

**2011 – 2012
Tentative Agreement Extension Summary
L'Anse Creuse ESP, MEA/NEA**

February 11, 2011

This summary represents only the changes made to the master agreement through contract negotiations. New language is presented in **bold** type. Article of the Contract Language to be added is in *Italic* type.

1. **The district will continue the use of substitute clerical employees in ten (10) positions until a successor agreement is negotiated with the contract ending June 30, 2012.**

Substitute employees will be coordinated through Temporary School Staff, Inc. *Article XXIV, Temporary Personnel (a); Article XXIII, Vacancies (c)*

2. **Create two (2) new steps at the bottom of each classification current pay scale at a 10% reduction for all new employees hired after ratification by both parties. See attached pay scale. *Article VIII, clerical Salary (a) and (c) will be removed.***

CLERICAL SALARY STRUCTURE 2010-2011 and 2011-2012										
2010-2011	STEP A	STEP B	STEP 0	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7
CLASS 1	11.10	11.71	12.33	13.58	14.38	15.12	15.74	16.38	17.01	17.70
CLASS 2	11.65	12.30	12.94	14.26	15.11	15.88	16.54	17.18	17.86	18.56
CLASS 3	12.38	13.07	13.76	15.11	16.01	16.85	17.53	18.20	18.97	19.67
CLASS 4	13.11	13.84	14.57	15.99	17.01	17.85	18.53	19.33	20.07	20.87
CLASS 5	13.90	14.68	15.45	16.94	18.01	18.92	19.64	20.47	21.29	22.07

3. **Phase in of PAID DAYS off for new employees. New employees would receive three (3) paid days off when hired and gain one paid day off for each year worked to a maximum of thirteen (13). New Group C employees will receive one (1) paid day off when hired and gain one (1) paid day off for each year worked to a maximum of ten (10). The District and the LCESPA will identify the days prior to the beginning of the school year. *L'Anse Creuse Public Schools Clerical Calendars and Appendix "A" Clerical Calendar***

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4. Beginning July 1, 2011, clerical employees will contribute twenty-five dollars (\$25.00) per month as health insurance premium co-pay. The three hundred dollar (\$300.00) total will be equally deducted from the first twenty-one (21) pays of the year by payroll deduction. *Article XIII, Insurance Protection, (l) or inserted between articles (k) and (l)*
5. Beginning July 1, 2012, if no successor agreement is ratified at the expiration of the contract, the employee is responsible for a twenty-five dollar (\$25.00) per month premium co-pay. The co-pay will be paid by payroll deduction. This amount is in addition to the twenty-five dollar (\$25.00) premium co-pay listed in item #4. *Upon ratification of the successor agreement the premium contribution language will be deleted. Article XIII, Insurance Protection (l)*
6. Clerical members will take two (2) nonpaid furlough days which will be identified as the first two (2) "Act of God" school or building closing days during the 2011-2012 school year. Sick days and/or Personal days may NOT be used in place of a furlough day. Pre-approved Vacations days will be maintained as a vacation day.

If there are no "act of God" school or building closing days during the 2011-2012 school year there will be no nonpaid furlough days. Additional school or building closing days beyond the first two (2) will be paid according to the contract Article XXXIII.
7. The District will solicit bids for health insurance prior to the beginning of each contract year based upon the current BC/BS specifications found as Benefits-at-a-Glance attached in pages 59, 60, 61, 62, 63, 64 and criteria listed below:
 - \$200/\$400 deductible
 - \$20 Office Visit Co-pay
 - \$100 Emergency Room Co-pay
 - \$10/\$40 Prescription Co-pay

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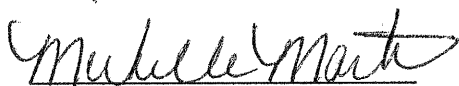
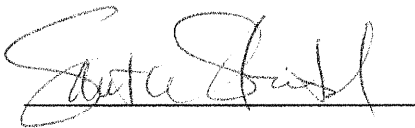
The district will provide coverage from the lowest priced carrier based upon the bids received and shared with the LCESPA Insurance Committee. The above changes will be in effect within thirty (30) days after the ratification of this agreement by both parties.

Article XIII, Insurance Protection, (m), An Insurance Committee will be formed to explore other insurance options. The Committee will be made up of equal numbers of Administration and Union Representatives. The Insurance Committee will meet twice a month or the premium contribution language will be void. Meetings may be cancelled with mutual agreement of both parties. All copies of Insurance Plans and quotes will be brought to the Committee.

