

GARFIELD HEIGHTS BOARD OF EDUCATION
GARFIELD HEIGHTS, OHIO

RECORD OF PROCEEDINGS
Minutes – Special Board Meeting
December 4, 2017

The Board of Education of the Garfield Heights City School District met special session on Monday, December 4, 2017 at the Garfield Heights Board of Education Offices, 5640 Briarcliff Drive, Garfield Heights, Ohio 44125 at 6:00 p.m. with Mr. Gary Wolske, President of the Board, presiding.

ROLL CALL

Present: Mr. Wolske, Mrs. Kitson, Mr. Juby, Mr. Dobies
Absent: Mrs. Geraci

RECOMMEND ADOPTION OF AGENDA AS PRESENTED

Moved by Mr. Dobies, seconded by Mr. Juby to approve the agenda as adopted.

Ayes: Dobies, Juby, Kitson, Wolske
Nays: None

Moved by Mr. Juby, seconded by Mrs. Kitson to approve the salary for Dale Krzynowek, Coordinator of Athletics, at \$85,667.45 for the 2017-2018 school year.

Ayes: Juby, Kitson, Dobies, Wolske
Nays: None

Moved by Mrs. Kitson, seconded by Mr. Juby to approve the following Resolution No. 2017-018, a resolution adopting and approving final tentative agreement dated November 17, 2017, with Ohio Association of Public School Employees Local #108 ;

WHEREAS, the Garfield Heights City School District Board of Education (“School Board”) and Ohio Association of Public School Employees Local #108 entered into a labor contract effective July 1, 2017, through June 30, 2019;

WHEREAS, the School Board and Association met through their respective negotiation teams, and entered into a final tentative agreement dated November 17, 2017, which is attached as Exhibit A;

WHEREAS, the Association notified the School Board on November 27, 2017, that the Association’s membership voted on November 27, 2017, and decided to ratify and approve the final tentative agreement contained in Exhibit A.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Education of the Garfield Heights City Schools, County of Cuyahoga, State of Ohio, that:

Section 1: The Board adopts and approves the final tentative agreement dated November 17, 2017, as contained in Exhibit A, and authorizes the Superintendent and Treasurer to promptly implement the final tentative agreement. The Board also authorizes the Superintendent, Treasurer, and Board President to sign the successor labor contract on behalf of the Board once it is prepared for signature.

Section 2: It is found and determined that all formal actions of the Board concerning and relating to the adoption of this Resolution were adopted in an open meeting of the Board, and that all deliberations of the Board and any of its committees that resulted in such formal action were in meetings in compliance with all legal requirements, including R.C. §121.22.

Ayes: Kitson, Juby, Dobies, Wolske

Nays: None

EXECUTIVE SESSION

Moved by Mr. Dobies, seconded by Mrs. Kitson to enter into executive session at 6:03 p.m. for evaluating the Superintendent and Treasurer.

Ayes: Dobies, Kitson, Juby, Wolske

Nays: None

Adjourned from Executive Session at 7:29 p.m.

ANNOUNCEMENT OF NEXT BOARD MEETINGS

Board of Education Regular Meeting – 6:00 P.M.
December 18, 2017
Board of Education Offices
5640 Briarcliff Dr.
Garfield Heights, OH 44125

Moved by Mrs. Kitson, seconded by Mr. Dobies to adjourn at 7:30 p.m.

Ayes: Kitson, Dobies, Juby, Wolske

Nays: None



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Final Tentative Agreement – 11/17/17
Garfield Heights City Schools and OAPSE Local #108

The Garfield Heights City School District ("School Board" or "Board") and OAPSE Local #108 ("Union") reached a final tentative agreement dated 10/23/17, which was not ratified by the Union's membership. The negotiation teams met on November 17, 2017, to discuss the situation and reached a new final tentative agreement to replace the 10/23/17 TA. The negotiation teams desire to memorialize the final tentative agreement negotiated between the parties.

