

SAUCON VALLEY SCHOOL DISTRICT
HELLERTOWN, PENNSYLVANIA

COMPENSATION AND BENEFITS PLAN
BOARD OF SCHOOL DIRECTORS

and

TECHNOLOGY DEPARTMENT EMPLOYEES

EFFECTIVE

July 1, 2022 to June 30, 2025

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COMPENSATION AND BENEFITS PLAN

I. EFFECTIVE DATE OF PLAN

This plan is effective July 1, 2022 and shall continue until June 30, 2025.

II. BENEFITS

The Technology Department employees will receive all benefits listed in the current Administrative Assistants /Clerical Compensation and Benefits Plan with the exception of the items listed below.

III. VACATION SCHEDULE

a. Technology department employees are entitled to Fifteen (15) working days per year.

b. Twenty (20) working days after 10 years plus one (1) additional day for every consecutive year of service not to exceed twenty-five (25) working days.

IV. BASE SALARY

Base salary will be negotiated independent from the Administrative Assistants/Clerical Compensation and Benefits Plan upon hire.

V. SALARY INCREASES

a. Technology Department employees are to follow the yearly percent structural increases as listed in the current Administrative Assistants /Clerical Compensation and Benefits Plan.

b. Structural increases as follows:

2022-2023	2.5%
2023-2024	2.0%
2024-2025	2.0%

During 2022-2023, Employees will receive a \$500 bonus off the scale and not PSERS eligible.

VI. HEALTHCARE PREMIUM CONTRIBUTIONS

a. The Saucon Valley School District shall make available two PPO plan options for District employees in accordance with the following provisions.

From July 1, 2022 through December 31, 2022:

The PPO Plan 1 whose plan design is attached at Appendix “A” to this Agreement shall be made available with employees contributing 10% of the total cost of the annual premium in 2022-2023.

The PPO Plan 2 whose plan design is attached at Appendix “A” to this Agreement shall be made available with employees contributing 3% of the total cost of the annual premium in 2022-2023.

The current Healthcare Plan & Prescription Drug Plan Designs shall sunset on 2/31/2022.

For all employees hired on or after July 1, 2021, the only plan available to participate in shall be the PPO Plan 2.

Effective January 1, 2023,

The PPO Plan 1 (Option 1) whose plan design is attached at Appendix “B” to this Agreement shall be made available with employees contributing 11% of the total cost of the annual premium in 2022-2023; 12% of the total cost of the annual premium in 2023-2024; and 13% of the total cost of the annual premium in 2024-2025.

The PPO Plan 2 (Option 2) whose plan design is attached at Appendix “B” to this Agreement shall be made available with employees contributing 3% of the total cost of the annual premium in 2022-2023; 4% of the total cost of the annual premium in 2023-2024; and 5% of the total cost of the annual premium in 2024-2025.

Notwithstanding the contributions listed above, to the extent the total employee costs to annual premiums change under the Saucon Valley Educational Support Professionals contract, those changes shall be reflected herein.

The total cost of the annual premium shall be the equivalent of the COBRA amounts in a given year without the administrative fees for the plan and level of healthcare elected by the employee.

a. For the 2022-2023, 2023-2024 and 2024-2025 school years, in the event the healthcare changes for the Saucon Valley Educational Support Professionals are better than what are provided herein, that plan shall be effective for this group. Healthcare shall include, but not be limited to, premium contributions to healthcare and prescription drug plans and co-pay, plan designs and co-pays, deductibles, in-network and out of network coverages, vision and dental premiums, co-pays, etc.

VII. EXCISE TAX

During the term of this Plan, or at any time after its expiration date until such time as a new Plan is implemented, should the premium for any medical plan (in combination with the prescription plan and any Board-provided flexible spending accounts) offered pursuant to the Plan exceed the threshold amounts as stated in the Patient Protection and Affordable Care Act (or any applicable federal or state legislation enacted hereinafter) so as to subject the medical

plan or plans to excise taxes, taxes, or penalties as the result of the combined plans exceeding the thresholds, the issue will be addressed as follows:

a. The District shall notify the Technology Department Employees that the health benefit plan or plans that are offered pursuant to the Plan will be subject or will likely be subject to the above-referenced tax or fee;

b. Employees who are enrolled in a health benefit plan or plans that are offered pursuant to this Plan that will be subject to the above-referenced tax or fee will be entitled to receive the richest plan offered by the District that would not be subject to the tax or the fee. Existing Employee premium share shall apply on the same basis as the premium share defined for those plans currently in place covered by this Plan.

