

TA 5/6/19
DKD
RM 5/6/19

05/06/19 Management Package Proposal
BTU-ESP Negotiation Session #7
All Management proposals are package proposals
District Insurance Proposal (4th Insurance Proposal)

**ARTICLE 15
INSURANCE**

C. ~~Premium Amount~~**Health and Dental Insurance:** The ~~Board~~District shall pay the following premiums for individual employee's health and dental insurance ~~for the life of this contract:~~

1. For employees that elect dental insurance, the ~~Board~~District shall provide a maximum of \$10.80 per month towards the elected dental insurance in accordance with the term and schedule of benefits currently in effect.

a. ~~The Board agrees to pay 100% of the health insurance premiums for the Coventry Health Care Premier Plus Plan (High Option HMO), Premier Plan (Low Option HMO), and Consumer Driven Plan coverage for the individual employee for the term of this agreement. Employees wishing to participate in the Premier Plus Plan must complete wellness initiatives and timelines as recommended by the Superintendent's Insurance Advisory Committee. Personal Health Information (PHI) that is gathered from the wellness initiatives are protected by the Health Insurance Portability Accountability Act (HIPAA). Employees shall not be denied health insurance due to results of participating in the wellness initiatives.~~

The District offers three (3) health insurance plans: Premier Plus Plan, Premier Plan, and Premier Choice Plan. The District will pay 100% of the cost of the health insurance premium equivalent for employee-only coverage under any of the plans until December 31, 2019. Employees will continue to pay the cost of the health insurance premium for any coverage selected other than employee-only coverage.

For future plan years:

The parties are committed to working through the Superintendent's Insurance and Wellness Advisory Committee to implement cost effective improvements to the group health insurance program, such as the increased usage of:

- Teladoc

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- Wellness Programs
- Extended Rx offerings
- Urgent Care over Emergency Room visits, when feasible

The District shall separately account for costs of group insurance program within the General Fund in a manner that allows costs and savings to be readily identified. At the end of each fiscal year, any savings in the overall cost of the insurance programs (defined as the total premium equivalent contributions for that year compared to the projected total premium contributions for the next year) shall be placed in a reserve which may only be used to fund future employee supplements, and/or other benefits for employees, prior to the end of the next plan year.

b. All new employees may elect to enroll in a ~~Board~~District-offered plan of their choice subject to conditions for enrollment in such plan.

2. ~~After the Board has entered into a contract(s) with one or more vendors to provide group health insurance to bargaining unit members, b~~Benefit levels and premiums, plan design, cost containment for the plan premium contributions and benefit improvements will be reviewed and established annually by the Superintendent's Insurance and Wellness Advisory Committee. The Superintendent's Insurance and Wellness Advisory Committee will make recommendations to the Superintendent about benefit levels, plan design, cost containment for the plan and benefit improvements. Either party may demand negotiations through the Superintendent or designee to amend benefit levels, plan design, cost containment for the plan and- for the specific purpose of cost containment, (e.g., co-payments, deductibles, etc.) or benefit improvements, or premium contributions.

3. An employee eligible for health insurance may voluntarily decline such insurance. An employee declining medical insurance shall be required to sign an affidavit indicating other medical coverage and provide proof of other medical insurance during the open enrollment period each year. Employees shall be responsible to maintain proof of continuing medical insurance. Employees choosing not to participate in the School ~~Board~~District of Broward County's medical health insurance program

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shall be reimbursed at a rate of seven hundred fifty dollars and no cents (\$750) per year (opt-out dollars) only if such proof is provided. If an employee does not provide proof of other medical insurance, then employee will not be reimbursed any opt-out dollars. Said opt-out dollars shall be deposited into the employee's cafeteria plan and those opt-out dollars may be used in a manner consistent with the provisions of said plan. ~~The parties mutually agree to discuss the opt-out plan as it pertains to premiums for other coverage.~~

4. During the clearance process, new employees shall be informed in writing of the date on which their health insurance becomes effective.