The Final Tentative Agreement is as follows:

1. The School Board and Union agree that Section XVII – Insurance shall remain current contract language except for the following modifications:

SECTION XVII -- INSURANCE

17.2 Insurance: The Board shall determine the level of benefits and contract for and provide health insurance, major medical insurance, prescription coverage, dental insurance, and Vision Care, family or single, as appropriate, for eligible classified employees. All eligible employees shall pay the following monthly contributions:

SuperMed Plus Plan (current benefits as of 6/30/14) – see schedules in Appendix B (B-1, B-2, B-3, & B-4)

~~From 7/1/14 through 9/20/14, the monthly contribution shall equal to 7% of the cost of the Board's premium.~~

~~From 10/1/14 through 9/30/15, the monthly contribution shall equal 10% of the cost of the Board's premium.~~

From 7/1/17 through 12/31/17~~10/1/15 through 6/30/17~~, the monthly contribution shall equal 11% of the cost of the Board's premium.

The SuperMed Plus Plan as contained in Appendix B-1, shall terminate as of 12/31/17 and will not be available to bargaining unit members after that date.

SuperMed Garfield Plan (new customized plan) – see schedule in Appendix B-2:

From 1/1/18 through 6/30/19, the employee monthly contribution shall equal 8.5% of the cost of the Board's premium.

The SuperMed Garfield Plan as contained in Appendix B-2, shall be effective as of 1/1/18. All employees open enrolled on the SuperMed Plus plan during September, 2017, shall be automatically enrolled in the SuperMed Garfield Plan effective 1/1/18 until the next open enrollment period in September, 2018.

IDEAL Plan – see schedule in Appendix B-3:

The plan will be made available to employees on and after 10/1/14. From 7/1/17 through 6/30/19~~10/1/14 through 6/30/17~~, the monthly contribution shall equal 6% of the cost of the Board's premium.

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Minimum Value Plan – see schedule in Appendix B-4:

This plan will be made available to employees on and after 10/1/14. From 7/1/17 through 6/30/19~~10/1/14 through 6/30/17~~, there shall be no monthly contribution for employees choosing the minimum value plan.

Employees shall have the opportunity to open enroll one time per year (September 1 through September 30) ~~in one of three available plans.~~

This monthly contribution shall be payroll-deducted equally over 26 pays.

The Board of Education will follow all federal health care mandates. Any modifications to Section XVII that require a 60-day wait period under federal law prior to implementation will take effect 60-days after the required notification has been provided.

Those eligible classified employees who elect not to participate in the District's health insurance program shall be eligible for a lump sum payment of \$2,000 if eligible for the family plan and \$900 if eligible for single coverage. In the event a husband and wife are both employed by the Board and one elects family health care coverage:

- A. The other spouse shall not be entitled to this lump sum payment.
- B. The other spouse shall not be entitled to elect single or family health care coverage unless family coverage is required for one of the other spouse's dependent or any other demonstrated reason mutually agreed upon by the Board and Union.

2. The School Board and Union agree that Section XVIII – Severance Pay shall remain current contract language except that section 18.7 titled *Early Retirement Program* will be deleted in its entirety as follows:

~~18.7 Early Retirement Incentive Program: A bargaining unit member shall be eligible for the Early Retirement Incentive Program, on the date he/she becomes eligible under one of the School Employees Retirement System's criteria. This criterion is defined as:~~

~~At least five years of service for a pension at 60 or later,
At least 25 years of service to retire between 55 and 60; or
At least 30 years of service to retire at any age.~~

~~The first time a bargaining unit member becomes eligible to retire, he/she shall receive 100% of the retirement incentive amount if they elect to retire at that time as shown on the schedule. The second time a bargaining unit member becomes eligible to retire, he/she shall receive 50% of the retirement incentive amount if they elect to retire at that time. If a bargaining unit member passes on the first two eligibility criterion, they will no longer be eligible for the incentive. The retirement incentive amounts are determined using the retired employee's current base salary for that classification and years of service. Any eligible employee who wishes to participate in this incentive program must elect in writing stating he/she wants to participate prior to the school year end (June 30th) in which he/she retires. This incentive will be payable in two payments on or near July 1 following their retirement date.~~