8. Dental coverage will remain at the current specifications found as Delta Dental Premier Summary of Dental Plan Benefits attached in pages 65 and 66 with the option to choose the carrier. The District in cooperation with the LCESPA will select a carrier to provide cost savings. *Article XIII, Insurance Protection, (m)*
9. A \$15,600 reimbursement pool will be provided to the union upon ratification of this agreement for the 2011-2012 school year. *Article XIII, Insurance Protection (n)*
10. Expiration of this agreement is June 30, 2012.

On representative on behalf of the district:

For the Association:



Michelle Martin, LCESPA Co-President

1/14/11
Date

1-14-2011
Date



In-network

Out-of-network

Preventive care services – *Payment for preventive services is limited to a combined maximum of \$250 per member per calendar year

Health maintenance exam – includes chest x-ray, EKG and select lab procedures	Covered – 100%*, one per calendar year	Not covered
Gynecological exam	Covered – 100%*, one per calendar year	Not covered
Pap smear screening – laboratory and pathology services	Covered – 100%*, one per calendar year	Not covered
Well-baby and child care	Covered – 100%* • 6 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Not covered
Childhood immunizations as recommended by the Advisory Committee on immunization Practices or other sources as recognized by BCBSM	Covered – 100%*	Not covered
Fecal occult blood screening	Covered – 100%*, one per calendar year	Not covered
Flexible sigmoidoscopy exam	Covered – 100%*, one per calendar year	Not covered
Prostate specific antigen (PSA) screening	Covered – 100%*, one per calendar year	Not covered

Mammography

Mammography screening	Covered – 100% after deductible	Covered – 80% after deductible
One per calendar year, no age restrictions		

Physician office services

Office visits	Covered – \$20 copay per office visit	Covered – 80% after deductible, must be medically necessary
Outpatient and home medical care visits	Covered – 100% after deductible	Covered – 80% after deductible, must be medically necessary
Office consultations	Covered – \$20 copay per office visit	Covered – 80% after deductible, must be medically necessary
Urgent care visits	Covered – \$20 copay per office visit	Covered – 80% after deductible, must be medically necessary

Emergency medical care

Hospital emergency room	Covered – \$100 copay per visit (copay waived if admitted or for an accidental injury)	Covered – \$100 copay per visit (copay waived if admitted or for an accidental injury)
Ambulance services – must be medically necessary	Covered – 100% after deductible	Covered – 100% after deductible

Diagnostic services

Laboratory and pathology services	Covered – 100% after deductible	Covered – 80% after deductible
Diagnostic tests and x-rays	Covered – 100% after deductible	Covered – 80% after deductible
Therapeutic radiology	Covered – 100% after deductible	Covered – 80% after deductible

Maternity services provided by a physician

Prenatal and postnatal care	Covered – 100%	Covered – 80% after deductible
	Includes care provided by a certified nurse midwife	
Delivery and nursery care	Covered – 100% after deductible	Covered – 80% after deductible
	includes delivery provided by a certified nurse midwife	

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In-network

Out-of-network

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	Covered - 100% after deductible	Covered - 80% after deductible
	Unlimited days	
Inpatient consultations	Covered - 100% after deductible	Covered - 80% after deductible
Chemotherapy	Covered - 100% after deductible	Covered - 80% after deductible

Alternatives to hospital care

Skilled nursing care	Covered - 100% after deductible	Covered - 100% after deductible
	Up to 120 days per member per calendar year	
Hospice care	Covered - 100%	Covered - 100%
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only; limited to dollar maximum that is reviewed and adjusted periodically	
Home health care - must be medically necessary	Covered - 100% after deductible	Covered - 100% after deductible
Home infusion therapy - must be medically necessary	Covered - 100% after deductible	Covered - 100% after deductible

Surgical services

Surgery - includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	Covered - 100% after deductible	Covered - 80% after deductible
Presurgical consultations	Covered - 100% after deductible	Covered - 80% after deductible
Colonoscopy	Covered - 100% after deductible	Covered - 80% after deductible
Voluntary sterilization	Covered - 100% after deductible	Covered - 80% after deductible

