

## Article 26 – GROUP HEALTH AND DENTAL

1. For the life of this Agreement, the Employer agrees to offer eligible bargaining unit employees group health and dental plan benefits according to the provisions of this Article. Newly hired employees will be eligible for enrollment in health and dental plan benefits from their first day of employment.
2. **Enrollment and contribution authorization.** To receive any of the benefits specified in this Article, an employee must enroll in the desired group health or dental plan and must authorize in writing that the Employer may deduct the appropriate contributions required for participation in that plan from his/her wages. Employees may enroll in the health plan with or without enrolling in the dental plan, and may enroll in the dental plan without enrolling in the health plan.
3. **Restrictions for spousal/partner participation when health plan benefits are available through third-party employment.** An employee's spouse or domestic partner whose employer offers group health insurance that meets the Affordable Care Act ("ACA") Employer Mandate Standards (both minimum value and affordability) is not eligible to participate in primary coverage under the AP's plan. Spouses/partners who are not employed, or who are not eligible for third-party employer coverage, or whose third-party employer coverage does not meet ACA Employer Mandate Standards may enroll for primary coverage in AP's plan. On or before the conclusion of the open enrollment period, any employee covering a spouse/partner under the AP's plan must provide the AP with a copy of the annual exchange notice required under the ACA that his/her spouse's/partner's third-party employer coverage is not expected to meet the ACA Employer Mandate Standards or that his/her spouse/partner is not eligible for such coverage. In the event that the third-party employer has not provided a notice to the spouse/partner, then the employee must submit a written acknowledgement to the AP on the third-party employer's letterhead that specifies it does not offer a plan that meets the affordability and minimum value coverage standards under the ACA. Spouses/partners providing written confirmation of primary coverage enrollment in a third-party employer's plan may enroll for secondary coverage in AP's plan (i.e., third party employer plan pays first).
4. **Wellness Program.** Employees must have complied with all Wellness Program requirements or will be assessed a \$50 monthly surcharge, in addition to the monthly employee contributions specified in Section 6, to participate in an AP group health insurance plan. In order to avoid the surcharge, all three Wellness Program participation steps must be completed by March 31 of each year. The annual participation steps are as follows:
  - a. Employee completes a biometric screening, with results reported to AP's wellness administrator;
  - b. Employee completes a confidential on-line personal health profile; and
  - c. Employee consults with a Wellness Program health coach at least once.

The surcharge will first become effective on April 1. If an employee has not completed the three Wellness Program steps during the 12-month period concluding March 31, then the employee will be assessed the surcharge on April 1 for the next 12-month period.

5. **AP Sponsored Group Health and Dental Plans.**
  - a. The design summaries for the Employer's group health plans are as follows:

	Premium Plan		Basic Plan	
	In Network	Out-of-Network	In-Network	Out of Network
	Individual/Family	Individual/Family	Individual/Family	Individual/Family
<b>Deductible</b>	\$500/\$1,000	\$1,000/\$2,000	\$900/\$1,800	\$2,100/\$4,200
<b>Coinsurance</b>	85%	60%	75%	60%
<b>Out-of-pocket maximum (deductible and Rx add up to OOP)</b>	\$2,400/\$4,800	\$4,000/\$8,000	\$3,400/\$6,800	\$6,500/\$13,000
<b>In-patient Hospital</b>	You pay: \$200 copay then deductible, coinsurance	Plan pays 60%	You pay: \$200 copay, then deductible, coinsurance	Plan pays 60%
<b>Office Visit</b>	You pay \$30 PCP / \$45 Specialist	Plan pays 60%	You pay \$30 PCP / \$45 Specialist	Plan pays 60%
<b>Emergency Room</b>	\$150 copay	\$150 copay	\$150 copay	\$150 copay

	Retail Rx	Mail order Rx
<b>Generic</b>	Rx \$10 copay	\$20 copay
<b>Brand Rx</b>	20% (minimum \$30, maximum \$100)	20% (minimum \$60, maximum \$200)
<b>Non-Preferred</b>	30% (minimum \$50, maximum \$100)	30% (minimum \$100, maximum \$200)

Limited Retail Network: Walgreens, Wal-Mart, Duane Reade are excluded from the retail network.  
Mandatory Rx Mail-order and generics  
National preferred formulary adopted  
No coverage for compound drugs.

Vision	In Network:	Out of Network
Vision Exam / Lenses / Frames (Contacts in lieu of Lenses)	You pay \$20/\$20/Plan pays up to \$175	Plan pays up to \$40 / \$40 / \$80 / Plans pays up to \$45.

