

A G R E E M E N T

between

**HEMLOCK PUBLIC SCHOOLS
BOARD OF EDUCATION**

and

HEMLOCK FEDERATION OF TEACHERS

2013-14, 2014-15, 2015-16

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A G R E E M E N T

ARTICLE I RECOGNITION

A. The Board hereby recognizes the Hemlock Federation of Teachers, Local #3509, AFT, MFT, AFL-CIO, as the sole and exclusive bargaining representative, as defined in Section II of Act 379 of the Public Acts of 1965, as certified in Case No. R75 C-135.

All classroom teachers, including probationary teachers, school librarians, counselors, all extra-curricular personnel, and any other regular teaching day or state certified educational employees, but excluding executive, supervisory and administrative personnel, office and clerical employees, cooks, bus drivers, teachers' aides, custodians, adult education, community school and all other employees not included herein.

B. The term teacher when used hereinafter in this Agreement shall refer to all employees represented by the Federation in the bargaining unit as defined above, and references to male teachers shall include female teachers.

C. Nothing contained herein shall be construed to prevent, deny or restrict to any teacher, rights he may have under the Michigan General School Laws or applicable civil laws and regulations. The rights granted to teachers hereunder shall be deemed to be in addition to those provided elsewhere.

D. The Board agrees that neither they nor their agents shall attempt to initiate any exceptions to this Agreement, except through the Federation.

E. This Agreement preempts any policies of the Board which are in conflict with its written provisions.

F. If any provision of this Agreement shall at any time be held contrary to law by a court of competent jurisdiction in the State of Michigan or of the United States, whichever is applicable, or from whose judgment no appeal has been taken within the time provided for doing so, and in the event such provisions shall not be valid and subsisting except to the extent such provisions are permitted by law; all other provisions of this Agreement shall continue in full force and effect.

G. In the event this Agreement, or any part of this Agreement, is found contrary to law under the conditions described above, the parties shall meet to renegotiate the items in questions immediately.

H. The entire agreement or specific provisions of the agreement may be rejected, modified, or terminated by an emergency manager under conditions provided in the Local Government and School Fiscal Accountability Act, 2011 PA 4.

ARTICLE II
FINANCIAL RESPONSIBILITY

A. It is recognized that because of religious convictions or otherwise, some teachers may object to joining any organization engaged in collective bargaining. It is also recognized that the proper negotiation and implementation of collective bargaining agreements entail expense to the Federation. Furthermore, it is recognized that this expense shall be shared by all members of the bargaining unit that enjoy its benefits and security.

B. All authorizations for payroll deductions (to exclude union dues) will be made on one form and shall be available for any financial institution.

**ARTICLE III
GRIEVANCE PROCEDURE**

A. Definition: Any claim by a teacher of the Federation there has been a violation, misinterpretation, or inequitable application of the specific terms or provisions of this Agreement, shall be a grievance and shall be resolved through the procedure set forth herein. Any complaint subject to the procedures of the Teacher Tenure Act shall not be the basis of any grievances filed under the procedure outlined in this Article as per P.A. 103, Sec 15 (3)(M). The Board shall not engage in any action concerning any member of the bargaining unit that is applied in an arbitrary and capricious manner.

B. Procedure for Handling:

1. The teacher who feels that he has a grievance should first take the matter up with the principal of the school, who will attempt to resolve it with him.
2. If this fails to resolve the grievance, the teacher shall reduce the grievance to writing [within ten (10) working days following the act or condition which is the basis of the grievance] specifying the section of the contract he alleges is violated, the events that caused the alleged violation, and the remedy he seeks as per the Grievance Form in Appendix I.
3. Within five (5) working days of receipt of the written grievance, the principal shall arrange a conference with the view of satisfactorily resolving the grievance. At the time of conference, the teacher may appear personally or he may be represented by the Federation representative or both. Such conference shall be scheduled at a time when there is no disruption of normal school routine and duties of the teachers.
4. Within five (5) working days after such conference, or longer if mutually agreed to, the principal shall answer such grievance in writing.

5. If the grievance is not appealed from the written answer within five (5) working days after receipt of such answer, the principal's decision will be final.

6. If the Federation does not accept the principal's written answer, the grievance may be appealed to the Superintendent of schools by sending such notice in writing to him within five (5) working days from the date of the principal's written decision.

7. Within ten (10) working days of receipt of the written appeal, the superintendent or his designated representative will arrange for a conference to satisfactorily resolve the grievance. Such conference shall be scheduled at a time when there is no disruption of normal school routine and duties of the teachers.

8. Within ten (10) working days after the conference, or longer if mutually agreed to, the superintendent or his designated representative shall answer such grievance in writing.

9. Such answer shall be final and binding unless appealed to the next step within thirty (30) calendar days from the date of the superintendent's written decision.