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Base Salary

SERS Requirements	\$0	\$15,001	\$20,001	\$25,001	\$30,001	\$35,001	\$40,001	\$45,001	\$50,001	\$60,001
	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,500	\$50,000	\$60,000	\$70,000
20 yrs of service	\$11,000	\$11,500	\$12,000	\$12,500	\$13,000	\$13,500	\$14,000	\$14,500	\$15,000	\$15,500
25 yrs of service - 1-55 yrs old	\$10,000	\$10,500	\$11,000	\$11,500	\$12,000	\$12,500	\$13,000	\$13,500	\$14,000	\$14,500
5 yrs of service - Over 60 yrs old	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500	\$8,000	\$8,500	\$9,000	\$9,500

3. The School Board and Union agree that Section XIX- Salary Information and Differentials shall remain current contract language except for the following modifications:

SECTION XIX -- SALARY INFORMATION AND DIFFERENTIALS

19.1 ~~Effective July 1, 2014, each bargaining unit member eligible for a step increase will receive a step increase equal to one step level higher on the salary schedule that he/she was on as of June 30, 2014.~~

~~Effective July 1, 2015, each bargaining unit member eligible for a step increase will receive a step increase equal to one step level higher on the salary schedule that he/she was on as of June 30, 2015.~~

Effective July 1, ~~2017~~2016, each bargaining unit member eligible for a step increase will receive a step increase equal to one step level higher on the salary schedule that he/she was on as of June 30, ~~2017~~2016. This step increase has already been implemented.

Effective July 1, 2018, each bargaining unit member eligible for a step increase will receive a step increase equal to one step level higher on the salary schedule that he/she was on as of June 30, 2018.

19.3 Salary and Hourly Schedules: The salary or hourly rate schedule from July 1, ~~2017~~2014, through June 30, ~~2019~~2017, is are attached under AppendixAppendices C-1 and C-2, and ~~C-3~~, which include the following raises to the base rates:

Effective 7/1/17, there shall be a one percent (1%) increase on the base rate (with the exception of the 4E classification).

Effective 7/1/18, there shall be a one-quarter percent (.25%) increase on the base rate (with the exception of the 4E classification).

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~~Effective 7/1/14, there shall be a one-quarter percent (.025%) increase on the base rate.~~
~~Effective 7/1/15, there shall be a one-quarter percent (.025%) increase on the base rate.~~
~~Effective 7/1/16, there shall be a half percent (.05%) increase on the base rate.~~

4. The School Board and Union Agree that the Salary Schedule for 4E shall be modified as follows:

✓ Salary Schedule for bus drivers would be modified as follows:

	<u>FY</u> <u>2018</u>	<u>FY</u> <u>2019</u>
<u>EXP</u>	<u>4E*</u>	<u>4E*</u>
0 - 8	20.00	20.00
9	20.76	21.26
10	21.28	21.78
11	21.79	22.29
12	22.33	22.83
13	22.77	23.27
14	23.10	23.60
15	23.44	23.94

* The 4E rate is not subject to base increases during the term of this Agreement.

✓ The following language shall be added under the Transportation salary schedule:

An On- Board Instructor(s) ("OBI") shall receive a \$100 stipend for each individual the OBI trains and who takes their Class B CDL with Passenger and School Bus Endorsement for the first time. This stipend shall not be paid for bus drivers the OBI supports in obtaining recertification of their Class B CDL with Passenger and School Bus Endorsement.

5. The School Board and Union agree that Section XIX- 19.6, shall have the following sentence added to it:

The time spent at Workers' Compensation medical appointments or hearings shall not be counted against the employee for purposes of the attendance incentive – the employee shall continue to use sick leave for Workers' Compensation medical appointments and personal leave for Workers' Compensation hearings.

6. The School Board and Union agree to a Memorandum of Understanding regarding grandfathered stipends, attached hereto.

7. A new paragraph shall be added to section XV titled *Seniority and Layoffs* at the end of that section titled *New Employee Orientation*, which shall read as follows:

The Director of HR shall work with the Union President or his/her designee to provide an opportunity for the Union President or his/her designee to meet with new employees within 30 days of the employee's start date to provide each a union new member packet.

