

SCHEDULE B

Percentage of Base

	Step I	Step II	Step III	Step IV	Step V
Baseball-Track Softball-Soccer					
Head Coach**	8.0	9.0	10.0	11.0	12.5
Assistant Coach	6.0	6.5	7.0	7.75	8.75
Freshman Coach	5.5	6.0	6.5	7.0	7.5
Cross Country-Tennis -Golf					
Head Coach	6.5	7.5	8.5	9.5	11.0
Assistant Coach	3.5	4.0	4.5	5.0	6.0
High School Basketball-Football- Wrestling-Volleyball					
Head Coach**	10.5	11.5	12.5	13.5	15.5
Assistant Coach	6.5	7.5	8.25	9.25	10.5
Freshman Coach	6.25	7.25	8.0	9.0	10.25
Sideline Cheerleading					
Head Coach	3.5	4.0	4.5	5.0	6.0
Assistant Coach	2.5	3.0	3.5	4.0	4.5
Freshman Coach	2.25	2.75	3.25	3.75	4.25

Head Coach**

Assistant Coach

Cross Country-Tennis -Golf

Head Coach

Assistant Coach

High School Basketball-Football Wrestling~Volleyball

Head Coach

Assistant Coach

Freshman Coach

Sideine Cheerleading

Head Coach

Assistant Coach

Freshman Coach

SCHEDULE B

Percentage of Base

Step Step Step Step I II III IV

8.0 9.0 10.0 11.0 12.0

6.0 6.5 7.0 7.75

5.5 6.0 6.5 7.0

6.5 7.5 8.5 9.5

3.5 4.0 4.5 5.0

10.5 11.5 12.5 13.5

6.5 7.5 8.25 9.25

6.25 7.25 8.0 9.0

3.5 4.0 4.5 5.0

2.5 3.0 3.5 4.0

2.25 ' 2.75 3.25 3.75

Step

12.5

7.5

11.0

6.0

15.5

10.5

10.25

6.0

4.5

4.25

Competitive Cheerleading

Head Coach 6.5 7.5 8.5 9.5 11.0

Assistant Coach 3.5 4.0 4.5 5.0 6.0

Freshman Coach 3.0 A 3.5 4.0 4.5 5.5

Middle School Football-Basketball Wrestling-Volleyball 4.0 5.0 6.0 7.0 8.0

Coaches coaching both A & B teams at the same time will receive an additional 1.0%.

Track 3.5 4.5 5.5 6.5 7.5

Cross Country ' 3.0 4.0 5.0 6.0 7.0

Cheerleading 1.5 1.5 1.75 1.75 2.0

Infirmary Coordinator (per season, per sport) 3.0

Non-Association coaches will be contracted through a third party at the discretion of the Board.
Coaches that are

Association members will have the option of being hired by the Board or contracted through a third party.

PLAN A

SCHEDULE C Fringe Benefits

Priority Health HSA for 201 1-2012

\$2,000/\$4,000 deductible

HSA to begin September 1, 2011 with plan coverage

District will fully fund the \$2,000/\$4,000 deductible in the HSA accounts

Opener for 2012-2013

Continued coverage under Priority Health HSA with funded deductible if a new plan is not mutually agreed upon.

Employee co-pay of premiums:

10% for each year

The Board shall pay the current full premium of MES SA Group Long Term Disability Insurance Policy Plan as per previous contract, except maximum monthly benefit increased to \$4,000.

The Board agrees to pay the full premium for MESSA Group Term Life Insurance in the amount of \$40,000. This policy shall include accidental death and dismemberment and waiver of premium for disability.

Plan A dental coverage to coordination of benefits (50/50/50) or 75/75/50/50 for those with no coordination. \$1,500 maximum ortho rider.

The Board will provide Plan A vision care to similar coverage limits of VSP II. Board may select either VSP II or ASR.

The above basic coverage will be referred to as Plan A. Each teacher will have the right to select Plan A or one (1) of the following four (4) options referred to as Plans B, C, D, E.

