

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

APPENDIX C

HEALTH INSURANCE COVERAGE

~~Effective June 30, 2024~~

- A. Employees shall be able to choose from in-network doctors, hospitals, and pharmacies, and may be able to choose from out-of-network doctors, hospitals, and pharmacies. In addition, a select in-network option shall be available.
1. ~~Effective June 30, 2024, and implemented the beginning of Plan Year 2024-25, for employees hired prior to July 1, 2024, the premium will be shared as follows between Board and employees for Employee Only coverage: Plan A – 95% (Board)/5%(Employee); Plans B and C – 90% (Board)/ 10% (Employee) and Plan D – 100% (Board)/0% (Employee). Fifty percent of the cost will be paid by the Board for half-time employees who elect Employee Only coverage. Annual individual premium cost increases exceeding 10% over the prior year will be equally shared by the District and employees. Such shared costs may be accomplished by either employee premium cost sharing or plan revisions, or both.~~
 2. ~~For the plan year 2024-25 the District will provide CTA bargaining unit employees a premium discount equal to \$4.4 million. This premium discount shall be split among all CTA bargaining unit employees employed with the District and covered by one of the District’s plans prior to July 1, 2024. The parties shall enter into a Memorandum of Agreement implementing the premium discount.~~
 3. ~~For employees hired on or after June 30, 2024, the premium will be shared as follows between Board and employees for Employee Only Coverage: Plan A, B and C SureFit Plan – 8589% (Board)/1511% (Employee) and Hybrid Plan D – 10079% (Board)/021% (Employee). Fifty percent of the cost will be paid by the Board for half-time employees who elect Employee Only coverage.~~
 4. There will be different premium structures for employees hired prior to July 1, 2024, and employees hired on or after July 1, 2024. Half-time employees who elect Employee Only coverage will receive fifty percent of the Board contribution towards their health insurance premiums.

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

5. ~~Effective June 30, 2024, e~~ Employees who separate service for more than sixty (60) calendar days and return after that timeframe will only be eligible for the plans provided to new hires as outlined ~~in Appendix C.A.3.~~ above.

B. Annual out-of-pocket maximums and deductibles:

2024-25 2026-27 Health Insurance Plans Effective October 1, 2026 For Employees Hired Prior to 07/01/2024							
Plan D (SureFit)		Plan A (Local Plus Network)		Plan B (Open Access Plus High Deductible Health Plan and Health Savings Account – HDHP)		Plan C (OAPIN) Hybrid Plan (National Network)	
No premium cost for Employee Only Coverage (full-time) Premium <u>\$600/Year or \$30/Check</u>		Employee Paid Premium <u>\$545/year or \$27.25/per check</u>		Employee Paid Premium <u>\$1,172/year or \$58.60/per check</u>		Employee Paid Only Premium <u>\$1,172,700/Year or \$58.6085/per eCheck</u>	
				In-Network Benefits		In-Network Benefits	
Out of Pocket Maximums	Medical: <u>\$4,5006,000</u> Individual/ <u>\$9,00012,000</u> Family	Out of Pocket Maximums	Medical: <u>\$4,500</u> Individual/ <u>\$9,000</u> Family	Out of Pocket Maximums	Medical: <u>\$4,500</u> Individual/ <u>\$9,000</u> Family	Out of Pocket Maximums	Medical: <u>\$4,5006,000</u> Individual/ <u>\$9,00012,000</u> Family
	Pharmacy: <u>\$2,5004,000</u> Individual/ <u>\$5,0008,000</u> Family		Pharmacy: <u>\$4,000</u> Individual/ <u>\$8,000</u> Family		Pharmacy: <u>\$4,000</u> Individual/ <u>\$8,000</u> Family		Pharmacy: <u>\$4,0004,500</u> Individual/ <u>\$8,0009,000</u> Family
Deductibles <u>Must be met before coinsurance and co-payment applies</u>	Medical <u>\$3002,000</u> Individual/ <u>\$6004,000</u> Family Pharmacy Deductible applicable to Brand Name and Specialty Medication <u>\$500</u> Individual/ <u>\$1,000</u> Family	Deductibles	<u>\$500</u> Individual/ <u>\$1,000</u> Family	In-Network Deductibles	<u>\$1,750</u> Individual/ <u>\$3,500</u> Family	Deductibles <u>Must be met before coinsurance and co-payment applies</u>	<u>\$4003,000</u> Individual/ <u>\$800</u> <u>6,000</u> Family
				Out-of-Network Coverage		Out of Network Coverage	

