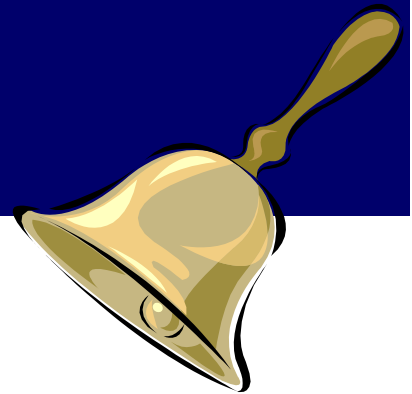


Otsego Education Association



2017-20 Contract

TABLE OF CONTENTS

<u>Article #</u>	<u>Title</u>	<u>Page</u>
	Agreement	3
1	Recognition	3
2	Teacher & Association Rights and Responsibilities	4
3	Rights of the Board	6
4	Professional Negotiations	7
5	Grievance Procedure	8
6	Teaching Conditions	12
7	Teaching Hours	13
8	Teaching Loads	15
9	Assignments, Vacancies & Transfers	17
10	Absences	19
11	Professional Leave (Tuition Reimbursement information)	22
12	Extended Leaves	23
13	Teacher Protection	25
14	Retirement	26
15	Seniority, Layoff & Recall	27
16	Professional Compensation	28
	Health Insurance	29
	Cash in Lieu	30
	Dental Insurance	30
	Vision Insurance	31
	Other Insurance	31
	Supplemental Salaries	32
17	Term of Contract	34
	Appendix A – Summary of Benefits	
	Attachment A – 2017-20 Salary Schedule	
	Attachment B - Coaching Pay Scales	
	Attachment C – Letter of Understanding (Retirement Incentive)	
	Attachment D – Salary/Fund Balance Agreement	
	Calendar for 2017-18	

AGREEMENT

This Agreement is made and entered into on this 12th day of June, 2017, by and between the Board of Education of Otsego Public Schools, Otsego, Michigan, (hereinafter referred to as the "Board") and the Otsego Education Association, (hereinafter referred to as the "Association"). It supersedes and cancels all previous agreements, verbal or written, or based on alleged practices, between the parties which are in conflict with the express terms of this Agreement. Any amendment or agreement supplemental hereto shall not be binding upon either party unless executed in writing by the parties hereto.

ARTICLE 1 **RECOGNITION**

- A. The Board hereby recognizes the Otsego Education Association as the exclusive bargaining representative, as defined in Section 11 of the Michigan Public Employment Relations Act, MCL 423.211, as amended, for all fully certified teaching personnel under individual contract with Otsego Public Schools as teaching personnel, but excluding teachers employed exclusively as substitute and/or evening and summer school teachers, nurses, teacher aides, social workers, school psychologists and further excluding all personnel having administrative or supervisory duties, and all other employees. The term "teacher" when used hereinafter in this Agreement shall refer to any employee represented by the Association. The term "Board" shall include its officers and agents. A teacher will be considered a probationary teacher only after his/her criminal record check has been cleared by the State.

The Association represents the probationary teacher in matters of wages, hours and working conditions. The Board reserves the right to assign or to reassign the probationary teacher as well as to evaluate or discipline him/her at its discretion. Whether to re-employ a probationary teacher or to place them on a second, third or fourth year of probation is a Board prerogative.

- B. The Board agrees not to negotiate with any organization other than that designated as the representative pursuant to the Michigan Public Employment Relations Act, MCL 423.201 et seq., as amended, for the duration of this Agreement.
- C. The Board and Association mutually recognize the right of an individual teacher to join or to refrain from joining any teacher organization without fear of harassment from the Board, Association, or individuals represented by these parties.
- D. The President of the Association or his/her appointed representative will meet with the Superintendent, as the President or the Superintendent deems desirable, to discuss matters of mutual concern along with any topics relating to the school system that either would like to discuss.
- E. Employee Representation. The Association is required to represent all of the employees in the bargaining unit under the terms of this Agreement and in accordance with Michigan Law, fairly and equally, without regard as to whether or not any employee is a member of the Association.

ARTICLE 2
TEACHER AND ASSOCIATION RIGHTS AND RESPONSIBILITIES

- A. The teacher is reserved the right to communicate all complaints to the appropriate administrator at such time as they shall occur. It is the intent of the parties to encourage such dialogue outside the scope of the grievance procedure as set forth in this contract. The failure to reach a mutually satisfactory adjustment through this process of communication shall not itself be subject to the grievance procedure. However, the subject matter of the complaint or dispute may be processed as a grievance provided that the requirements of Article V of this Agreement are satisfied. Nothing in this section shall extend the time limit during which grievances must be filed.
- B. Each teacher shall have the right upon request to review the contents of his personnel file. A representative of the Association may, at the request of the teacher, accompany the teacher in this review. The review shall be made in the presence of the administrator responsible for the safekeeping of these files and shall take place in the office of that administrator.
- C. A teacher may have a representative of the Association present during an investigatory interview which may result in discipline of the teacher and when he/she is being disciplined or formally (in writing) reprimanded.

It is the responsibility of the Association to provide representation if the teacher requests it of them. The Association representative will be given release time to attend the meeting. Whenever possible, the meeting will be held at the conclusion of the student day.

- D. Teachers shall be expected to exercise reasonable care with respect to the safety of pupils and property, and shall discharge their duties and responsibilities to said students and property according to the Michigan School Laws.
- E. When pertinent for negotiation purposes, the Board will provide at the request of the Association, available information concerning the budget, which has been submitted to and approved by the Board at a regular meeting or to another governmental agency, and factual information concerning the financial resources of the school district.
- F. When pertinent for the processing of grievances the Board will provide, at the request of the Association, such information as will be necessary for the Association to process these grievances with the exception of confidential files.
- G. To obtain the information as outlined in "E" and "F" above, the Association will be required to specify the information desired, and to give the purpose for which it is desired.
- H. The Association shall have the right to use school classrooms and cafeterias without charge for professional meetings during those times when the building is regularly covered by the custodial staff. Room clearance shall be made with the building principal involved and such meeting shall not interfere with regularly scheduled school activities or teacher responsibilities. Any extra maintenance or service costs incurred by such meetings will be paid by the Association.

- I. Bulletin boards in rooms used as faculty rooms or lounges may be used in such ways as to avoid student involvement in organizational affairs and subject to the control of the building principal.
- J. Email or teacher mailboxes may be used in the respective buildings for Association correspondence.
- K. The Association shall have use of all equipment in teachers' lounges and or the high school commercial room, providing equipment is not used during the school day for such purposes and is not removed from the room in which it is normally located. The Association agrees to reimburse the Board for any damage of equipment incurred through such use.
- L. The Association agrees to pay the school cost for all materials used for its purpose.
- M. Teachers are expected to dress appropriately as members of the teaching profession.
- N. Leaves of absence with pay not to exceed a cumulative total of six days may be given the Association upon application, to participate in MEA sponsored activities. Application must be made with the administration at least one week in advance of the anticipated absence except in cases of emergency.

ARTICLE 3
RIGHTS OF THE BOARD

The Board on its own behalf and on behalf of the electors of the district, hereby retains and reserves unto itself, without limitation, all powers, rights, authority, duties and responsibilities conferred upon and vested in it by the laws and the Constitution of the State of Michigan, and of the United States, including but without limiting the generality of the foregoing, the right:

- A. To the executive management and administrative control of the school system and its properties and facilities;
- B. To hire all employees and subject to the provisions of the law, to determine their qualifications, and the conditions for their continued employment or their dismissal or demotion; and to promote and transfer all such employees;
- C. To establish grades and courses of instruction, including special programs, and to provide athletic, recreational and social events for students, all as deemed necessary or advisable by the Board.
- D. To decide upon the means and methods of instruction, the selection of textbooks and other teaching materials, and the use of teaching aids of every kind and nature.
- E. To determine class schedules, the hours of instruction, and the duties, responsibilities, and assignments of teachers. The exercise of the foregoing powers, rights, authority, duties and responsibilities by the Board, the adoption of policies, rules, regulations and practices in furtherance thereof, and the use of judgment and discretion in connection therewith shall be limited only by the specific and express terms of this Agreement and then only to the extent such specific and express terms hereof are in conformance with the Constitution and laws of the State of Michigan, and the Constitution and laws of the United States.

Except as expressly provided otherwise by the terms of this Agreement, the determination and administration of educational policy, the operation of the schools and the direction of the professional staff are vested exclusively in the Board or in the Superintendent when so delegated by the Board.

ARTICLE 4
PROFESSIONAL NEGOTIATIONS

- A. This Agreement incorporates the entire understanding of the Board and Association on all issues which were or could have been the subject of negotiation. During the term of this Agreement neither party will be required to negotiate with respect to any such matter, whether or not covered by this Agreement, and whether or not within the knowledge or contemplation of either or both of the parties at the time they negotiated or signed this Agreement.
- B. During negotiations the Board and the Association will present relevant data, exchange points of view and make proposals and counter proposals. As of the time such information is made available to the Board, the Board will provide the Association with documents relating to budgeting proposals, requirements and allocations which are presented to and approved at any regular meeting of the full Board or to any other governmental body as requested. The Board will make available to the Association for inspection all pertinent records of the Otsego school system at the written request of the Association which request shall specify the records desired. Such records will be made available in the office of the Superintendent of Schools by the Superintendent or by his designated representative and will not be removed from that office.
- C. This Agreement may not be modified in whole or in part by the parties except by an instrument in writing duly executed by both parties. Any clause in this Agreement may be reopened for negotiation upon mutual consent of both parties. A request for such negotiation if initiated by the Association shall be in writing to the Board, c/o the Superintendent of Schools. A request by the Board shall be in writing to the Association c/o the then-elected president of the Association. Either party shall reply to such request in writing within thirty (30) days of the date such a request is received by the agent indicated above. Nothing herein obligates either party to agree to reopen negotiations during the period of this Agreement.
- D. The Association agrees that during the term of this Agreement, it will not direct, instigate, participate in, encourage, or support any strike against the Board by any teacher or group of teachers.
- E. Every effort will be made to avoid the involvement of students in all phases of the negotiating process.
- F. An emergency manager appointed pursuant to the Local Government and School District Fiscal Responsibility Act is permitted to reject, modify or terminate this Agreement in accordance with such Act, 2011 PA 4.

ARTICLE 5
GRIEVANCE PROCEDURE

- A. A grievance shall be an alleged violation of the expressed terms of this Contract.
- B. The Association shall designate a representative to handle grievances when requested by the grievant.
- C. The term "days" as used herein shall mean days in which school is in session except grievances filed near the end of the school year in which case "days" shall mean calendar days, excluding Saturdays, Sundays and holidays.
- D. The number of days indicated at each level may be waived by mutual written consent of the Board representative and the grievant.
- E. The following matters shall not be the basis of any grievance filed under the procedure outlined in this Article:
 - 1. The discharge or demotion of a tenured teacher. The statutory proceedings specified by the Michigan Teacher Tenure Act, MCL 38.71 et seq. shall govern the discharge or demotion of a tenured teacher exclusively and the discharge or demotion shall not be subject to grievance or arbitration under the grievance procedure.
 - 2. The discharge or non-renewal of a probationary teacher. The statutory proceedings specified by the Michigan Teacher Tenure Act, MCL 38.71 et seq. shall govern the discharge or non-renewal of a probationary teacher and the discharge or non-renewal of a probationary teacher shall not be subject to grievance or arbitration and the grievance procedure.
 - 3. The termination or nonrenewal of a teacher in any extra duty position.
 - 4. Any claim or complaint for which there is another remedial procedure or forum established by law or by regulation having the force of law.
 - 5. Any matter involving the content of a teacher's evaluation.
- F. All grievance procedures and investigations by the Association will be processed during times which do not interfere with assigned duties.
- G. Any individual teacher at any time may present grievances to his/her employer and have the grievances adjusted without intervention of the Association representative, if the adjustment is not inconsistent with the terms of the Contract or Agreement then in effect and if the Association representative has not been denied the opportunity to be present in such adjustment.
- H. A grievance may be filed by the President of the Association when it is felt that an alleged violation has occurred that affects the Association. This type of grievance will begin at Level Two.

