

AGREEMENT

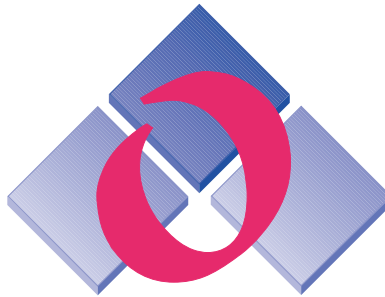
BETWEEN THE

OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT

AND THE

CAREERLINE TECH CENTER TEACHERS' ASSOCIATION

SEPTEMBER 1, 2011 — AUGUST 31, 2013



OTTAWA AREA INTERMEDIATE
SCHOOL DISTRICT

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ARTICLE 1
AGREEMENT

This agreement is entered into this the 1st day of September, 2011, by and between the Ottawa Area Intermediate School District, Holland, Michigan, hereinafter called the “District”, and the Careerline Tech Center Teachers’ Association, hereinafter called the “Association”.

ARTICLE 2
DEFINITIONS

Teacher”:	Any bargaining unit member.
“District”:	Ottawa Area Intermediate School District
“Careerline Tech Center Administrator”:	Includes Building Director and other members of the Building Leadership Team, the composition of which is determined by the Building Director. Current Leadership Team includes the Building Director, Curriculum Associate, Student Management Associate and Student Support Associate.
“Director”:	Building Director of the Careerline Tech Center
“Association”:	Careerline Tech Center Teachers’ Association

ARTICLE 3
RECOGNITION

The district hereby recognizes the Careerline Tech Center Teachers' Association as the exclusive bargaining representative for:

All regular full-time and regular part-time (those under contract for a full school year on a one-half time basis or more) employees of the Ottawa Area Intermediate School District employed in its regular vocational education programs at its Careerline Tech Center in the following classifications (but only if such employees' positions require teacher certification or annual authorization and if their assignment is to service secondary [grades 11 and 12] students):

Teachers or instructors, and student advocates; but excluding all administrators, supervisors, media specialists, aides, paraprofessionals, all other part-time employees, clerical or secretarial employees, confidential employees, custodial employees, temporary or casual or substitute employees, and all other employees.

ARTICLE 4
TEACHERS' RIGHTS

The Board and the Association agree to abide by Act 379 of the Public Acts of Michigan for 1965 and to all the amendments thereto and to all applicable laws and the statutes pertaining to teachers' rights and responsibilities. They further agree that they will not directly or indirectly discourage or deprive or coerce any teacher in the enjoyment of rights granted to him/her under the laws, including religious or political preferences or the lack thereof and the right to privacy or the personal life of a teacher, providing however that there is no adverse affect on job performance.

ARTICLE 5
ASSOCIATION RIGHTS

- A. The Association and/or its representative shall have the right to use the Careerline Tech Center at reasonable hours for meetings, provided that advance approval has been obtained from the Superintendent or his designee at least forty-eight (48) hours prior to the scheduled meeting. No charge shall be made for the use of school rooms during school days from the hours 7:00 a.m. to 10:00 p.m. Outside of said hours, the District may also reasonably charge and be paid by the Association for: special custodial service when necessary, damages to District equipment, facilities, and other properties attributable to such use.
- B. Duly authorized representatives of the Association shall be permitted to transact official Association business on school property before and after school hours, provided that such business shall not interfere with or interrupt normal school operations.
- C. The Association shall have the privilege of using school facilities and equipment including typewriters, mimeographing machines, other duplicating equipment, calculating machines, and audio visual equipment at reasonable times (as approved by the Superintendent or his designee). The Association shall pay for the cost of all materials and supplies.
- D. Copies of the Agreement will be duplicated, at the expense of the District. It will be the responsibility of the Association to see that its members each receive a copy of the Agreement.
- E. The Association may request up to three general membership meetings per year to be held during non-student contact time subject to the approval of the Superintendent or his/her designee.

ARTICLE 6
DISTRICT RIGHTS

- A. It is expressly agreed that all rights which ordinarily vest in and have been exercised by the District, except those which are clearly and expressly relinquished herein by the District, shall continue to vest exclusively and be exercised exclusively by the District without prior negotiations with the Association, as to the taking of action under such rights or with respect to the consequence of such action, during the terms of this Agreement. Such rights shall include by way of illustration and not by way of limitation, the right to:
1. Manage and control the school's business, the equipment and the operations and to direct the working forces and affairs of the Employer.
 2. Continue its rights and past practice of assignment and direction of work to all of its personnel, determine the number of shifts and hours of work and starting times and scheduling of all the foregoing and the right to establish, modify or change any work or business hours or days, but not in conflict with the specific provisions of the Agreement.
 3. The right to direct the working forces, including the right to hire, promote, suspend and discharge employees, transfer employees, assign work or extra duties to employees (if above the employee's classification, such assignment will be temporary and of short duration), determine the size of the work force and to lay off employees.
 4. Determine the services, supplies, and equipment necessary to continue its operation and to determine the methods, schedules and standards of operation, the means, methods, and processes of carrying on the work including automation thereof or changes therein, the instruction of new and/or improved methods or changes therein.
 5. Adopt reasonable rules and regulations.
 6. Determine the qualifications of employees, including physical condition.
 7. Determine the number and location or relocation of its facilities, including the establishment or relocation of new schools, buildings, departments, divisions or subdivisions thereof and the relocation or closing of offices, departments, divisions or subdivisions, buildings or other facilities.
 8. Determine the placement of operations, production, service, maintenance or distribution of work, and the source of materials and supplies.
 9. Determine the financial policies, including all accounting procedures, and all matters pertaining to public relations.
 10. Determine the size of the management organization, its functions, authority, amount of supervision and table of organization provided that the Employer shall not abridge any rights from employees as specifically provided for in this Agreement.

Article 6, District Rights (Continued)

11. Determine the policy affecting the selection, testing or training of employees, providing that such selection shall be based upon lawful criteria.
- B. The matter contained in this Agreement and/or the exercise of any such rights of the Employer are not subject to further negotiations between the parties during the term of this Agreement.

ARTICLE 7
WORKING HOURS

- A. It is agreed that the classroom teachers' work day shall normally be 7-1/2 hours, including lunch on Monday through Thursday and a minimum of 6-3/4 hours, including lunch on Friday and the last scheduled work day immediately preceding Thanksgiving break and Christmas break. Time not allocated to student contact or meetings is considered preparation time.

For 2011-2012, instructors may choose between two work schedules:

- Schedule A: 7:45 a.m. to 3:15 p.m. Monday through Thursday
 7:45 a.m. to 2:45 p.m. Friday
- Schedule B: 7:30 a.m. to 3:00 p.m. Monday through Thursday
 7:30 a.m. to 2:45 p.m. Friday

For 2011-2012, class times are as follows:

- 8:00 a.m. to 10:45 a.m.
12:00 (noon) to 2:45 p.m.

(This class time schedule may be re-opened during the school year if the district and association agree that to do so would be beneficial to the program.)

For 2012-13, class times will be determined by the Building Director in consultation with a small group of CTCTA representatives. In the event that agreement cannot be reached by June 1, 2012, the class times will be the same as 2011-12.

Meetings, Development and Other Professional Activities – It is understood that the teaching hours in Paragraph A are minimum requirements. As part of their professional role, staff will be required to participate in meetings, professional development and other professional activities. Every effort will be made to schedule informational staff meetings following the conclusion of the instructional day. On days in which meetings or professional activities are scheduled during the mid-day break period, attendance is considered voluntary. Staff who opt to participate in voluntary activities, however, will be expected to take a common duty-free lunch break. In the event that a meeting or activity is scheduled after the instructional day, staff will be required to stay through the end of the meeting or activity unless prior approval has been given by the Building Director.

Professional development activities may reflect organizational priorities, building-wide training and development, program specific training and individual professional development needs. Individual annual goals which may include professional development needs will be mutually developed between the instructor and the CTC Leadership Team member who evaluates them.

Article 7, Working Hours (Continued)

Program instructors' hours may be adjusted through mutual agreement between the building administration and the employee, upon notification to the Association.

Evening Events - Staff will also be expected to participate in planned evening events. For 2011-2013, this includes:

1. One parent orientation meeting (common building event date in fall)
 2. Annual Student Awards Event
 3. Annual Open House
 4. Parent Teacher Conferences
 - 2 evenings in fall (November 21rd and 22th on 11-12 calendar)
- B. Calendar days equal 183 staff and 178 student. Staff days include one day to be worked at instructor preference (with pre-approval). The flexible day must be completed before August 31. A non-teaching, half-day records period will be provided on a low student contact day during the second trimester. The permissible professional development or curriculum related activities for the other half of the day will be determined and communicated in advance by Administration.
- C. Under normal circumstances, the teachers shall have an uninterrupted, duty free lunch period of 35 minutes.

ARTICLE 8

STAFF MEETINGS

- A. Staff meetings, excluding inservices, called by the Director shall be agenda driven, with agenda presented to staff 24 hours prior to meeting. Staff meetings called for emergency purposes may be announced, and agenda shared with less than 24 hours notice. So far as practical (barring unusual circumstances) staff meetings are to be planned to begin at 2:30 and to be of one and one-half (1-1/2) hours or less duration and no more than one (1) such staff meeting is to be scheduled per month. For the purpose of the Agreement, a staff meeting shall be defined as a meeting requiring the presence of the entire professional staff and at least one administrator.
- B. All Ad Hoc Committees set up by the administration shall be voluntary and, under normal circumstances, not meet more than 45 minutes per week. These committee meetings shall have a start and end time, with specific issues identified. Meeting time may be extended by mutual agreement. Whenever possible, the chairperson will be a professional staff member.
- C. Standing Committees (i.e., Attendance, Safety, Recruitment, Technology), shall be set up at the discretion of the administration. Staff input and involvement on standing committees is required. However, no professional staff member shall be required to sit on more than two standing committees. In the event participation in, or activities of, a standing committee violates, contradicts, or is inconsistent with this collective bargaining agreement, the collective bargaining agreement shall prevail.
- D. New committees (i.e., School Improvement) will be formed within the previously cited conditions whenever possible. Should conditions warrant exception, administration and C.T.C.T.A. representatives shall meet to discuss and reach agreement on the exception.

ARTICLE 9
TEACHING CONDITIONS

Under normal circumstances, curriculum reviews will not be conducted during the student day. Advance arrangements will be made if possible, if review is conducted during the student day.

ARTICLE 10

ILLNESS/DISABILITY/FAMILY HEALTH CARE

- A. Upon initial employment, each teacher will be credited with twelve (12) days sick/disability leave. Each year of employment thereafter, each teacher shall be credited with an additional ten (10) days. Teachers beginning employment after the beginning of the year will be prorated. If an employee terminates his/her services before the end of the contract term, a deduction will be made at the time that services terminate for all sick leave used in excess of sick leave earned on a prorated basis. The unused portion of sick/disability days shall accumulate from year to year to a maximum of thirty (30) days.

In the event that an employee experiences two qualifying personal (as defined by FMLA standards) disabilities in one school year, any sick days earned at the beginning of the school year, but not credited due to the 30-day cap, will be made available to cover the latter disability's 30-day waiting period. These days can only be used during the specific school year in which the qualifying situation occurs and are not cumulative from year to year.

