

TENTATIVE AMENDMENTS TO AGREEMENT  
BETWEEN  
BORREGO SPRINGS UNIFIED SCHOOL DISTRICT (BSUSD)  
AND  
BORREGO SPRINGS EDUCATION ASSOCIATION (BSEA)  
CTA/NEA (JULY 1, 2007 – JUNE 30, 2010)

The Agreement between BSUSD and BSEA, dated June 11, 2007, as previously amended, is further amended as of September 28, 2009, for fiscal year 2009-2010. Except as herein amended, which amendments are subject to ratification by BSUSD and BSEA, said Agreement, as amended, shall remain in full force and effect until the expiration of this Agreement on June 30, 2010.

ARTICLE XVI EMPLOYEE BENEFITS


There shall be no changes to the wording of this Article XVI.

APPENDIX E

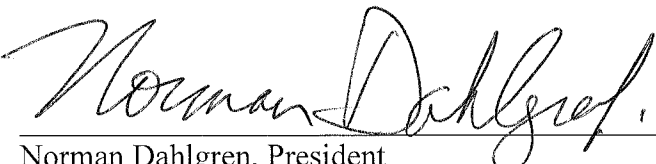
Appendix E shall be amended to read as the attached plan change to this Tentative Agreement.

Dated: September 28, 2009

For the Borrego Springs Unified School District:

  
\_\_\_\_\_  
Consuela Smith, Superintendent

For the Borrego Springs Education Association (CTA/NEA):

  
\_\_\_\_\_  
Norman Dahlgren, President

**BORREGO SPRINGS UNIFIED SCHOOL DISTRICT  
CERTIFICATED EMPLOYEE PPO PLAN  
EFFECTIVE 10/1/09**

BENEFIT/SERVICE	PLAN A	
	IN-NETWORK PARTICIPATING PROVIDERS	OUT-OF NETWORK NON-PARTICIPATING PROVIDERS
Lifetime Maximum	\$5,000,000	
Calendar Year Deductible	\$350 per individual \$1,050 per family	
Individual Out-of-Pocket Maximum (excluding deductibles, copays, mental health/substance abuse and non-covered expenses)	\$2,500	\$5,000
Hospital Inpatient	80% after deductible	60% after deductible
Outpatient	80% after deductible	60% after deductible
Emergency Room	80% after deductible	60% after deductible
Physicians Services Office	100% after a \$30 copay (deductible waived)	60% after deductible
Hospital & Skilled Nursing Facility Visits	100% after a \$30 copay (deductible waived)	60% after deductible
Surgeon, Asst. Surgeon & Anesthesiologist	80% after deductible	60% after deductible
Diagnostic Lab & X-ray	80% after deductible	60% after deductible
Preventive Care Routine Physical Exams	100% after \$30 copay (deductible waived)	60% after deductible (up to \$100 per calendar year)
Routine OB/GYN Exam	100% after \$30 copay (deductible waived)	60% after deductible (up to \$100 per calendar year)
Pap Smears / Mammogram	100% after \$30 copay (deductible waived)	60% after deductible, (up to \$100 per calendar year)
Well Baby/Child Care	100% after \$30 copay (deductible waived)	60% after deductible (up to \$100 per calendar year)
Routine Immunizations (dependent children only)	100% after \$30 copay (deductible waived)	60% after deductible (up to \$100 per calendar year)
Rehabilitative Therapies	80% after deductible	60% after deductible

Chiropractic	80% after deductible	60% after deductible,
Acupuncture	80% after deductible	60% after deductible
Home Health Services (maximum 100 visits per calendar year)	80% after deductible	60% after deductible
Skilled Nursing Facility	80% after deductible	60% after deductible
Hospice Services	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Prosthetic Devices	80% after deductible	60% after deductible
Prescription Drugs (Through Express Scripts retail pharmacies and mail order)	Retail Pharmacy: Member pays \$5 generic, \$20 preferred brand or \$35 non-preferred. Member receives up to a 30 day supply.  Mail Order: Member pays \$10 generic, \$40 preferred brand or \$70 non-preferred. Member receives up to a 90 day supply. <b>Any Member with a maintenance medication (long term prescription must use the Express Scripts Mail Order.</b>	
Ambulance (surface and air)	80% after deductible	
Out-of-United States	80% after deductible	
Mental Health and Substance Abuse	PacifiCare Behavioral Health	

**Note: Effective 10/1/09 the Express Scripts Exclusive Mail Order Program will be implemented. Members who are taking or are prescribed a prescription that is considered to be a maintenance drug will be required to obtain that prescription through the Express Scripps Mail Pharmacy.**