DISTRICT PROPOSAL #6
Health Insurance
June 29, 2021

APPENDIX C

HEALTH INSURANCE COVERAGE

A. Employees shall be able to choose from in-network and out-of-network doctors, hospitals and pharmacies. In addition, a select in-network option shall be available.

1. The Board agrees to provide, a health insurance program with various health plan options through the Orange County Public Schools Employee Benefits Trust. Fifty percent of the cost will be paid by the Board for half-time employees who elect coverage. Annual individual premium cost increases exceeding 8% 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.

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

<table>
<tr><td colspan="8">~~2020-21~~ 2021-22 Health Insurance Plans</td></tr>
<tr><td colspan="2">SureFit</td><td colspan="2">Plan A (Local Plus Network)</td><td colspan="2">Plan B (Open Access Plus HRA)</td><td colspan="2">Plan C (OAPIN)</td></tr>
<tr><td colspan="2">No premium cost for Employee Only Coverage (full-time)</td><td colspan="2">No premium cost for Employee Only Coverage (full-time)</td><td colspan="2">PPO Like: Open Access Plus HRA (In and Out of Network)
Employee Paid Premium $26.26/paycheck, $525/year</td><td colspan="2">Employee Paid Premium $26.26/paycheck, $525/year</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td colspan="2">In-Network Benefits</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Out of Pocket Maximums</td><td>Medical: $5,500 Individual/$11,000 Family</td><td rowspan="2">Out of Pocket Maximums</td><td>Medical: $~~5,500~~ 6,500 Individual/$~~11,000~~ 13,000 Family</td><td rowspan="2">Out of Pocket Maximums</td><td>Medical: $~~5,500~~ 6,500 Individual/$~~11,000~~ 13,000 Family</td><td rowspan="2">Out of Pocket Maximums</td><td>Medical: $~~5,500~~ 6,500 Individual/ $~~11,000~~ 13,000 Family</td></tr>
<tr><td>Pharmacy: $1,500 Individual/$3,000 Family</td><td>Pharmacy: $~~1,000~~ 2,000 Individual/$~~2,000~~ 4,000 Family</td><td>Pharmacy: $~~1,000~~ 2,000 Individual/$~~2,000~~ 4,000 Family</td><td>Pharmacy: $~~1,000~~ 2,000 Individual/ $~~2,000~~ 4,000 Family</td></tr>
<tr><td>Deductibles</td><td>$300 Individual/$600 Family</td><td>Deductibles</td><td>$~~300~~ 500 Individual/$~~600~~ 1,000 Family</td><td>In-Network Deductibles</td><td>$~~2,000~~ 3,000 Individual/$~~4,000~~ 6,000 Family</td><td>Deductibles</td><td>$~~250~~ 400 Individual/$~~500~~ 800 Family</td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td colspan="2">Out of Network Coverage</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td>Out of Network Deductibles</td><td>Medical: $3,000 Individual/$6,000 Family</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td rowspan="2">Out of Network Maximums</td><td>Medical: $9,000 Individual/$18,000 Family</td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td colspan="2"></td><td>Pharmacy: Unlimited</td><td colspan="2"></td></tr>
</table>

* 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.

3. In the PPO-like Plan B, HRA product in-network co-insurance shall be 80 percent (with the member paying 20 percent) and out-of- network co-insurance shall be 70 percent (with the member paying 30 percent) of the in-network fee schedule.

4. 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	**SureFit**	**Plan A:** **Local Plus In-Network**	**Plan B:** **Open Access Plus HRA In and Out of Network Plan**	**Plan C:** **OAPIN**
Specialist and Primary Care Visit Copays (in-network only)				
Primary Care (PCP)	**$35**	$35	$30	$30
Specialist	**$55**	$55	$65	$55
Specialist CCN *	**N/A**	N/A	$45	N/A

* Cigna Care Network Specialist

5. For plan year ~~**2020-21**~~ **2021-22** the ~~**PPO-like, Plan B: Open Access Plus HRA In and Out of Network and HMO-like Plan C: OAPIN Plan**~~ **HMO-like plan, SureFit,** shall provide a prescription plan with a $9 charge for generic drugs for a 30-day supply; a ~~**$55**~~ **60** charge for formulary drugs for a 30-day supply; and a ~~**$90**~~ **100** 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 $~~**60**~~

90 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.

For plan year **2020-21** the 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** shall provide a prescription plan with a $9 charge for generic drugs for a 30-day supply; a 10% coinsurance/minimum **~~$55~~ 60** co-pay charge for formulary drugs for a 30-day supply; a 10% coinsurance/minimum **~~$90~~ 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% coinsurance/minimum $**~~60~~ 90** co-pay charge 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.

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 Plan A: Local Plus In-Network or Plan C: OAPIN.

6. Hospice treatment in network coinsurance shall match coinsurance amounts in the plans.

7. Second opinions are covered as outlined in the plan.

8. Emergency Room visits copayments are as follows:

    - HMO-like products **SureFit and** Plan A and C: $400
    - PPO-like products Plan B: $400 plus 20% co-insurance

    Emergency Room copayment 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.

9. 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 HRA In and Out of Network Plan	Plan C: OAPIN
Hospital Based/ Hospital Affiliated including Emergency Room	**10% after deductible**	~~10~~ **20**% after deductible	20% after deductible	20% after deductible
Freestanding imaging center	**$100**	$100	$100 + 20%	$100

B. Medically necessary home health care services shall be provided through a contracted provider network as specified in the plan.

C. In both the PPO-like and HMO-like product child health supervision services in network shall be $20 per visit.

D. A mammography benefit shall be provided. Preventive care will be covered at no cost to the member. The services must be coded from the provider as a preventive.

E. The daily room rate allowance shall be at least $175 for out-of-network hospitals.

F. 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.

G. Durable Medical Equipment will be subject to deductible and coinsurance for all plans.

H. 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 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.

I. 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.

J. 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.

K. 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 $10 copayment.