- B. Teachers may use sick/disability leaves as follows:

1. To recover from a period of personal illness/disability provided, however, that the sick leave payments be subject to the teacher having performed all duties until physically sick/disabled and returns to service as soon as physically able to perform all duties.
2. Up to seven (7) days of leave per year may be used for a non-FMLA qualifying illness to the employee's spouse, children, mother, father, mother-in-law, father-in-law or grandchildren.
3. For FMLA /LTD qualifying leave related to the employee's own health condition, the employee will be responsible for the first 30 calendar days of illness/disability. Credit toward the 30 day count will be suspended during unpaid break periods such as holidays, spring break and summer. The 30-day count will resume following these periods. Credit toward the 90-day LTD count is determined and applied by the LTD carrier.
4. For FMLA qualifying leaves not related to the employee's own health condition (for example: care of a critically ill member of the employee's immediate family) all accumulated sick leave will be exhausted.
5. Up to two (2) personal days per year as provided in Article 13 may be requested by a teacher, if such days are available, to utilize under the terms and conditions of this section (B.2).

- C. The District may require a physician's certificate verifying an illness/disability when said illness/disability has caused a teacher to be absent from his/her teaching responsibility five (5) consecutive days, or when the District has cause to believe there has been an abuse of sick leave privileges. Physician's verification is required for a qualifying FMLA

Article 10, Illness/Disability/Family Health Care (Continued)

leave and/or long term disability leave. A physician authorized “return to work” slip is required before a teacher on FMLA leave (for his/her own health condition) and/ or disability leave can return to the job.

D. For the purposes of leave use/accrual, a day is equal to seven (7) hours.

ARTICLE 11
CHILD CARE LEAVE

Child care leave without pay, fringe benefits or experience credit not exceeding one (1) year in length, shall be granted a teacher who does not choose to use sickness/disability leave or FMLA leave as it relates to birth/adoption and the provisions of Article 10. Such leave is renewable at the discretion of the Superintendent if requested by the teacher in writing at least three (3) months prior to the expiration of the leave. It is further provided that:

1. The teacher shall notify the Superintendent in writing at least three (3) months prior to the requested beginning date of the leave. Said notification shall request a beginning date and ending date for the leave. This may be waived in cases of emergency.
2. The dates and request shall be referred to the Superintendent for approval. It is understood that each request for child care will be considered on an individual basis.
3. The reinstatement shall be to the teacher's former position or a position of like nature. Placement in a position of like nature shall be temporary unless approved by the teacher. Reinstatement to the former position shall be made no later than the beginning of the next school year.
4. A teacher may terminate said child care leave upon approval of the Superintendent.
5. In the event of the death of the object child of the leave, the leave of absence may be terminated upon the request of the teacher and the Superintendent's approval.

ARTICLE 12
FUNERAL LEAVE

Funeral days (paid or unpaid) shall be granted at the discretion of the building director. Written request for funeral days shall be made as soon as possible.

ARTICLE 13
PERSONAL LEAVE

A maximum of two (2) days per year, non-accumulative, may be granted for personal reasons.

Requests for personal days shall be submitted to the Building Director, not less than three (3) working days prior to the date the employee desires to use such leave. Approval may be given by the Superintendent or his designee. The Superintendent or his designee may allow a personal day with less than three (3) working days notice only in the event of extenuating circumstances.

Emergency leave may be granted at the discretion of the building director, in consultation with the Assistant Superintendent of Human Resources. If the day(s) cannot reasonably be considered as sick leave, FMLA leave, conference travel, etc. a teacher's pay may be docked.

For the purposes of leave use/accrual, a day is equal to seven (7) hours.

ARTICLE 14
SABBATICAL LEAVE

A Sabbatical Leave of up to one school year may be granted upon application and approval by the Ottawa Area Intermediate Board of Education. The following regulations govern requests for such leaves:

1. The employee must have completed not less than seven years of continuous fulltime service before he/she can be a candidate for consideration.
2. Sabbatical Leaves may be granted for research, study, writing, employment or travel, and they must be related to the employee's professional position.
3. Requests for leave must be submitted to the administration not later than April 1st of the preceding school year.
4. The employee receives no pay, fringe benefits, or experience credit and does not advance on the salary schedule, but will receive health insurance benefits as allowed by the carrier at no expense to the District.
5. Following the leave, the employee must return to the Ottawa Area Intermediate School District and render a minimum of two consecutive calendar years of satisfactory service. (An employee who takes a Sabbatical Leave for 1/2 contract year shall be required to render a minimum of one calendar year of satisfactory service.)
6. The employee is required to furnish periodic reports to the administration to demonstrate that all requirements of the leave are being met.
7. Up to two Sabbatical Leaves could be granted each year for this employee group.

ARTICLE 15
GRIEVANCE PROCEDURE

- A. A grievance shall be an alleged violation of the expressed terms of this contract.
- B. The Association shall handle grievances when requested by the grievant. The District hereby designates the Building Director to act as its representative at Level One as hereinafter described and the Superintendent or his designated representative to act at Level Two as hereinafter described.
- C. The term “days” as used herein shall mean days in which school is in session, unless another definition is mutually agreed upon by both parties.
- D. Written grievances as required herein shall contain the following:
 - 1. It shall be signed by the grievant;
 - 2. It shall be specific;
 - 3. It shall contain a synopsis of the facts giving rise to the alleged violation;
 - 4. It shall cite the section or subsections of this contract alleged to have been violated;
 - 5. It shall contain the date of the alleged violation;
 - 6. It shall specify the relief requested.
- E. Level One - A teacher alleging a violation of the express terms of this contract shall, within five (5) days of the alleged violation(s) occurrence, or such date as the teacher should have reasonably become aware of the alleged violation, orally discuss the grievance with the Building Director in an attempt to resolve same.

If no resolution is obtained within three (3) days after the oral discussion with the Building Director, the teacher shall, within eight (8) days of such oral discussion, reduce the grievance to writing and deliver it to the Building Director. If the teacher does not receive an answer within five (5) days thereafter, or if the written answer is unacceptable, the teacher shall within ten (10) days of the date on which the written grievance was submitted to the Building Director, file his/her grievance at Level Two.

A copy of the written decision of the Building Director shall be forwarded to the Superintendent of Schools for permanent filing.

Level Two - A copy of the written grievance shall be filed with the Superintendent or his designated agent as specified in Level One with the endorsement thereon of the approval or disapproval of the Association. Within five (5) days of receipt of the grievance, the Superintendent or his designated agent shall arrange a meeting with the grievant and/or the designated Association representative, at the option of the grievant, to discuss the grievance. Within five (5) days of the discussion, the Superintendent or his designated agent shall render his decision in writing, transmitting a copy of the same to the grievant, the Association secretary, and the Building Director, and place a copy of the same in a permanent file in his office.

Article 15, Grievance Procedure (Continued)

If no decision is rendered within five (5) 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 the written grievance along with the decision of the Superintendent with the secretary of the Board in charge of drawing up the agenda for the Board's meetings not less than five (5) days prior to one of the next two regularly scheduled Board meetings.

Level Three - Upon proper application as specified in Level Two, the Board of Education shall allow the teacher or his/her Association representative an opportunity for a private hearing at their next regular meeting, to the extent permitted by the Open Meetings Act MCLA 15.261 et. seq. Within fifteen (15) days from the hearing of the grievance the Board shall render its decision in writing. The Board of Education may hold future hearings therein, may designate one or more of its members to hold future hearings therein, or otherwise investigate the grievance, provided, however, that in no event except with express written consent of the Association shall final determination of the grievance be made by the Board of Education more than fifteen (15) days after the initial hearing. A copy of the written decision of the Board of Education shall be forwarded to the Superintendent for permanent filing, the Building Director, the grievant, and the secretary of the Association.

Level Four - Individual teachers shall not have the right to process a grievance at Level Four:

1. If the Association is not satisfied with the disposition of the grievance at Level Three, it may within fifteen (15) days after the decision of the Board has been rendered refer the — matter for arbitration to the American Arbitration Association in writing, and request the appointment of an arbitrator to hear the grievance. If the parties cannot agree upon an arbitrator, he shall be selected in accordance with the rules of the American Arbitration Association.
2. Neither party may raise a new defense or ground at Level Four not previously raised or disclosed at other written levels. Each party shall submit to the other party not less than three (3) days prior to the hearing a pre-hearing statement alleging facts, grounds and defenses which will be proven at the hearing and hold a conference at that time, in an attempt to settle the grievance.
3. The decision of the arbitrator shall be final and conclusive and binding upon employees, the District and the Association. Subject to the right of the District and the Association to judicial review, any lawful decision of the arbitrator shall be forthwith placed into effect.
4. Powers of the arbitrator are subject to the following limitations:
 - a. He shall have no power to add to, subtract from, disregard, alter or modify any of the terms of this Agreement.
 - b. He shall not hear any grievances barred from the scope of the grievance procedure.

Article 15, Grievance Procedure (Continued)

- c. Where no financial loss has been caused by the action of the District complained of, the District shall be under no obligation to make monetary adjustments and the arbitrator shall have no power to award punitive damages.
 - d. Arbitration awards or grievance settlements will not be made retroactive beyond the date of the occurrence or non-occurrence of the event upon which the grievance is based.
 - e. He shall have no power to neither change any practice, policy or rule of the District nor substitute his judgment for that of the District as to the reasonableness of any such practice, policy, rule or action taken by the District unless such practice, policy, rule or action of the District is in violation of this Agreement.
 - f. He shall have no power to decide any question which, under this Agreement, is within the responsibility of the management to decide.
 - g. Not more than one grievance may be considered by the arbitrator at one time except by mutual consent.
- F. The fees and expenses of the arbitrator shall be equally shared between the parties.
- G. Should a teacher or the Association fail to institute a grievance within the time limits specified, the grievance will not be processed. Should a teacher or the Association fail to appeal a decision within the limits specified, or leave the employ of the District (except a claim involving a remedy directly benefiting the grievant regardless of his employment or the Association), all further proceedings on a previously instituted grievance shall be barred.
- H. All documents, communications, and records dealing with a grievance shall be filed separately from the personnel files of the participants.
- I. The time limits provided in this Article shall be strictly observed but may be extended by written agreement of the parties.
- J. The following matter shall not be subject to the grievance procedure:
1. Failure to re-employ a probationary teacher;
 2. The placing of a non-tenure teacher on a third year of probation;
 3. Any non-procedural matter involving teacher evaluation (excluding the dismissal of non-probationary, non-tenure teachers through the third step of the grievance procedure).
 4. Any matter in which the Teacher Tenure Act prescribes a procedure or authorizes a remedy (i.e., discharge and/or demotion).
 5. Any claim or complaint in which the teacher has initiated remedial procedures via a forum established by law or by regulation having the force of the law.