c. If all of the health benefit plans offered by the District would be subject to the tax or the fee, the District shall notify the Technology Department Employees that the health benefit plan or plans that are offered pursuant to this Plan will be subject to the above-referenced tax or fee and what it intends to do to eliminate the tax or fee;

d. The Technology Department Employees will have up to 30 calendar days from the date of such notice to meet and discuss with the Board on addressing the issue of health benefit plan design changes or increased premium share;

e. If the Board elects to adopt any of the suggestions made by the Technology Department Employees during this 30 day time period, that adoption shall become part of the Plan and will supersede any inconsistent provisions.

f. If the Board does not adopt any of the Technology Department Employees' suggestions within the 30 calendar day period referenced in subsection 4., all Employees enrolled in the health benefit plan or plans subject to the tax or fee shall no longer be entitled to remain in the health benefit plan or plans that are subject to the tax or fee and would be entitled to receive the richest plan offered by the exchange/marketplace that would not be subject to the tax or fee. Notwithstanding the foregoing, existing Employee premium share shall apply on the same basis as the least rich eliminated health benefit plan.

VIII. SPOUSAL COORDINATION OF BENEFITS

a. Notwithstanding the paragraph above, effective for all Employees in the 2020-2021 school year and each subsequent year thereafter, spousal coverage under the District healthcare program shall be extended to an employee's spouse only in the event the Employee's spouse's employer does not provide healthcare insurance.

VIX. REOPENER CLAUSE

In any year during the term of the Compensation and Benefits Plan, the District reserves the right to reopen the Compensation and Benefits Plan.

APPENDIX A: HEALTHCARE PLAN DESIGNS 7/1/2022 to 12/31/2022

The current Healthcare Plan & Prescription Drug Plan Designs shall sunset on 2/31/2022.

Benefits	Plan 1 - Changes to the plan as of 2021-22 school year		Plan 1 - Changes to the plan as of 2022-23 school year		Plan 2 - Available to employees as of 2021-22 and only plan option for new hires after July 1, 2021	
Medical:	PPO		PPO		PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible: In network	\$500 / \$1000	\$0	\$500 / \$1000		\$750 / \$1500 / \$2250	
Out of Network	\$0	\$500 / \$1000		\$500 / \$1000		\$1500 / \$3000 / \$4500
PCP Copay:	\$20	20% after ded	\$20	20% after ded	\$25	20% after ded
Specialist Copay:	\$40	20% after ded	\$40	20% after ded	\$50	20% after ded
Urgent Care Copay:	\$50	20% after ded	\$50	20% after ded	\$75	20% after ded
ER Copay: Waived if admitted from ER.	\$100	20% after ded	\$100	20% after ded	\$150	20% after ded
Inpatient Hospital Stays	\$0	20% after ded	\$0	20% after ded	\$200 copay per admission	20% after ded
Diagnostic Testing	100% after ded	20% after ded	100% after ded	20% after ded	100% after ded	20% after ded
Hi Tech Imaging Copay (EX: MM, CT):	100% after ded	20% after ded	100% after ded	20% after ded	\$75 copay after ded	20% after ded
Outpatient Surgery Facility	\$0	20% after ded	\$0	20% after ded	\$50	20% after ded
PT - Unlimited; ST, OT - 10 visits	\$40	20% after ded	\$40	20% after ded	\$50	20% after ded
Chiropractic Copay - unlimited	\$40	20% after ded	\$40	20% after ded	\$50	20% after ded
Private Duty Nursing:	100% after ded	20% after ded	100% after ded	20% after ded	100% after ded	20% after ded
R.X. (Copays)						
Retail: Tier 1:	\$10		\$10		\$20	No Benefits Available
Tier 2:	\$25		\$30		\$40	
Tier 3:	\$50		\$60	No Benefits Available	\$80	
Mail Order: Tier 1:	\$20	Not covered	\$20		\$40	
Tier 2:	\$60		\$60		\$80	
Tier 3:	\$120		\$120		\$160	

APPENDIX “B” – HEALTHCARE PLAN DESIGNS – EFFECTIVE 1/1/2023

Saucon Valley School District

Proposed Plan Option 1

GROUP 1 ONLY (Technology)

