

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE GALION CITY SCHOOL DISTRICT
BOARD OF EDUCATION AND
THE OHIO ASSOCIATION OF PUBLIC SCHOOL EMPLOYEES
LOCAL #370

This Memorandum of Understanding ("Agreement") is entered into by and between the Galion City School District Board of Education ("Board") and the Ohio Association of Public School Employees Local #370 ("Association"). The Board of Education and the Association shall be referred to jointly as the Parties.

WHEREAS, the Parties are currently finalizing a Collective Bargaining Agreement ("Contract") effective July 1, 2015 through June 30, 2016; and

WHEREAS, the Parties intend for this Agreement to be fully incorporated into the new Contract at Article 29 where referenced; and

WHEREAS, the Insurance Committee has reviewed 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 excerpt 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 Article 29 of the Contract.
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 October 15, 2015, the Board agrees to increase the base salary an additional .25% as referenced in Article 42 of the Contract. 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

Wyandot-Crawford Consortium Proposed Plan A		
Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Benefit Period Deductible – Single/Employee +1/Family ¹	\$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
Physician/Office Services		
Office Visit (Illness/Injury)	\$20 copay, then 100%	70% after deductible
Urgent Care Office Visit ²	\$50 copay, then 100%	70% after deductible
Preventative Services	100%	70% after deductible
Prescription Drugs³ – Includes Diabetic Supplies and Oral Contraceptive Coverage⁴		
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 Proposed Plan B		
Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Benefit Period Deductible – Single/Employee +1/Family ¹	\$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
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$20 copay Primary Care/\$40 Specialist	60% after deductible
Urgent Care Office Visit ²	\$50 copay, then 100%	60% after deductible
Preventative Services	100%	60% after deductible
Prescription Drugs³ – Includes Diabetic Supplies and Oral Contraceptive Coverage⁴		
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 st through December 31 st	
Benefit Period Deductible – Single Employee +1/Family ¹	\$2600 / \$5200/\$5200	\$2600 / \$5200/\$5200
Coinsurance	100%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$0 / \$0	\$2500 / \$5000
Physician/Office Services		
Office Visit (Illness/Injury) ²	100% after deductible	60% after deductible
Urgent Care Office Visit ²	100% after deductible	60% after deductible
Preventative Services	100%	60% after deductible
Prescription Drugs³ – Includes Diabetic Supplies and Oral Contraceptive Coverage⁴		
Retail – 30 Day Supply	Deductible applies then: \$5 Generic/\$25 Formulary Brand/ \$40 Non-Formulary Brand Deductible applies then: \$10 Generic/ \$62.50 Formulary Brand/ \$100 Non-Formulary Brand	
Home Delivery – 90 Day Supply		

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Failure to present an ID card may result in decreased benefits.

⁴Includes over-the-counter items, as well as insulin, syringes and needles.

Galion's Updated Plan

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