ARTICLE 16
PAYMENT OF TUITION

The Intermediate District will reimburse the cost of tuition for courses and/or competency tests required in a professional employee's education program, or appropriate subjects related to his/her specialization or discipline with the following conditions:

1. Appropriate course work must be approved, by class, by administration. Ideally this approval should be sought prior to the start of the class, but, exception will be given for late registrations or unforeseen changes in class availability, as long as the class meets the criteria for reimbursement.
2. Total reimbursement is limited to the total dollar amount derived by annually averaging the tuition rates, per semester hour, for GVSU, WMU, and FSU and multiplying by six. Costs for tuition and related course or admission fees are eligible for reimbursement up to the dollar limit, which will be determined and announced by September 1. Expenses incurred for books, transportation/parking or late registration are not eligible for reimbursement.
3. Claim for reimbursement will be submitted with expense report after successful completion of course. A copy of the transcript or passing grade report showing course credit, and evidence of actual cost (itemized college billing statement) must accompany submission of claim. Other proof of successful completion may be accepted by the administration until transcripts and/or grade reports are available for submission. Under no circumstances will the District pay for the same course twice for the same employee.
4. No reimbursements will be granted by the Intermediate District if tuition and/or fees were covered by some other grant or fellowship.
5. Reimbursement will be prorated for part time employees.
6. The tax liability for any reimbursed tuition expense is the responsibility of the employee.

ARTICLE 17
INSURANCE PROTECTION

A. Upon receipt of written application by the teacher to the District, and its acceptance by the appropriate carrier, the District agrees:

1. To pay the annual premium cost of health care coverage per the attached schedule, through December 31, 2011.

Beginning January 1, 2012 and for the life of this contract, benefit options will be the same as OAISD Instructional Consultants in Grade Level 18.

For the Period January 1, 2012 through August 31, 2012, the District will contribute an amount equal to 90% of the cost of the Base Plan per the attached schedule (currently BCBS Versatile Plan 3 with RX plan 6,). The remaining cost, including any buy-up cost, will be the responsibility of the employee.

For the period of September 1, 2012 through August 31, 2013, the District will contribute an amount equal to 90% of the cost of the Base Plan, per the attached schedule (currently BCBS Versatile Plan 3 with RX plan 6). If, however, state law dictates a lower district contribution, the lower contribution will apply, but not less than 80% of the cost. The remaining cost, including any buy-up cost, will be the responsibility of the employee.

All employee premium contributions will be deducted monthly on a pre-tax basis from employee pay.

In addition to the health care premium, for teachers employed prior to 12-31-94, the Board will contribute \$360 per year to "125" Flexible Spending Plan on behalf of covered employee (Policy #G 19,300). Effective November 1, 1991, such teachers who do not apply for said health insurance coverage shall be entitled to a cash benefit, paid monthly, at the rate of \$242.00 per month. Payments will be prorated for less than full time employees.

2. To pay premium towards \$50,000 life insurance coverage with AD & D (Policy #G 5050-1).
3. To pay a premium toward dental care coverage for employee or employee and family, whichever is applicable, per the attached schedule. Employees who choose not to apply for dental coverage shall be entitled to a cash benefit, paid monthly, per the attached schedule.
4. To pay a premium toward long term disability coverage for employee equivalent to the SET program Policy #G 5050-5. This policy to provide 90 calendar day waiting period, 70% benefit level. The covered employee shall be responsible for the first 30 calendar days of illness/disability with the Board as employer providing additional sick days for coverage through the 90th calendar day.

Article 17, Insurance Protection (Continued)

5. To pay a premium toward vision care coverage for employee or employee and family, whichever is applicable, per the attached schedule. Teachers who choose not to apply for vision coverage shall be entitled to a cash benefit, paid monthly, per the attached schedule.
- B. The District reserves unto itself the right to determine insurance carriers and the right to change insurance carriers.
- C. Employees who have Board provided term life insurance, have a 30-day conversion option upon termination of employee. Any employee electing his/her right of conversion in order to keep their life insurance in force must contact the insurance carrier within 30 days of their last day of employment.

ARTICLE 18
FINANCIAL RESPONSIBILITY

Any teacher who is not a member of the Association in good standing or who does not make application for membership within thirty (30) calendar days from the date of commencement of duties, shall pay a service fee to the Association in an amount equal to the dues paid by the members of the Association, provided that the enforcement of this provision shall be between the Association and the involved teacher; provided further that the school district shall have no obligation nor any right to discharge or in any manner discipline any teacher for failure to pay said service fee; and provided further that the District recognizes the right of the Association to pursue any legal remedies which do not require Board action or involvement for those teachers who do not comply with this Article.

ARTICLE 19
CONTINUITY OF OPERATIONS

The Association and the District recognize that strikes (including slow downs and work stoppages) by teachers are contrary to law. The Association and District subscribe to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the school program.

ARTICLE 20
CONFORMITY TO LAW

This Agreement is subject in all respects to Federal and State laws with respect to the powers, rights, duties, and obligations of the District, the Association and employees in the Bargaining Unit, and in the event any provision of this Agreement shall at any time be held to be contrary to law by a court of competent jurisdiction from whose final Judgment or decree no appeal has been taken within the time provided for doing so, such provision shall be null and void. At the option of either party to the contract, the specific provision thus voided and that provision only shall be immediately subject to negotiations. All other provisions of this Agreement shall continue in effect.

ARTICLE 21

WAIVER

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that the understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the District and the Association, for the life of this Agreement, each voluntarily and unqualifiedly waive the right, and each agrees that the other shall not be obligated, to bargain collectively with respect to any subject or matter referred to or covered in this Agreement, or with respect to any subject or matter not specifically referred to or covered in this Agreement even though such subjects or matters may not have been within the knowledge of contemplation of either or both of the parties at the time they negotiated or signed this Agreement. Any mutually agreed upon letter of understanding shall become part of this Agreement.

ARTICLE 22

CALENDAR

The Association and the District agree to establish a calendar that includes 183 days, with 178 days of student instruction for the 2011-2012 and 2012-2013 school years. Staff days include one day to be worked at instructor preference (with pre-approval). Flexible days must be completed before August 31st. Under normal circumstances, a calendar will be developed by the Association and building administration by March 1.

Individual calendars for Association members may be mutually agreed to by the building administration and the employee, upon notification to the Association. Individually altered schedules will not exceed the equivalent of 183 full time days.

New teachers will work an additional 15 days for training purposes (as required by law) during the first three years of their employment.

In addition, teachers may be asked to work up to an additional five days (or the equivalent hours) over three years. Those days/hours will be compensated at the summer rate. To the extent possible, a schedule of additional days/hours for each teacher will be mutually agreed to by the teacher and the building administration. Teachers will be notified of additional requested time by February 1.

Opportunities for voluntary additional time will be posted, with work given to the most qualified interested candidate. Voluntary time will be paid at the summer rate.

Professional staff will devote the necessary time for meetings, training, and professional development, in addition to that indicated above, to comply with Article 7, Paragraph A.

ARTICLE 23
SALARY SCHEDULE

Two Year Contract

Compensation Group I (employees hired prior to September 1, 2009):

2011-2012 - 0.00% on Base; no step progression

2012-2013 – 0.00% on Base; with half step progression; and if taxable value base change in year two is greater than zero, and additional half-step progression.

Compensation Group II (employees hired on or after September 1, 2009):

Base to be increased to \$36,000

2011-2012 – 0.00% on Base of Alternate schedule; no step progression

2012-2013 – 0.00% on Base of Alternate schedule with half-step progression; and if taxable value base change in year two is greater than zero, and additional half-step progression.

Summer Pay: Rate to be increased by percent of increase in BA base from the previous year. Example: 2011 summer rate is determined by taking the 2010 summer rate and increasing by the percent increase on the base from the 2010-11 school year.

- A. Column movements will be made twice a year; once the first day of the school year and again February 1 on the school year. All documentation for column movement must be submitted and approved prior to these dates.
- B. Teachers that are laid - off and receive unemployment compensation during the summer, and are then called back to work at the beginning of the next school year shall have their salary adjusted so that the teacher's unemployment benefits plus his/her annual salary rate will be equal to the rate of salary he/she would have earned for the school year had he/she not been laid off.
- C. Within six (6) months of securing a bona fide degree approved by the District by an accredited institution, non-degreed employees who are being paid according to the "ND + 60, BA+ 18" column may request in writing to move to the ND, BA, column and progress one step on said column, or request in writing to "ND + 60, BA+ 18" column until the 18 credit requirement is met, then progress one step in "ND + 60, BA + 18" column. All other requirements and time parameters remain unchanged.

ARTICLE 24
REGULAR PART-TIME TEACHERS

Regular part-time teachers are subject to all the terms and conditions of this Agreement and all other requirements covering a full time staff member. Salary and all benefits will be prorated based on individual work schedules. Insurance benefits are subject to minimum carrier qualifications.

Regular teachers working a minimum of one half of the student contact days during a given school year as provided in the calendar will be eligible to move up one step in the salary schedule the succeeding school year.

Regular teachers working less than one half of the student contact days during a given school year as provided in the calendar will remain on the same step the succeeding year.

ARTICLE 25

EMERGENECY FINANCIAL MANAGER

Section 15(7) of the Public Employment Relations Act (PERA) mandates that any contract entered into include a statement that allows an Emergency Manager appointed under the Local Government and School District Fiscal Accountability Act to reject, modify, or terminate the collective bargaining agreement as provided in the Local Government and School District Fiscal Accountability Act. This provision is intended to satisfy this requirement. No grievances may be processed contesting actions taken by an Emergency Manager.

ARTICLE 26
MENTOR TEACHERS

In accordance with Section 1526 of the School Code, teachers in their first three years of employment as a classroom teacher shall be assigned a mentor.

The district will establish the qualifications and expectations for mentors and will, in most cases, choose mentors from CTCTA teachers interested in the position and meeting the qualifications. Mentor assignments are made on an annual basis, and all mentors will be notified in writing no later than October 1 (or February 1 in the case of a mid year hire) of their new or continuing assignment for that year.

For a teacher rated in the lower two categories (currently designated as underdeveloped or developing), the District may assign an instructional or curricular coach in addition to the mentor. The coach's role is to assist the assigned teacher in improving instructional practices and is not intended to serve an evaluative role. The Coach may, however, make suggestions to Administration regarding additional supports or training that may be of assistance to the assigned teacher.

While the main role of the mentor is to provide new teachers with assistance, resources, and information, mentors may be asked by administration to provide an informal assessment of the mentee's progress and orientation to the position/district.

Teachers assigned as mentors, and fulfilling the expectations of the position, will be paid one and a half (1.5) percent of the BA base salary.

ARTICLE 27
VACANCIES AND TRANSFERS

The District will post all vacancies of Association positions per District practice.

An Association member not awarded a vacant Association position shall, upon request, receive a written explanation of the reason(s) why the applicant was not chosen for the position.

ARTICLE 28
EXTRA DUTY PAY

- A. All off-site student leadership activities and competitions must be approved by the Building Director.

- B. In the event that a student leadership competition occurs on a weekend or other non-contract day, teachers involved in the approved competition will be compensated at the most recent summer's curriculum rate for each hour of time devoted to travelling to/from or participating in the competition (limit 7 hours per day). An estimated number of hours of staff work time must be submitted with the request to participate in the competition.

ARTICLE 29

DURATION

This Agreement shall be effective September 1, 2011 and shall continue in full force and effect until August 31, 2013.

In witness thereof, the parties have executed this document by their duly authorized representatives this the 23 day of April, 2012.

Hyge Phelps
For the Association

Darri Burkett
For the District

Jan Alvarado
For the Association

Julie Bellinger
For the District

4-23-12
Date

April 27, 2012
Date

\$0/\$0 Deductible



PPO - Ottawa Plan 1 with RX 5/30 Benefits-at-a-Glance WmHIP

The information in this document is based on BCBSM's current interpretation of the Patient Protection and Affordable Care Act (PPACA). Interpretations of PPACA vary and the federal government continues to issue guidance on how PPACA should be interpreted and applied. Efforts will be made to update this document as more information about PPACA becomes available. This BAAG is only an educational tool and should not be relied upon as legal or compliance advice. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members should consult with their plan administrators for specific details.