PLAN B

\$250 cash per month in lieu of health insurance (\$3006 annually)

The Delta Dental Auto + O8 Plan

The MESSA Vision (V SP-III)

Same LTD as Plan A

Same Life Insurance as Plan A

\$275 cash-per month in lieu of health insurance (\$3300 annually)

50/50/50 Dental

Same Vision Plan B

Same LTD Plan A

Same Life Plan A

\$300 cash per month in lieu of health insurance (\$3600 annually)

Same Vision Plan B

Same LTD Plan A

Same Life Plan A

\$330 cash per month in lieu of health insurance (\$3960 annualiy)

Same LTD as Plan A

Same Life Plan A

Notes

"If both the employee *(as defined in Article I Recognition) and his/her spouse have the option to select insurance benefits with his/her employer in lieu of hospital-medical insurance coverage, one (1) must choose an optional package of insurance fringe benefits. If the Sparta Area Schools employee's spouse does not have the option to choose insurance coverage or fringe benefits with their employer, the *employee shall so indicate by requesting a letter the spouse's employer to be sent to the Sparta Area Schools. *Employees with spouses working for other employers provided with insurance fringe benefits and lacking a choice in selection of insurance benefits received, shall have a right to select any of the plans offered under the effective Master Agreement."

A full-time teacher can select Plan C only if his/her spouse has a dental coverage plan.

All dental plans will have \$1,500 maximum for both general dental and orthodontic.

Anyone choosing not to take health and/or dental insurance must provide proof of an alternate existing policy.

Grievance Report Form

Grievance School District

Distribution of form:

1 . Superintendent 2. Principal 3. Association 4. Teacher

Name of Building Assignment Grievant Date Filed

LEVEL I

A. Date Cause of Grievance Discovered:

B. 1. Statement of Grievance

2. Relief Sought

Signature Date

Signature Date

Disposition by Principal

Signature Date

Position of Grievant and/or Association

Signature Date

LEVEL II

A. Date Received by Superintendent or Designee

If additional space is needed in repeating Section B1 and B2 attach an additional sheet.

B. Disposition by Superintendent or Designee

Signature Date

C. Position of Grievant and/or Association

Signature Date

Signature Date

LEVEL III

A. Date Received by Board of Education or Designee

B. Disposition by Board

Signature Date

C. Position of Grievant and or Association

Signature Date

Signature Date

A.

B.

Date Submitted to Arbitration

LEVEL IV

Disposition and Award of Arbitrator

Signature

Date

Signatures. In Witness thereof, the parties have caused this Agreement to be executed on their mutual behalf through their duty authorized representatives, in signatures hereafter given:

EDUCATION ASSOCIATION BOARD OF EDUCATION

Other members of Association bargaining team are /Ma./Q

T r ' V ca 61 £3»»

SIGNATUES ON FILE

KENT R. SWINSON Superintendent

MARK F3. KASMER Assistant Superintendent

465 S. UNION STREET/SPARTA, MICHIGAN 49345 (616) 887-8253 | FAX (616) 887-9958 | www.spartaschools.org

LETTER OF AGREEMENT

SPARTA AREA SCHOOLS A

AND SPARTA EDUCATION ASSOCIATION

This agreement defines the election of health care options as agreed to in Schedule C, Fringe Benefits. Health care plans “remain per current agreement. The following conditions are in effect for the election of the Priority Health HSA plan:

1. Once the employee elects Plan A and their HSA account is fully funded as agreed, they may not choose to move to any other plan that includes cash in lieu.
2. Employees who elect to change from a plan that includes cash in lieu after the beginning of the school year will not receive a HSA account funded by the district.
3. New employees that begin after the beginning of the school year may elect Plan A. Funding of their HSA account will be on a prorated basis. -

Rick Meindertsma, SEA President | Date:

F' E ; Kent R. Swinson, Superintendent Date