

**Tentative Agreement
Between
Ann Arbor Public Schools
And the
Ann Arbor Education Association for ParaEducators**

2019-2020

- Article 18 as attached

- Non-recurring off schedule bonus to be paid on a non-payday Friday as early as possible upon ratification of the agreement by both parties. The value of the bonus is based on 2.25% of total payroll of the AAEA-P. The money will be dispersed per the following stipulations:
 - All 1.0 FTE employees active as of December 31, 2019, who continue to be on payroll through the date of ratification by both parties, will receive a \$484 non-recurring off schedule bonus.
 - All less than 1.0 FTE employees active as of December 31, 2019, who continue to be on payroll through the date of ratification by both parties, will be paid a prorated percentage of the \$484 non-recurring off schedule bonus based on their FTE.
 - Employees hired after January 1, 2020 until the date of ratification by both parties will receive a prorated value of the non-recurring off schedule bonus based on number of days they are anticipated to work through the end of the school year (x / # of work days).
 - Employees who have resigned/retired prior to or who are hired after both parties ratification date are not entitled to this non-recurring off schedule bonus.
 - Prior to dispersing the money the parties will meet to review and agree upon the bonus payments.

2020-2021

- ½ Step Advancement
- 2% to Steps 5, L1, L2

2021-2022

- ½ Step Advancement
- 2% to Steps 5, L1, L2

Agreement expires December 31, 2022.

By entering into this tentative agreement, the parties are not waiving in any way, but rather, are preserving all of their positions and arguments to how placement on the salary schedule should be implemented under this and where applicable, prior tentative agreements and collective bargaining agreements.

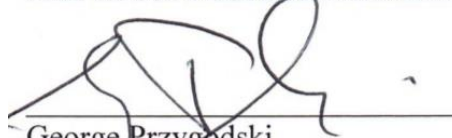
All other provisions of the agreement shall remain in full force and effect as required by law during negotiations and until the agreement is terminated. No step increases or other increases to employee pay raises, compensation, or fringe benefits shall occur unless otherwise agreed.

Ann Arbor Public Schools

David A. Comsa
David A Comsa
Deputy Supt/General Counsel

April 7, 2020
Date

Ann Arbor Education Association


George Przygodski
Executive Director
3C Coordinating Council

4-7-2020
Date

ARTICLE 18
INSURANCE

A. Eligibility

Employees will become eligible for fringe benefits the first of the month **coincident with or** following completion of 60 ~~workdays~~ **calendar days** of employment with the Ann Arbor Public Schools in this bargaining unit.

B. Options

The Employer shall provide for each employee who works four (4) hours per day and twenty (20) hours or more per week, and who makes proper application, the option of the following insurance coverage: **(For child care workers, the employee must work 10 shifts per week to qualify for benefits.)**

Option 1: Health Care Insurance
Delta Dental Care Insurance (except Child Care workers)
\$25,000 ~~\$15,000~~ Life Insurance
Long Term Disability

Option 2: **\$35,000** ~~\$25,000~~ Life Insurance
Long Term Disability
Delta Dental Care Insurance (except Child Care workers)
VSP Vision Insurance (except Child Care workers)

~~C. Child Care Flexible Benefit Plan~~

~~Child care workers who work thirty or more hours per week will receive a payment into the flexible benefit plan of \$60 per month for twelve months per year. These employees may apply the payment to any insurance offered through the flexible benefit plan.~~

C ~~D~~. Premium Proration

Employees shall be entitled to paid fringe benefits, as permitted above, on a prorated basis.

For three (3) to less than four (4) hours worked per day (and 15 to less than 20 hours per week), the Employer will pay fifty (50) percent of the coverage chosen by the employee;

For four (4) to less than six (6) hours worked per day (and 20 to less than 30 hours per week), the Employer will pay seventy-five (75) percent **of the annual district contribution** ~~of the coverage selected~~; **(For child care workers, the employee must work 10 shifts per week to qualify for seventy-five (75) percent employer paid benefits.)**

For six (6) or more hours worked per day (and 30 or more hours per week), the Employer will pay one hundred (100%) of **the annual district contribution** ~~the coverage selected~~.

D ~~E~~. Supplemental Coverage

Any eligible employee may purchase, at his/her own expense, the Short Term Disability Insurance program offered by the Employer.