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8. The Union and Board agree to the Board's initial 9/18/17 proposal on Section I titled *Recognition*, subsection 1.1.
9. The Union and Board agree to the Board's initial 9/18/17 proposal on Section IV titled *Grievance Procedure*, subsection 4.15.
10. All remaining sections in the labor contract shall remain current contract language.
11. The School Board and Union agree that the Union and Board negotiation teams will each recommend the final tentative agreement to their respective constituents for ratification and adoption, respectively. The Union shall present the final tentative agreement to its membership no later than December 2, 2017, for a ratification vote. The Board shall set a special meeting the following week to consider adoption of the final tentative agreement.

IT IS SO AGREED.

FOR THE BOARD:

By: [Signature]
Title: Superintendent
Date: 11/17/17

FOR THE UNION:

By: [Signature]
Title: F/R
Date: 11/17/17

NOTHING ADDITIONAL ON THIS PAGE.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("MOU") is made and entered into this ___ day of December, 2017, by and between the Garfield Heights City Schools Board of Education ("Board" or "School District") and the OAPSE, Local #108, AFSCME, Local #4 AFL-CIO ("Union").

WHEREAS, the Union and Board entered into a labor contract effective July 1, 2017, through June 30, 2019 ("Labor Contract");

WHEREAS, an issue arose regarding continued payment of a \$1,284.00 annual stipend to six bargaining unit members.

NOW THEREFORE, the Union and the Board agree as follows:

1. During the term of the labor contract, July 1, 2017, through June 30, 2019, the following individuals will continue to be grandfathered and receive a \$1,284 annual stipend:

Jeff Baranowski	Rich Krejci	Mike Ricciuti
Dave Wielgosiek	Tom Marincic	Roy Squires

2. This MOU is made on a non-precedent setting basis.

IT IS SO AGREED.

FOR THE BOARD:

By: 

Title: Superintendent

Date: 11/17/17

FOR THE UNION:

By: 

Title: F/R

Date: 11/17/17

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Garfield Heights Health Benefit Plan Medical Mutual

Benefits	SuperMed Plus Plan	
	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26; Removal upon Birth Date	
Working Spouse Language	Applies to Medical & Prescription Drug	
3 Month Deductible Carryover	Does Apply	
Pre-Existing Condition Waiting Period (does not apply to members under the age of 19)	Does Not Apply	
Blood Pint Deductible	2 pints	
Lifetime Maximum	Unlimited	
Benefit Period Deductible - Single / Family ¹	None	\$200 / \$400
Coinsurance	100%	80%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	None	\$1,000 / \$2,000
Maximum Out-of-Pocket Including Deductible - Single / Family	None	\$1,200 / \$2,400
Physician/Office Services		
Office Visit (Illness/Injury) ²	100%	80% after deductible
Specialist Office Visit ²	100%	80% after deductible
Urgent Care Office Visit ²	100%	80% after deductible
All Immunizations	100%	80% after deductible
Preventative Services		
Preventive Services, in accordance with state and federal law ³	100%	80% after deductible
Routine Physical Exam (Age 21 and older; one exam per benefit period) ²	100%	50% after deductible
Well Child Care Services (Birth to age 21) ²	100%	80% after deductible (Including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests; 31 visits per Lifetime)
Well Child Care Laboratory Tests (Birth to age 21)	100%	80% after deductible
Routine Mammogram (One per benefit period)	100%	80% after deductible
Routine Pap Test (One per benefit period)	100%	80% after deductible

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Garfield Heights Health Benefit Plan Medical Mutual

	SuperMed Plus Plan	
Benefits	Network	Non-Network
Preventative Services		
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	50% after deductible
Routine Prostate Specific Antigen (PSA)		
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)		
Outpatient Services		
Surgical Services	100%	80% after deductible
Diagnostic Services	100%	80% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	100%	80% after deductible (20 visits per benefit period combined with Chiropractic Therapy. Additional visits subject to medical review.)
Chiropractic Therapy - Professional Only	100%	80% after deductible (20 visits per benefit period combined with Chiropractic Therapy. Additional visits subject to medical review.)
Speech Therapy - Facility and Professional	100%	80% after deductible (10 visits per benefit period)
Cardiac Rehabilitation	100%	80% after deductible
Emergency use of an Emergency Room ⁴	\$50 copay, then 100%; waived if admitted	
Non-Emergency use of an Emergency Room ⁵	\$50 copay, then 100%; waived if admitted	\$50 copay, then 80%; waived if admitted.
Inpatient Facility		
Semi-Private Room and Board	100%	80% after deductible
Maternity	100%	80% after deductible
Skilled Nursing Facility	100%	80% after deductible (100 days per benefit period)