- I. Back pay adjustment where applicable will be limited to the date the grievance was filed in writing, and to the amount actually lost, with deduction of all sums earned during the back pay period. The Board will have no liability for any special compensation claims.
- J. The sole remedy available to any teacher for any alleged breach of this Agreement or any alleged violation of his/her rights hereunder will be pursuant to the grievance procedure; provided, however, that nothing contained herein will deprive any teacher of any legal right which he/she presently has, provided that if a teacher elects to pursue any legal or statutory remedy, such election will bar any further or subsequent proceedings for relief under the provisions of this Article.
- K. In the course of investigation of any grievance, representatives of the Association will report to the principal of the building being visited and state the purpose of the visit immediately upon arrival.
- L. Every effort will be made to avoid the involvement of students in all phases of the grievance procedure.
- M. The written grievance shall be on a form prepared and supplied by the Board which will provide for the following:
 - 1. It shall be signed and dated by the grievant or grievants;
 - 2. It shall be specific;
 - 3. It shall contain a synopsis of the facts giving rise to the alleged violation;
 - 4. It shall be specific as to the Article, Section, or Sub-sections, of the contract alleged to have been violated;
 - 5. It shall contain the date of the alleged violation;
 - 6. It shall specify the relief requested.
- N. **Level One:**
 - 1. Once an alleged violation has occurred or ten (10) days from when the grievant should have become aware of the violation, an oral conversation with his/her supervisor must take place or grievant waives the right to file.
 - 2. If no resolution is made at that level, grievant has ten (10) days to file a written grievance to his/her supervisor or grievant waives the right to file.
 - 3. The principal will respond in writing within ten (10) days. If no written response is received from principal or if the response is unsatisfactory to the grievant, grievance advances to the next level.

O. **Level Two:**

A copy of the written grievance shall be filed with the Superintendent as specified in Level One with the endorsement thereon of the approval or disapproval of the Association within ten (10) days following the principal's response or expiration of the time limit for the principal's response whichever is shorter. Within ten (10) days of receipt of the grievance, the Superintendent or his designated representative shall have arranged a meeting with the grievant and/or the designated Association representative at the option of the grievant to discuss the grievance. Within ten (10) days of the discussion the Superintendent or his designated representative shall render his decision in writing, transmitting a copy of the same to the grievant, the Association secretary, the building principal in which the grievance arose, and place a copy of same in a permanent file in the office of the Superintendent.

If no decision is rendered within ten (10) days of the discussion, or the decision is unsatisfactory to the grievant and the Association, the grievant may appeal same to the Board of Education by filing a written grievance along with the decision of the Superintendent or his designated representative with the Superintendent within ten (10) days from receipt of the Superintendent's decision.

P. **Level Three:**

Upon proper application as specified in Level Two, the Board shall allow the teacher or his/her Association representative an opportunity to be heard at a meeting of the Board's Personnel Committee consisting of not more than three duly elected Board members. The Superintendent and/or their designee may be present at this meeting. The Board must schedule this meeting within 10 days of the request. The Board shall render its decision in writing within 30 days after the initial committee hearing.

Q. If a grievance remains unsettled after processing as per item "P" above, it may be submitted to arbitration by either the Board or the Association under the following conditions:

1. The matter to be arbitrated must concern the application or interpretation of this agreement, either as to the meaning of items or as to the rights of either party under these terms.
2. The party that chooses to submit any unsettled grievance to arbitration must notify the other party in writing within ten (10) school days of the conclusion of item "P" of the grievance procedure except that either party may request in writing an extension of time to notify. Such notification shall identify the grievance and the issue and shall state what part or parts of this contract is, or are involved. Any grievance not submitted to arbitration within the time herein provided shall be deemed withdrawn.
3. Within ten (10) school days after receipt of such written notice, provided for in paragraph two (2) above, the Board and the Association shall attempt to select a single arbitrator acceptable to both parties.

4. If an agreement on the selection of an arbitrator cannot be reached within ten (10) school days after such notice, then the party initiating the arbitration shall request the American Arbitration Association to furnish both parties with the names of potential arbitrators.

The arbitrators shall be selected according to procedures specified in the rules of the American Arbitration Association.

5. The arbitrator may interpret his agreement and apply it to the particular cases submitted to him; but he shall, however, have no authority to add to, subtract from, or in any way modify the terms of this agreement; nor shall he have any authority to limit or change any policies, practices or rules, except as they involve an application of this agreement; nor shall he have any authority to formulate or add any policies, practices or rules, except as they involve an application of this agreement; nor shall he have any authority to formulate or add any new policies or rules; nor substitute his discretion for the Board's discretion in cases where the Board is given discretion by this Agreement.
6. At the time of the arbitration hearing either party shall have the right to examine and cross-examine witnesses and to make a written record of the proceedings.
7. Claims for back wages by a teacher covered by this agreement or by the Association shall be limited to the date the grievance was filed in writing.
8. No claim for back wages shall exceed the amount of wages earned by the teacher covered by this agreement.
9. All costs incurred in connection with the preparation and presentation of each case shall be paid by the party incurring such costs. The expenses of each witness and the compensation of any witness for either party shall be paid by the party producing such witness.
10. The arbitrator's fees and expenses shall be borne equally between the Association and the Board.
11. No decision of an arbitrator or of the Board in one case shall create a basis for retroactive adjustment in any other case.
12. A case on which an arbitrator has been given authority to rule shall not be withdrawn except by mutual consent of the parties to this agreement.
13. The decision of the arbitrator shall be final and binding upon the Board, the Association and the teacher or teachers involved unless the arbitrator's decision is in conflict with the laws of the State of Michigan.

ARTICLE 6
TEACHING CONDITIONS

- A. The parties recognize that optimum school facilities for both student and teacher are desirable to ensure the high quality of education that is the goal of both the Board and the Association. It is also acknowledged that the primary duty and responsibility of the teacher is to teach, and that the organization of the school and the school day should be directed toward ensuring that the energy of the teacher is primarily utilize to this end.

Because the pupil-teacher ratio is an important aspect of an effective educational program the Board agrees to continue its effort to keep class sizes at an acceptable and balanced number as dictated by the financial condition of the District, the building facilities available, and the best interests of the District as deemed administratively feasible.

The Board agrees to strive to follow the class size guidelines as outlined below (extenuating circumstances not withstanding):

Elementary Education	Grades (K-2)	= 25 per classroom
	Grades (3-5)	= 28 per classroom
Middle School	non-activity areas	= 30 per classroom
High School	non-activity areas	= 30 per classroom

When the class size exceeds the student/teacher ratio listed above in any class, the affected teacher will be paid an additional stipend for each student over the limit at a rate of \$10.00 per day for Elementary and \$2.50 per class period for Middle School and High School for each day that the additional student count is maintained in that classroom.

There will be a grace period of seven (7) calendar days at the beginning of each trimester for the administration to adjust classes, and during this time, overages will not be paid. This does not apply to elementary instruction staff for 2nd and 3rd trimesters.

Stipends for excess enrollments will be paid to the teacher in a lump sum at the conclusion of each trimester. Teachers shall maintain accurate enrollment records which are subject to administrative verification prior to payment.

It is further understood that the student classroom limits and above stipends are not applicable to band, choir and physical education.

- C. The Board will continue its efforts to keep the schools reasonably and properly equipped, maintained and safe. All written requests for maintenance services will receive a written reply explaining the disposition of the request.

ARTICLE 7
TEACHING HOURS

- A. Middle School and High School teachers shall be in their assigned buildings, available for duty, at 7:25 a.m. They shall end their duties at 3:05 p.m. It shall be the teacher's responsibility to advise the principal of his or her tardiness.

Elementary teachers shall be in their assigned buildings, available for duty, at 8:05 a.m. (Dix Street Elementary) or 8:15 a.m. (Washington Street Elementary and Alamo Elementary). They shall remain in their assigned buildings until 3:50 p.m. (Dix Street Elementary) or 4:00 p.m. (Washington Street Elementary and Alamo Elementary).

- B. Nothing herein shall prevent the administration from allowing a teacher to leave early in the event of an emergency or excusing a teacher's tardiness without penalty in the event of an emergency.
- C. All teachers will have a duty-free lunch period except in emergency situations of short duration or when problems connected with inclement weather arise.
- D. Elementary teachers, grades K-5, will have duty-free recess periods except in emergency situations of short duration or when problems connected with inclement weather arise.
- E. Attendance at scheduled meetings is mandatory for all teachers when such meetings are scheduled by the Board or Administration. These meetings will be held on a predetermined weekday to be established at the beginning of the school year. The district shall attempt to conduct special education meetings or hearings during the regular scheduled school day.

The Board and Administration, whenever possible, shall seek to limit meetings involving a total building faculty and extending beyond the normal school day to not more than one per month and not more than 15 minutes.

All teachers should serve on a committee working to improve the school program. The Board and Administration shall strive to make such committee assignments on a proportional basis among teachers. This shall not prevent a teacher from volunteering for a disproportional number of committees. The Board and Administration also recognize the need to keep the number of school improvement and similar committees at a reasonable number and will strive to do so.

- F. Scheduled days of student instruction which are not held because of conditions not within the control of school authorities, such as inclement weather, fires, epidemics, mechanical breakdowns, or health conditions as defined by city, county, or state health authorities will be rescheduled for which such rescheduling is required by the State for full State Aid and to ensure that the district will incur no loss of state aid.

Teachers will receive their regular pay for days that are canceled and shall not be required to report for work on such days but shall work on the rescheduled days with no additional compensation. Rescheduling shall be accomplished as specified in the calendars included within this agreement.

- G. If at any time during the term of this Agreement any additional hours or days of instruction are required by law as a requirement for receipt of full state aid by the school district, the Board and the Association shall engage in negotiations with respect to the manner by which the additional instructional hours and/or days required will be met and any implications for additional staffing and/or additional compensation related thereto.

- H. Each employee is required by law to earn the required 30 hours of District Provided Professional Development (DPPD) mandated per school year. These hours shall be comprised of both negotiated calendar “PD day(s)” as well as Delayed Start Program time. If an employee fails to earn the required number of hours through these two options, they must make up the remainder needed through district provided technology course hours offered outside the school day.

An attendance log of training will be kept by the Administration. Failure to comply will result in the employee’s salary being reduced.

- I. Each school year the Board, in consultation with the Association, may open and adjust the school calendar as deemed necessary by both parties.

ARTICLE 8
TEACHING LOADS

- A. Normally, assignments shall be made within the areas of teacher competence, teaching certificate, and their major or minor fields of study, except temporarily and/or for good cause.
- B. The term "preparation period" shall be construed to include the use of this period for purposes associated with teaching responsibilities when deemed necessary in the judgment of the principal.
- C. The teaching assignment shall not exceed twenty-seven (27) clock hours of instruction per week unless otherwise agreed by the Board and the Association.

K-5 teachers shall have a planning period of a minimum of sixty (60) minutes, three (3) days a week with a total of three-hundred (300) minutes per week. No day shall have less than thirty (30) minutes. A teacher may agree to other arrangements that still allow 300 minutes per week of planning.

The Middle School and High School will follow the same six period daily schedule.

Middle School teachers and High School teachers shall have a planning period each equal to one teaching period five (5) days a week.

The administration shall strive to schedule all planning time during the student day. The employee shall be free of supervision of students during planning time.

- D. If a Middle School or High School teacher is assigned to teach a class during his/her preparation period on a full time basis, he/she will receive additional compensation on a prorated basis of his/her salary. If assigned on a daily substitute basis, he/she will be compensated in the amount of \$20.00 for each preparation period during which he/she teaches in the Middle School, and \$10.00 for each half preparation period during which he/she teaches in the High School. If an Elementary teacher is assigned to teach during his/her preparation period, he/she will be compensated at the rate of \$10.00 for each 30-minute block or \$5 for each 15-minute block.

In lieu of payment, teachers can opt to put the time spent covering another class in a bank where 6 hours equals one day of sick time. The time will be banked on the pay stubs and will carry from one year to another when less than a whole day is accumulated at the end of each school year. There will be no cap on the number of sick days a teacher may accumulate in a school year by subbing for a peer.