In-Network

Out-of-Network

Deductible, Copays/Coinsurance and Dollar Maximums

	In-Network	Out-of-Network
Deductible - per calendar year	Not Applicable	\$ 250 per member \$ 500 per family
Copays/Coinsurance • Fixed Dollar Copays	\$10 copay for: • Office visits • Urgent Care Visits \$25 copay for: • Emergency room visits and first aid; waived if admitted	\$25 copay for: • Emergency room visits and first aid; waived if admitted
• Percent Coinsurance	Not Applicable	20% Note: Services without a network are covered at the in-network level.
Out-of-Pocket Maximum – per calendar year • Percent Coinsurance; <i>Includes Deductible</i>	Not Applicable	\$ 750 per member \$1,500 per family
Lifetime Maximum	None	

Preventive Services

Health Maintenance Exam – beginning age 16, one per calendar year; includes related X-rays, EKG, and lab procedures performed as part of the physical exam	Covered – 100%	Covered – 80% after deductible
Annual Gynecological Exam - one per calendar year	Covered – 100%	Covered – 80% after deductible
Pap Smear Screening – one per calendar year; laboratory services only.	Covered – 100%	Covered – 80% after deductible
Prostate Specific Antigen (PSA) Screening - one per calendar year.	Covered – 100%	Covered – 80% after deductible
Fecal Occult Blood Test – one per calendar year	Covered – 100%	Covered – 80% after deductible
Endoscopic Exams – one per calendar year	Covered – 100%	Covered – 80% after deductible
Well-Baby and Child Care - through age 15 6 visits birth through age 1, 2 visits per year age 2 through 3, 1 visit per year age 4 through 15	Covered – 100%	Covered – 80% after deductible
Immunizations - pediatric and adult	Covered – 100%	Covered – 80% after deductible
Colonoscopy – routine or medically necessary	100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
	One routine colonoscopy per member per calendar year	
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
	One per member per calendar year	



Physician Office Services

Office Visits Includes: <ul style="list-style-type: none"> • Primary Care Physicians and Specialists • Presurgical consultations ◆ Initial visit to determine pregnancy 	Covered – 100% after \$10 copay One copay applies to the office visit exam and all services performed during the office visit (e.g., lab, x-rays, etc.)	Covered – 80% after deductible
Urgent Care Visits	Covered – 100% after \$10 copay	Covered – 80% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified Medical Emergency & First Aid Services	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Non-Emergency use of the Emergency Room	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Ambulance Services – medically necessary transport	Covered – 100%	Covered – 100%

Diagnostic Services

MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered – 100%	Covered – 80% after deductible
Other Diagnostic Tests, X-rays, Laboratory & Pathology	Covered – 100%	Covered – 80% after deductible
Radiation Therapy	Covered – 100%	Covered – 80% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 100%	Covered – 80% after deductible
Delivery and Nursery Care	Covered – 100%	Covered – 80% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100%	Covered – 80% after deductible Unlimited days
Inpatient Medical Care	Covered – 100%	Covered – 80% after deductible
Chemotherapy	Covered – 100%	Covered – 80% after deductible

Alternatives to Hospital Care

Skilled Nursing Facility – Unlimited visits	Covered – 100%	Covered – 100%
Hospice care – must be provided through a participating hospice program	Covered – 100%	Covered – 100%
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home Health Care	Covered – 100%	Covered – 100%
	Limited to 40 visits per calendar year	

Outpatient Surgical Services

Surgery – includes related surgical services	Covered – 100%	Covered – 80% after deductible
Dental surgery and related anesthesia for the removal of wisdom teeth	Covered – 100%	Covered – 100%
Voluntary Abortion	Not Covered	Not Covered
Voluntary Sterilization – <i>excludes reversal sterilization</i>	Covered – 100%	Covered – 80% after deductible

Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered - 100%	Not Covered
	Unlimited dollar maximum per transplant type	
Kidney, Cornea, Bone Marrow and Skin	Covered – 100%	Covered – 80% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered – 100%	Covered – 80% after deductible
Inpatient Substance Abuse Care	Covered – 100%	Covered – 100%
Outpatient Mental Health Care	\$10 Co-pay for Office Visit **	Covered – 80% after deductible
Outpatient Substance Abuse Care	\$10 Co-pay for Office Visit**	Covered – 100%

** Mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay.



In-Network

Out-of-Network

Other Services

Cardiac Rehabilitation	Covered – 100%	Covered – 80% after deductible
Allergy Testing and Therapy	Covered – 100% Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year	Covered – 80% after deductible Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year
Chiropractic Care	Covered – 100% after \$10 copay	Covered – 80% after deductible
	Limited to \$200 per calendar year for X-rays and \$500 per calendar year for Spinal manipulations	
Outpatient Physical, Speech and Occupational Therapy	Covered – 100%	Covered – 80% after deductible
	Limited to 30 combined visits per calendar year. Services are covered when performed in the outpatient department of the hospital, or approved freestanding facility. Physical therapy is also covered in an independent therapist's office.	
Massage Therapy rendered by MD, DO, or Chiropractor Hot/Cold Packs rendered by Chiropractor	Covered – 100%	Covered – 80% after deductible
	Limited to 12 visits per calendar year	
Durable Medical Equipment/Medical Supplies and Prosthetic and Orthotic Appliances	Covered – 100%	Covered – 100%
	Limited to \$4,000 per calendar year	
Private Duty Nursing	Covered – 100%	Covered – 100%
Hearing Aids	Not Covered	Not Covered
Acupuncture - Performed by MD, DO and other select provider specialties	Covered – 100%	Covered – 80% after deductible

Prescription Drugs

Retail – 34 day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) \$5 copay – Generic drugs and \$30 copay - Brand name drugs</p> <p>Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.</p>
Mail Order - 90-day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) \$10 copay – Generic drugs and \$60 copay - Brand name drugs</p>
Additional Services: Oral & Injectable Contraceptives Smoking Cessation Drugs Weight Loss Drugs Impotency Drugs Infertility Drugs	<p>Covered Not Covered Not Covered Covered – limited to 12 doses per month Not Covered</p>

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield of Michigan coverage documents.



PPO - Ottawa Plan 2 with RX 15/30 Benefits-at-a-Glance WmHIP

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In-Network

Out-of-Network

Deductible, Copays/Coinsurance and Dollar Maximums

Deductible - per calendar year	\$ 250 per member \$ 500 per family	\$ 250 per member \$ 500 per family
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• Percent Coinsurance	Not Applicable	20% Note: Services without a network are covered at the in-network level.
Out-of-Pocket Maximum – per calendar year • Percent Coinsurance; <i>Includes Deductible</i>	Not Applicable	\$ 750 per member \$1,500 per family
Lifetime Maximum	None	

Preventive Services

Health Maintenance Exam – beginning age 16, one per calendar year; includes related X-rays, EKG, and lab procedures performed as part of the physical exam	Covered – 100%	Covered – 80% after deductible
Annual Gynecological Exam - one per calendar year	Covered – 100%	Covered – 80% after deductible
Pap Smear Screening – one per calendar year; laboratory services only.	Covered – 100%	Covered – 80% after deductible
Prostate Specific Antigen (PSA) Screening - one per calendar year.	Covered – 100%	Covered – 80% after deductible
Fecal Occult Blood Test – one per calendar year	Covered – 100%	Covered – 80% after deductible
Endoscopic Exams – one per calendar year	Covered – 100%	Covered – 80% after deductible
Well-Baby and Child Care - through age 15 6 visits birth through age 1, 2 visits per year age 2 through 3, 1 visit per year age 4 through 15	Covered – 100%	Covered – 80% after deductible
Immunizations - pediatric and adult	Covered – 100%	Covered – 80% after deductible
Colonoscopy – routine or medically necessary	100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
One routine colonoscopy per member per calendar year		
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
One per member per calendar year		



Physician Office Services

Office Visits Includes: <ul style="list-style-type: none"> • Primary Care Physicians and Specialists • Presurgical consultations ◆ Initial visit to determine pregnancy 	Covered – 100% after \$10 copay One copay applies to the office visit exam and all services performed during the office visit (e.g., lab, x-rays, etc.)	Covered – 80% after deductible
Urgent Care Visits	Covered – 100% after \$10 copay	Covered – 80% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified Medical Emergency & First Aid Services	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Non-Emergency use of the Emergency Room	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Ambulance Services – medically necessary transport	Covered – 100% after deductible	Covered – 100% after deductible

Diagnostic Services

MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered – 100% after deductible	Covered – 80% after deductible
Other Diagnostic Tests, X-rays, Laboratory & Pathology	Covered – 100% after deductible	Covered – 80% after deductible
Radiation Therapy	Covered – 100% after deductible	Covered – 80% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 100%	Covered – 80% after deductible
Delivery and Nursery Care	Covered – 100% after deductible	Covered – 80% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100% after deductible	Covered – 80% after deductible
Inpatient Medical Care	Covered – 100% after deductible	Covered – 80% after deductible
Chemotherapy	Covered – 100% after deductible	Covered – 80% after deductible

Alternatives to Hospital Care

Skilled Nursing Facility – Unlimited visits	Covered – 100% after deductible	Covered – 100% after deductible
Hospice care – must be provided through a participating hospice program	Covered – 100%	Covered – 100%
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home Health Care	Covered – 100% after deductible	Covered – 100% after deductible
	Limited to 40 visits per calendar year	

Outpatient Surgical Services

Surgery – includes related surgical services	Covered – 100% after deductible	Covered – 80% after deductible
Dental surgery and related anesthesia for the removal of wisdom teeth	Covered – 100% after deductible	Covered – 100% after deductible
Voluntary Abortion	Not Covered	Not Covered
Voluntary Sterilization – <i>excludes reversal sterilization</i>	Covered – 100% after deductible	Covered – 80% after deductible

Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered - 100%	100% (no deductible or copay) – in designated facilities only
	Unlimited dollar maximum per transplant type	
Kidney, Cornea, Bone Marrow and Skin	Covered – 100% after deductible	Covered – 80% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered – 100% after deductible	Covered – 80% after deductible
Inpatient Substance Abuse Care	Covered – 100% after deductible	Covered – 100%
Outpatient Mental Health Care	Covered – 100% after deductible**	Covered – 80% after deductible
Outpatient Substance Abuse Care	Covered – 100% after deductible**	Covered – 100%

** Mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay.



In-Network

Out-of-Network

Other Services

Cardiac Rehabilitation	Covered – 100% after deductible	Covered – 80% after deductible
Allergy Testing and Therapy	Covered – 100% Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year	Covered – 80% after deductible Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year
Chiropractic Care	Covered – 100% after \$10 copay Limited to \$200 per calendar year for X-rays and \$500 per calendar year for Spinal manipulations	Covered – 80% after deductible
Outpatient Physical, Speech and Occupational Therapy	Covered – 100% after deductible Limited to 30 combined visits per calendar year. Services are covered when performed in the outpatient department of the hospital, or approved freestanding facility. Physical therapy is also covered in an independent therapist’s office.	Covered – 80% after deductible
Massage Therapy rendered by MD, DO, or Chiropractor Hot/Cold Packs rendered by Chiropractor	Covered – 100% after deductible Limited to 12 visits per calendar year	Covered – 80% after deductible
Durable Medical Equipment/Medical Supplies and Prosthetic and Orthotic Appliances	Covered – 100% after deductible Limited to \$4,000 per calendar year	Covered – 100% after deductible
Private Duty Nursing	Covered – 100% after deductible	Covered – 100% after deductible
Hearing Aids	Not Covered	Not Covered
Acupuncture - Performed by MD, DO and other select provider specialties	Covered – 100% after deductible	Covered – 80% after deductible

Prescription Drugs

Retail – 34 day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children’s Claritin, Claritin RediTabs and Claritin-D) \$15 copay – Generic drugs and \$30 copay - Brand name drugs</p> <p>Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member’s copay.</p>
Mail Order - 90-day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children’s Claritin, Claritin RediTabs and Claritin-D) \$30 copay – Generic drugs and \$60 copay - Brand name drugs</p>
Additional Services: Oral & Injectable Contraceptives Smoking Cessation Drugs Weight Loss Drugs Impotency Drugs Infertility Drugs	<p>Covered Not Covered Not Covered Covered – limited to 12 doses per month Not Covered</p>

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield of Michigan coverage documents.