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Garfield Heights Health Benefit Plan Medical Mutual

SuperMed Plus Plan		
Benefits	Network	Non-Network
Additional Services		
Allergy Testing and Treatments	100%	80% after deductible
Ambulance	100%	80% after deductible
Durable Medical Equipment	100%	80% after deductible
Additional Services - cont'd.		
Eduation and Training		
Home Healthcare	100%	80% after deductible
Hospice	100%	80% after deductible
Organ Transplants	100%	80% after deductible
Private Duty Nursing	100%	80% after deductible
Mental Health and Substance Abuse - Federal Mental Health Parity		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services		
Prescription Drug		
Retail Program with Oral Contraceptive Coverage	Formulary Retail Program - 30 Day Supply \$10 Generic / \$20 Formulary Brand / \$40 Non-Formulary Brand	
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	Formulary Mail Order Program \$20 Generic / \$40 Formulary Brand / \$80 Non-Formulary Brand	

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SuperMed Plus Plan		
Benefits	Network	Non-Network
Prescription Drug Step Therapy	No	

Deductible expenses incurred for services by a non-authorized provider will also apply to the authorized deductible out-of-pocket limits. Deductible expenses incurred for services by an authorized provider will only apply to the authorized deductible out-of-pocket limits.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

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

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

³Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

⁵SuperMed Script contains the following:

-Generic Incentive: If the physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-

-Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

⁷Coverage includes Preventive Medications, in accordance with Federal Law. Rx Selections and Coverage Management.

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Garfield Heights Health Benefit Plan Medical Mutual

	SuperMed Garfield Plan	
Benefits	Network	Non-Network Facility Charges
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26; Removal upon Birth Date	
Working Spouse Language	Applies to Medical & Prescription Drug	
3 Month Deductible Carryover	Does Apply	
Pre-Existing Condition Waiting Period (does not apply to members under the age of 19)	Does Not Apply	
Blood Pint Deductible	2 pints	
Lifetime Maximum	Unlimited	
Benefit Period Deductible - Single / Family ¹	\$150 / \$300	\$300 / \$600
Coinsurance	90%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	\$750 / \$1,500	\$1,500 / \$3,000
Maximum Out-of-Pocket Including Deductible - Single / Family	\$900 / \$1,800	\$1,800 / \$3,600
Physician/Office Services		
Office Visit (Illness/Injury) ²	\$20	70% after deductible
Specialist Office Visit ²	\$20	70% after deductible
Urgent Care Office Visit ²	\$20	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services		
Preventive Services, in accordance with state and federal law ³	100%	70% after deductible
Routine Physical Exam (Age 21 and older; one exam per benefit period) ²	100%	70% after deductible
Well Child Care Services (Birth to age 21) ²	100%	70% after deductible (Including Exam, Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests; 31 visits per Lifetime)
Well Child Care Laboratory Tests (Birth to age 21)	100%	70% after deductible
Routine Mammogram (One per benefit period)	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible

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**Garfield Heights Health Benefit Plan
 Medical Mutual**

	SuperMed Garfield Plan	
Benefits	Network	Non-Network Facility Charges
Preventative Services		
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)	100%	70% after deductible
Outpatient Services		
Surgical Services	90% after deductible	70% after deductible
Diagnostic Services	90% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	90% after deductible	70% after deductible (20 visits per benefit period combined with Chiropractic Therapy. Additional visits subject to medical review.)
Chiropractic Therapy - Professional Only	90% after deductible	70% after deductible (20 visits per benefit period combined with Chiropractic Therapy. Additional visits subject to medical review.)
Speech Therapy - Facility and Professional	90% after deductible	70% after deductible (20 visits per benefit period)
Cardiac Rehabilitation	90% after deductible	70% after deductible
Emergency use of an Emergency Room ⁴	\$100 copay, then 90%	\$100 copay, then 70%
Non-Emergency use of an Emergency Room ⁵	\$100 copay, then 90%	\$100 copay, then 70%
Inpatient Facility		
Semi-Private Room and Board	90% after deductible	70% after deductible
Maternity	90% after deductible	70% after deductible
Skilled Nursing Facility	90% after deductible	70% after deductible (120 days per benefit period)