- E. Teachers of all grades are assigned to corridor supervision during student passing time between classes or as deemed necessary by the principal. Teachers assigned to corridor supervision during final exams shall normally be allowed to work at a desk at their station, when feasible.
- F. Normally, teachers of secondary grades (6-12) will not be assigned more than three different preparations without prior input from the teachers and the Association.

When an assignment for an Elementary teacher is a split level classroom (responsible for two grade-level curriculums for the year), the teacher shall be compensated a one-time off schedule payment of \$500.00.

- G. Teachers, other than newly appointed teachers, will be notified of their tentative program for the coming school year as soon as practicable and under normal circumstances no later than June 1.

- H. Teachers shall be expected to assume reasonable duties normally associated with the teaching profession, when assigned, which are not part of the extra duty pay schedule. Procedures for assignments, including shared staff assignments, will be developed by a committee made up of two building administrators and two building OEA members. (Shared staff are those OEA members who work in more than one building on a regular basis.) It is the intent of the O.E.A. that teachers shall continue to participate on a voluntary basis in regular student activities. Chaperones will be sought by first asking for volunteers and then staff will be assigned on a rotating basis and paid at the rate of \$20.00 per hour.

ARTICLE 9
ASSIGNMENTS, VACANCIES AND TRANSFERS

A. Assignments

The Board and the Association recognize that in making assignments among the teachers within a building, changes in grade levels and/or subjects will sometimes be necessary and desirable in the best interests of pupils and teachers. While the right of assignment to grade levels within the building, as well as subject changes within the building, is vested solely within the Board of Education, The Board will not make any changes in a teacher's assignment without notification and prior discussion with the teacher whose assignment is to be changed. Every attempt will be made to do this in an appropriate time frame.

B. "Highly Qualified Teacher" Requirement:

All teachers shall meet the requirements applicable to them in the definition of a Highly Qualified Teacher under the provisions of the Elementary and Secondary Education Act (NCLB) and the State of Michigan Department of Education.

C. Transfers

The Board and the Association recognize that transfers between schools will sometimes be necessary and desirable in the best interests of pupils and teachers. A transfer is defined as a change or partial change in assignment between schools. (A partial change in building assignment from one building to two buildings constitutes a transfer. A change in a building assignment to a different building constitutes a transfer. However, a partial change in building assignment to a different building to which the teacher is already partially assigned does not constitute a transfer.)

D. Vacancies

A vacancy is defined as a position that is known to require the services of a teacher for sixty (60) or more consecutive work days after assignments within the building and any transfers have been determined, including any recall of teachers from layoff.

E. Application for Reassignment, Transfer and/or Vacancy

It is not the intention of the Board to limit the ability of teachers to apply for positions for which they are certified and qualified. It is the desire of the Board at all times to provide our students with the best and most certified and qualified staff available. Any teacher may apply for any position that arises as a vacancy or an opening for reassignment or transfer during the annual assignment process. Application for the position should be in writing and addressed to the Superintendent of Schools. Applications will be considered should a position occur either during the school year or during the summer. Applications must be renewed by the teacher annually by March 31 for consideration of assignments or vacancies for the next school year.

F. Notice of Vacancies and Openings for Reassignment

Vacancies and openings for reassignment and transfer during the annual assignment process will be sent by email to all staff. Additionally, this bulletin will be placed in each building representative's mailbox and posted on the Association bulletin board. A teacher interested in any such position shall be expected to make application immediately or within seven (7) days of the date of distribution.

G. Administrative Vacancies

In filling vacancies in administrative positions, the Board shall consider the professional qualifications, background, attainments and other relevant factors including service in the School District, of all applicants from within the School District, as well as applications from outside of the School District. The parties recognize, however, that the filling of vacancies at the supervisory and administrative levels and the filling of newly created supervisory and administrative positions are a prerogative of the Board, and the decision of the Board with respect to such matters shall be final.

H. Return to Unit Position

If a teacher is promoted or assigned to a supervisory or administrative position and is subsequently returned to a position in the bargaining unit, upon return to the bargaining unit the teacher will be restored to the contract rights which the teacher would have achieved if the teacher had remained in the bargaining unit, provided the teacher has been continuously in the employment of the Board. There will be no gain in seniority while in an administrative position.

ARTICLE 10
ABSENCES

- A. The computation of a teacher's daily wage will be based on the number of teacher days plus five (5) holidays in a given year, being divided into the salary of the teacher. The five (5) holidays shall be Labor Day, Thanksgiving Day, Christmas Day, New Year's Day and Memorial Day. Teacher days will be defined as days of instruction (180) plus evening commitments including conferences and open house/orientation (15 hours or 2.5 days); professional development (1 day); and five (5) holidays. A teacher's contract consists of a total of 188.5 days.
- B. All teachers regularly employed by the District who are absent from duty because of personal illness shall be allowed sick leave at the rate of five (5) days granted on September 1 and five (5) days granted on January 1 of each year of service. The use of sick leave will be limited to 160 days during any one contract year. See Article 14 for retirement payout. Teachers hired after September 1 or January 1 will receive a prorated number of sick days.

The teacher may at any reasonable time learn the number of sick leave days he/she has accumulated by contacting the Business Office.

Proper notification of absences shall be given to the Administration, following procedures given to all employees at the beginning of each school year. When absences are excessive or abuse of sick leave is suspected, the Administration may require proof of illness signed by a physician for subsequent absences.

In the event of the absence of a teacher for illness in excess of five (5) consecutive working days, the Board may, at its expense require an examination by an independent physician.

- C. Upon recommendation of the Superintendent, the Board may, at Board expense, require a teacher to submit a physical or mental examination by appropriate specialist to determine whether involuntary sick leave is warranted.
- D. Personal Leave Day:

At the beginning of each school year, a teacher shall be granted two (2) days with pay for personal leave. Personal leave days may accumulate to a total of three (3) days. No more than three (3) personal leave days can be used in any given year. Any additional days (over 3 accumulated days) not used by the end of each school year shall be added to the teacher's accumulated sick leave.

Personal leave days may be used in accordance with the following guidelines:

1. Such days shall be requested one week in advance, except in cases of emergency.
2. No specific description of the intended use of the leave shall be required.
3. The Board shall not be required to grant personal leave days on any one day to more than 10% of the teachers from any one building. If leaves are to be denied because more than 10% of a building's teachers requested a leave on the same day, these denials shall be in inverse order of receipt.

4. Only 5% of the teachers from any one building will be granted leave for the day preceding or the day following holidays and the first or last day of a marking period. If leaves are to be denied because more than 5% of a building's teachers requested a leave on the same day, these denials shall be in inverse order of receipt.
- E. Any teacher who is absent because of an injury or disease compensated under the Michigan Workers' Compensation law shall receive from the Board the difference between the Workers' Compensation payment prescribed by law and his/her regular salary, to the extent and until such time as such teacher shall have used up any "sick leave" provided herein.
- F. Up to five (5) days per occurrence of the accumulated sick leave allowance may be used for a death in the immediate family, unless the teacher has no sick leave or personal business days in which case the substitute rate shall be deducted from his/her pay. The immediate family shall include father, mother, stepfather, stepmother, spouse, children, stepchildren, grandparents, grandparents of spouse, father-in-law, mother-in-law, brother, sister, brother-in-law and sister-in-law. Up to two (2) additional days a year of the accumulated sick leave allowance may be used for a death of a spouse or child.

Other bereavement leave may be approved by the Superintendent and the days shall be deducted from the teacher's accumulated sick leave unless the teacher does not have any accumulated sick leave days in which case the daily substitute rate will be deducted from his/her pay.
- G. Up to seven (7) days a year of the accumulated sick leave allowance may be used for critical illness in the immediate family. The immediate family shall include father, mother, stepfather, stepmother, spouse, children, stepchildren, grandparents, father-in-law, mother-in-law, brothers and sisters. A doctor's slip may be required. Other critical illness leave may be approved by the Superintendent and the days shall be deducted from the teacher's accumulated sick leave unless the teacher does not have any accumulated sick leave days in which case the daily substitute rate will be deducted from his/her pay.
- H. A leave of absence may be granted a teacher called for jury service. The Board shall pay an amount equal to the difference between the teacher's daily salary and the daily jury duty fee paid by the court (not including travel allowances or reimbursement of expenses) for each day on which the teacher reports for or performs jury duty and on which he/she otherwise would have been scheduled to work, provided that if the teacher is teaching subject matter such that qualified substitutes are difficult to find, he/she shall cooperate with the administration in seeking to be excused from such service.
- I. A leave of absence with pay may be granted for time necessary for appearances in any legal proceedings connected with the teacher's employment or with the school system, if the teacher is required by law to attend.
- J. Teachers will recognize that allowable days absent with pay is a convenience to them only when necessary and not as days to which they are entitled, and will use only for the purpose intended.

- K. Half days of absence will be counted as one-half days except when a half day of pupil attendance is counted as a full day of attendance. Any portion of a day up to one half day will be considered one half sick leave day. Any portion of a day over one half day will be considered one full day of absence.
- L. When teacher absenteeism is caused by an injury compensable through an employer other than Otsego Public Schools, sick leave or other benefits will not be provided by the district.
- M. When circumstances dictate, an employee may voluntarily contribute one day of sick leave to another teacher to be used for critical need. Each day contributed shall equate to one-half day for the recipient. The Association and Superintendent shall be responsible for the administration of critical need sick time. A teacher may not draw from the bank unless he/she exhausted all sick leave time. At the end of a school year, any balance remaining in the sick leave bank shall be carried over to the following year.

ARTICLE 11
PROFESSIONAL LEAVE

- A. Teachers may be granted a leave of absence not to exceed two days a year for Administration approved meetings outside of the district, clinics, workshops, and conferences of an educational nature. The number of teachers allowed to leave at any one time will be within the discretion of the Administration. A written reason for denial will be given to employee.

The registration fee and lodging for such conferences shall be paid by the District. Meals and mileage will be reimbursed as follows:

Breakfast \$10; Lunch \$12; Dinner \$15
Mileage at the current IRS rate

- B. Written applications for professional leave and reimbursement are to be submitted to the Administration for approval at least one week in advance.
- C. Conferences attended by the teacher at the request of the Board and/or the Administration will not be charged against the allowable total. Teachers will be paid the substitute teacher pay rate for conferences attended at the request of the Board and/or the Administration that are held on a day that is not a contractual day.
- D. Teachers shall be reimbursed the tuition costs incurred by the teacher for graduate credit or State Continuing Education Clock Hours (SCECH's, formerly known as State Board Continuing Education Units or SB-CEU's) earned in compliance with the requirements of this contract provision. In no case shall the tuition reimbursement exceed six (6) semester hours or 180 SCECH's, or a combination of both, in any five-year certification cycle. SCECH's must be earned in the 5-year cycle for which reimbursement is sought, and Reimbursement shall not exceed \$250 per credit hour or per 30 SCECH's.

In order to be approved, credits or SCECH's must be of a nature that they will contribute to the development of knowledge and skills related to the teacher's assignment or possible future assignment. In order to receive payment for credits or SCECH's earned, all credits and/or SCECH's must be submitted within 3 months of course completion, and approved in writing by the Superintendent or his/her designee and earned through an accredited college or university. The District shall inform the employee of the disposition of his/her application within ten (10) days. It shall be the teacher's responsibility to file the necessary documentation to verify completion of the requirements and receipt of graduate credit or SCECH's prior to reimbursement.

