~ MHNet/Unipsych. This plan is available through enrollment in any of the five medical insurance plans: Cigna Basic and the Cigna EPO and PPO and Blue Cross/Blue Shield of Florida Blue Care and Blue Choice.

Continuation of Benefits

In the event a teacher's contract is not renewed at the end of the regular school year such teacher may elect to continue medical, dental, and vision benefits under the COBRA provisions and life insurance, should such teacher subsequently be re employed at the beginning of the following school year, the Board will reimburse the teacher for the amount the Board would have paid for medical and vision insurance benefits and life insurance had the teacher's contract been renewed. In the event a teacher's employment is terminated with the Board, the District shall calculate the coverage such teacher is due based on his/her premium contributions and appropriate insurance coverage shall be provided by the Board.

Should there be a discrepancy between this Appendix and the Summary Plan Description (SPD), the provisions of the SPD prevail.

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