

Ohio AFSCME Legal Care Plan

— Sample Language —

"Effective _____ (Date) _____, the employer shall contribute Five dollars per month to the Ohio AFSCME Legal Care Plan for each employee who is covered by this agreement."

PREMIUM COST \$5.00 per Month per Employee

BENEFIT PLANS

A summary of the benefits provided by the Ohio AFSCME Care Plan and Ohio AFSCME Legal Care Plan are as follows:

1) Life Insurance Benefit

A) Employee coverage (based upon hourly rate of employee at time of death).

Class (1)	\$16,000.00 - \$ 8.00 to \$ 8.99 per hour.
Class (2)	\$18,000.00 - \$ 9.00 to \$ 9.99 per hour.
Class (3)	\$20,000.00 - \$10.00 to \$10.99 per hour.
Class (4)	\$22,000.00 - \$11.00 to \$11.99 per hour.
Class (5)	\$24,000.00 - \$12.00 to \$12.99 per hour.
Class (6)	\$26,000.00 - \$13.00 to \$13.99 per hour.
Class (7)	\$28,000.00 - \$14.00 to \$14.99 per hour.
Class (8)	\$30,000.00 - \$15.00 or more per hour.

B) Accidental Death and Dismemberment Benefit

C) Dependent coverage

- (1) Spouse coverage - \$2,000.00
- (2) Child coverage - \$2,000.00
14 days to 19 years (23 years if full-time student)
Under 14 days - No benefit

D) Disability Life Insurance Extension

E) Accelerated Death Benefit

F) Seat Belt Benefit

2) Life Insurance Benefit Level II

A) Amount of Life Insurance – Member \$50,000

B) Amount of Accidental Death &
Dismemberment Insurance \$26,000

C) Dependent Coverage

(1) Spouse Coverage \$2,000

(2) Child Coverage \$2,000

14 days to 19 years (23 years if a full-time student)

Under 14 days No Benefit

D) Disability Life Insurance Extension

E) Accelerated Death Benefit

F) Seat Belt Benefit

3) Prescription Drug Refund Benefit

A) Covers Employee, Spouse and Dependent Children.

B) 90% reimbursement on each prescription.

C) \$500.00 maximum each year per family member.

4) Prescription Card Plan

A) Covers Employee, Spouse and Dependent Children.

B) Co-pay of 10% of cost up front and the Plan is billed for 90%.

C) \$4,000.00 maximum each year per family member.

D) An Employer can agree to reimburse the Care Plan for the cost of prescription drugs in excess of the \$4,000.00 maximum each year on an individual basis.

5) Vision Care Benefit Level I

A) Covers Employee, Spouse and Dependent Children. Adults once every 24 consecutive months and children under the age of 19 once every 12 consecutive months.