ARTICLE 12
EXTENDED LEAVES

- A. Unless otherwise indicated, the following conditions shall apply to all extended leaves of absence:
1. Requests for leaves shall be in writing and must be received by the Superintendent not later than four (4) calendar months before the requested leave is anticipated to begin. An exception to this time limit may be allowed by the Board in the event of an emergency.
 2. Eligibility shall be based on a minimum of two (2) years continuous employment in the district.
 3. All extended leaves shall be limited up to one year. Further extensions may be granted by the Board.
 4. Salary increment shall not accrue.
 5. Sick leave days shall not accrue but unused sick leave days held at the start of the leave shall be reinstated.
 6. Upon the Board's approval of a teacher's application for an extended leave, the Board shall also establish the beginning date of the leave and its duration.
 7. Written notice of intention to either return or resign from extended leave shall be given to the Superintendent of Schools by March 1 of the year in which the leave expires, or sixty (60) days prior to the leave's termination date, whichever is sooner. Failure to comply with the above paragraph shall be interpreted as job abandonment and termination of employment.
 8. Re-employment will be to a position for which the returning teacher is qualified and certified to teach. If no vacancy exists, the Board reserves the right to implement the layoff procedure.
- B. Any teacher whose personal illness extends beyond the period compensated may be granted a leave of absence without pay or increment for such time as is necessary for complete recovery up to a maximum of one year. Further extensions may be granted at the will of the Board.
- C. A leave of absence for up to one year may be granted without pay for study related to the teacher's licensed field or his professional growth.
- D. A leave of absence may be granted, without pay, for the purpose of infant care or maternity.
- E. A leave of absence shall be granted a tenure teacher who is inducted or enlists for one period of enlistment in any branch of the Armed Forces of the United States. Reinstatement upon completion of such service shall be in accordance with applicable laws. Regular salary increments shall accrue to a maximum of two (2) years.

F. Pursuant to the Family and Medical Leave Act effective 1993, an employee who has been employed at least twelve months and worked at least 1,250 hours during the prior twelve-month period is entitled to twelve work weeks of leave during any 12-month period without pay but with group health coverage maintained for one or more of the following reasons:

1. The birth of a child, or placement of a child with the employee for adoption or foster care.
2. Serious health condition of the employee.
3. The employee is needed to care for his/her spouse, child, or parent due to that person's serious health condition.
4. A qualifying exigency arising out of the fact that the employee's spouse, child or parent is on active duty or called to active duty status in support of a contingency operation as a member of the National Guard or Reserves.
5. The employee is the spouse, child, parent, or next of kin of a covered service member with a serious injury or illness.

A serious health condition is defined by the law as an illness, injury, impairment, or physical or mental condition that involves (1) inpatient care in a hospital, hospice, or residential medical care facility or (2) continuing treatment by a health care provider. Other conditions of the Family and Medical Leave Act shall apply to leaves in this section.

To be eligible for a FMLA leave, a teacher must have been employed for at least twelve (12) months, and for at least 1,250 hours during the previous 12-month period, and meet any other eligibility criteria of the FMLA for the particular type of leave. During the period of FMLA leave, the teachers health insurance benefits shall be continued as required by the FMLA, subject to Section 104(C)(2) of the FMLA. Elected supplementary insurance coverages may be continued by the teacher prepaying the premium cost to the business office of the school district which will then make payment of the premium to the insurance company.

Paid leave available to the teacher under the terms of this Agreement and used by the teacher for the same purposes as the FMLA leave available, will be counted as part of the leave time available and used under the FMLA leave. FMLA leave may be taken on an intermittent or reduced schedule when medically necessary according to the provisions of Section 102(b) of the FMLA. Seniority will accumulate during the period of FMLA leave.

The limitations found under Section 108 of the FMLA (pertaining to special rules concerning employees of local educational agencies) shall apply. All FMLA leaves shall be subject to and administered in accordance with the FMLA and its implementing regulations.

ARTICLE 13
TEACHER PROTECTION

- A. The Board recognizes its responsibility to continue to give administrative backing and support to its teachers, although each teacher bears the primary responsibility for maintaining proper control and discipline in the classroom. The teachers recognize that all disciplinary actions and methods invoked by them shall be reasonable and just, and in accordance with established Board policy. It shall be the responsibility of the teacher to report to his/her principal the name of any student who, in the opinion of the teacher, needs particular assistance from skilled personnel. The teacher shall, upon request, be advised by the principal of the disposition of the teacher's report that a particular student needs such assistance.

- B. Any case of assault upon a teacher which has its inception in a school-centered problem shall be reported immediately and confirmed promptly in writing to the Superintendent or his designated representative. In the event of such an assault, the teacher involved may request assistance of the Board in such matter. These requests shall be made to the Superintendent who shall make a determination as to whether the conduct of the teacher making such request justifies any assistance from the Board, and the extent thereof.

- C. Complaints directed toward a teacher will be called to the teacher's attention if considered serious by the appropriate administrator.

- D. Teachers shall be expected to exercise reasonable care with respect to the safety of the pupils and property of pupils and the schools district, but shall not be responsible for loss or damage to any such property when such loss or damage is not the fault of the teacher. The Board shall provide comprehensive liability insurance protection for all teachers in its employ with limits of a minimum of \$250,000 for a single injury, \$500,000 for single occurrence, and \$50,000 for the property of third parties, against damage arising out of the negligence of any teacher while acting within the scope of his duties as such, subject to the exclusions contained in such policy. The Board shall continue to carry Worker's Compensation insurance coverage for all teachers in the manner required by the laws of Michigan. Insurance carriers are to be selected by the Board.

ARTICLE 14
RETIREMENT

- A. For the purposes of this article, the school year commences on the first day teachers report to school in the fall and ends with the first day they report the following fall. The employee must have a minimum of ten (10) years of teaching service with the Otsego Public School District.
- B. Upon retirement, the Otsego Public Schools shall pay for the first 250 unused sick days as follows:
- | | |
|--|--------------------------|
| At least 10 but less than 30 years of service completed: | \$45 per unused sick day |
| 30 or more years of service completed: | \$50 per unused sick day |
- The Board will pay \$67.50 per day for every day over 250 days of unused sick leave.
- C. Unused sick leave days' payment will be paid to the teacher's 403b account or other approved tax deferred account of the teacher's choice. Payment will be made by June 30th provided all required paperwork is turned in by June 15th. If paperwork is not received in time, payment will be made after paperwork is turned in and the information has been processed.

ARTICLE 15
SENIORITY

- A. The term seniority shall be defined as the length of continuous employment with Otsego Public Schools. Any teacher who is granted Tenure shall have seniority from the last date of hire. The date of hire is the date that person was approved for employment by action of the Otsego Board of Education. Any teacher hired after August 29, 1983, who is granted Tenure shall have seniority from the first day of work within the bargaining unit.
- B. New teachers hired shall be considered as probationary employees as prescribed by the Tenure Act. Probationary teachers shall not have seniority.
- C. When a layoff, transfer or filling of a vacancy affects two or more teachers having the same seniority date, all individuals so affected will be ranked in order of the higher four-digit number of the last four digits of their social security numbers.
- D. Credit given for teaching experience in other school districts shall not be considered for the purpose of accumulating seniority. No seniority shall be gained or lost by a teacher while on leave of absence or layoff.
- E. The District shall upon an annual written request of the Association President provide the Association with a current seniority list of employees including areas of certification in accordance with subsections (1) and (3) above.
- F. Part-time teachers whose Full Time Equivalent equals 0.5 FTE or greater shall accrue full seniority during the year and shall advance on the salary schedule as though they were teaching full time.
- G. Teachers who are laid off during a contract year shall be considered as having completed the contract year for purposes of placement on the salary schedule if employed for more than one-half of the school year; otherwise such teachers shall remain on the same salary step.
- H. It is further agreed that any layoff pursuant to this Article shall automatically terminate the individual employment contract of all laid off teachers and shall suspend for the duration of the layoff, the Board's obligation to pay salary or fringe benefits and any laid off teacher's individual or supplemental employment contract as well as all benefits under this collective bargaining agreement. However, for teachers who have completed at least one-half of a contracted year in which the layoff occurs, the Board shall provide the current amount of insurance benefits equal to the prorated amount of the contract completed.

ARTICLE 16
PROFESSIONAL COMPENSATION

- A. The salaries of teachers covered in this Agreement are set forth and determined in the Salary Schedule of this Article and reflected in **Attachment A**.
- B. Additional compensation for teachers who are assigned extra duties, which are beyond the normal teaching assignments, are set forth and determined in **Attachment B** of this Article.
- C. Teachers may be credited with up to five years of previously acquired teaching experience on the salary schedule. The Board reserves the right to place an incoming experienced teacher above Step 5 on the Salary Schedule with approval of the Association President(s).
- D. Up to two years' credit on the salary schedule may be allowed for military service provided the teacher was employed in this school system at the time of enlistment or induction into the Armed Forces.
- E. A teacher employed in the Otsego Public Schools for a minimum of ninety (90) days, during any school year shall receive a full year of credit on the salary schedule.
- F. Beginning with the 2014-15 school year:
 - 1. Any teacher receiving an end of year rating of “ineffective” will not advance on the Salary Schedule for the following school year;
 - 2. Any teacher receiving an end of year rating of “minimally effective” for two consecutive years will not advance on the Salary Schedule for the following school year; and
 - 3. The teacher(s) who does not advance due to this rating may advance the following school year once an “effective” or “highly effective” rating has been earned.
- G. Teachers shall have the option to receive their pay in one of the following ways. Any change to the original election of their choice shall be made no later than September 1st of each year.
 - 1. Twenty-six (26) equal payments on every other Friday;
 - 2. Twenty-one (21) equal payments on every other Friday ending in June.
 - 3. Twenty-six (26) equal payments on every other Friday with the contract balance paid out the last payroll in June.

Teachers who resign from the District before the end of the school year and do not complete their contractual obligations, or otherwise have their employment terminated, and have completed proper checkout procedures with their supervisor, shall receive a lump sum payment of the balance of their contractual salary earned within 10 days of the date of termination. At that same time, all benefits shall cease.

Teachers who resign from the District before the end of the school year and DO complete their contractual obligations shall receive the balance of their contractual salary due within 10 days of the date of termination, but their benefits will remain in effect until August 31st or until they receive health insurance through a future employer, whichever occurs first.

Teachers who retire from the district shall have the option to receive a lump sum payment or continue to receive bi-weekly payments for the balance of their annual salary.

- H. Teachers will be required to produce transcripts showing semester hours, equivalent SB-CEU's, equivalent SCECH, or a combination of the three earned before being placed in a new classification on the salary schedule. Hours referred to herein are semester hours. Normally, the hours required to reach a higher classification shall be semester hours of graduate credit.
- I. Contracts will not be written after September 1. When courses are taken during the spring or summer that place the teacher in a new classification, confirmation of the hours from the institution must be submitted to Central Office prior to August 20th. However, if a staff member is attending a summer session that will allow them a lane change, and the session will not be completed prior to August 20, the staff member must notify Central Office of the expected completion date by August 1st. Contracts will not be rewritten during the remainder of the school year.
- J. HEALTH INSURANCE: The Board of Education of the Otsego Public Schools is the sole policyholder for all insurance programs.

For the 2017-18, 2018-19 and 2019-20 contract years, the Board will assume any fees and taxes associated with health insurance.

Effective September 1, 2017, eligible employees electing medical insurance will pay 9% toward annual premium costs via bi-weekly payroll deduction, and the employer will pay 91%. The Board's annual contributions will be capped at the limits set forth in Publicly Funded Health Insurance Contribution Act, MCL 15.561, et. seq., which adjusts annually and includes the rate of inflation.

An HSA card will be prefunded in two payments (September 1 and February 1). In the event that an employee utilizes 100% of the dollars on his/her card prior to the second payment, advances for the second payment will be handled on a case by case basis through the Director of Finance and Operations.

See Appendix A for a Summary of Benefits and Coverage.

CASH IN LIEU

For teachers not electing the health insurance program, the Board shall provide through the Board approved IRC 125 Cafeteria Plan \$3,000, including FICA, for selection among the following options:

Hospital Confinement
Short Term Disability
Supplemental Term Life
Dependent Life
Survivor Income
Group Term Life
Cash Payment
403b or other tax deferred retirement plan

For teachers neither electing the health insurance program nor the dental program, the Board shall provide through the Board approved IRC 125 Cafeteria Plan \$3,100 including FICA, for selection among the following options:

Hospital Confinement
Short Term Disability
Supplemental Term Life
Dependent Life
Survivor Income
Group Term Life
Cash Payment
403b or other tax deferred retirement plan

CAFETERIA PLAN FOR CHILDCARE AND MEDICAL EXPENSE REIMBURSEMENT

All employees may participate through payroll deduction in the Board approved IRC 125 Cafeteria Plan options for salary reduction for childcare and medical expense reimbursement according to the applicable provisions of law. The Board will make appropriate authorized salary deductions disbursing those deductions for the purpose intended.