Benefit Plan Options for Current \$500 Deductible Plan

	PPO \$500 PLAN - Current Plan		PPO \$500 - Option 1	
Medical:	PPO		PPO	
	In network	Out of Network	In Network	Out of Network
Deductible: In network (PPO - Capital Blue Cross)	\$500 / \$1000		\$750 / \$1500	
Out of Network (PPO - Capital Blue Cross)		\$500 / \$1000		\$1200 / \$2400
Out of Pocket: In network (PPO - Medical & RX)	\$8550 / \$17,100		\$8700 / \$17400	
Out of Pocket (PPO - Medical & RX)		\$8550 / \$17100		unlimited
Preventative Services	\$0	20%	\$0	20%
PCP Copay:	\$20	20% after ded	\$30	20% after ded
Specialist Copay:	\$40	20% after ded	\$60	20% after ded
Urgent Care Copay:	\$50	20% after ded	\$100	20% after ded
ER Copay: Waived if admitted from ER	\$100		\$150	
Inpatient Hospital Stays; copay waived if admitted	\$0 after ded	20% after ded	\$150 after ded	20% after ded
Diagnostic Testing	\$0 after ded	20% after ded	\$60 after ded	20% after ded
Hi Tech Imaging Copay (EX: MRI, CT):	\$0 after ded	20% after ded	\$60 after ded	20% after ded
Outpatient Surgery Facility	\$0 after ded	20% after ded	\$100 after ded	20% after ded
Outpatient Ambulatory Surgery Center	\$0 after ded	Not Covered	\$150 after ded	20% after ded
PT - Unlimited; ST, OT - 10 visits	\$40	20% after ded	\$60	20% after ded
Chiropractic Copay - unlimited	\$40	20% after ded	\$60	20% after ded
MH Inpatient Services	\$0 after ded	20% prof; 50% facility after ded	\$150 after ded	20% after ded
MH Outpatient Services	\$20	20% prof; 50% facility after ded	\$30	20% after ded
SA Inpatient Services	\$0 after ded	20% prof; 50% facility after ded	\$150 after ded	20% after ded
SA Outpatient Services	\$0	20% prof; 50% facility after ded	\$30	20% after ded
RX:				
Retail: Tier 1:	\$10	Not covered	\$20	Not Covered
Tier 2:	\$25		\$40	
Tier 3:	\$50		\$80	
Mail Order: Tier 1:	\$25		\$50	
Tier 2:	\$60		\$100	
Tier 3:	\$120		\$200	

Saucon Valley School District

PROPOSED PLAN OPTION 2

Group 1 Only (Technology)

Proposed Benefit Plan Options for Current \$750 Deductible Plan

	PPO \$750 PLAN - Current Plan		PPO \$750 - Option 1	
Medical:	PPO		PPO	
	In network	Out of Network	In Network	Out of Network
Deductible: In network (PPO - Capital Blue Cross)	\$750 / \$1500 / \$2250		\$1000 / \$2000 / \$3000	
Out of Network (PPO - Capital Blue Cross)		\$1500 / \$3000 / \$4500		\$2000 / \$4000 / \$6000
Out of Pocket: In network (PPO - Medical & RX)	\$8150 / \$16300 / \$16300		\$8700 / \$17400 / \$17400	
Out of Pocket (PPO - Medical & RX)		\$8150 / \$16300 / \$16300		unlimited
Preventative Services	\$0	20%	\$0	20%
PCP Copay:	\$25	20% after ded	\$30	20% after ded
Specialist Copay:	\$50	20% after ded	\$60	20% after ded
Urgent Care Copay:	\$75	20% after ded	\$100	20% after ded
ER Copay: Waived if admitted from ER	\$150		\$150	
Inpatient Hospital Stays; copay waived if admitted	\$200 after ded	20% after ded	\$150 after ded	20% after ded
Diagnostic Testing	\$0 after ded	20% after ded	\$60 after ded	20% after ded
Hi Tech Imaging Copay (EX: MRI, CT):	\$75 after ded	20% after ded	\$60 after ded	20% after ded
Outpatient Surgery Facility	\$30	20% after ded	\$100 after ded	20% after ded
Outpatient Ambulatory Surgery Center	\$30	Not Covered	\$150 after ded	20% after ded
PT - Unlimited; ST, OT - 10 visits	\$50	20% after ded	\$60	20% after ded
Chiropractic Copay - unlimited	\$50	20% after ded	\$60	20% after ded
MH Inpatient Services	\$200	20% prof; 50% facility after ded	\$150 after ded	20% after ded
MH Outpatient Services	\$50	20% prof; 50% facility after ded	\$30	20% after ded
SA Inpatient Services	\$200	20% prof; 50% facility after ded	\$150 after ded	20% after ded
SA Outpatient Services	\$0	20% prof; 50% facility after ded	\$30	20% after ded
RX:				
Retail: Tier 1:	\$20	Not covered	\$20	Not Covered
Tier 2:	\$40		\$40	
Tier 3:	\$80		\$80	
Mail Order: Tier 1:	\$40		\$50	
Tier 2:	\$80		\$100	
Tier 3:	\$160		\$200	