

Language from the 2019-2022 FEA Negotiated Agreement.

13.1 Health Plan

A. Medical and Prescription Plans

The District agrees to offer options for health plan coverage, as described below, beginning the first day of the month following thirty (30) days of employment and continuing until employment termination. For employees who elect to participate in the District's health benefits plan, coverage will extend until August 31 for any terminating employee who holds and completes a full year contract. Terminating teachers who qualify for health coverage under the Alaska Teachers' Retirement System (TRS) do not qualify for health coverage under the District's plan. An employee has the option to continue health plan coverage at his/her own expense during a long-term leave of absence.

Employees may choose not to be covered by District health benefits and therefore not required to make an employee contribution, provided the employee signs a statement attesting that he/she is covered by other health insurance. Employees who wish to enroll a spouse and/or children in the District's plan may do so by completing the proper paperwork and providing the required supporting documentation to Human Resources in a timely manner.

The District offers a Plan Option A and two High Deductible Health Plans (HDHP). Plan A will only be available to employees enrolled in Plan A as of January 1, 2021. Plan options, benefits, and criteria for participation are described in the *Summary Plan Description*. The District shall provide each employee with a copy of the Summary Plan Description describing health care benefits and shall inform employees of any changes in benefits annually.

Employee contributions to the District's plan in the form of payroll deductions will be based on a tiered structure as follows:

Employee Only

Employee + Spouse or Employee + Child(ren)

Employee + Family

Plan costs will be set annually based on a fiscal year basis. Costs will be established by the health plan consultant's projected cost for the health plan using an actuary and is dependent on which family tier of coverage is selected. Employee contributions will be deducted from employee paychecks over nineteen (19) pay periods beginning with the first pay check in September.

For the High Deductible Health Plans (HDHP) (Plan B and Plan C), the District shall pay 100% and an employee shall pay 0% of the health plan costs for calendar years 2020 and 2021. The dollar amount for the 100% rate will become the hard cap of District contribution for Plans A, B and C.

If actual claims in each of the three plans are less than the projected claims, the difference will be credited towards the employee dollar share for the purpose of calculating the subsequent year's premium for each plan. Premiums shall not be less than zero (0).

An employee's contribution for Plan Option A, B and C will be based on a negotiated formula applied to the tiered structure as follows:

Employee Only	75% of the Base-Employee-Contribution
Employee + Spouse or Employee + Child(ren)	100% of the Base-Employee-Contribution
Employee + Family	125% of the Base-Employee-Contribution

For part-time employees, the District's contribution rate is prorated based on the part time employee's FTE and as such, the contribution rate is two (2) times the full-time employee rate.

Health plan costs are composed of claims paid, the costs of administering the health care plan by the third party administrator or its successor(s), aggregate and specific stop-loss premiums, utilization review fees, case management costs, health program audit rewards, PA Clinic, wellness initiative costs, COBRA premium receipts, refunds, consultant fees, and any added costs resulting from changes in the administration of the health benefits plan agreed to by the parties during the term of the collective bargaining agreement or due to any requirement imposed by state or federal law.

Plan B will be a qualified High Deductible plan eligible for Health Savings Account (HSA) and Plan C will be a qualified high Deductible plan eligible for Health Reimbursement Arrangements (HRA).

Employees enrolled and participating in a qualifying (HSA)/Plan B, may elect an annual seven-hundred fifty (\$750) dollar District contribution for the duration of this contract.

Employees enrolled and participating in a qualifying (HRA)/Plan C, shall receive an annual seven-hundred fifty (\$750) dollar District contribution for the duration of this contract.

B. Dental, Vision and Audio Plan

Dental, Vision and Audio (DVA) coverage is an optional plan that is available to all employees at an additional cost. Beginning in calendar year 2021, all employees who elect the optional DVA plan shall pay the premium costs. Those employees who waive medical and prescription coverage may elect to purchase Dental, Vision and Audio coverage at the same rate.