K. DENTAL INSURANCE: The Board shall provide group dental insurance through Ameritas as follows:

- Teachers participating in Ameritas Dental will be responsible for 10% of the monthly premium.
- See **Appendix A** – Benefit Summary for detailed information.

- L. VISION INSURANCE: The Board shall provide group vision insurance through the Ameritas Plan, with no district reimbursement, for full-time and part-time employees and their eligible dependents.

Eligible Dependents:

Any dependent or immediate family member (i.e., spouse, son, daughter, stepchildren, adopted children, and/or minor children assigned to the employee by the court), as defined within the meaning of the United States Internal Revenue Code. See **Appendix A** – Benefit Summary.

- M. OTHER INSURANCE: The Board shall provide all teachers with LTD, Life Insurance and AD&D. See **Appendix A** – Benefit Summary

- N. Re-bidding Insurance: The OEA and Board agree to re-bid insurance benefits pursuant to the provisions of PA 106; or annually as agreed upon between the Board and the Association.

1. The provision of the above insurance coverage shall be subject to the rules and regulations of the underwriting carrier(s).
2. Teachers newly hired by the Board shall be eligible for Board paid insurance premiums upon acceptance of written application by the insurance carriers on the first day of the month following the month work commenced.
3. Changes in family status shall be reported by the teacher to the Administration Office within 30 days of such change. The teacher shall be responsible for any overpayment of premiums made by the Board on his/her behalf for failure to comply with this paragraph.
4. A teacher eligible for Medicare shall enroll for Medicare benefits (Parts A and B) within 30 days of his/her first eligibility date. The teacher shall be held responsible for any overpayment of insurance premiums made by the Board for failure to comply with this paragraph.
 - a. Teachers eligible for Medicare benefits on or after January 1, 1983, must notify the Board of Education, in writing, of their primary program election. Teachers can either elect Medicare or the school-provided plan as their primary program (as required by T.E.F.R.A.).
 - b. The Board of Education will not be liable for any penalties against the teacher by the insurance carrier (including Medicare) as the result of his/her election.
5. To be eligible for the above coverage (or increase in coverage), teachers must be able to perform the "at work requirements" with this employer before benefits are effective.

O. 1. SALARY SCHEDULES (Attachment A)

For the 2017-18, 2018-19 and 2019-20 school years, Steps and Off Schedule Payments will be granted per the Salary Benchmark Agreement.

Salary Benchmark Agreement

1. Audited Unassigned Fund Balance
 - a. Less than 9.999% - Freeze.
 - b. Between 10% and 10.999% - Half step granted.
 - c. Between 11% and 11.999% - Full step granted.
 - d. Between 12% and 13.999% - Full step granted and \$500 off schedule bonus payment.
 - e. Between 14% and 15.999% - Full step granted and \$700 off schedule bonus payment.
 - f. Greater than 16% - Full step granted and \$1000 off schedule bonus payment.
2. Off Schedule Bonus Payment
 - a. Will be distributed with the first payroll in December of the current contract year.
 - b. Off schedule bonus payment may be taken through payroll or deposited into 403b or HSA.

SUPPLEMENTAL SALARIES

- a. Compensation for extra duties in connection with clubs and other school activities:
 - Bulldog Barks (Journalism Club) - 2%
 - Class Coordinators-OHS: Senior 3%, Junior 5%, Sophomore 2%, Freshman 2%
 - Computer System Operator (Per Building) – Elementary 2%, Secondary 3%
 - Debate Coach - 4% (2% when assigned as part of a class assignment)
 - Department/Grade Chairperson - \$250 total (one per elem. grade or secondary dept)
 - Destination Imagination Coach (Per Team) - 4%
 - Forensics Coach - 2%
 - Gifted & Talented Co-Hort Group - \$250 set amount
 - Instrumental Music Director at OHS - 14%
 - Instrumental Music Director at OMS - 9%
 - Mentor - \$250 set amount (See Paragraph 4 below)
 - National Honor Society Supervisor – 2%
 - School Improvement Chair - \$350 (one per building)
 - Other Club Advisors - 2%
 - Play Director at OHS (each play) - 3%
 - Quiz Bowl Coordinator - 2%

SADD – 2%
STAND Supervisor at OMS - 2%
Student Council at Elementary - 3%
Student Council at OHS - 6%
Student Council at OMS - 5%
Study Table at OHS or OMS - \$12.50 per day
Vocal Music Director at OHS - 10%
Vocal Music Director at OMS - 4%
Yearbook Advisor – OHS Comet - 9%
Yearbook Advisor – Elementary - 1%, OMS - 2%

B. The Board and OEA agree to the fixed rate schedule for coaches as presented by the Board.

C. The Association waives its right to bid on the Board’s subcontracting of coaching positions, except as stated below:

Any current OEA member who has served the district as a coach for 15 years or more will be given the option to remain on the Otsego Public Schools’ payroll.

D. Pay for each coaching assignment will be based on the coaching salary schedule. The number of years’ experience in each sport will determine the step on which pay will be determined. Steps will be adjusted to include experience of coaches presently in the Otsego Public School System.

The OEA and the Board recognize that any coach that was previously capped at step 13 of the salary schedule will remain on that step until his/her coaching duties are terminated.

E. Compensation for all extra duty assignments shall be paid in biweekly installments during the time period the assignment is being performed by the teacher. Extra duty assignments that span the entire school year shall be compensated in biweekly payments over the course of the entire school year in the same number of installments as the teacher’s annual salary.

All salaries for extra duty assignments will be based on the 1st lane of the salary schedule, starting at step 1, and will be capped on the 7th step of that schedule.


ARTICLE 17
TERM OF CONTRACT

All Articles of this Agreement shall be effective upon ratification and signing by both parties through June 30, 2020. Either party may reopen this Agreement for wages and benefits by giving written notice to the other party on or before June 1st of 2018 and/or 2019. District calendar will be agreed upon by May of each year.

If neither party shall give notice to reopen this Agreement as provided above, the Agreement shall continue in effect for successive periods of one year, unless and until written notice for reopening is given on or before June 1st of any subsequent contract anniversary date.

In Witness Whereof, the parties have executed this Agreement by their duly authorized representatives the day and year first written above.


“DISTRICT”


By: 
President of the Board

By: 
Secretary of the Board

Ratified: June 12, 2017

“ASSOCIATION”

By: 
Co-President of the Association

By: 
Co-President of the Association


Ratified: June 12, 2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 09/01/2017 - 08/31/2018

PriorityHealth : Otsego Public Schools – POS/HSA 80

Coverage for: Subscriber/Dependent | Plan Type: POS

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **Note: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call 1-800-446-5674. For general definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-446-5674 to request a copy.

Important Questions	Answers	Why this Matters
What is the overall deductible?	For <u>participating providers</u> \$1,500 person / \$3,000 family For <u>non-participating providers</u> \$3,000 person / \$6,000 family The <u>deductible</u> for each benefit level is calculated separately.	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes, the preferred benefits <u>deductible</u> doesn't apply to <u>preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost-sharing and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Yes. For <u>participating providers</u> \$3,000 person / \$6,000 family For <u>non-participating providers</u> \$6,000 person / \$12,00 family The <u>out-of-pocket limit</u> for each benefit level is calculated separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billed</u> charges, health care this <u>plan</u> doesn't cover, services that exceed an annual day/visit limit, and any <u>co-pays</u> and <u>co-insurance</u> you pay for any non-essential health benefit.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a network of providers?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of <u>participating providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do I need a referral to see a specialist?	No, you don't need a referral in order to receive the preferred benefit for services provided by a <u>participating specialist</u> . Yes, you do need a referral in order to receive the preferred benefit for services provided by a <u>non-participating specialist</u> .	You can see the in-network <u>specialist</u> you choose without a <u>referral</u> . This <u>plan</u> will pay some or all of the costs to see an out-of-network <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-insurance/ visit	40% co-insurance/ visit	Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug addendum.
	Specialist visit	20% co-insurance/ visit	40% co-insurance/ visit	
	Other practitioner office visit	<ul style="list-style-type: none"> •20% co-insurance/ visit for evaluation/ management services only at retail health clinics •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	<ul style="list-style-type: none"> •Evaluation/management services only at retail health clinics covered at the preferred benefit level •Family planning/ infertility services not covered •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	
	Preventive care/screening/immunization	No charge	40% co-insurance/ visit	
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	40% co-insurance	-----none-----
	Imaging (CT/PET scans, MRIs)	20% co-insurance	40% co-insurance	Prior Approval required for certain radiology examinations.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "Your Cost" columns apply to drugs on the approved drug list when obtained from a Participating Provider. Covers up to a 31-day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Up to a 90-day supply of medication (excluding Specialty Drugs) may be obtained at one time for three applicable Copayments at a retail Participating Pharmacy. 50% co-insurance/ prescription for infertility drugs.
	Preferred brand drugs	\$40 co-pay/ retail prescription \$80 co-pay/ mail prescription	Not covered	
	Non-preferred brand drugs	\$80 co-pay/ retail prescription \$160 co-pay/ mail prescription	Not covered	
	Preferred specialty drugs	\$40 co-pay/ retail prescription	Not covered	-----none-----
	Non-Preferred specialty drugs	\$80 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance/ visit	40% co-insurance/ visit	Including outpatient care, observation care and ambulatory surgery center care. Prior approval may be required. Prior approval is required for bariatric surgery. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fees	20% co-insurance/ visit	40% co-insurance/ visit	
If you need immediate medical attention	Emergency room services	20% co-insurance/ visit	Covered at the preferred benefit level	-----none-----
	Emergency medical transportation	20% co-insurance	Covered at the preferred benefit level	-----none-----
	Urgent care	20% co-insurance/ visit	40% co-insurance/ visit	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are Covered at the Alternate Benefit level. Urgent Care services received from a Non-Participating Provider who is located outside of our Service Area are Covered at the Preferred Benefit level.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance/ visit	40% co-insurance/ visit	<p>Prior Approval is required at least 5 working days in advance, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.</p> <p>Notification must be provided for all admissions following emergency room care.</p> <p>Prior approval is required for bariatric surgery. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.</p>
	Physician/surgeon fee	20% co-insurance/ visit	40% co-insurance/ visit	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>No charge for first three visits with participating provider within 90 days of discharge from a participating hospital for mental health inpatient care.</p> <p>Including medication management visits.</p>
	Mental/Behavioral health inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Including partial hospitalization.</p> <p>Except in an emergency, prior approval required.</p> <p>Residential Treatment is subject to the skilled nursing care benefits described below.</p>
	Substance use disorder outpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Prior Approval required for intensive outpatient treatment.</p> <p>Including medication management visits.</p>
	Substance use disorder inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Including partial hospitalization.</p> <p>Except in an emergency, prior approval required.</p> <p>Residential Treatment is subject to the skilled nursing care benefits described below.</p>
If you are pregnant	Routine prenatal and postnatal care	No charge	40% co-insurance/ visit	<p>Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit.</p> <p>Appropriate office visit charge (PCP or specialist) may apply for physician office services or home visits and consultations for complications of pregnancy.</p>
	Delivery and all inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% co-insurance/ visit	40% co-insurance/ visit	Including hospice care services; excluding rehabilitation and habilitation services. Prior approval required except for hospice care services in the home. Rehabilitation and habilitation services provided in the home are subject to the limitations of the Rehabilitation Services and Habilitation Services benefits described below.
	Rehabilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	20% co-insurance/ visit	30% co-insurance/ visit	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 50 visits per contract year. Speech therapy limited to a combined 50 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 50 visits per contract year.
	Habilitation services for treatment of Autism Spectrum Disorder only	20% co-insurance/ visit	30% co-insurance/ visit	Prior Approval required for Applied Behavioral Analysis (ABA). Covered services include Physical, Occupational, Speech Therapy and Applied Behavioral Analysis (ABA). Services are Covered for children and adolescents under age 19 only. Multiple charges may apply during one day of service.
	Habilitation services not for the treatment of Autism Spectrum Disorder	Not covered	Not covered	Not covered
	Skilled nursing care	20% co-insurance/ visit	40% co-insurance/ visit	Services received in a skilled nursing care facility, subacute facility, behavioral health Residential Treatment facility, inpatient rehabilitation care facility or hospice care facility are limited to a combined 120 days per contract year. Prior approval required.
	Durable medical equipment (DME)	No charge	50% co-insurance/ visit	Including rental, purchase or repair. Prior Approval required for equipment over \$1,000, all rentals and all shoe inserts.
	Prosthetics & orthotics	No charge	50% co-insurance/ visit	
	Hospice service	20% co-insurance/ visit	40% co-insurance/ visit	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit.
If your child needs dental or eye care	Child eye exam	Not covered	Not covered	Not covered
	Child glasses	Not covered	Not covered	Not covered
	Child dental check-up	Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult & Child)
- Habilitation services not for the treatment of Autism Spectrum Disorder
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult & Child)
- Routine foot care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan documents.)