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**Garfield Heights Health Benefit Plan
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SuperMed Garfield Plan		
Benefits	Network	Non-Network Facility Charges
Additional Services		
Allergy Testing and Treatments	\$20	70% after deductible
Ambulance	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible
Additional Services - cont'd.		
Education and Training	90% after deductible	70% after deductible
Home Healthcare	90% after deductible	70% after deductible
Hospice	90% after deductible	70% after deductible
Organ Transplants	90% after deductible	70% after deductible
Private Duty Nursing	90% after deductible	70% after deductible
Mental Health and Substance Abuse - Federal		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services		
Prescription Drug		
Retail Program with Oral Contraceptive Coverage	SuperMedScript ^{6,7} Retail Program - 30 Day Supply - for the initial filling and up to two refills of a prescription drug \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand SuperMedScript ^{6,7} Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$80 Non Formulary Brand	
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	SuperMed Script ^{6,7} Home Delivery Program \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand	

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Garfield Heights Health Benefit Plan Medical Mutual

	SuperMed Garfield Plan	
Benefits	Network	Non-Network Facility Charges
Prescription Drug Step Therapy	Yes	

Deductible expenses incurred for services by a non-authorized provider will also apply to the authorized deductible out-of-pocket limits. Deductible expenses incurred for services by an authorized provider will only apply to the authorized deductible out-of-pocket limits.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

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

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

³Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

⁶SuperMed Script contains the following:

-Generic Incentive: If the physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the generic drug and the brand-

-Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

⁷Coverage includes Preventive Medications, in accordance with Federal Law. Rx Selections and Coverage Management.

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Garfield Heights Health Benefit Plan

		SuperMed Ideal Plan	
Benefits	Network	Non-Network Facility Charges	
Benefit Period	January 1 st through December 31 st		
Dependent Age Limit	26; Removal upon End of Month		
Working Spouse Language	Applies to Medical & Prescription Drug		
3 Month Deductible Carryover	Does Apply		
Pre-Existing Condition Waiting Period (does not apply to members under the age of	Does Not Apply		
Blood Pint Deductible	0 pints		
Lifetime Maximum	Unlimited		
Benefit Period Deductible - Single / Family ¹	\$250 / \$500	\$500 / \$1,000	
Coinsurance	90%	70%	
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	\$1,250 / \$2,500	\$2,500 / \$5,000	
Maximum Out-of-Pocket Including Deductible Single / Family	\$1,500 / \$3,000	\$3,000 / \$6,000	
Physician/Office Services			
Office Visit (Illness/Injury) ²	\$20 copay, then 100%	70% after deductible	
Specialist Office Visit ²	\$20 copay, then 100%	70% after deductible	
Urgent Care Office Visit ²	\$20 copay, then 100%	70% after deductible	
All Immunizations	90% after deductible	70% after deductible	
Preventative Services			
Preventive Services, in accordance with state and federal law ³	100%	70% after deductible	
Routine Physical Exam (Age 21 and older; one exam per benefit period) ²	100%	70% after deductible	
Well Child Care Services (Birth to age 21) ²	100%	70% after deductible (Including Exam, Routine Vision and Routine Hearing Exams and Well Child Care Immunizations)	
Well Child Care Laboratory Tests (Birth to age 21)	100%	70% after deductible	
Routine Mammogram (One per benefit	100%	70% after deductible	
Routine Pap Test (One per benefit period)	100%	70% after deductible	

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Garfield Heights Health Benefit Plan