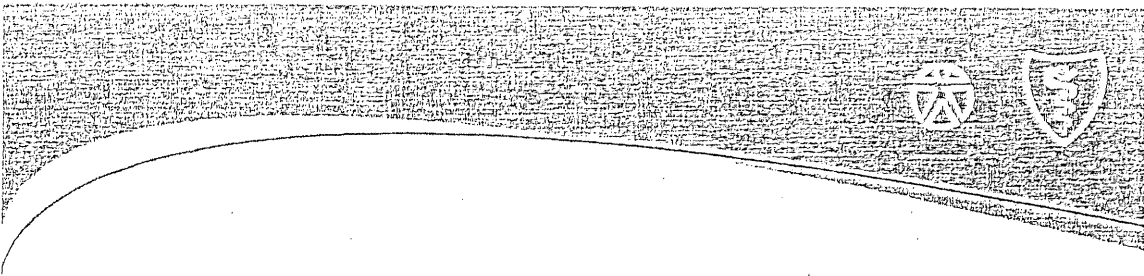
Human organ transplants

Specified human organ transplants - in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Covered - in designated facilities only
	Limited to \$1 million lifetime maximum per member per transplant type for transplant procedure(s) and related professional, hospital and pharmacy services	
Bone marrow transplants - when coordinated through the BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100% after deductible	Covered - 80% after deductible
Specified oncology clinical trials	Covered - 100% after deductible	Covered - 80% after deductible
Kidney, cornea and skin transplants	Covered - 100% after deductible	Covered - 80% after deductible

Mental health care and substance abuse treatment

Inpatient mental health care	Covered - 80% after deductible	Covered - 80% after deductible
	Unlimited days	
Inpatient substance abuse treatment	Covered - 80% after deductible	Covered - 80% after deductible
	Unlimited days, up to \$15,000 annual, \$30,000 lifetime maximum	
Outpatient mental health care		
• Facility and clinic	Covered - 80% after deductible	Covered - 80% after deductible
• Physician's office	Covered - 80% after deductible	Covered - 80% after deductible
Outpatient substance abuse treatment - in approved facilities only	Covered - 80% after deductible	Covered - 80% after deductible
	Up to the state-dollar amount that is adjusted annually	

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In-network

Out-of-network

Other covered services

Outpatient Diabetes Management Program (ODMP)	Covered - 100% after deductible	Covered - 80% after deductible
Allergy testing and therapy	Covered - 100%	Covered - 80% after deductible
Chiropractic manipulation treatment and osteopathic manipulation treatment	Covered - \$20 copay per visit Up to a maximum of 24 visits per member per calendar year	Covered - 80% after deductible
Outpatient physical, speech and occupational therapy	Covered - 100% after deductible Limited to a combined maximum of 60 visits per member per calendar year	Covered - 80% after deductible
Durable medical equipment	Covered - 100% after deductible	Covered - 100% after deductible
Prosthetic and orthotic appliances	Covered - 100% after deductible	Covered - 100% after deductible
Private duty nursing	Covered - 50% after deductible	Covered - 50% after deductible

Optional riders

Rider CB-ET \$100, emergency treatment copay requirement	Increases dollar copay for outpatient hospital emergency room services to \$100.
Rider CB-OV\$20, office visit copay requirement	Increases copay for select office visits to PPO network providers to \$20.
Rider CB-MH 20%, mental health / substance abuse treatment copay requirement	Decreases copay to 20% for mental health care services and substance abuse treatment provided by both network and non-network providers.
Rider XVA, excludes voluntary abortions	Excludes benefits for voluntary abortions.

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BC/BN

Blue Preferred® Rx Prescription Drug Coverage
 with \$10 Generic / \$40 Brand Name Fixed Dollar Copay
 Benefits-at-a-Glance
 L'Anse Creuse Public Schools #63757-000

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificates and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by your plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and will be construed under the jurisdiction of and according to the laws of the state of Michigan.

Note: The mail order pharmacy for specialty drugs is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel® and Humira®) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com. Log In under "I am a Member." If you have any questions, please call Walgreens Specialty Pharmacy customer service at 866-515-1355.

Network pharmacy

Non-network pharmacy

Member's responsibility (copays)

	Network pharmacy	Non-network pharmacy
Generic prescription drugs	\$10 copay for each drug	\$10 copay for each drug <i>plus</i> 25% of BCBSM approved amount for the drug
Prescribed over-the-counter drugs – when covered by BCBSM	\$10 copay for each drug	\$10 copay for each drug <i>plus</i> 25% of BCBSM approved amount for the drug
Brand name prescription drugs	\$40 copay for each drug	\$40 copay for each drug <i>plus</i> 25% of BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	Copay for up to a 90 day supply: <ul style="list-style-type: none"> • \$10 copay for each generic drug • \$40 copay for each brand name drug 	No coverage

Note: If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber did not write "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic *plus* the applicable copay.

Covered services

	Network pharmacy	Non-network pharmacy
"Rx only" drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	Covered – 100% less plan copay for the insulin or other covered injectable legend drug	Covered – 75% less plan copay for the insulin or other covered injectable legend drug
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	Covered – 100% less plan copay	No coverage

Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.