- Bariatric surgery
- Chiropractic care
- Emergency services provided outside the U.S.
- Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility
- Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.cciio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at 1-800-446-5674 or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or the Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? **Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-446-5674.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-446-5674.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-446-5674.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-446-5674.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, co-payments, and co-insurance) and excluded services under this plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Co-payments	\$60
Co-insurance	\$2,520
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$5,640

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,823
Co-payments	\$1,115
Co-insurance	\$1,104
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$4,096

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:


Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,504
Co-payments	\$0
Co-insurance	\$396
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **Note: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call 1-800-446-5674. For general definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-446-5674 to request a copy.

Important Questions	Answers	Why this Matters
What is the overall deductible?	For <u>participating providers</u> \$1,300 person / \$2,600 family For <u>non-participating providers</u> \$2,600 person / \$5,200 family The <u>deductible</u> for each benefit level is calculated separately.	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes, the preferred benefits <u>deductible</u> doesn't apply to <u>preventive care</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost-sharing and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Yes. For <u>participating providers</u> \$2,000 person / \$4,000 family For <u>non-participating providers</u> \$4,000 person / \$8,000 family The <u>out-of-pocket limit</u> for each benefit level is calculated separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billed</u> charges, health care this <u>plan</u> doesn't cover, services that exceed an annual day/visit limit, and any <u>co-pays</u> and <u>co-insurance</u> you pay for any non-essential health benefit.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a network of providers?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of <u>participating providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do I need a referral to see a specialist?	No, you don't need a referral in order to receive the preferred benefit for services provided by a <u>participating specialist</u> . Yes, you do need a referral in order to receive the preferred benefit for services provided by a <u>non-participating specialist</u> .	You can see the in-network <u>specialist</u> you choose without a <u>referral</u> . This <u>plan</u> will pay some or all of the costs to see an out-of-network <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .



All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% co-insurance/ visit	40% co-insurance/ visit	Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug addendum.
	Specialist visit	20% co-insurance/ visit	40% co-insurance/ visit	
	Other practitioner office visit	<ul style="list-style-type: none"> •20% co-insurance/ visit for evaluation/ management services only at retail health clinics •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	<ul style="list-style-type: none"> •Evaluation/management services only at retail health clinics covered at the preferred benefit level •Family planning/ infertility services not covered •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	
	Preventive care/screening/immunization	No charge	40% co-insurance/ visit	
If you have a test	Diagnostic test (x-ray, blood work)	20% co-insurance	40% co-insurance	-----none-----
	Imaging (CT/PET scans, MRIs)	20% co-insurance	40% co-insurance	Prior Approval required for certain radiology examinations.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "Your Cost" columns apply to drugs on the approved drug list when obtained from a Participating Provider. Covers up to a 31-day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Up to a 90-day supply of medication (excluding Specialty Drugs) may be obtained at one time for three applicable Copayments at a retail Participating Pharmacy. 50% co-insurance/ prescription for infertility drugs.
	Preferred brand drugs	\$40 co-pay/ retail prescription \$80 co-pay/ mail prescription	Not covered	
	Non-preferred brand drugs	\$80 co-pay/ retail prescription \$160 co-pay/ mail prescription	Not covered	
	Preferred specialty drugs	\$40 co-pay/ retail prescription	Not covered	-----none-----
	Non-Preferred specialty drugs	\$80 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance/ visit	40% co-insurance/ visit	Including outpatient care, observation care and ambulatory surgery center care. Prior approval may be required. Prior approval is required for bariatric surgery. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fees	20% co-insurance/ visit	40% co-insurance/ visit	
If you need immediate medical attention	Emergency room services	20% co-insurance/ visit	Covered at the preferred benefit level	-----none-----
	Emergency medical transportation	20% co-insurance	Covered at the preferred benefit level	-----none-----
	Urgent care	20% co-insurance/ visit	40% co-insurance/ visit	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are Covered at the Alternate Benefit level. Urgent Care services received from a Non-Participating Provider who is located outside of our Service Area are Covered at the Preferred Benefit level.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance/ visit	40% co-insurance/ visit	<p>Prior Approval is required at least 5 working days in advance, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.</p> <p>Notification must be provided for all admissions following emergency room care.</p> <p>Prior approval is required for bariatric surgery. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.</p>
	Physician/surgeon fee	20% co-insurance/ visit	40% co-insurance/ visit	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>No charge for first three visits with participating provider within 90 days of discharge from a participating hospital for mental health inpatient care.</p> <p>Including medication management visits.</p>
	Mental/Behavioral health inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Including partial hospitalization.</p> <p>Except in an emergency, prior approval required.</p> <p>Residential Treatment is subject to the skilled nursing care benefits described below.</p>
	Substance use disorder outpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Prior Approval required for intensive outpatient treatment.</p> <p>Including medication management visits.</p>
	Substance use disorder inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	<p>Including partial hospitalization.</p> <p>Except in an emergency, prior approval required.</p> <p>Residential Treatment is subject to the skilled nursing care benefits described below.</p>
If you are pregnant	Routine prenatal and postnatal care	No charge	40% co-insurance/ visit	<p>Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit.</p> <p>Appropriate office visit charge (PCP or specialist) may apply for physician office services or home visits and consultations for complications of pregnancy.</p>
	Delivery and all inpatient services	20% co-insurance/ visit	40% co-insurance/ visit	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% co-insurance/ visit	40% co-insurance/ visit	Including hospice care services; excluding rehabilitation and habilitation services. Prior approval required except for hospice care services in the home. Rehabilitation and habilitation services provided in the home are subject to the limitations of the Rehabilitation Services and Habilitation Services benefits described below.
	Rehabilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	20% co-insurance/ visit	30% co-insurance/ visit	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 50 visits per contract year. Speech therapy limited to a combined 50 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 50 visits per contract year.
	Habilitation services for treatment of Autism Spectrum Disorder <i>only</i>	20% co-insurance/ visit	30% co-insurance/ visit	Prior Approval required for Applied Behavioral Analysis (ABA). Covered services include Physical, Occupational, Speech Therapy and Applied Behavioral Analysis (ABA). Services are Covered for children and adolescents under age 19 only. Multiple charges may apply during one day of service.
	Habilitation services not for the treatment of Autism Spectrum Disorder	Not covered	Not covered	Not covered
	Skilled nursing care	20% co-insurance/ visit	40% co-insurance/ visit	Services received in a skilled nursing care facility, subacute facility, behavioral health Residential Treatment facility, inpatient rehabilitation care facility or hospice care facility are limited to a combined 120 days per contract year. Prior approval required.
	Durable medical equipment (DME)	No charge	50% co-insurance/ visit	Including rental, purchase or repair. Prior Approval required for equipment over \$1,000, all rentals and all shoe inserts.
	Prosthetics & orthotics	No charge	50% co-insurance/ visit	
	Hospice service	20% co-insurance/ visit	40% co-insurance/ visit	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit.
If your child needs dental or eye care	Child eye exam	Not covered	Not covered	Not covered
	Child glasses	Not covered	Not covered	Not covered
	Child dental check-up	Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult & Child)
- Habilitation services not for the treatment of Autism Spectrum Disorder
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult & Child)
- Routine foot care

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan documents.)

- Bariatric surgery
- Chiropractic care
- Emergency services provided outside the U.S.
- Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility
- Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.cciio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at 1-800-446-5674 or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or the Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? **Yes.**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-446-5674.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-446-5674.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-446-5674.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-446-5674.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, co-payments, and co-insurance) and excluded services under this plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Co-payments	\$60
Co-insurance	\$2,520
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$5,640

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,823
Co-payments	\$1,115
Co-insurance	\$1,104
What isn't covered	
Limits or exclusions	\$55
The total Joe would pay is	\$4,096

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$3,000
■ <u>Specialist co-insurance</u>	20%
■ Hospital (facility) <u>co-insurance</u>	20%
■ Other <u>co-insurance</u>	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,504
Co-payments	\$0
Co-insurance	\$396
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Otsego Public Schools

Dental Highlight Sheet



Plan 1: Dental Plan Summary

Effective Date: 9/1/2016

Plan Benefit	
Type 1	100%
Type 2	90%
Type 3	60%
Deductible	\$0/Calendar Year Type 2,3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	90th U&C
Waiting Period	None
Annual Eye Exam	None
LASIK Advantage®	None
Annual Open Enrollment	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	70%
Lifetime Maximum (per person)	\$2,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (4 per benefit period) Fluoride for Children 13 and under (1 per benefit period) 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Sealants (age 13 and under) Space Maintainers Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

eCard

Once you are enrolled in the plan, your plan member ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to ameritas.com, click on account access (at top right), select Dental/Vision/Hearing, then Secure Member Account. Enrolled members may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Otsego Public Schools

Dental Highlight Sheet



Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Otsego Public Schools

Eye Care Highlight Sheet



Plan 1: ViewPointe® Plan H Summary

Effective Date: 9/1/2016

	EyeMed Access Network	Out of Network
Deductibles		
	\$0 Exam	No deductible
	\$0 Eye Glass Lenses	
	Covered in full	Up to \$35
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Member cost up to \$55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$200
Frames	\$130	Up to \$65
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

Lens Options (member cost)

	EyeMed Access Network	Out of Network
Progressive Lenses		
Standard	Standard: \$65 + lens deductible	No benefit
Premium	Premium: lens cost	
	- 20% discount	
	- \$120 allowance	
	+ Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Otsego Public Schools

Eye Care Highlight Sheet



Additional ViewPointe® H Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

eCard

Once you are enrolled in the plan, your plan member ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to ameritas.com, click on account access (at top right), select Dental/Vision/Hearing, then Secure Member Account. Enrolled members may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: ameritas.com

View plan benefit information at: eyemedvisioncare.com

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Plan and Rate Confirmation Otsego Public Schools

Basic & Voluntary Term Life

Basic & Voluntary AD&D

Long Term Disability

Effective Date: 09/01/2014

GO YOU



"Cigna," "Cigna Group Insurance" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for the use by operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by such operating subsidiaries and not by Cigna Corporation. As used in this proposal, these service marks refer to the insurance company which has issued this proposal.