High Deductible Health Plan w/Health Savings Account		
HDHP with HAS	In Network	Out of Network
Deductible (Individual/Family)	\$1,400/\$2,800	\$2,800/\$5,600

Coinsurance, you pay	20%	40%
Out-of-Pocket Maximum (Individual/Family)	\$6,750/\$13,500	\$13,500/\$27,000
Inpatient Hospital	20%	40%
Emergency Room	20%	40%
Office Visits	20%	40%
Preventive Visit	no cost when in-network	40%
HSA Contribution Limits (no AP contribution)	\$3,550/\$7,100	
Catch up	\$1,000	
<b>Prescription Drugs</b>		
Retail:		
Generic	20%	
Formulary	20%	
Non-Formulary	20%	
Mail Order:		
Generic	20%	
Formulary	20%	
Non-Formulary	20%	
1Subject to IRS regulations		

b. The design summaries for the Employer's Dental plans are as follows:

Major Provisions		Premium		Basic	
		In Network	Out of Network	In Network	Out of Network
Deductible	Individual/Family	\$100/\$200		\$100/\$200	
Maximum		Unlimited		\$1,000	\$750
Diagnostic:	Periodic Oral Evaluation 1 time per 6 months	100%	100%	100%	85%
Preventive	Cleanings: 1 time per 6 months	100%	100%	100%	85%
Basic	General/simple extractions/oral surgery	80%	80%	70%	55%
Major	Inlays/Crowns - frequency limits apply	50%	50%	40%	30%

	Orthodontics				
	Eligibility requirement	Child up to age 19 or 23 if unmarried, full-time student		Child up to age 19 or 23 if unmarried, full-time student	
	Maximum	\$1,000 per person per lifetime		\$1,000 per person per lifetime	
	Diagnosis to correct misalignment of the teeth	50%	50%	40%	40%

c. The following provisions and restrictions will apply to the plans:

- i. **Medical Plan Benefits:** Medical and prescription out-of-pocket expenses will be aggregated annually for purposes of determining whether a participant has satisfied the annual out-of-pocket maximum under the applicable plan. Behavioral Health Claim Benefits will have full case management. Applied Behavioral Analysis Therapy (ABA) is included.
- ii. **Prescription Drug Benefits:** Smoking cessation products will be included within the schedule of benefits for the prescription drug program, subject to applicable co-pay.

Prior Authorization	Physician must submit qualifying medical criteria to allow for utilization of medication within the following classes: ADHD/Narcolepsy; Anti-obesity; Paid/Topical; and Testosterone.
Safety & Monitoring Solution	Letter-based clinical intervention program designed to curb misuse of overuse of controlled substance medications (poly-pharmacy, poly-physician and total # Rx triggered).
Mandatory Mail	Program allows for two fills at a retail pharmacy before requiring participants to use the mail order for subsequent refills. (An additional fill will be allowed for the first time an individual is denied the prescription).
Mandatory Generics Program	When members, or their physicians, request a brand when a generic is available, the member will pay the generic co pay plus the difference in ingredient cost between the brand and generic.
Limited Retail Network	Excludes some chains including Walgreens, Duane Reade and Wal-Mart.

- iii. **Sexual and Reproductive Care.** Sexual and reproductive care services will be included within the schedule of benefits for the medical insurance program, subject to applicable co-pay.
- iv. **Travel Expenses.** If covered medical services are not available by law within 100 miles of the employee's business location, the employer will reimburse travel expenses of up to \$1,500 per incident. This limit includes lodging expenses of no more than \$100 per day for the covered member and \$100 per day for a travel companion. Any reimbursement beyond IRS limits is subject to taxation as income.

## 6. Medical Plan Limits

a. Limits on the following services:

- i. Chiropractic 30 visits per year
- ii. Therapies 30 visits per year
- iii. Home health care/private duty 120 visits per year
- iv. Skilled nursing facility 120 visits per year
- v. Mental Health Substance Abuse Under mental health parity effective 2011, visit limits
- vi. Emergency Room visit benefits paid for emergencies only

**7. Employee plan contributions.**

- a. Medical plan contributions. Employee contribution rates become effective upon contract ratification and remain unchanged through the expiration date of this Agreement.

Premium	Since 2022	2024	2025	2026
Employee Only	\$210	\$210	\$210	\$210
Employee + Spouse	\$578	\$578	\$578	\$578
Employee + Child	\$337	\$337	\$337	\$337
Employee + Children	\$553	\$553	\$553	\$553
Employee + Family	\$848	\$848	\$848	\$848

Basic	Since 2022	2024	2025	2026
Employee Only	\$138	\$138	\$138	\$138
Employee + Spouse	\$358	\$358	\$358	\$358
Employee + Child	\$209	\$209	\$209	\$209
Employee + Children	\$331	\$331	\$331	\$331
Employee + Family	\$526	\$526	\$526	\$526

High Deductible / HSA	Since 2022	2024	2025	2026
Employee Only	\$77	\$77	\$77	\$77
Employee + Spouse	\$204	\$204	\$204	\$204
Employee + Child	\$120	\$120	\$120	\$120
Employee + Children	\$189	\$189	\$189	\$189
Employee + Family	\$300	\$300	\$300	\$300

- b. Dental Plan Contributions. Employee contribution rates become effective on upon contract ratification and remain unchanged through the expiration date of this Agreement.

Premium	Since 2022	2024	2025	2026
Employee Only	\$16	\$16	\$16	\$16
Employee + Spouse	\$43	\$43	\$43	\$43
Employee + Child	\$25	\$25	\$25	\$25
Employee + Family	\$63	\$63	\$63	\$63

Basic	Since 2022	2024	2025	2026
Employee Only	\$9	\$9	\$9	\$9
Employee + Spouse	\$23	\$23	\$23	\$23
Employee + Child	\$13	\$13	\$13	\$13
Employee + Family	\$33	\$33	\$33	\$33