Note: A network pharmacy is a Preferred Rx pharmacy in Michigan or a MedImpact pharmacy outside Michigan. MedImpact is an independent company providing pharmacy benefit services for Blue members. A non-network pharmacy is a pharmacy NOT in the Preferred Rx or MedImpact networks.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



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Features of your plan

Drug interchange and generic copay waiver	<p>Certain drugs may not be covered for future prescriptions if a suitable alternate drug is identified by BCESM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at bcbsm.com.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCESM may waive the initial copay after your prescription has been rewritten. BCESM will notify you if you are eligible for a waiver.</p>
Quantity limits	<p>Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCESM. A list of these drugs is available at bcbsm.com.</p>
Prescription drug preferred therapy	<p>A step-therapy approach that encourages physicians to prescribe generic, generic alternative or over-the-counter medications before prescribing a more expensive brand-name drug. It applies only to prescriptions being filed for the first time of a targeted medication.</p> <p>Before filling your initial prescription for select, high-cost, brand-name drugs, the pharmacy will contact your physician to suggest a generic alternative. A list of select brand-name drugs targeted for the preferred therapy program is available at bcbsm.com, along with the preferred medications.</p> <p>If our records indicate you have already tried the preferred medication(s), we will authorize the prescription. If we have no record of you trying the preferred medication(s), you may be liable for the entire cost of the brand-name drug unless you first try the preferred medication(s) or your physician obtains prior authorization from BCESM. These provisions affect all targeted brand-name drugs, whether they are dispensed by a retail pharmacy or through a mail order provider.</p>

Optional riders

Rider RX-90, prescription drug 90-day supply	<p>Expands retail coverage of prescription drugs to include 64 to 90-day supplies (prescriptions with days supply between 35 to 83-days are not covered via retail), subject to one member copay. Requires all retail 90-day supplies of medication be obtained from a "90-Day Retail Network" provider.</p>
<p>Rider CI, contraceptive injections Rider PCD, prescription contraceptive devices Rider PD-CM, prescription contraceptive medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs, and "Rx only" oral or injectable contraceptive medications.</p> <p>Note: These riders are only available as part of a prescription drug package. Riders CI and PCD are part of your medical-surgical coverage, subject to the same deductible and copay, if any, you pay for medical-surgical services. (Rider PCD waives the copay for services provided by a network provider.) Rider PD-CM is part of your prescription drug coverage, subject to the same copay you pay for prescription drugs.</p>

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Delta Dental Premier
 Summary of Dental Plan Benefits
 For Group#0000755-0007
 L'ANSE CREUSE PUBLIC SCHOOLS

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan - Delta Dental Plan of Michigan

Benefit Year - June 1 through May 31

Covered Services -	Plan Pays	You Pay
Class I Benefits		
Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments)	75%	25%
Emergency Palliative Treatment - Used to temporarily relieve pain	75%	25%
Radiographs - X-rays	75%	25%
Class II Benefits		
Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care	75%	25%
Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals)	75%	25%
Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth	75%	25%
Relines and Repairs - Relines and repairs to bridges and dentures	75%	25%
Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings)	75%	25%
Major Restorative Services - Used when teeth can't be restored with another filling material (for example, crowns)	75%	25%
Class III Benefits		
Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%
Class IV Benefits		
Orthodontic Services (to age 19) - Used to correct malposed teeth (for example, braces)	75%	25%

- Oral exams, prophylaxes (cleanings), and fluoride treatment (to age 19) are payable twice in any period of 12 consecutive months.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays are payable once in any five-year period.
- Composite resin (white) restorations and porcelain crowns are not Covered Services on posterior teeth.
- Implants and related services are not Covered Services.

Customer Service Toll-Free Number: 800-482-8915
 www.deltadentalmi.com
 June 5, 2008

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Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you're outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment - \$1,000 per person total per benefit year on Class I, Class II and Class III Benefits. Delta Dental's payment for Class IV Benefits will not exceed a lifetime maximum of \$750 per eligible person.

Deductible - None.

Waiting Period - Employees who are eligible for dental benefits are covered on the first day of employment.

Eligible People - All Office Personnel of the Contractor and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

Also eligible are your legal spouse and your dependent children.

If you and your spouse are both eligible under this contract, you may be enrolled as both a Subscriber on your own application card and as a dependent on your spouse's application card. Your dependent children may be enrolled on both application cards as well. Delta Dental will coordinate benefits. The Contractor pays the full cost of this plan.

Benefits will cease on the last day of the month in which the employee is terminated.

Revising effective June 1, 2008 to change Covered Services.