Basic Term Life Insurance Plan and Rate Confirmation
Otsego Public Schools
Policy number: SGM 605445

Employee Eligibility	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Superintendent.</p> <p>Class 2: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Principals and Directors.</p> <p>Class 3: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Teachers and Counselors.</p> <p>Class 4: All other active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, per week, excluding those classified as Superintendent, Principals, Directors, Counselors, Teachers and Transportation.</p> <p>Class 5: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation not electing Medical.</p> <p>Class 6: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation electing Medical.</p>
Employee Basic Life Benefit, Guaranteed Issue Amount & Minimum Benefit	<p>Class 1: \$125,000</p> <p>Class 2: \$60,000</p> <p>Class 3: \$10,000</p> <p>Class 4: \$10,000</p> <p>Class 5: \$25,000</p> <p>Class 6: \$10,000</p>
Benefits below apply to the following classes: Class 1 - 6	
Benefit Reduction Schedule [Percentage of reduction is from original amount]	65% @ age 65, 50% @ age 70
Waiver of Premium with Extended Death Benefit	<p>Must be totally disabled before age 60</p> <p>9 month waiting period</p> <p>Benefit provided to age 65</p> <p>Extended Death Benefit coverage during elimination period, no premiums required during this time.</p>
Continuation for Disability Age 60+	Life coverage continued for a disabled employee over the age of 60 on a continuing premium paying basis for up to 12 months.
Terminal Illness	The lesser of 80% up to \$100,000 (max varies by class) for Basic benefits
Conversion	Included
Employer Contribution	100%
Beneficiary Designation	Insurance company will recognize prior beneficiary designations or pay according to succession schedule (if no beneficiary has been designated)

BASIC TERM LIFE RATE PER \$1,000

Coverage	Premium Rate
Basic Employee Life	\$0.10

Rates are guaranteed for 36 Months

Voluntary Term Life Insurance Plan and Rate Confirmation
Otsego Public Schools
Policy number: SGM 605445

Employee Eligibility	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Superintendent.</p> <p>Class 2: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Principals and Directors.</p> <p>Class 3: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Teachers and Counselors.</p> <p>Class 4: All other active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, per week, excluding those classified as Superintendent, Principals, Directors, Counselors, Teachers and Transportation.</p> <p>Class 5: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation not electing Medical.</p> <p>Class 6: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation electing Medical.</p>
Employee Voluntary Life Benefit	Units of \$10,000 to the lesser of 5 times earnings or \$500,000
Employee Guaranteed Issue Amount	\$100,000
Employee Minimum Benefit	No minimum benefit
Eligibility	<p>Employee's Spouse and Child(ren) are eligible for Voluntary Dependent Life coverage only if the Employee is participating in the Voluntary Employee Life plan.</p> <p>Standalone coverage for Employee's Spouse and/or Child is not included in this policy.</p>
Spouse Life Benefit	Units of \$5,000 to the lesser of \$100,000 or 50% of Employee's Voluntary Life Insurance Amount
Infant/Child Life Benefit	<p>Birth to 6 months: \$500</p> <p>6 months to 19 years: Units of \$1,000 to \$10,000</p> <p>Up to 25 years (if full time student, financial dependency required)</p>
Guaranteed Issue Amount	<p>Spouse: \$25,000</p> <p>Child: All guaranteed issue</p>
Benefit Reduction Schedule [Percentage of reduction is from original amount]	65% @ age 65, 50% @ age 70
Waiver of Premium with Extended Death Benefit	<p>Must be totally disabled before age 60</p> <p>9 month waiting period</p> <p>Benefit provided to age 65</p> <p>Extended Death Benefit coverage during elimination period, no premiums required during this time.</p>
Continuation for Disability Age 60+	Life coverage continued for a disabled employee over the age of 60 on a continuing premium paying basis for up to 12 months.
Portability	<p>Employee and covered dependents</p> <p>Coverage ends at age 70</p> <p>Inforce amounts do not require medical underwriting. Increases in coverage are allowed up to the plan maximum with medical underwriting.</p>

Terminal Illness	The lesser of 80% up to \$400,000 for Voluntary benefits Coverage available for employees and spouses
Initial Enrollment Events	None
Ongoing Enrollment Events	<i>During annual enrollment</i> , enrolled employee / spouse eligible to increase election by one benefit unit without EOI.
Participation Requirement	30% of eligible employees
Suicide Exclusion	We do not pay death benefits if insured commits suicide during first two years of coverage. This two year suicide exclusion also applies to all later increases in coverage.
Conversion	Included
Employee Contribution	100%
Beneficiary Designation	Insurance company will recognize prior beneficiary designations or pay according to succession schedule (if no beneficiary has been designated)

VOLUNTARY LIFE INSURANCE RATES PER \$1,000

Benefit	Premium Rate
Voluntary Term Life Employee	See the following Step-Rate Table
Voluntary Spouse	See the following Step-Rate Table
Voluntary Child	\$0.240

VOLUNTARY LIFE INSURANCE STEP RATES PER \$1,000 FOR EMPLOYEE/SPOUSE

Age	Employee and Spouse
<20	\$0.060
20-24	\$0.060
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.113
45-49	\$0.173
50-54	\$0.278
55-59	\$0.460
60-64	\$0.694
65-69	\$1.304
70 +	\$2.350

Rates are guaranteed for 36 Months

PORTED LIFE INSURANCE STEP RATES PER \$1,000 FOR EMPLOYEE AND SPOUSE

Age	Premium Rate
<20	\$0.153
20-24	\$0.144
25-29	\$0.153
30-34	\$0.177
35-39	\$0.190
40-44	\$0.243
45-49	\$0.384
50-54	\$0.726
55-59	\$1.347
60-64	\$2.461
65-69	\$4.065
70-74	-
75-79	-
80-84	-
85-89	-
90-94	-
95-99	-

Rates for ported insureds are based on the company's pooled experience for ported certificates and are higher than active employee rates. Rates for ported insureds are renewed annually and are not subject to any rate guarantee proposed for active employees.

Basic Accident Insurance Plan and Rate Confirmation
Otsego Public Schools
Policy number: SOK 603737

Eligibility	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Superintendent.</p> <p>Class 2: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Principals and Directors.</p> <p>Class 3: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Teachers and Counselors.</p> <p>Class 4: All other active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, per week, excluding those classified as Superintendent, Principals, Directors, Counselors, Teachers and Transportation.</p> <p>Class 5: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation not electing Medical.</p> <p>Class 6: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation electing Medical.</p>
Basic AD&D	<p>Class 1: \$125,000</p> <p>Class 2: \$60,000</p> <p>Class 3: \$10,000</p> <p>Class 4: \$10,000</p> <p>Class 5: \$25,000</p> <p>Class 6: \$10,000</p>
Coverage	Basic, Employer paid 24 hour accidental death and dismemberment benefits.
Benefit Reductions	65% @ age 65, 50% @ age 70
Loss of Life	100% of the Principal Sum
<p>Dismemberment</p> <p>Loss of Two or More Hands or Feet</p> <p>Loss of Sight of Both Eyes</p> <p>Loss of Speech and Hearing (in both ears)</p> <p>Quadriplegia (Total paralysis of upper and lower limbs)</p> <p>Paraplegia (Total paralysis of both lower limbs)</p> <p>Hemiplegia (Total paralysis of upper and lower limbs on one side of the body)</p> <p>Uniplegia (Total paralysis of one upper or one lower limb)</p> <p>Loss of One Hand or Foot</p> <p>Loss of Sight in One Eye</p> <p>Severance and Reattachment of One Hand or Foot</p> <p>Loss of Speech</p> <p>Loss of Hearing (in both ears)</p> <p>Loss of Thumb and Index Finger of the Same Hand</p> <p>Loss of all Four Fingers of the Same Hand</p> <p>Loss of all Toes of the Same Foot</p>	<p>100% of the Principal Sum</p> <p>100% of the Principal Sum</p> <p>100% of the Principal Sum</p> <p>100% of the Principal Sum</p> <p>75% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>25% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>50% of the Principal Sum</p> <p>25% of the Principal Sum</p> <p>25% of the Principal Sum</p> <p>20% of the Principal Sum</p>

Coma Monthly Benefit Number of Monthly Benefits When Payable Lump Sum Benefit When Payable	1% of the Principal Sum 11 At the end of each month during which the Covered Person remains comatose 100% of the Principal Sum Beginning of the 12 month
Conversion	Up to age 70
<u>Extension of Benefits</u> Coverage expansion for the following circumstances:	
<ul style="list-style-type: none"> Exposure & Disappearance - loss occurs due to exposure; disappearance & not found within one year 	
<u>Additional Benefits</u>	
Benefits below apply to the following classes: Class 1	
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$125,000
Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$12,500 Child Restraint: Additional 10% of the principal sum to a maximum of \$12,500 Airbag: Additional 5% of principal sum to max of \$6,250
Benefits below apply to the following classes: Class 2	
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$60,000
Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$6,000 Child Restraint: Additional 10% of the principal sum to a maximum of \$6,000 Airbag: Additional 5% of principal sum to max of \$3,000
Benefits below apply to the following classes: Class 3 and 4	
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$10,000
Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$1,000 Child Restraint: Additional 10% of the principal sum to a maximum of \$1,000 Airbag: Additional 5% of principal sum to max of \$500
Benefits below apply to the following classes: Class 5	
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$25,000

Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$2,500 Child Restraint: Additional 10% of the principal sum to a maximum of \$2,500 Airbag: Additional 5% of principal sum to max of \$1,250
Benefits below apply to the following classes: Class 6	
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$5,000
Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$500 Child Restraint: Additional 10% of the principal sum to a maximum of \$500 Airbag: Additional 5% of principal sum to max of \$250

BASIC ACCIDENT INSURANCE RATE PER \$1,000

Coverage	Premium Rate
Basic Accident Classes 1 - 6	\$0.026

Rate is guaranteed for 36 Months

Voluntary Accident Insurance Plan and Rate Confirmation
Otsego Public Schools
Policy number: SOK 603737

Eligibility	<p>Class 1: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Superintendent.</p> <p>Class 2: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Principals and Directors.</p> <p>Class 3: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Teachers and Counselors.</p> <p>Class 4: All other active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, per week, excluding those classified as Superintendent, Principals, Directors, Counselors, Teachers and Transportation.</p> <p>Class 5: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation not electing Medical.</p> <p>Class 6: All active, Full-time Employees of the Employer regularly working a minimum of 30 hours during the school year, who are classified as Transportation electing Medical.</p>
Benefits:	
Employee Benefit	Units of \$10,000 to \$500,000
Age Reduction Schedule	65% @ age 65, 50% @ age 70
Coverage	Voluntary, Employee paid, 24 Hour Accidental Death & Dismemberment Benefits. Other enhancements will be defined in the policy.
Spouse Benefit	
Spouse Benefit	Units of \$5,000 to \$100,000
Spouse Maximum Principal Sum	\$100,000
Child Benefit	
Child Benefit	Units of \$1,000 to \$10,000
Child Maximum Principal Sum	\$10,000
Loss of Life	
Loss of Life	100% of the Principal Sum
Dismemberment	
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia (Total paralysis of upper and lower limbs)	100% of the Principal Sum
Paraplegia (Total paralysis of both lower limbs)	75% of the Principal Sum
Hemiplegia (Total paralysis of upper and lower limbs on one side of the body)	50% of the Principal Sum
Uniplegia (Total paralysis of one upper or one lower limb)	25% of the Principal Sum
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Severance and Reattachment of One Hand or Foot	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum

Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of all Toes of the Same Foot	20% of the Principal Sum
Coma	
Monthly Benefit	1% of the Principal Sum
Number of Monthly Benefits	11
When Payable	At the end of each month during which the Covered Person remains comatose
Lump Sum Benefit	100% of the Principal Sum
When Payable	Beginning of the 12 month
Conversion	Up to age 70
<u>Extension of Benefits</u>	
Coverage expansion for the following circumstances:	
• Exposure & Disappearance - loss occurs due to exposure; disappearance & not found within one year	
<u>Additional Benefits (Classes 1-6)</u>	
Child Day Care	Reimburse child care expenses if the Employee or covered spouse dies and is survived by a Covered Dependent Child Additional 3% of principal sum; maximum \$3,000 per year; for 4 years or until age 13, whichever occurs first
Common Carrier	Loss occurs while riding as a passenger in, or being struck by, a common carrier. Additional 100% of principal sum to \$500,000
Seatbelt / Airbag	Loss of Life occurs while riding in a private passenger car and properly worn seatbelt fails to protect. If seatbelt benefit is payable, additional benefit if positioned in a seat protected by a Supplemental Restraint System that inflates on impact. Seatbelt: Additional 10% of principal sum to max of \$25,000 Airbag: Additional 5% of principal sum to max of \$10,000

VOLUNTARY ACCIDENT INSURANCE RATE PER \$1,000

Coverage	Premium Rate
Employee Rate	\$0.017
Spouse Rate	\$0.017
Child Rate	\$0.051

Rates are guaranteed for 36 Months

Long Term Disability Insurance Plan and Rate Confirmation
Otsego Public Schools
Policy Number: SGD 605532