Ottawa Area ISD

Each Active Employee not choosing Plan II as defined in the OAISD Employee Benefit Schedule adopted by the OAISD Board of Education

Dental Plan with ADN and Incentive Plan

Benefits-at-a-Glance

This is intended to be an-easy-to-read summary.

Note: Your plan includes access to the ADN dental network. Dentists in this network provide discounted services and agree to accept ADN prices as full payment for services. You can find ADN dentists at www.adndental.com. Your benefit levels are the same regardless of whether you are in or out of network.

Basic Benefits	In-Network	Out-of-Network
Examination* – includes initial and periodic 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Cleaning* – adult, and child 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Flouride* – to age 18 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Restorative-Fillings*	60% ADN price★	60% R&C★
Oral Surgery*	60% ADN price★	60% R&C★
Endodontics*	60% ADN price★	60% R&C★
Periodontics*	60% ADN price★	60% R&C★
Inlays, Onlays, Crowns, Post/Cores and Repairs*	60% ADN price★	60% R&C★
Lifetime Deductible	\$50	\$50

Major Benefits

Bridges and Repairs	60% ADN price★	60% R&C★
Dentures	60% ADN price★	60% R&C★
Annual Deductible	\$50	\$50

Annual Maximum

\$1,000 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment @	60% ADN price★	60% R&C★
Deductible	\$50	\$50
Lifetime maximum	\$1,500	\$1,500

To Age 19

Adult Orthodontic coverage – no age limit

Benefit year for this plan is January 1 through December 31.

★ The plan will pay the ADN approved amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary

★ The plan will pay the Reasonable and Customary (R&C) amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary. Any remaining balance in excess of the R& C amount is your responsibility.

• An Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 60% on selected basic services for the first year, then increase 10% each succeeding benefit year, to a maximum of 100%, provided you visit the dentist at least once during the calendar year for a regular exam and/or cleaning.

Your Plan Includes: Options A, D, F, & H

Option A:	covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
Option D:	Inlays, Onlays, and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly;
Option F:	covers orthodontia started prior to the effective contract date; and
Option H:	allows 30 days after termination date for completion of work started before termination.



Ottawa Area ISD

Each Active Employee not choosing Plan I as defined in the OAISD Employee Benefit Schedule adopted by the OAISD Board of Education

Dental Plan with ADN and Incentive Plan

Benefits-at-a-Glance

This is intended to be an-easy-to-read summary.

Note: Your plan includes access to the ADN dental network. Dentists in this network provide discounted services and agree to accept ADN prices as full payment for services. You can find ADN dentists at www.adndental.com. Your benefit levels are the same regardless of whether you are in or out of network.

Basic Benefits	In-Network	Out-of-Network
Examination* – includes initial and periodic 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Cleaning* – adult, and child 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Flouride* – to age 18 2 per member per benefit year*	Covered - 60% ADN price	Covered - 60% R&C★
Restorative-Fillings*	60% ADN price★	60% R&C★
Oral Surgery*	60% ADN price★	60% R&C★
Endodontics*	60% ADN price★	60% R&C★
Periodontics*	60% ADN price★	60% R&C★
Inlays, Onlays, Crowns, Post/Cores and Repairs*	60% ADN price★	60% R&C★
Lifetime Deductible	\$0	\$0

Major Benefits

Bridges and Repairs	70% ADN price★	70% R&C★
Dentures	70% ADN price★	70% R&C★
Annual Deductible	\$0	\$0

Annual Maximum

\$1,500 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment @	70% ADN price★	70% R&C★
Deductible	\$0	\$0
Lifetime maximum	\$2,000	\$2,000

To Age 19

Adult Orthodontic coverage – no age limit

†Benefit year for this plan is January 1 through December 31.

★ The plan will pay the ADN approved amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary

★ The plan will pay the Reasonable and Customary (R&C) amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary. Any remaining balance in excess of the R& C amount is your responsibility.

•An Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 60% on selected basic services for the first year, then increase 10% each succeeding benefit year, to a maximum of 100%, provided you visit the dentist at least once during the calendar year for a regular exam and/or cleaning.

Your Plan Includes: Options A, D, F, & H

Option A:	covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
Option D:	Inlays, Onlays, and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly;
Option F:	covers orthodontia started prior to the effective contract date; and
Option H:	allows 30 days after termination date for completion of work started before termination.

Appendix B

All CTCTA Members

SET/UnitedHealthcare Vision Plan 1

Benefits-at-a-Glance

This is intended to be an easy-to-read summary. The group policy is the governing document.

In-Network Benefits - \$20 Exam and \$50 materials copays and patient options are paid to the network provider by the plan participant. Exams, lenses and frames are covered once every 12 months from last date of services.

***Frame Benefit** – with UHCV’s frame benefit, all frames with a \$25 wholesale cost or less are covered-in-full at private practice providers. For any frame with a wholesale

cost greater than \$25 at private practice providers, the participant only pays the difference between the wholesale cost of the frame and the \$25 allowance. Plan participants receive a maximum \$70 frame allowance for frames purchased at retail chain providers.

****Covered Lenses** - options include standard progressives, scratch resistant coating, tints and UV.

*****Contact Lenses** - are provided in lieu of spectacle lenses and frames. UHCV’s contact lens benefit covers in-full (after applicable copay) the fitting/evaluation fees, contacts (disposable contacts/up to 4 boxes, depending on prescription and plan selected), and up to two follow-up visits. A \$105 allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UHCV’s covered-in-full contacts (materials copay does not apply). Toric, gas permeable, and bifocal contacts are all examples of contacts that are outside of our covered-in-full section.

******Necessary Contact Lenses** – are determined at the provider’s discretion for one or more of the following conditions: Following cataract surgery; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus.

Basic Benefits – Once Every 12 Months	Employee Copay	Plan Pays In-Network
Eye Examination	\$20.00	100%
Eye Glasses - *Frames **Lenses - (Single Vision, Bifocal, Trifocal & Lenticular)	\$50.00	See Descriptions
***Elective Contact Lenses Covered-in-full contacts All other elective contacts	\$50.00	100% Up to \$105.00
****Necessary Contact Lenses	\$50.00	100%

Out-of-Network Benefits – The plan participant pays full fee to the provider and United Healthcare Vision (UHCV) reimburses the participant for services rendered up to maximum allowance. There are no copays or deductibles. If you visit an out-of-network provider, you will need to send your itemized receipts, with primary-insured’s unique identification number and the patient’s name and date of birth, to:

UnitedHealthcare Vision
Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
www.myuhcspecialtybenefits.com

Basic Benefits – Once Every 12 Months	Out-of-Network Reimbursement
Eye Examination	Up to \$32.00
Single Vision	Up to \$42.00
Bifocal	Up to \$48.00
Trifocal	Up to \$60.00
Lenticular	Up to \$72.00
Frames	Up to \$50.00
Elective Contact Lenses Covered-in-full contacts All other elective contacts	Up to \$100.00 Up to \$100.00
Necessary Contact Lenses	Up to \$100.00

Receipts for services and materials purchased on different dates must be submitted at the same time to receive reimbursement. Receipts must be submitted within 12 months of the date of service.

\$250/\$500 Deductible Plan



PPO Versatile Plan 3 with RX Plan 6 Benefits-at-a-Glance WmHIP

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	In-Network	Out-of-Network
Deductible, Copays/Coinsurance and Dollar Maximums		
Deductible - per calendar year	\$250 per member \$500 per family	\$ 500 per member \$1,000 per family
Copays/Coinsurance • Fixed Dollar Copays	\$20 copay for: • Office visits • Urgent Care visits \$25 copay for: • Non-emergency visits in ER	\$25 copay for: • Non-emergency visits in emergency room
• Percent Coinsurance	10%	30% Note: Services without a network are covered at the in-network level.
Out-of-Pocket Maximum – per calendar year • Percent Coinsurance <i>Excludes Deductible</i>	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family
Lifetime Maximum	Unlimited	

Preventive Services

Health Maintenance Exam – beginning age 16, one per calendar year; includes related X-rays, EKG, and lab procedures performed as part of the physical exam	Covered – 100%	Not Covered
Annual Gynecological Exam - one per calendar year	Covered – 100%	Not Covered
Pap Smear Screening – one per calendar year; laboratory services only.	Covered – 100%	Not Covered
Prostate Specific Antigen (PSA) Screening - one per calendar year.	Covered – 100%	Not Covered
Fecal Occult Blood Test – one per calendar year	Covered – 100%	Not Covered
Endoscopic Exams – one per calendar year	Covered – 100%	Not Covered
Well-Baby and Child Care - through age 15; 6 visits birth through age 1, 2 visits per year age 2 through 3, 1 visit per year age 4 through 15	Covered – 100%	Not Covered
Immunizations - pediatric and adult	Covered – 100%	Not Covered
Hearing Exam – one per calendar year	Covered – 100%	Not Covered
Colonoscopy – routine or medically necessary	100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
One routine colonoscopy per member per calendar year		
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
One per member per calendar year		

Physician Office Services

Office Visits Includes: <ul style="list-style-type: none"> • Primary Care Physicians and Specialists • Presurgical consultations • Initial visit to determine pregnancy 	Covered – 100% after \$20 copay One copay applies to the office visit exam and all services performed during the office visit (e.g., lab, x-rays, etc.)	Covered – 70% after deductible
Urgent Care Visits	Covered – 100% after \$20 copay	Covered – 70% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified Medical Emergency & First Aid Services	Covered – 90% after deductible	Covered – 90% after deductible
Non-Emergency use of the Emergency Room	Covered - \$25 copay then 90% after deductible	Covered - \$25 copay then 90% after deductible
Ambulance Services – medically necessary transport	Covered – 90% after deductible	Covered – 90% after deductible

Diagnostic Services

MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered – 90% after deductible	Covered – 70% after deductible
Independent Laboratory	Covered – 100%, deductible waived	Covered – 70% after deductible
Other Diagnostic Tests, X-rays, Laboratory & Pathology	Covered – 90% after deductible	Covered – 70% after deductible
Radiation Therapy	Covered – 90% after deductible	Covered – 70% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 90% after deductible	Covered – 70% after deductible
Delivery and Nursery Care	Covered – 90% after deductible	Covered – 70% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 90% after deductible	Covered – 70% after deductible
Inpatient Medical Care	Covered – 90% after deductible	Covered – 70% after deductible
Chemotherapy	Covered – 90% after deductible	Covered – 70% after deductible