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

	Out-of Network Deductibles	Medical: \$5,000 Individual/ \$10,000 Family	Out of Network Deductibles	Medical: \$6,000 Individual/ \$12,000 Family
	Out-of Network Maximums	Medical: \$10,000 Individual/\$20,000 Family Pharmacy: Unlimited	Out of Network Maximums	Medical: \$12,000 Individual/ \$24,000 Family

- * Family deductibles and out-of-pocket maximums are two (2) times the individual deductible and out-of-pocket maximum amounts.
- ** In-network out-of pocket annual maximums shall include any deductibles, copayments, and coinsurance. Once a member has met their out of pocket maximum, the plan will pay 100% of the covered charges for the remainder of the plan year.

In-network and out-of-network deductibles and out-of-pocket maximums shall accumulate separately. Deductibles paid for services rendered during the last three months of a plan year (July, August, and September) shall apply toward the next plan year.

2024-25 2026-27 Health Insurance Plans For Employees Hired On or After 07/01/2024							
Plan-D SureFit		Plan A (Local Plus Network)		Plan B (Open Access Plus High Deductible Health Plan and Health Savings Account – HDHP)		Plan C (OAPIN) Hybrid Plan (National Network)	
No premium cost for Employee Only Coverage (full time) Premium \$1,245/Year or \$62/Check		Employee Paid Premium is \$1,759/year or \$87.95/check		Employee Paid Premium is \$1,759/year or \$87.95/per check		Employee Paid Only Premium is \$1,759,345/Year or \$87.95 per 117/eCheck	
				In-Network Benefits		In-Network Benefits	
Out of Pocket Maximums	Medical: \$4,500 Individual/ \$9,000 Family	Out of Pocket Maximums	Medical: \$4,500 Individual/ \$9,000 Family	Out of Pocket Maximums	Medical: \$4,500 Individual/ \$9,000 Family	Out of Pocket Maximums	Medical: \$4,500 Individual/ \$9,000 Family
	Pharmacy: \$2,500 Individual/ \$5,000 Family		Pharmacy: \$4,000 Individual/ \$8,000 Family		Pharmacy: \$4,000 Individual/ \$8,000 Family		Pharmacy: \$4,000 Individual/ \$8,000 Family
Deductibles Must be met	Medical \$300,000 Individual/ \$600,000 Family	Deductibles	\$500 Individual/ \$1,000 Family	In-Network Deductibles	\$1,750 Individual/ \$3,500 Family	Deductibles Must be met	\$400,000 Individual/ \$800,000 Family

Orange County Public Schools (OCPS) – The District reserves the right to change, modify, introduce, amend or rescind any proposals without establishing practice or prejudice as to its right to negotiate an agreement.

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

<u>before coinsurance and co-payment applies</u>	<u>Prescription (Brand Names and Specialty)</u> \$500 Individual/\$1,000 Family					<u>before coinsurance and co-payment applies</u>	
		<u>Out of Network Coverage</u>		<u>Out of Network Coverage</u>			
		<u>Out of Network Deductibles</u>	<u>Medical: \$5,000 Individual/ \$10,000 Family</u>				
		<u>Out of Network Maximums</u>	<u>Medical: \$10,000 Individual/\$20,000 Family Pharmacy: Unlimited</u>	<u>Out of Network Deductibles</u>	<u>Medical \$6,000 Individual/\$12,000 Family</u>	<u>Out of Network Maximums</u>	<u>Medical \$12,000 Individual/\$24,000 Family Pharmacy: Unlimited</u>
				<u>Coinsurance</u>	<u>60%/40%</u>		

* Family deductibles and out-of-pocket maximums are two (2) times the individual deductible and out-of-pocket maximum amounts.

** In-network out-of pocket annual maximums shall include any deductibles, copayments, and coinsurance. Once a member has met their out of pocket maximum, the plan will pay 100% of the covered charges for the remainder of the plan year.