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SuperMed Ideal Plan		
Benefits	Network	Non-Network Facility Charges
Preventative Services		
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	70% after deductible
Routine Prostate Specific Antigen (PSA)	100%	70% after deductible
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)	100%	70% after deductible
Outpatient Services		
Surgical Services	90% after deductible	70% after deductible
Diagnostic Services	90% after deductible	70% after deductible
Physical Therapy & Occupational Therapy - Facility and Professional	90% after deductible	70% after deductible
	(Combined 40 visits per benefit period)	
Chiropractic Therapy - Professional Only	90% after deductible	70% after deductible
	(12 visits per benefit period)	
Speech Therapy - Facility and Professional	90% after deductible	70% after deductible
	(20 visits per benefit period)	
Cardiac Rehabilitation	90% after deductible	70% after deductible
Emergency use of an Emergency Room⁴	\$50 copay, then 90%	\$50 copay, then 70%
Non-Emergency use of an Emergency Room⁵	\$100 copay, then 90%	\$100 copay, then 70%
Inpatient Facility		
Semi-Private Room and Board	90% after deductible	70% after deductible
Maternity	90% after deductible	70% after deductible
Skilled Nursing Facility	90% after deductible	70% after deductible
	120 days per benefit period)	
Additional Services		
Allergy Testing and Treatments	\$20 copay, then 100%	70% after deductible
Ambulance	90% after deductible	70% after deductible
Durable Medical Equipment	90% after deductible	70% after deductible

Garfield Heights Health Benefit Plan

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	SuperMed Ideal Plan	
Benefits	Network	Non-Network Facility Charges

Additional Services - cont'd.		
Eduation and Training	90% after deductible	70% after deductible
Home Healthcare	90% after deductible	70% after deductible (120 visits per benefit period)
Hospice	90% after deductible	70% after deductible
Organ Transplants	90% after deductible	70% after deductible
Private Duty Nursing	90% after deductible	70% after deductible

Mental Health and Substance Abuse -	
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits
Outpatient Mental Health and Substance Abuse Services	

Prescription Drug	
Retail Program with Oral Contraceptive Coverage	<p>7 Retail Program - 30 Day Supply - for the intitial filling and up to two refills of a prescription drug \$10 Generic / \$20 Formulary Brand / \$40 Non Formulary Brand</p> <p>7 Retail Program - 30 Day Supply - after the third retail fill of a prescription drug \$20 Generic / \$40 Formulary Brand / \$30 Non Formulary Brand</p>
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	<p>7 Home Delivery Program \$25 Generic / \$50 Formulary Brand / \$100 Non Formulary Brand</p>

Deductible expenses incurred for services by a non-authorized provider will also apply to the authorized deductible out-of-pocket limits. Deductible expenses incurred for services by an authorized provider will only apply to the authorized deductible out-of-pocket limits.
 Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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Garfield Heights Health Benefit Plan

	SuperMed Ideal Plan	
Benefits	Network	Non-Network Facility Charges

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

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

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

Preventive services include evidence-based services that have a rating of (A) or (B) in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided. Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

Contains the following:

-Generic Incentive: If the physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the

-Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 100 days, the member will pay twice the normal retail copayment.

⁷Coverage includes Preventive Medications, in accordance with Federal (a)(1) R Selections and Coverage Management.

Garfield Heights Health Benefit Plan

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Minimum Value Plan		
Benefits	Network	Non-Network Facility Charges
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26; Removal upon End of Month	
Working Spouse Language	Applies to Medical & Prescription Drug	
3 Month Deductible Carryover	Does Apply	
Pre-Existing Condition Waiting Period (does not apply to members under the age of	Does Not Apply	
Blood Pint Deductible	2 pints	
Lifetime Maximum	Unlimited	
Benefit Period Deductible - Single / Family ¹	\$6,350 / \$12,700	\$12,700 / \$25,400
Coinsurance	100%	70%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) - Single / Family	\$0	\$1,000 / \$2,000
Maximum Out-of-Pocket Including Deductible Single / Family	\$6,350 / \$12,700	\$13,700 / \$27,400
Physician/Office Services		
Office Visit (Illness/Injury) ²	100% after deductible	70% after deductible
Specialist Office Visit ²	100% after deductible	70% after deductible
Urgent Care Office Visit ²	100% after deductible	70% after deductible
All Immunizations	100%	70% after deductible
Preventative Services		
Preventive Services, in accordance with state and federal law ³	100%	70% after deductible
Routine Physical Exam (Age 21 and older; one exam per benefit period) ²	100%	70% after deductible
Well Child Care Services (Birth to age 21) ²	100%	70% after deductible (Including Exam, Routine Vision and Routine Hearing Exams and Well Child Care Immunizations)
Well Child Care Laboratory Tests (Birth to age 21)	100%	70% after deductible
Routine Mammogram (One per benefit	100%	70% after deductible
Routine Pap Test (One per benefit period)	100%	70% after deductible