Alternatives to Hospital Care

Skilled Nursing Facility	Covered – 90% after deductible	Covered – 90% after deductible
	Limited to 120 days per calendar year	
Hospice care – must be provided through a participating hospice program	Covered – 90% after deductible	Covered – 90% after deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home Health Care	Covered – 90% after deductible	Covered – 90% after deductible

Outpatient Surgical Services

Surgery – includes related surgical services	Covered – 90% after deductible	Covered – 70% after deductible
Dental surgery and related anesthesia for the removal of wisdom teeth	Covered – 90% after deductible	Covered – 70% after deductible
Voluntary Abortion	Not covered	Not covered
Voluntary Sterilization – <i>excludes reversal sterilization</i>	Covered – 90% after deductible	Covered – 70% after deductible

Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered - 100%	Not Covered
	Unlimited dollar maximum per transplant type	
Kidney, Cornea, Bone Marrow and Skin	Covered – 90% after deductible	Covered – 70% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered – 90% after deductible	Covered – 70% after deductible
Inpatient Substance Abuse Care	Covered – 90% after deductible	Covered – 70% after deductible
Outpatient Mental Health Care	\$20 Co-pay for Office Visit**	Covered – 70% after deductible
Outpatient Substance Abuse Care	\$20 Co-pay for Office Visit**	Covered – 70% after deductible

** Mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay

Other Services

Cardiac Rehabilitation	Covered – 90% after deductible	Covered – 70% after deductible
Acupuncture – Performed by MD, DO and other select provider specialties	Covered – 90% after deductible	Covered – 70% after deductible
Allergy Testing and Therapy	Covered – 90% after deductible	Covered – 70% after deductible
Chiropractic Care	Covered – 90% after deductible	Covered – 90% after deductible
	Limited to 24 spinal manipulation visits per calendar year	
Outpatient Physical, Speech and Occupational Therapy	Covered – 90% after deductible	Covered – 70% after deductible
	Limited to 60 combined visits per calendar year. Services are covered when performed in the outpatient department of the hospital, or approved freestanding facility. Physical therapy is also covered in an independent therapist's office.	
Durable Medical Equipment/Medical Supplies	Covered – 90% after deductible	Covered – 90% after deductible
Prosthetic and Orthotic Appliances	Covered – 90% after deductible	Covered – 90% after deductible
Massage Therapy rendered by MD, DO, or Chiropractor	Covered – 90% after deductible	Covered – 70% after deductible
Hot/Cold Packs rendered by Chiropractor	Limited to 24 visits per calendar year	
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Hearing Aids	Covered – 100% of approved amount. Hearing aid must be purchased from an approved hearing aid provider.	

Prescription Drugs

Retail – 34 day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs, and Claritin-D)</p> <p>\$10 copay – Generic drugs</p> <p>\$40 copay – Brand name drugs</p> <p>Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.</p>
Mail Order - 90-day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D)</p> <p>\$20 copay – Generic drugs</p> <p>\$80 copay – Brand name drugs</p>
Additional Services	
Oral & Injectable Contraceptives	Covered
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered – limited to 12 doses per month
Infertility Drugs	Covered

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield of Michigan coverage documents.



PPO Versatile Plan 3 with RX Plan 6 & Higher Deductibles



Benefits-at-a-Glance

WmHIP

The information in this document is based on BCBSM's current interpretation of the Patient Protection and Affordable Care Act (PPACA). Interpretations of PPACA vary and the federal government continues to issue guidance on how PPACA should be interpreted and applied. Efforts will be made to update this document as more information about PPACA becomes available. This BAAG is only an educational tool and should not be relied upon as legal or compliance advice. Additionally, some PPACA requirements may differ for particular members enrolled in certain programs, and those members should consult with their plan administrators for specific details.

	In-Network	Out-of-Network
Deductible, Copays/Coinsurance and Dollar Maximums		
Deductible - per calendar year	\$ 500 per member \$1,000 per family	\$1,000 per member \$2,000 per family
Copays/Coinsurance • Fixed Dollar Copays	\$20 copay for: • Office visits • Urgent Care visits \$25 copay for: • Non-emergency visits in ER	\$25 copay for: • Non-emergency visits in emergency room
• Percent Coinsurance	10%	30% Note: Services without a network are covered at the in-network level.
Out-of-Pocket Maximum – per calendar year • Percent Coinsurance <i>Excludes Deductible</i>	\$1,000 per member \$2,000 per family	\$2,000 per member \$4,000 per family
Lifetime Maximum	Unlimited	

Preventive Services

Health Maintenance Exam – beginning age 16, one per calendar year; includes related X-rays, EKG, and lab procedures performed as part of the physical exam	Covered – 100%	Not Covered
Annual Gynecological Exam - one per calendar year	Covered – 100%	Not Covered
Pap Smear Screening – one per calendar year; laboratory services only.	Covered – 100%	Not Covered
Prostate Specific Antigen (PSA) Screening - one per calendar year.	Covered – 100%	Not Covered
Fecal Occult Blood Test – one per calendar year	Covered – 100%	Not Covered
Endoscopic Exams – one per calendar year	Covered – 100%	Not Covered
Well-Baby and Child Care - through age 15; 6 visits birth through age 1, 2 visits per year age 2 through 3, 1 visit per year age 4 through 15	Covered – 100%	Not Covered
Immunizations - pediatric and adult	Covered – 100%	Not Covered
Hearing Exam – one per calendar year	Covered – 100%	Not Covered
Colonoscopy – routine or medically necessary	100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
	One routine colonoscopy per member per calendar year	
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
	One per member per calendar year	

Physician Office Services

Office Visits Includes: <ul style="list-style-type: none"> Primary Care Physicians and Specialists Presurgical consultations Initial visit to determine pregnancy 	Covered – 100% after \$20 copay One copay applies to the office visit exam and all services performed during the office visit (e.g., lab, x-rays, etc.)	Covered – 70% after deductible
Urgent Care Visits	Covered – 100% after \$20 copay	Covered – 70% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified Medical Emergency & First Aid Services	Covered – 90% after deductible	Covered – 90% after deductible
Non-Emergency use of the Emergency Room	Covered - \$25 copay then 90% after deductible	Covered - \$25 copay then 90% after deductible
Ambulance Services – medically necessary transport	Covered – 90% after deductible	Covered – 90% after deductible

Diagnostic Services

MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered – 90% after deductible	Covered – 70% after deductible
Independent Laboratory	Covered – 100%, deductible waived	Covered – 70% after deductible
Other Diagnostic Tests, X-rays, Laboratory & Pathology	Covered – 90% after deductible	Covered – 70% after deductible
Radiation Therapy	Covered – 90% after deductible	Covered – 70% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 90% after deductible	Covered – 70% after deductible
Delivery and Nursery Care	Covered – 90% after deductible	Covered – 70% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 90% after deductible	Covered – 70% after deductible
	Unlimited days	
Inpatient Medical Care	Covered – 90% after deductible	Covered – 70% after deductible
Chemotherapy	Covered – 90% after deductible	Covered – 70% after deductible

Alternatives to Hospital Care

Skilled Nursing Facility	Covered – 90% after deductible	Covered – 90% after deductible
	Limited to 120 days per calendar year	
Hospice care – must be provided through a participating hospice program	Covered – 90% after deductible	Covered – 90% after deductible
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home Health Care	Covered – 90% after deductible	Covered – 90% after deductible

Outpatient Surgical Services

Surgery – includes related surgical services	Covered – 90% after deductible	Covered – 70% after deductible
Dental surgery and related anesthesia for the removal of wisdom teeth	Covered – 90% after deductible	Covered – 70% after deductible
Voluntary Abortion	Not covered	Not covered
Voluntary Sterilization – <i>excludes reversal sterilization</i>	Covered – 90% after deductible	Covered – 70% after deductible

Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered - 100%	Not Covered
	Unlimited dollar maximum per transplant type	
Kidney, Cornea, Bone Marrow and Skin	Covered – 90% after deductible	Covered – 70% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered – 90% after deductible	Covered – 70% after deductible
Inpatient Substance Abuse Care	Covered – 90% after deductible	Covered – 70% after deductible
Outpatient Mental Health Care	\$20 Co-pay for office visit**	Covered – 70% after deductible
Outpatient Substance Abuse Care	\$20 Co-pay for office visit**	Covered – 70% after deductible

** Mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay

Other Services

Cardiac Rehabilitation	Covered – 90% after deductible	Covered – 70% after deductible
Acupuncture – Performed by MD, DO and other select provider specialties	Covered – 90% after deductible	Covered – 70% after deductible
Allergy Testing and Therapy	Covered – 90% after deductible	Covered – 70% after deductible
Chiropractic Care	Covered – 90% after deductible	Covered – 90% after deductible
	Limited to 24 spinal manipulation visits per calendar year	
Outpatient Physical, Speech and Occupational Therapy	Covered – 90% after deductible	Covered – 70% after deductible
	Limited to 60 combined visits per calendar year. Services are covered when performed in the outpatient department of the hospital, or approved freestanding facility. Physical therapy is also covered in an independent therapist’s office.	
Durable Medical Equipment/Medical Supplies	Covered – 90% after deductible	Covered – 90% after deductible
Prosthetic and Orthotic Appliances	Covered – 90% after deductible	Covered – 90% after deductible
Massage Therapy rendered by MD, DO, or Chiropractor	Covered – 90% after deductible	Covered – 70% after deductible
Hot/Cold Packs rendered by Chiropractor	Limited to 24 visits per calendar year	
Private Duty Nursing	Covered – 90% after deductible	Covered – 90% after deductible
Hearing Aids	Covered – 100% of approved amount. Hearing aid must be purchased from an approved hearing aid provider.	

Prescription Drugs

Retail – 34 day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children’s Claritin, Claritin RediTabs, and Claritin-D)</p> <p>\$10 copay – Generic drugs</p> <p>\$40 copay – Brand name drugs</p> <p>Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member’s copay.</p>
Mail Order - 90-day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children’s Claritin, Claritin RediTabs and Claritin-D)</p> <p>\$20 copay – Generic drugs</p> <p>\$80 copay – Brand name drugs</p>
<p>Additional Services</p> <p>Oral & Injectable Contraceptives</p> <p>Smoking Cessation Drugs</p> <p>Weight Loss Drugs</p> <p>Impotency Drugs</p> <p>Infertility Drugs</p>	<p>Covered</p> <p>Covered</p> <p>Covered</p> <p>Covered – limited to 12 doses per month</p> <p>Covered</p>

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield of Michigan coverage documents.