In-network and out-of-network deductibles and out-of-pocket maximums shall accumulate separately. Deductibles paid for services rendered during the last three months of a plan year (July, August, and September) shall apply toward the next plan year.

1. In the ~~PPO-like Plan B, High Deductible Health Plan (HDHP) product~~ Hybrid Plan in-network co-insurance shall be ~~80~~70 percent (with the member paying ~~20~~30 percent) and out-of-network co-insurance shall be ~~70~~60 percent (with the member paying ~~30~~40 percent) of the ~~in-network~~ fee schedule. ~~The HDHP plan will comply with federal regulations required for a HDHP with a Health Savings Account (HAS). In the SureFit Plan co-insurance shall be 80 percent (with the member paying 20 percent).~~

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

2. In-network copayments for the contracted provider network for each Primary Care Physician (PCP) and for each Specialist visit covered by the healthcare products are covered as listed in the chart below.

Plan Name	Plan D: SureFit	Plan A: Local Plus In- Network	Plan B: Open Access Plus HDHP In and Out of Network Plan	Plan C: OAPIN Hybrid Plan
Specialist and Primary Care Visit Copays (in-network only, after deductible)				
Primary Care (PCP)	\$15	\$15	\$15	\$15
Specialist	\$55	\$55	\$65	\$65
Specialist CCN *	N/A	N/A	\$45	\$3045

* Cigna Care Network Specialist

3. Effective ~~June 30, 2024~~ October 1, 2026, and implemented the beginning of Plan Year ~~2024-25 the HMO-like plan~~, SureFit, shall provide a prescription plan with a \$9 charge for generic drugs for a 30-day supply; a ~~\$60~~ \$70 charge for formulary drugs for a 30-day supply; and a ~~\$100~~ \$120 charge for drugs more than \$1,500 for a 30-day supply at participating network pharmacies. Certain non-formulary drugs may be provided at a participating network pharmacy for a ~~\$90~~ \$100 charge for a 30-day supply when medical necessity has been verified with a Prior Authorization form filed with the Pharmacy Benefit Management Company. See your physician for step therapy details. **The pharmacy deductible does not apply to generic medications.**

Effective ~~June 30, 2024, and implemented the beginning of Plan Year 2024-25 HMO-like, Plan A: Local Plus In network product, the PPO-like, Plan B: Open Access Plus HRA In and Out of Network and HMO-like Plan C: OAPIN~~ October 1, 2026, the Hybrid Plan shall provide a prescription plan with a \$9 charge for generic drugs for a 30-day supply; a ~~10~~ 20% coinsurance/~~minimum \$60 co-pay~~ charge for formulary drugs for a 30-day supply; a ~~10~~ 20% coinsurance/~~minimum \$100 co-pay~~ for medications more than \$1,500 for a 30 day supply at participating network pharmacies. Certain non-formulary drugs may be provided at a participating network pharmacy for ~~50~~ 20% coinsurance/~~minimum \$90 co-pay~~ charge when medical necessity has been verified

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

with a Prior Authorization form filed with the Pharmacy Benefit Management Company. See your physician for step therapy details.

Maintenance medications must be purchased through the mail order at Caremark.com or via the CVS Pharmacy Retail 90 program. Members shall be charged the full cost of the medication if mail order or CVS Retail 90 is not utilized for maintenance medication. ~~In Plan B: HRA employees using out-of-network pharmacies for prescription drugs will pay copay plus the difference in cost between out-of-network and network cost to the plan (excluding maintenance medications which must be purchased at mail order).~~ There are no out of network benefits for pharmacy ~~in SureFit, Plan A: Local Plus In Network or Plan C: OAPIN.~~

4. Hospice treatment in network coinsurance shall match coinsurance amounts in the plans.
5. Second opinions are covered as outlined in the plan.
6. Emergency Room visits copayments are as follows:
 - ~~HMO-like products SureFit and Plan A and C: \$400~~ 20% co-insurance
 - ~~PPO-like products Hybrid Plan B: \$400 plus~~ 20% co-insurance
 Emergency Room ~~copayment~~ co-insurance shall be waived if the plan member is admitted to the hospital. If a plan member has a documented referral to the ER by an urgent care center or physician and is not admitted to the hospital, he/she may use the appeal process as outlined in the Plan Document for possible reimbursement of the Emergency Room ~~copayment~~ co-insurance.
7. Advanced Radiological Imaging includes but is not limited to MRIs, CT scans, PET scans, and radiological stress tests.