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Garfield Heights Health Benefit Plan

			Minimum Value Plan	
Benefits	Network	Non-Network Facility Charges		
Preventative Services				
Routine EKG, Chest X-ray, Complete Blood Count, Comprehensive Metabolic Panel, Urinalysis (Age 9 and over, one each per benefit period)	100%	70% after deductible		
Routine Prostate Specific Antigen (PSA)	100%	70% after deductible		
Routine Colonoscopy/Sigmoidoscopy (Age 50 and over)	100%	70% after deductible		
Outpatient Services				
Surgical Services	100% after deductible	70% after deductible		
Diagnostic Services	100% after deductible	70% after deductible		
Physical Therapy & Occupational Therapy - Facility and Professional	100% after deductible	70% after deductible (10 visits per benefit period, then medical review)		
Chiropractic Therapy - Professional Only	100% after deductible	70% after deductible (10 visits per benefit period, then medical review)		
Speech Therapy - Facility and Professional	100% after deductible	70% after deductible (10 visits per benefit period, then medical review)		
Cardiac Rehabilitation	100% after deductible	70% after deductible		
Emergency use of an Emergency Room ⁴	100% after deductible	100% after deductible		
Non-Emergency use of an Emergency Room ⁵	100% after deductible	70% after deductible		
Inpatient Facility				
Semi-Private Room and Board	100% after deductible	70% after deductible		
Maternity	100% after deductible	70% after deductible		
Skilled Nursing Facility	100% after deductible	70% after deductible		
Additional Services				
Allergy Testing and Treatments	100% after deductible	70% after deductible		
Ambulance	100% after deductible	70% after deductible		
Durable Medical Equipment	100% after deductible	70% after deductible		

Garfield Heights Health Benefit Plan		
	Minimum Value Plan	
Benefits	Network	Non-Network Facility Charges
Additional Services - cont'd.		
Eduation and Training	100% after deductible	70% after deductible
Home Healthcare	100% after deductible	70% after deductible
Hospice	100% after deductible	70% after deductible
Organ Transplants	100% after deductible	70% after deductible
Private Duty Nursing	100% after deductible	70% after deductible
Mental Health and Substance Abuse -		
Inpatient Mental Health and Substance Abuse Services	Benefits paid are based on corresponding medical benefits	
Outpatient Mental Health and Substance Abuse Services		
Prescription Drug		
Retail Program with Oral Contraceptive Coverage	⁶⁷ Retail Program - 30 Day Supply - for the initial filling and up to three refills of a prescription drug; \$20 Generic / \$45 Formulary Brand / \$75 Non Formulary Brand ⁶⁷ Retail Program - 30 Day Supply - after the third retail fill of a prescription drug; \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	
Mail Order Program with Oral Contraceptive Coverage - 90 Day Supply	⁶⁷ Home Delivery Program; \$40 Generic / \$90 Formulary Brand / \$150 Non Formulary Brand	

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Deductible expenses incurred for services by a non-authorized provider will also apply to the authorized deductible out-of-pocket limits. Deductible expenses incurred for services by an authorized provider will only apply to the authorized deductible out-of-pocket limits. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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Garfield Heights Health Benefit Plan		
	Minimum Value Plan	
Benefits	Network	Non-Network Facility Charges

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

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

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

³Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided
⁴Copay waived if admitted. The copay applies to room charges only. All other covered charges are not subject to deductible.

⁵Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

⁶ Contains the following:

-Generic Incentive: If the physician requests a brand-name drug and a generic equivalent exists, the member pays the generic copayment PLUS the difference between the cost of the

-Home Delivery Incentive: When a member chooses to fill a prescription a fourth time at a retail pharmacy within 180 days, the member will pay twice the normal retail copayment.

⁷Coverage includes Preventive Medications, in accordance with Federal Law. Rx Selections and Coverage Management.