C. Joint Committee on Health Benefits

A *Joint Committee on Health Benefits* (Joint Committee) shall be composed of three (3) representatives selected by the Fairbanks Education Association, three (3) representatives selected by the Education Support Staff Association, one (1) representative selected by the Fairbanks Principals' Association, the Fairbanks North Star Borough Risk Manager as a nonvoting member, and three (3) representatives selected by the Superintendent. The Joint Committee shall select a chairperson from its membership. A quorum for the meetings shall require no fewer than seven (7) committee members. The Joint Committee will conduct a formal vote on any proposed changes in benefits. Passage of motions requires a super majority vote of seventy-five percent (75%). Minutes shall be taken of the meetings.

The Joint Committee shall be empowered to determine health care benefits to be provided, which shall be formalized through a memorandum of agreement between the District and a designated representative of each affected employee group. "Health care benefits" shall include dates of eligibility for coverage, benefit schedules, deductibles, co-payment provisions, preferred provider programs, wellness programs, and other options designed to contain costs while enhancing benefit options. The District shall not be required to adopt changes made by this committee which would:

- a. Result in violations of established laws or regulations;
- b. Alter the administration or management of health care benefits;
- c. Result in a cost increase to the Plan of more than five percent (5%); or
- d. Be detrimental to the financial interests of the District, as determined by the Superintendent.

The District agrees to work with the Joint Committee to provide reasonable time for meetings and provide adequate support, including an expert health care consultant for plan design. Administrative leave will be provided for all participants.

**Additional Joint Committee on Health Benefits
Operating Guidelines
(Established May, 2000)**

The members of the Joint Committee on Health Benefits (the Health Care Committee) although appointed by their respective bargaining groups and the superintendent, represent ALL employees of the Fairbanks North Star Borough School District.

There are a total of 10 voting members. The various groups shall choose their own committee representatives and shall determine their committee members' term in their own manner.

The Benefits Coordinator is the designated Fairbanks North Star Borough School District position providing staff support for the committee.

A quarterly schedule (on a rolling basis) for committee meetings will be set during the first meeting and maintained throughout the year.

Committee meetings are open to all covered employees to observe, however participation is subject to prior approval by the committee. The committee may invite expert testimony on issues. Any covered employee may notify any committee member of any health plan concerns. Written comments on the health plan may be submitted to the committee as a whole through the Benefits Coordinator or to individual committee members. A contact list for communicating with committee members will be published annually and whenever committee membership changes. Scheduled committee meetings shall be published in the employee newsletters.

Every effort will be made to schedule committee meetings at a convenient time for all members. Special consideration will be given to the single FPA representative in order to maintain a quorum.

After two consecutive meeting absences, the President of the absent member's group will be notified. Upon the third consecutive absence, the committee's business may be conducted provided at least seven members are present.

The chair will conduct all meetings and will be a voting member. Committee members must be recognized by the chair to speak.

Each meeting will have an agenda.

The committee will try to achieve consensus on each issue; If consensus is not possible, votes will be recorded by name.

Minutes of each meeting will be approved at the next meeting and kept in a file by the Benefits Coordinator.

The committee must have a quorum to make decisions. A quorum is 7 voting members with representation from each employee group present.

The committee shall use a 75% voting majority if consensus cannot be reached.

With 10 members present, 75% = 7.5 votes to pass. 8 votes required.

With 9 members present, 75% = 6.75 votes to pass. 7 votes required.

With 8 members present, 75% = 6 votes to pass. 6 votes required.

With 7 members present, (the minimum required for quorum) 75% = 5.25 votes to pass. 6 votes required.

The committee has the authority to determine the entire package of health care benefits. Committee decisions that modify the existing benefit package shall be formalized through plan amendment language. Amended language shall be applicable to all plan participants.

The committee has authority to recommend changes regarding employee eligibility for coverage and plan changes regarding spouse and dependent coverage to the Superintendent.

Recommendations requiring the express written consent of the District shall be forwarded for approval as a committee recommendation to the District Superintendent.

If the committee specifically requests an employee to be present at a meeting, administrative leave (for testimony or other purposes) will be requested. Employees who want to attend a health care committee meeting will have to request and use their annual or personal leave.

Robert's Rule's of Order will be used when the guidelines are silent.

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