

MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE GALION CITY SCHOOL DISTRICT  
BOARD OF EDUCATION  
AND  
THE GALION EDUCATION ASSOCIATION/OEA/NEA

This Memorandum of Understanding ("Agreement") is entered into by and between the Galion City School District Board of Education ("Board of Education" or "Board") and the Galion Education Association/OEA/NEA ("Association"). The Board of Education and the Association shall be referred to jointly as the Parties.

WHEREAS, the Board of Education and the Association are parties to a Master Agreement ("2014 Master Agreement") effective August 15, 2014 to August 14, 2016; and

WHEREAS, as per Article X, Section B of the 2014 Master Agreement, the Parties agreed to jointly establish an Insurance Committee for the purposes of reviewing insurance options in light of the District's membership in the Wyandot-Crawford Health Benefit Fund ("Consortium"); and

WHEREAS, the Consortium is offering three (3) additional plans that shall take effect January 1, 2016 and that are compliant with state and federal law; and

NOW, THEREFORE, BE IT AGREED BETWEEN THE PARTIES AS FOLLOWS

1. The Parties incorporate the recitals as if fully rewritten herein.
2. Association Members may choose one (1) of the three (3) new plans offered by the Consortium (the details of which shall be provided by the Consortium, with excerpts attached) during the 2015 open enrollment period or keep their current health coverage subject to the 10% penalty surcharge.
3. It is further agreed that the percentage of the premium paid by the Board shall remain at ninety percent (90%), and the percentage paid by the member shall remain at ten (10%) percent.
4. It is further agreed that no change shall be made to any other coverage as outlined in the 2014 Master Agreement.
5. Both Parties shall make every effort to ratify this Agreement on or before October 15, 2015. In the event that the aforementioned ratification occurs on or before to October 15, 2015, the Board agrees to increase the base salary of thirty thousand nine hundred forty-nine dollars (\$30,949) by .25 of one percent, making the base salary for the 2015-2016 school year thirty-one thousand twenty-six dollars (\$31,026). This increase shall be retroactive to the first contractual workday and shall be paid in the first pay of December 2015.

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IN WITNESS WHEREOF, the duly authorized undersigned representatives of the Board and the Association have executed this Agreement on the \_\_\_\_\_ day of \_\_\_\_\_, 2015.

For the Board:

For the Association:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
President

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
Vice-President

<b>Wyandot-Crawford Consortium Proposed Plan A</b>		
<b>Benefits</b>	<b>Network</b>	<b>Non-Network</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Benefit Period Deductible – Single/Employee +1/Family <sup>1</sup>	\$300 /\$600/\$600	\$600 / \$1,200/\$1,200
Coinsurance	90%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$1700/\$3400/\$3400	\$3400/\$6800/\$6800
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury)	\$20 copay, then 100%	70% after deductible
Urgent Care Office Visit <sup>2</sup>	\$50 copay, then 100%	70% after deductible
<b>Preventative Services</b>	100%	70% after deductible
<b>Prescription Drugs<sup>3</sup> – Includes Diabetic Supplies and Oral Contraceptive Coverage<sup>4</sup></b>		
Retail – 30 Day Supply	\$5 Generic / \$25 Formulary Brand / \$40 Non-Formulary Brand	
Home Delivery – 90 Day Supply	\$10 Generic / \$62.50 Formulary Brand / \$100 Non-Formulary Brand	

<b>Wyandot-Crawford Consortium Proposed Plan B</b>		
<b>Benefits</b>	<b>Network</b>	<b>Non-Network</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Benefit Period Deductible – Single/Employee +1/Family <sup>1</sup>	\$750 / \$1500/\$1500	\$1500/ \$3000/\$3000
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Employee +1/Family	\$1500/\$3000/\$3000	\$3000/\$6000/\$6000
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury) <sup>2</sup>	\$20 copay Primary Care/\$40 Specialist	60% after deductible
Urgent Care Office Visit <sup>2</sup>	\$50 copay, then 100%	60% after deductible
<b>Preventative Services</b>	100%	60% after deductible
<b>Prescription Drugs<sup>3</sup> – Includes Diabetic Supplies and Oral Contraceptive Coverage<sup>4</sup></b>		
Retail – 30 Day Supply	\$5 Generic / \$25 Formulary Brand / \$40 Non-Formulary Brand	
Home Delivery – 90 Day Supply	\$10 Generic / \$62.50 Formulary Brand / \$100 Non-Formulary Brand	

**Wyandot-Crawford Consortium  
Plan C (HSA)**

Benefits	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Benefit Period Deductible – Single Employee +1/Family <sup>1</sup>	\$2600 / \$5200/\$5200	\$2600 / \$5200/\$5200
Coinsurance	100%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$0 / \$0	\$2500 / \$5000
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury) <sup>2</sup>	100% after deductible	60% after deductible
Urgent Care Office Visit <sup>2</sup>	100% after deductible	60% after deductible
<b>Preventative Services</b>	100%	60% after deductible
<b>Prescription Drugs<sup>3</sup> – Includes Diabetic Supplies and Oral Contraceptive Coverage<sup>4</sup></b>		
Retail – 30 Day Supply	<b>Deductible applies then:</b> \$5 Generic/\$25 Formulary Brand/ \$40 Non-Formulary Brand <b>Deductible applies then:</b> \$10 Generic/ \$62.50 Formulary Brand/ \$100 Non-Formulary Brand	
Home Delivery – 90 Day Supply		

<sup>1</sup>**Maximum family deductible. Member deductible is the same as single deductible.**

<sup>2</sup>The office visit copay applies to the cost of the office visit only.

<sup>3</sup>Failure to present an ID card may result in decreased benefits.

<sup>4</sup>Includes over-the-counter items, as well as insulin, syringes and needles.

**Galion's Updated Plan**

Benefits	Network	Non-Network
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Benefit Period Deductible – Single/Employee + 1/Family	\$500/\$750/ <b>\$1000</b>	\$500/\$750/ <b>\$1000</b>
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum Single/Employee +1/Family	\$500/\$750/\$1,000	\$1,000/1500/\$2,000
<b>Physician/Office Services</b>		
Office Visit (Illness/Injury) <sup>2</sup>	\$20 copay then 100%	60% after deductible
Urgent Care Office Visit <sup>2</sup>	\$20 copay, then 100%	60% after deductible
<b>Preventative Services</b>	80% after deductible	60% after deductible
<b>Prescription Drugs</b>		
Retail	80% after deductible (no oral contraceptives)	
Home Delivery – 90 Day Supply	\$10 Generic / \$15 Formulary Brand / \$30 Non-Formulary Brand	