Plan Name	SureFit	Plan A: Local Plus In- Network	Plan B: Open Access Plus HDHP In and Out of Network Plan	Plan C: OAPIN <u>Hybrid Plan</u>
Hospital Based/ Hospital Affiliated including Emergency Room	10 <u>20%</u> after deductible	20% after deductible	20% after deductible	20 <u>30%</u> after deductible
Freestanding imaging center	\$100 <u>after deductible</u>	\$100	\$100 + <u>20%</u>	\$100 <u>after deductible</u>

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

- C. Medically necessary home health care services shall be provided through a contracted provider network as specified in the plan.
- D. In both the ~~PPO-like and HMO-like product~~ SureFit and Hybrid plans child health supervision services in network shall be \$20 per visit.
- E. A mammography benefit shall be provided. Preventive and diagnostic care will be covered at no cost to the member. The services must be coded from the provider as a preventive.
- F. The daily room rate allowance shall be at least \$175 for out-of-network hospitals.
- G. A pre-certification/utilization review program will be utilized, requiring the submission of a written form to the Third-Party Administrator five working days prior to non-emergency surgery (in- or out-patient). Concurrent review will be performed during admission to a hospital. Pre-certification will be mandatory for non-emergencies and could result in a reduction in covered benefits if not followed. The Third-Party Administrator (TPA) must be contacted within 48 hours following any emergency admission.
- H. Durable Medical Equipment will be subject to deductible and coinsurance for all plans.
- I. In cases involving life-threatening illnesses where the recommended experimental or investigative treatment or procedure is not covered by the Plan Document, a case management review may be requested by the affected member.
 - 1. Such requests shall be referred to a medical review panel to review the recommended alternative experimental or investigative treatment or procedure. The five members of the panel shall be: a representative from the Association, a representative from the Board and three medical representatives agreed to by the parties. The Association and the Board representatives shall have no voting power. These five panel members shall mutually agree on other panel members from medical specialties who might be needed to resolve each special case.
 - 2. An experimental or investigative treatment or procedure may be recommended by the panel if all of the following criteria are met:
 - a. The illness is life-threatening.
 - b. The experimental or investigative treatment or procedure is recommended as having merit by a licensed board-certified specialist, in lieu of conventional medical procedures recognized by a national medical authority such as (but not

DISTRICT PROPOSAL #3
Appendix C Health Insurance Coverage
March 31, 2026

limited to) the National Institute of Health, the American Medical Association, or the Food and Drug Administration.

- c. The experimental or investigative treatment or procedure is conducted by a Joint Commission accredited hospital and a licensed board-certified specialist.
 - d. The experimental or investigative treatment or procedure is recognized as having merit by national medical experts.
 - e. The affected employee must fit the provider's qualifications to be a candidate for such treatment or procedure.
 - f. The affected employee is fully informed of the treatment or procedure and acknowledges that the treatment or procedure is experimental or investigative.
 - g. The affected employee requests to participate in the treatment or procedure after analyzing the benefits and the risk.
3. The panel shall make a case management recommendation to the Trustees for final action. The Trustees may reject the recommendation if it does not meet the above criteria. The panel shall meet, deliberate and recommend and the Trustees of the Benefits Trust will take final action in an expeditious manner.
- J. Employees who select an alternative to health insurance as set forth in Article XVII, Section B shall have the option of the following:
- 1. A disability program providing an eligible benefit (based on the teacher's annual salary) not to exceed \$1,500 per month and vision insurance.
- K. Any wellness program will be optional to all instructional employees. All such programs will be confidential and all employee information will be protected by a third party per HIPAA regulations. Incentives shall be negotiated through the bargaining process.
- L. A telehealth program will be offered through the medical coverage which allows members to access a physician either by phone or secure video to help treat non-emergency medical conditions. For all plans, there is a \$0 copayment.