~~E F~~. Double Coverage

~~Employees, spouses or dependents of employees who are insured with a health or dental insurance plan provided through the Employer of the employee's spouse, are not eligible for coverage under this Agreement.~~

E G. Liability

If any employee is insured by the Employer for health or dental insurance in excess of that to which he/she is entitled per Paragraph B and D above and fails, within 30 days to make proper amendments to his/her coverage, he/she shall be liable for the difference in such premiums retroactive to the date the change should have occurred.

F H. Health Care Benefits

The Health Care Insurance provided shall be the Priority HMO Plan \$10/40 co-pay prescription drug rider, with contraceptives and mail order prescription drug program (single co-pay), \$20 copay for office visits, and \$50 co-pay for emergency room visits.

The employee contribution for any plan will be \$1000 plus any additional buy up cost for MESSA ABC Plan 1, Blue Care Network HMO Plan, and Priority Health PPO.

Each eligible employee may choose to purchase, at his/her own expense, the Blue Care Network HMO Plan with a \$10/40 co-pay prescription drug rider, with contraceptives and mail order prescription drug program (single co-pay), \$20 co-pay for office visits, and \$50 copay for emergency room visits.

or the Priority health PPO with a \$250 deductible-single, \$500 deductible – 2 people/family, \$10/40 co-pay for Rx Drugs and \$20.00 co-pay for office visits,

or MESSA ABC Plan 1 – High Deductible with a ~~\$1,300~~ **\$1,400** deductible-single, ~~\$2,600~~ **\$2,800** deductible-2 people/family. After deductible, \$10/40 co-pay for RX Drugs. The District will fully fund the employee's health savings account (**prorated for part time employees**). Equal contributions amounting to 1/12 of the deductible will be made into the employee's health savings account at the first pay of each month.

Rates will be provided to members prior to open enrollment.

The employee contribution for all plans will be \$1000 plus any additional buy up cost as outlined above. The buy up amounts will be adjusted annually based on the rates determined by Blue Care Network and Blue Cross Blue Shield.

G I. Dental Care Benefits

The Dental Care Insurance provided in Paragraph B above shall be the MESSA dental plan administered by Delta Dental of Michigan. The plan includes 100% diagnostic and preventative services, 80% basic services, 80% major services and 50% orthodontics services with a \$2,000 individual lifetime maximum. The dental plan will be fully paid by the employer.

H J. Vision Care Benefits

The Vision Care Insurance provided in Paragraph B above shall be MESSA Vision Service Plan 3 (VSP-3) or a plan equivalent in benefits.

I K. Enrollment

To qualify for any insurance benefits as above described, each employee must individually enroll and make proper application for such benefits at the Human Resources Office upon the commencement of his regular employment with the Employer. **Instructions to enroll online Forms** shall be provided to employees by the Human Resources Office.

J L. Limitations on Coverage

All insurance benefits under this Agreement shall be subject to such terms, conditions, exclusions, limitations, deductibles, co-payments and other provisions of the plan.

K M. The parties agree to comply with 26 U.S.C & 36 (B) (c) 2 (C) (iii). Should it be found that 26 U.S.C & 36 (B) (c) (2) (iii) requires a change to the Master Agreement, the parties will meet in problem solving to discuss the impact of the above cited statutes or their amendments.

L N. The following sliding scale will be in effect **for cash in lieu of medical insurance payments:**

If 1 to 10	\$1,000 (Deposit in Medical Savings Account or cash)
10-15	\$1,200 (Deposit in Medical Savings Account or cash)
16-20	\$1,500 (Deposit in Medical Savings Account or cash)
21 and above	\$1,700 (Deposit in Medical Savings Account or cash)

- The time to determine the sliding scale for the amount of the payout will be set at the end of August of the applicable year
- New employees who OPT-out at any time after the end of August will only be paid their prorated share of the applicable payout
- New employees who OPT-out after the end of August will not impact the sliding scale payout, which is established at the end of August.
- OPT-out payments are to be paid the first pay of the month for 10 months beginning in September and ending in June
- The OPT-out number will be determined at the end of August of the applicable year based on the number of employees that OPT-in or OPT-out at that time.
- Only one member per family/or relationship is eligible.