\$0/\$0 Deductible



PPO - Ottawa Plan 1 with RX 5/30 Benefits-at-a-Glance WmHIP

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In-Network

Out-of-Network

Deductible, Copays/Coinsurance and Dollar Maximums

	In-Network	Out-of-Network
Deductible - per calendar year	Not Applicable	\$ 250 per member \$ 500 per family
Copays/Coinsurance • Fixed Dollar Copays	\$10 copay for: • Office visits • Urgent Care Visits \$25 copay for: • Emergency room visits and first aid; waived if admitted	\$25 copay for: • Emergency room visits and first aid; waived if admitted
• Percent Coinsurance	Not Applicable	20% Note: Services without a network are covered at the in-network level.
Out-of-Pocket Maximum – per calendar year • Percent Coinsurance; <i>Includes Deductible</i>	Not Applicable	\$ 750 per member \$1,500 per family
Lifetime Maximum	None	

Preventive Services

Health Maintenance Exam – beginning age 16, one per calendar year; includes related X-rays, EKG, and lab procedures performed as part of the physical exam	Covered – 100%	Covered – 80% after deductible
Annual Gynecological Exam - one per calendar year	Covered – 100%	Covered – 80% after deductible
Pap Smear Screening – one per calendar year; laboratory services only.	Covered – 100%	Covered – 80% after deductible
Prostate Specific Antigen (PSA) Screening - one per calendar year.	Covered – 100%	Covered – 80% after deductible
Fecal Occult Blood Test – one per calendar year	Covered – 100%	Covered – 80% after deductible
Endoscopic Exams – one per calendar year	Covered – 100%	Covered – 80% after deductible
Well-Baby and Child Care - through age 15 6 visits birth through age 1, 2 visits per year age 2 through 3, 1 visit per year age 4 through 15	Covered – 100%	Covered – 80% after deductible
Immunizations - pediatric and adult	Covered – 100%	Covered – 80% after deductible
Colonoscopy – routine or medically necessary	100% for routine colonoscopy (no deductible or copay) Note: Subsequent medically necessary colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
	One routine colonoscopy per member per calendar year	
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
	One per member per calendar year	



Physician Office Services

Office Visits Includes: <ul style="list-style-type: none"> • Primary Care Physicians and Specialists • Presurgical consultations ◆ Initial visit to determine pregnancy 	Covered – 100% after \$10 copay One copay applies to the office visit exam and all services performed during the office visit (e.g., lab, x-rays, etc.)	Covered – 80% after deductible
Urgent Care Visits	Covered – 100% after \$10 copay	Covered – 80% after deductible

Emergency Medical Care

Hospital Emergency Room Qualified Medical Emergency & First Aid Services	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Non-Emergency use of the Emergency Room	Covered – 100% after \$25 copay; waived if admitted	Covered – 100% after \$25 copay; waived if admitted
Ambulance Services – medically necessary transport	Covered – 100%	Covered – 100%

Diagnostic Services

MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered – 100%	Covered – 80% after deductible
Other Diagnostic Tests, X-rays, Laboratory & Pathology	Covered – 100%	Covered – 80% after deductible
Radiation Therapy	Covered – 100%	Covered – 80% after deductible

Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	Covered – 100%	Covered – 80% after deductible
Delivery and Nursery Care	Covered – 100%	Covered – 80% after deductible

Hospital Care

Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered – 100%	Covered – 80% after deductible
	Unlimited days	
Inpatient Medical Care	Covered – 100%	Covered – 80% after deductible
Chemotherapy	Covered – 100%	Covered – 80% after deductible

Alternatives to Hospital Care

Skilled Nursing Facility – Unlimited visits	Covered – 100%	Covered – 100%
Hospice care – must be provided through a participating hospice program	Covered – 100%	Covered – 100%
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home Health Care	Covered – 100%	Covered – 100%
	Limited to 40 visits per calendar year	

Outpatient Surgical Services

Surgery – includes related surgical services	Covered – 100%	Covered – 80% after deductible
Dental surgery and related anesthesia for the removal of wisdom teeth	Covered – 100%	Covered – 100%
Voluntary Abortion	Not Covered	Not Covered
Voluntary Sterilization – <i>excludes reversal sterilization</i>	Covered – 100%	Covered – 80% after deductible

Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	Covered - 100%	Not Covered
	Unlimited dollar maximum per transplant type	
Kidney, Cornea, Bone Marrow and Skin	Covered – 100%	Covered – 80% after deductible

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	Covered – 100%	Covered – 80% after deductible
Inpatient Substance Abuse Care	Covered – 100%	Covered – 100%
Outpatient Mental Health Care	\$10 Co-pay for Office Visit **	Covered – 80% after deductible
Outpatient Substance Abuse Care	\$10 Co-pay for Office Visit**	Covered – 100%

** Mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay.



In-Network

Out-of-Network

Other Services

Cardiac Rehabilitation	Covered – 100%	Covered – 80% after deductible
Allergy Testing and Therapy	Covered – 100% Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year	Covered – 80% after deductible Allergy testing - limited to combined (panel and non-panel) \$1000 per member, per calendar year
Chiropractic Care	Covered – 100% after \$10 copay	Covered – 80% after deductible
	Limited to \$200 per calendar year for X-rays and \$500 per calendar year for Spinal manipulations	
Outpatient Physical, Speech and Occupational Therapy	Covered – 100%	Covered – 80% after deductible
	Limited to 30 combined visits per calendar year. Services are covered when performed in the outpatient department of the hospital, or approved freestanding facility. Physical therapy is also covered in an independent therapist's office.	
Massage Therapy rendered by MD, DO, or Chiropractor Hot/Cold Packs rendered by Chiropractor	Covered – 100%	Covered – 80% after deductible
	Limited to 12 visits per calendar year	
Durable Medical Equipment/Medical Supplies and Prosthetic and Orthotic Appliances	Covered – 100%	Covered – 100%
	Limited to \$4,000 per calendar year	
Private Duty Nursing	Covered – 100%	Covered – 100%
Hearing Aids	Not Covered	Not Covered
Acupuncture - Performed by MD, DO and other select provider specialties	Covered – 100%	Covered – 80% after deductible

Prescription Drugs

Retail – 34 day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) \$5 copay – Generic drugs and \$30 copay - Brand name drugs</p> <p>Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.</p>
Mail Order - 90-day supply	<p>\$ 0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) \$10 copay – Generic drugs and \$60 copay - Brand name drugs</p>
Additional Services: Oral & Injectable Contraceptives Smoking Cessation Drugs Weight Loss Drugs Impotency Drugs Infertility Drugs	<p>Covered Not Covered Not Covered Covered – limited to 12 doses per month Not Covered</p>

This is intended as an easy-to-read guide. It is not a contract. An official description of benefits is contained in applicable Blue Cross Blue Shield of Michigan coverage documents.

ADN Dental Network

Dental Benefit Summary

Basic Benefits

Examination –includes initial and periodontic	Covered 100% R&C, 2 per member per benefit year
Cleaning- adult and child	Covered 100% R&C, 2 per member per benefit year
Flouride- to age 18	Covered 100% R&C, 2 per member per benefit year
Restorative- Fillings	100% R&C
Oral Surgery	100% R&C
Endodontics	100% R&C
Periodontics	100% R&C
Lifetime Deductible	\$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	100% R&C
Bridges and Repairs	70% R&C
Dentures	70% R&C
Annual Deductible	\$0

Annual Maximum

\$1,500 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment at	70% R&C
Deductible	\$0
Lifetime Maximum	\$2,000

National Vision Administrators (NVA)

Benefit	In-Network	Out-of-Network
Exam- once every 12 months	100% after \$20 Copay	Up to \$32
Lenses- once every 12 months	Standard Glass or Plastic 100% after \$50 Copay Polycarbonates Covered 100% for Children under 19	Single- \$42 Bifocal- \$48 Trifocal- \$60 Lenticular-\$72
Lens Options	In-Network \$50.00 Copay	Out-of-Network N/A
Fashion Gradient Tint	100%	N/A
Progressives (Standard)	100%	N/A
Scratch-Resistant Coating (Standard)	100%	N/A
Solid Tints	100%	N/A
UV Coatings	100%	N/A
Glass Photogrey	100%	N/A
Transitions	100%	N/A
Frame Benefit	In-Network	Out-of-Network
Once every 12 months	Covered up to \$70 retail allowance (20% off remaining balance over \$70 allowance)	Up to \$50
Contact Lenses	In-Network	Out-of-Network
Once every 12 months	In lieu of Lens/Frame	Up to \$105
Elective	Covered up to \$105 Retail Allowance (15% discount Conventional or 10% discount Disposable) off remaining balance over \$105 Discount does not apply at Wal-Mart/Sam's Club locations, Cole corporate locations or Contact Fill	N/A
Medically Necessary	100% with Prior Authorization from NVA	\$210
Evaluation & Fitting	Covered 100%	Daily Wear-\$20 Extended- \$30

CTC TEACHERS (C1) SALARY SCHEDULE YEAR 1: 2011/12

Base Salary: \$38,802

Step	Index	1.00 ND/BA Salary	1.03 ND60/BA18 Salary	1.08 MA Salary	1.10 MA15 Salary	\$800 MA30 Salary
0	1.00	38,802	<i>1.03</i> 39,966	<i>1.08</i> 41,906	<i>1.10</i> 42,682	\$800 43,482
1	1.05	40,742	<i>1.08</i> 41,964	<i>1.13</i> 44,001	<i>1.16</i> 44,816	\$800 45,616
2	1.10	42,682	<i>1.13</i> 43,963	<i>1.19</i> 46,097	<i>1.21</i> 46,950	\$800 47,750
3	1.15	44,622	<i>1.18</i> 45,961	<i>1.24</i> 48,192	<i>1.27</i> 49,084	\$800 49,884
4	1.20	46,562	<i>1.24</i> 47,959	<i>1.30</i> 50,287	<i>1.32</i> 51,219	\$800 52,019
5	1.25	48,502	<i>1.29</i> 49,957	<i>1.35</i> 52,383	<i>1.36</i> 53,353	\$800 54,153
6	1.30	50,443	<i>1.34</i> 51,956	<i>1.40</i> 54,478	<i>1.43</i> 55,487	\$800 56,287
7	1.35	52,383	<i>1.39</i> 53,954	<i>1.46</i> 56,573	<i>1.49</i> 57,621	\$800 58,421
8	1.40	54,323	<i>1.44</i> 55,952	<i>1.51</i> 58,669	<i>1.54</i> 59,755	\$800 60,555
9	1.45	56,263	<i>1.49</i> 57,951	<i>1.57</i> 60,764	<i>1.60</i> 61,889	\$800 62,689
10	1.50	58,203	<i>1.55</i> 59,949	<i>1.62</i> 62,859	<i>1.65</i> 64,023	\$800 64,823
11	1.55	60,143	<i>1.60</i> 61,947	<i>1.67</i> 64,954	<i>1.71</i> 66,157	\$800 66,957
12	1.60	62,083	<i>1.65</i> 63,946	<i>1.73</i> 67,050	<i>1.76</i> 68,291	\$800 69,091
13	1.65	64,023	<i>1.70</i> 65,944	<i>1.76</i> 69,145	<i>1.82</i> 70,425	\$800 71,225
14	1.65	64,023	<i>1.70</i> 65,944	<i>1.76</i> 69,145	<i>1.82</i> 70,425	\$800 71,225
15	1.68	65,187	<i>1.73</i> 67,143	<i>1.81</i> 70,402	<i>1.85</i> 71,706	\$800 72,506
16	1.68	65,187	<i>1.73</i> 67,143	<i>1.81</i> 70,402	<i>1.85</i> 71,706	\$800 72,506
17	1.70	65,963	<i>1.75</i> 67,942	<i>1.84</i> 71,240	<i>1.87</i> 72,560	\$800 73,360
18	1.72	66,739	<i>1.77</i> 68,741	<i>1.86</i> 72,078	<i>1.89</i> 73,413	\$800 74,213
19	1.74	67,515	<i>1.79</i> 69,541	<i>1.88</i> 72,917	<i>1.91</i> 74,267	\$800 75,067
20	1.76	68,291	<i>1.81</i> 70,340	<i>1.90</i> 73,755	<i>1.94</i> 75,121	\$800 75,921
21	1.78	69,067	<i>1.83</i> 71,139	<i>1.92</i> 74,593	<i>1.96</i> 75,974	\$800 76,774
22	1.80	69,843	<i>1.85</i> 71,939	<i>1.94</i> 75,431	<i>1.98</i> 76,828	\$800 77,628
23	1.81	70,231	<i>1.86</i> 72,338	<i>1.95</i> 75,850	<i>1.99</i> 77,255	\$800 78,055
24	1.82	70,620	<i>1.87</i> 72,738	<i>1.97</i> 76,269	<i>2.00</i> 77,681	\$800 78,481

