

**Tentative Agreement Between
The Long Beach Unified School District
and the Teachers Association of Long Beach, K-12**

March 23, 2017

A. HEALTH AND WELFARE BENEFITS:

NOTE: Tentative Agreement reached regarding Health Benefits and ratified by TALB on 3/17/17.

Health Insurance.

a. Kaiser Foundation Health Plan.

Brief description of coverage: Unlimited lifetime maximum. Continuation of existing plan without modification of benefits, except as noted.

Annual out of pocket maximums are \$1,500 Individual and \$3,000 Family

Physician Visit: \$5 ~~\$10~~ co-pay, effective ~~3/1/2013~~ **7/1/2017**.

Emergency Room Visit: \$100 co-pay, effective 3/1/2013. The fee is waived if the person is admitted to the hospital.

Chiropractic Care: \$5 co-pay and 30 visits per year, effective 1/1/07.

Prescription Plan: **(100 Day Supply): Retail Generic and Non-Formulary co-pays are \$5; Retail Brand co-pay is \$10 effective 7/1/17.**
~~per one hundred (100) day prescription—\$5.~~

b. HMO Plan.

Brief description of coverage: Effective March 1, 2013, this plan will be referred as the HMO TALB plan. The ability to move between the HMO and Comprehensive Major Medical is no longer available. Continuation of existing plan without modification of benefits, except as noted.

HMO. Office visits, \$5 ~~\$10~~; no deductible; hospitalization 100% covered. Unlimited lifetime maximum. Continuation of existing plan without modification of benefits, except as noted **effective 7/1/17.**

Emergency Room Visit: \$100 co-pay, effective 3/1/2013. The fee is waived if the person is admitted to the hospital.

Chiropractic Care (Blue Shield HMO): \$5 co-pay, up to 30 visits per year, effective 1/1/07.

Prescription Plan: Effective 3/1/2013, prescriptions will be carved into the HMO plan. Retail co-pay per thirty (30) day prescription: \$5 generic; \$10 formulary; and \$35 non-formulary. Mail order co-pay for up to ninety (90) day prescription supply: \$5 generic; \$10 formulary; and \$35 non-formulary. **Effective 1/1/2018, the Blue Shield HMO prescription plan is being transitioned to a four (4) tier system by the provider**

- 1. Tier 1: \$5 Low Cost Medications: Includes some generics and inexpensive name brands.**
- 2. Tier 2: \$10 Medium Cost Medications: Includes generics and name brand drugs.**
- 3. Tier 3: \$35 High Cost Medications: Includes high cost name brand drugs**
- 4. Tier 4: \$35 Highest Cost Medications: Includes primarily specialty drugs**

c. **PPO. COMPREHENSIVE MAJOR MEDICAL.** Continuation of existing plan without modification of benefits, except as noted.

- (a) Through December 31, 2015, \$200/\$400 deductible; 20% co-insurance; \$500 individual/\$1,000 family per year out-of-pocket limit (in addition to deductible); Effective January 1, 2016, \$300/\$600 deductible; 20% co-insurance; \$1,000 individual/\$2,000 family per year out-of-pocket limit (in addition to deductible).
- (b) Out-of-Network Provider – Through December 31, 2015, \$400/\$800 deductible; 40% co-insurance; \$3,000 individual/\$6,000 family per year out-of-pocket limit (in addition to deductible); Effective January 1, 2016, \$500/\$1,000 deductible; 40% co-insurance; \$5,000 individual/\$10,000 family per year out-of-pocket limit (in addition to deductible).

Emergency Room Visit: (In-Network/Out of Network) \$100 co-pay, effective 7/1/2017. The fee is waived if the person is admitted to the hospital; subject to plan specifications.

Prescription Plan: Effective ~~3/1/2012~~ **7/1/2017** the PPO plan will include a comprehensive prescription program with the following co-pay structure:

National Formulary: The District shall participate in the National Formulary to the extent offered by the district PPO Plan's Pharmacy Benefit Manager effective July 1, 2016.

Retail Pharmacy (30 Day Supply): \$0 **\$5** co-pay for generic; \$20 co-pay for formulary; and \$50 co-pay for non-formulary.

Mail Order (90 Day Supply): \$0 co-pay for generic; \$20 co-pay for formulary; and \$50 co-pay for non-formulary.

Effective 7/1/2017, all diabetes medications shall be filled in a 90 day supply through Mail Order or 90 day supply through Walgreens (no other drugs outside the diabetes category in a 90 day supply at Walgreens).

- d. **Hearing Aids.** Any active employee who is insured under any one of the District sponsored medical plans may request reimbursement for the costs of hearing aids. The maximum amount of reimbursement shall not exceed one thousand dollars (\$1,000) within any three (3) year period. The cost of hardware, fitting tests, and other tests related to the hearing aids purchased shall be included for reimbursement purposes.

Reflected in the Plan Design Changes but not Contract Language

1. Effective 7/1/2017, the prescription drug *Arestin* will be excluded from the plan.
2. Teladoc Program: A telephone and videoconferencing technology to provide on-demand remote medical care via mobile devices, the internet, video and phone services will be integrated with the medical plan effective 7/1/2017; \$40 consult fee, deductible/coinsurance applies.
3. Rational Med Program: A health and safety program to alert physicians of safety risks for their patients will be implemented for members effective 7/1/2017.
4. Advanced Utilization Management (With Step-Therapy) Program: An enhancement to the existing clinical rules with additional prior authorization, drug quantity management and step-therapy will be effective 7/1/2017.