

**BOARD PROPOSAL**  
**ARTICLE X - SALARY AND TEACHER WELFARE**  
**September 23, 2025**

**SECTION A - Salary Schedule and Remunerations**

1. Same
2. The placement schedule contained in Addendum A will be used to establish the starting salary for teachers hired on or after July 1, 2025.
- 3-8. Same

**SECTION B - Fringe Benefits**

**1. Health Insurance**

- a. The Board agrees to contribute ~~\$9,442~~ \$8,700 per eligible employee toward the cost of the benefits package for the 2025 ~~2024~~ insurance plan year.
  - i. ~~An alternative Health Opt Out Program shall be provided to bargaining unit members who declare that they have health coverage through another provider and who do not choose one of the Board-approved health plans. The amount paid to opt-out program participants will be \$1200.00 per year.~~
  - ii. ~~Instructional Retiree Health Opt Out Program: Effective January 1, 2004, the Board implemented a Retiree Health Opt Out Program for those retirees who are eligible for district-paid group health insurance in accordance with Article X, Section F-1 of the Instructional Master Contract and who are enrolled in a comparable major medical health insurance plan through another carrier.~~
    - a) ~~When a retiree enrolls in the Retiree Health Opt Out Program, the Board will pay the retiree the amount being paid to active employees who are participating in the opt-out program. Such amount is subject to federal income tax. An annual payment for the number of months the retiree participates in the Retiree Health Opt Out Program will be issued in a lump sum in December of the plan year or upon termination of eligibility, whichever occurs first. A participant in the Retiree Health Opt Out Program will not be required to contribute to the board his/her FRS Health Insurance Subsidy.~~
    - b) ~~A participant in the Retiree Health Opt Out Program may reenroll in the district-paid group health insurance plan only if he/she is no longer covered by another major medical health insurance plan. Within thirty (30) calendar days following the date of cancellation/termination of the other major medical health insurance plan, the retiree wishing to reenroll in district-paid group health insurance plan must submit to the district's department of Employee Benefits, Assistance, and Risk Management (EBARM) a written request to reenroll, completed application forms, and a letter from the previous major medical carrier or employer stating date of cancellation/termination of coverage. The letter must be on letterhead from the major medical carrier or employer, include the cancellation/termination date of coverage, and signature of the benefit administrator of the major medical carrier or employer. The effective date of coverage of the district-paid group health insurance coverage will be the first day of the month following the submission of the written request, application, and related documents. The district does not guarantee continuous health coverage.~~
    - c) ~~A retiree who fails to reenroll in the district-paid group health insurance plan in accordance with the timelines set forth in the above paragraph will remain in the Retiree Health Opt Out Program until Medicare eligible or may elect to reenroll in the Board's retiree healthcare plan during the next regularly scheduled open enrollment for benefits to be effective January 1 of the following calendar year.~~

2. Retirement - Same

**SECTION C – Payroll Deduction for Additional Benefits - Same**

**SECTION D – Early Retirement Monthly Benefit - Same**

**SECTION E – Deferred Retirement Option Program (DROP) - Same**

**SECTION F – Retiree Healthcare Premium – Same**


**SECTION G – Meritorious Attendance Incentive Pay – Same**

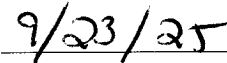
**SECTION H – Group Medical Benefits Recovery Incentive Program (Indemnity – PPO and HMO Programs) – Same**

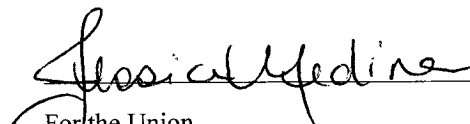
**SECTION I – Employee Assistance Program (EAP) – Same**

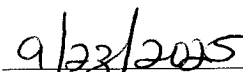
**SECTION J - School Choice Preference Employee Request - Same**

**END OF ARTICLE X**

  
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For the Board

  
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Date

  
\_\_\_\_\_  
For the Union

  
\_\_\_\_\_  
Date