CTC TEACHERS (C2) SALARY SCHEDULE YEAR 1: 2011/12

Base Salary:	\$36,000
Yrs/Exp:	\$1,200

Step	0 ND/BA Salary	1500 ND60/BA18 Salary	3000 MA Salary	4500 MA15 Salary
0	36,000	37,500	39,000	40,500
1	37,200	38,700	40,200	41,700
2	38,400	39,900	41,400	42,900
3	39,600	41,100	42,600	44,100
4	40,800	42,300	43,800	45,300
5	42,000	43,500	45,000	46,500
6	43,200	44,700	46,200	47,700
7	44,400	45,900	47,400	48,900
8	45,600	47,100	48,600	50,100
9	46,800	48,300	49,800	51,300
10	48,000	49,500	51,000	52,500
11	49,200	50,700	52,200	53,700
12	50,400	51,900	53,400	54,900
13	51,600	53,100	54,600	56,100
14	52,800	54,300	55,800	57,300
15	54,000	55,500	57,000	58,500
16	55,200	56,700	58,200	59,700
17	56,400	57,900	59,400	60,900
18	57,600	59,100	60,600	62,100
19	58,800	60,300	61,800	63,300
20	60,000	61,500	63,000	64,500

CTC TEACHERS (C1) SALARY SCHEDULE YEAR 2: 2012/13

Base Salary: \$38,802

Step	Index	1.00 ND/BA Salary	1.03 ND60/BA18 Salary	1.08 MA Salary	1.10 MA15 Salary	Index	\$800 MA30 Salary			
-	1.00	38,802	1.03	39,966	1.08	41,906	1.10	42,682	\$800	43,482
0.50		39,772		40,965		42,954		43,749		44,549
1.00	1.05	40,742	1.08	41,964	1.13	44,001	1.16	44,816	\$800	45,616
1.50		41,712		42,964		45,049		45,883		46,683
2.00	1.10	42,682	1.13	43,963	1.19	46,097	1.21	46,950	\$800	47,750
2.50		43,652		44,962		47,144		48,017		48,817
3.00	1.15	44,622	1.18	45,961	1.24	48,192	1.27	49,084	\$800	49,884
3.50		45,592		46,960		49,240		50,151		50,951
4.00	1.20	46,562	1.24	47,959	1.30	50,287	1.32	51,219	\$800	52,019
4.50		47,532		48,958		51,335		52,286		53,086
5.00	1.25	48,502	1.29	49,957	1.35	52,383	1.38	53,353	\$800	54,153
5.50		49,472		50,956		53,430		54,420		55,220
6.00	1.30	50,442	1.34	51,956	1.40	54,478	1.43	55,487	\$800	56,287
6.50		51,412		52,955		55,526		56,554		57,354
7.00	1.35	52,382	1.39	53,954	1.46	56,573	1.49	57,621	\$800	58,421
7.50		53,352		54,953		57,621		58,688		59,488
8.00	1.40	54,322	1.44	55,952	1.51	58,669	1.54	59,755	\$800	60,555
8.50		55,292		56,952		59,716		60,822		61,622
9.00	1.45	56,262	1.49	57,951	1.57	60,764	1.60	61,889	\$800	62,689
9.50		57,232		58,950		61,812		62,956		63,756
10.00	1.50	58,202	1.55	59,949	1.62	62,859	1.65	64,023	\$800	64,823
10.50		59,172		60,948		63,906		65,090		65,890
11.00	1.55	60,142	1.60	61,947	1.67	64,954	1.71	66,157	\$800	66,957
11.50		61,112		62,947		66,002		67,224		68,024
12.00	1.60	62,082	1.65	63,946	1.73	67,050	1.76	68,291	\$800	69,091
12.50		63,052		64,945		68,098		69,358		70,158
13.00	1.65	64,022	1.70	65,944	1.78	69,145	1.82	70,425	\$800	71,225
13.50		64,992		65,944		69,145		70,425		71,225
14.00	1.65	64,022	1.70	65,944	1.78	69,145	1.82	70,425	\$800	71,225
14.50		64,992		66,543		69,774		71,065		71,865
15.00	1.68	65,187	1.73	67,143	1.81	70,402	1.85	71,706	\$800	72,506
15.50		65,187		67,143		70,402		71,706		72,506
16.00	1.68	65,187	1.73	67,143	1.81	70,402	1.85	71,706	\$800	72,506
16.50		65,575		67,543		70,821		72,133		72,933
17.00	1.70	65,963	1.75	67,942	1.84	71,240	1.87	72,560	\$800	73,360
17.50		66,351		68,341		71,659		72,987		73,787
18.00	1.72	66,739	1.77	68,741	1.86	72,078	1.89	73,413	\$800	74,213
18.50		67,127		69,141		72,497		73,840		74,640
19.00	1.74	67,515	1.79	69,541	1.88	72,917	1.91	74,267	\$800	75,067
19.50		67,903		69,941		73,336		74,694		75,494
20.00	1.76	68,291	1.81	70,340	1.90	73,755	1.94	75,121	\$800	75,921
20.50		68,679		70,739		74,174		75,547		76,347
21.00	1.78	69,067	1.83	71,139	1.92	74,593	1.96	75,974	\$800	76,774
21.50		69,455		71,539		75,012		76,401		77,201
22.00	1.80	69,843	1.85	71,939	1.94	75,431	1.98	76,828	\$800	77,628
22.50		70,231		72,338		75,641		77,041		77,841
23.00	1.81	70,231	1.86	72,338	1.95	75,850	1.99	77,255	\$800	78,055
23.50		70,425		72,538		76,060		77,468		78,268
24.00	1.82	70,620	1.87	72,738	1.97	76,269	2.00	77,681	\$800	78,481

CTC TEACHERS (C2) SALARY SCHEDULE YEAR 2: 2012/13

Base Salary:	\$36,000
Yrs/Exp:	\$1,200

Step	0 ND/BA Salary	1500 ND60/BA18 Salary	3000 MA Salary	4500 MA15 Salary
-	36,000	37,500	39,000	40,500
0.50	36,600	38,100	39,600	41,100
1.00	37,200	38,700	40,200	41,700
1.50	37,800	39,300	40,800	42,300
2.00	38,400	39,900	41,400	42,900
2.50	39,000	40,500	42,000	43,500
3.00	39,600	41,100	42,600	44,100
3.50	40,200	41,700	43,200	44,700
4.00	40,800	42,300	43,800	45,300
4.50	41,400	42,900	44,400	45,900
5.00	42,000	43,500	45,000	46,500
5.50	42,600	44,100	45,600	47,100
6.00	43,200	44,700	46,200	47,700
6.50	43,800	45,300	46,800	48,300
7.00	44,400	45,900	47,400	48,900
7.50	45,000	46,500	48,000	49,500
8.00	45,600	47,100	48,600	50,100
8.50	46,200	47,700	49,200	50,700
9.00	46,800	48,300	49,800	51,300
9.50	47,400	48,900	50,400	51,900
10.00	48,000	49,500	51,000	52,500
10.50	48,600	50,100	51,600	53,100
11.00	49,200	50,700	52,200	53,700
11.50	49,800	51,300	52,800	54,300
12.00	50,400	51,900	53,400	54,900
12.50	51,000	52,500	54,000	55,500
13.00	51,600	53,100	54,600	56,100
13.50	52,200	53,700	55,200	56,700
14.00	52,800	54,300	55,800	57,300
14.50	53,400	54,900	56,400	57,900
15.00	54,000	55,500	57,000	58,500
15.50	54,600	56,100	57,600	59,100
16.00	55,200	56,700	58,200	59,700
16.50	55,800	57,300	58,800	60,300
17.00	56,400	57,900	59,400	60,900
17.50	57,000	58,500	60,000	61,500
18.00	57,600	59,100	60,600	62,100
18.50	58,200	59,700	61,200	62,700
19.00	58,800	60,300	61,800	63,300
19.50	59,400	60,900	62,400	63,900
20.00	60,000	61,500	63,000	64,500

CAREERLINE TECH CENTER CALENDAR

2011/2012 School Year

	Student	Staff		Student	Staff
	Days	Days		Days	Days
August 2011			February 2012		
M T W TH F			M T W TH F		
22 23 24 25 26	0	0	1 2 3	3	3
29 30 31	0	3	6 7 8 9 10	5	5
September 2011			13 14 15 16 17	5	5
1 2	0	1	20 21 22 23 24	5	5
LD 6 7 8 9	4	4	27 28 29	3	3
12 13 14 15 16	5	5	March 2012		
19 20 21 22 23	5	5	1 2	2	2
26 27 28 29 30	5	5	5 6* 7 8 9	5	5
October 2011			12 13 14 15 16	5	5
3 4 5 6 7	5	5	19 20 21 22 23	5	5
10 11 12 13 14	5	5	26 27 28 29 SB	4	4
17 18 19 20 21	5	5	April 2012		
24 25 26 27 28	5	5	SB SB SB SB SB	0	0
31	1	1	9 10 11 12 13	5	5
November 2011			16 17 18 19 20	5	5
1 2 3 4	4	4	23 24 25 26 27	5	5
7 8 9 10 11	5	5	30	1	1
14 15 16 17 18	5	5	May 2012		
21 22 NS TG TG	2	2	1 2 3 4	4	4
28 29 30	3	3	7 8 9 10 11	5	5
December 2011			14 15 16 17 18	5	5
1 2	2	2	21 22 23 24 25	5	5
5 6 7 8 9	5	5	MD 29 30 31	3	3
12 13 14 15 16	5	5	June 2012		
CB CB CB CB CB	0	0	1	1	1
CB CB CB CB CB	0	0	4 5 6 7 8	5	5
January 2012			8/29 - 9/1 Inservice/Lab Prep		
CB 3 4 5 6	4	4	LD Labor Day		
9 10 11 12 13	5	5	TG Thanksgiving Break		
16 17 18 19 20	5	5	CB Christmas Break		
23 24 25 26 27	5	5	*3/6 1/2 records, 1/2 PD or Curriculum		
30 31	2	2	SB Spring Break		
			MD Memorial Day		
			NS No Staff		
			11/21, 11/22 Parent Conferences		
			10/25 Open House		
			5/9 Student Awards		

Student Days 178
 Instructor Days 183 **

**Includes 1 additional summer flex day