Eligibility	Class 1: All other active, Full-time Employees of the Employer regularly working a minimum of 30 hours per week during the school year, excluding Transportation.
Benefit Waiting Period	90 days
Monthly Benefit	66.67% to \$5,000
Monthly Minimum Benefit	15% of benefit
Maximum Benefit Duration	Social Security Normal Retirement Age
Benefit Reduction Schedule	Social Security Normal Retirement Age
Definition of Disability	24 Months Own / Any Occupation
Earnings Test	80% / 60% AND
Employer Contribution	100%
Taxation of Benefits	Taxable Benefit
LONG TERM DISABILITY INSURANCE RATE	
Accumulated Sick Leave	Not Included in Benefit Waiting Period
COLA Adjustment Percent	3%
COLA Duration	5 years
COLA Waiting Period	12 Months
Integration Type	Full Family
Survivors Benefits	3 months lump sum
Pre-Existing Condition Limitation	3 months Prior/12 months Insured
Mental Illness Limitation	24 Month Lifetime Limitation
Substance Abuse Limitation	24 Month Lifetime Limitation
Chemical Sensitivity Limitation	No Limitation
Subjective Symptom Limitation	No Limitation
Return to Work Incentive Benefit	Allows up to 100% income replacement for 24 months while receiving benefits under this plan.
Trial Work Days During the Benefit Waiting Period	No limit on trial work days during benefit waiting period provided earnings Received do not exceed the earnings test over the entire period.
Rehabilitation Program	Included
Health and Welfare Benefit Deductions	Excluded

Coverage	Monthly Rate per \$100 of Monthly Covered Payroll
LTD	\$0.208

Rates are guaranteed for 36 Months

Attachment A

Salary Schedule 2017 - 2020							
NEW BA		MA		MA +15		MA +30	
0	35,370	0		0		0	
0.5	36,042	0.5		0.5		0.5	
1	36,714	1	40,590	1	42,600	1	44,605
1.5	37,386	1.5	41,264	1.5	43,274	1.5	45,279
2	38,058	2	41,938	2	43,948	2	45,953
2.5	38,730	2.5	42,612	2.5	44,622	2.5	46,627
3	39,402	3	43,286	3	45,296	3	47,301
3.5	40,074	3.5	43,960	3.5	45,970	3.5	47,975
4	40,746	4	44,634	4	46,644	4	48,649
4.5	41,418	4.5	45,308	4.5	47,318	4.5	49,323
5	42,090	5	45,982	5	47,992	5	49,997
5.5	42,762	5.5	46,656	5.5	48,666	5.5	50,671
6	43,434	6	47,330	6	49,340	6	51,345
6.5	44,105	6.5	48,004	6.5	50,014	6.5	52,019
7	46,094	7	48,678	7	50,688	7	52,693
7.5	46,765	7.5	49,352	7.5	51,362	7.5	53,367
8	47,436	8	50,026	8	52,036	8	54,041
8.5	48,107	8.5	50,700	8.5	52,710	8.5	54,715
9	48,778	9	51,374	9	53,384	9	55,389
9.5	49,449	9.5	52,048	9.5	54,058	9.5	56,063
10	50,120	10	52,722	10	54,732	10	56,737
10.5	50,791	10.5	53,396	10.5	55,406	10.5	57,411
11	51,462	11	54,070	11	56,080	11	58,085
11.5	52,133	11.5	54,744	11.5	56,754	11.5	58,759
12	52,804	12	55,418	12	57,428	12	59,433
12.5	53,475	12.5	56,092	12.5	58,102	12.5	60,107
13	54,146	13	56,766	13	58,776	13	60,781
13.5	54,817	13.5	57,440	13.5	59,450	13.5	61,455
14	55,488	14	58,114	14	60,124	14	62,129
14.5	56,159	14.5	58,788	14.5	60,798	14.5	62,803
15	56,830	15	59,462	15	61,472	15	63,477
15.5	57,501	15.5	60,136	15.5	62,146	15.5	64,151
16	58,172	16	60,810	16	62,820	16	64,825
16.5	58,843	16.5	61,484	16.5	63,494	16.5	65,499
17	59,514	17	62,158	17	64,168	17	66,173
17.5	60,185	17.5	62,832	17.5	64,842	17.5	66,847
18	60,856	18	63,506	18	65,516	18	67,521
18.5	61,527	18.5	64,180	18.5	66,190	18.5	68,195
19	62,198	19	64,854	19	66,864	19	68,869
19.5	62,869	19.5	65,528	19.5	67,538	19.5	69,543
20	63,540	20	66,202	20	68,212	20	70,217
20.5 - 22	66,224	20.5 - 22	68,898	20.5 - 22	70,908	20.5 - 22	72,913
22.5-25	70,250	22.5-25	72,942	22.5-25	74,952	22.5-25	76,957

A Full Step will be given for each year of this agreement per the the Salary Benchmark Agreement. (1 Full Step = 2 Half Steps)

Attachment B

Coaching Pay Scale

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Position							
Head Football	5120.00	5285.00	5455.00	5625.00	5905.00	6185.00	6465.00
Head Basketball-Boys	5120.00	5285.00	5455.00	5625.00	5905.00	6185.00	6465.00
Head Basketball-Girls	5120.00	5285.00	5455.00	5625.00	5905.00	6185.00	6465.00
Head Volleyball	4755.00	4910.00	5065.00	5225.00	5480.00	5745.00	6000.00
Head Wrestling	4755.00	4910.00	5065.00	5225.00	5480.00	5745.00	6000.00
Head Swimming-Boys	4390.00	4530.00	4675.00	4820.00	5060.00	5300.00	5540.00
Head Swimming-Girls	4390.00	4530.00	4675.00	4820.00	5060.00	5300.00	5540.00
Head Baseball	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Head Track-Boys	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Head Track-Girls	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Head Soccer-Boys	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Head Soccer-Girls	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Head Softball	4025.00	4155.00	4285.00	4420.00	4640.00	4855.00	5080.00
Bowling (Girls & Boys) 1 coach	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
Facilities Manager (Fall 40%; Winter 40%; Spring 20%)	3660.00	3775.00	3900.00	4020.00	4215.00	4420.00	4615.00
Ass't Football	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Ass't Basketball-Boys	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Ass't Basketball-Girls	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Ass't Volleyball	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Ass't Wrestling	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Facilities Manager	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head Tennis-Girls	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head Tennis-Boys	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head Golf-Boys	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head Golf-Girls	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head X-Country-Boys *	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Head X-Country-Girls *	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
Varsity Competition	3290.00	3400.00	3510.00	3615.00	3795.00	3975.00	4155.00
* If same coach for girls and boys X-Country	4755.00	4910.00	5065.00	5225.00	5480.00	5745.00	6002.00

	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Position							
Ass't Baseball	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Track-Boys	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Track-Girls	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Softball	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Soccer-Boys	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Soccer-Girls	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Tennis-Boys	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Ass't Tennis-Girls	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Diving/Ass't Swim-Boys	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
Diving/Ass't Swim-Girls	2925.00	3020.00	3115.00	3215.00	3370.00	3535.00	3690.00
6th Basketball; girls and boys	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
7th or 8th Basketball (A & B teams; girls and boys)	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
7th or 8th Volleyball (A & B teams)	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
7th/8th Wrestling (combined)	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
OMS Track-Boys	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
OMS Track-Girls	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
Cross Country	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
7th or 8th Head Football	2195.00	2265.00	2340.00	2410.00	2535.00	2650.00	2770.00
7th or 8th Ass't Football	1095.00	1130.00	1170.00	1205.00	1265.00	1325.00	1385.00
7th or 8th Competitive Cheer	1465.00	1510.00	1560.00	1605.00	1685.00	1765.00	1850.00
Freshmen Cheerleading (Fall Sideline)	1465.00	1510.00	1560.00	1605.00	1685.00	1765.00	1850.00
JV Cheerleading (Fall Sideline)	1465.00	1510.00	1560.00	1605.00	1685.00	1765.00	1850.00
JV Competition Team	2195.00	2265.00	2340.00	2410.00	2530.00	2650.00	2770.00
Varsity Cheerleading (Fall Sideline)	1465.00	1510.00	1560.00	1605.00	1685.00	1765.00	1850.00
Intramurals \$250							
Revised 6/2017							

Attachment C

Letter of Understanding Between Otsego Public Schools and the Otsego Education Association

In this letter, the Board offers an Early Retirement Incentive for the 2017-2020 school years for teachers who apply for retirement by April 1st of their 10th through 30th years with Otsego Public Schools. Eligibility requirements and plan guidelines are outlined below.

Eligibility Requirements

- Be a member of the Otsego Education Association bargaining unit.
- Will be completing their 10th through 30th year teaching with Otsego Public Schools.
- Apply, in writing, to the Superintendent for participation in the Plan on or before April 1 of their retirement year.
- Execute a "Release of Claims" in favor of the Board of Education, Otsego Public Schools, and its employees.

Early Retirement Incentive Plan Guidelines

- Employees who qualify for the Plan pursuant to the guidelines and eligibility requirements as set forth above shall receive \$10,000, paid to a 403b account or other approved tax deferred account of the teacher's choice on July 1st of the retirement year.
- Receipt of benefits pursuant to this Plan shall not affect the retiring employee's rights, if any, to severance benefits pursuant to any collective bargaining agreement or Board policy.

Disputes, if any, regarding any aspect of this Plan shall be referred to the Superintendent whose decision shall be final.


This Attachment C supersedes any previous versions within the 2017-2020 contract period.



For the Otsego Board of Education

11/19/18

Date



For the Otsego Education Association

11-14-18

Date

Attachment D

Salary/Fund Balance Agreement

Since the salary is dependent upon the District's fund balance per the outcome of the official audit as mandated by the state, the District and the Association agree that salaries cannot be determined until this is completed. The District will strive to have this completed by September 1 of each year. However, should the official audit be completed later than this date, the District agrees that all salary raises will be paid in full, should the fund balance warrant raises, during the duration of the contracted time. This will either be done through one lump sum payment either at the beginning or the end of the contracted year, or the remaining pays will be adjusted accordingly for each employee receiving a raise in salary.

Otsego Public Schools 2017-2018 Calendar

JULY						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JANUARY						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

FEBRUARY						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

MARCH						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JUNE						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August
30 PD Day

September
4 Labor Day
5 First Day of School/First day of 1st Trimester

October
18 & 19 MS Evening Conferences
25 & 26 HS Evening Conferences

November
20 **All Students Half Day**- MS/HS Exams/half day records; Elementary ½ day conf prep/Evening Conferences
21 **All Students Half Day**- MS/HS Exams/half day records; Elementary – PM and Evening Conferences; Last Day of 1st Trimester **(56 Days)**
22-24 Thanksgiving Break
27 First day of 2nd Trimester

December
Dec 21 Jan 2 Winter Break

January
3 2nd Trimester Resumes
24 HS Evening Conferences
25 MS Evening Conferences

March
7 **All Students Half Day**-MS/HS Exams/half day records; Elementary 1/2 day conf prep/Evening Conferences
8 **All Students Half Day**-MS/HS Exams/half day records; Elementary PM and Evening Conferences
Last Day of 2nd Trimester **(65 Days)**
9 No School for Students or Staff
12 First Day of 3rd Trimester

April
2-6 Spring Break
9 3rd Trimester Resumes
25 MS Evening Conferences
26 HS Evening Conferences

May
23 HS Senior Swing Out Awards
28 Memorial Day

June
1 HS Graduation
7 **All Students Half Day**-MS/HS Exams/half day records
8 **All Students Half Day**-MS/HS Exams/half day records
8 Last Day of School; Last Day of 3rd Trimester **(59 Days)**

All inclement weather make-up days will be held in June.

	Holiday
	No School for Students or Staff
	No Students/Staff PD Day/Records, etc.
	MS/HS Evening P/T Conferences
	Delayed Start (33 days)

School Hours
OHS 7:45 AM – 2:46 PM
OMS 7:45 AM – 2:46 PM
ALAMO 8:30 AM – 3:53 PM
DSE 8:20 AM – 3:43 PM
WSE 8:30 AM – 3:53 PM

Student Days: 180

Delayed Start = School will be delayed by 90 minutes.
MS & HS Start at 9:15 AM Dix Starts at 9:50 AM
WSE and Alamo Start at 10:00 AM