10. If the grievance is not settled at the preceding step, it may be submitted to binding arbitration at the election of either party. The matters to be arbitrated shall be submitted to a board of three arbitrators as follows:
 - a. Within the thirty (30) days referred to above (Step 9), the party choosing to arbitrate must give written notice to the other party, setting forth specifically the nature of the dispute to be arbitrated and designating one (1) arbitrator selected by it.

 - b. Within five (5) working days from the receipt of such notice, the other party shall notify the first party its statement of the matter to be arbitrated.

- c. The parties may waive the three member panel by mutual agreement.
 - d. Within five (5) days after the selection of the second arbitrator, the two (2) arbitrators shall select a third. If they are unable to agree on a third arbitrator within five (5) days, the American Arbitration Association will be asked to submit a panel in accordance with their rules.
11. The fees and expenses of the third impartial arbitrator, cost of transcript (if one is requested by the Board of Arbitration), and cost of the hearing room shall be borne equally by both parties. All other expenses incurred shall be paid by the party incurring them.
12. The Agreement constitutes a contract between the parties which shall be interpreted and applied by the parties and by the Board of Arbitration in the same manner as other collective bargaining agreements. The function and purpose of the Board of Arbitration is to determine disputed interpretations of terms actually found in the Agreement, or to determine disputed facts upon which the application of the Agreement depends. The Board of Arbitration shall, therefore, not have authority, nor shall it consider its function to include the decision of any issue not submitted or to so interpret or apply the Agreement as to change what can fairly be said to have been the intent of the parties as determined by generally accepted rules of contract construction. The Board of Arbitration shall not give any decision which in practical or actual effect modifies, revises, detracts from or adds to any of the terms or provisions of this Agreement. Past practice of the parties in interpreting or applying terms of the Agreement can be relevant evidence, but may not be used so as to justify or result in what is in effect a modification (whether by addition or deduction) of written terms of this Agreement. The Board of Arbitration has no obligation or function to render a decision merely because in its opinion such a decision is fair or equitable or because in its opinion it is unfair or inequitable.

13. Unless expressly agreed to by the parties, in writing, the Board of Arbitrators is limited to hearing one issue or grievance upon its merits at any one hearing. Separate Boards of Arbitration shall be constituted for each grievance appealed to binding arbitration.

C. Any teacher who is a member of the bargaining unit covered under this Agreement, or any group of such teachers or the Federation believing that they are aggrieved, may file a grievance and have it resolved in accordance with the principles and procedures designated in this Article.

D. Any teacher or group of teachers may be represented at any level of the grievance procedure by a designated representative of the Federation.

E. The primary purpose of this grievance procedure is to secure equitable solution at the closest supervisor level possible. Both the Federation and the Board agree that these proceedings shall be kept confidential as may be appropriate at each level of the procedure.

F. The terms "days" in this article shall mean calendar days except where otherwise indicated.

G. It is important that grievances be processed through the steps as rapidly as possible. The number of days indicated at each step should be considered to be the maximum and every effort should be made to expedite the process. The parties may however, mutually agree to extend the time limits at any step.

H. Nothing contained herein shall be construed as limiting the right of any teacher to discuss the matter informally with his principal as described in Level One of the grievance procedure.

I. No reprisals of any kind shall be taken by or against any party of interest or any participant in the procedure by reason of such participation.

J. A grievance may be withdrawn by mutual agreement at any level without prejudice.

K. Neither party may assert in arbitration proceedings any evidence not disclosed to the other party prior to the arbitration hearing.

L. In processing grievances, released time will be granted upon mutual consent by the aggrieved person, Federation and superintendent, or if so required, by the arbitrator. Such released time shall be without loss of pay or penalty.

ARTICLE IV
BOARD RIGHTS & RESPONSIBILITIES

A. The Federation recognizes that the Board hereby retains and reserves all powers, rights, authority, duties and responsibilities conferred upon and vested in it by the laws and Constitution of the State of Michigan and of the United States.

B. The Federation further recognizes that the exercise by the Board of the foregoing rights, power, authority, duties and responsibilities shall be limited by the provisions of this agreement and this only to the extent permitted by the law and Constitution of the State of Michigan and the United States.

C. The parties agree that this contract incorporates their full and complete understanding and that any prior oral agreements or practices will not be recognized in the future unless committed to writing and signed by the parties as supplement to this agreement.

D. As a duly elected body exercising governmental power under the laws of the State of Michigan, the Board undertakes and agrees that it will not directly or indirectly discourage or deprive or coerce any teacher in the enjoyment of rights conferred by Act 379; that it will not directly discriminate against any teacher with respect to hours, wages, or any terms or conditions of employment because of his membership in the Federation, or collective professional obligations with the Board, his participation in any activity of the Federation, not in conflict with this Agreement, or his institution of any grievance, complaint or proceeding under this Agreement or otherwise with respect to any terms or conditions of employment.

E. The Board agrees to furnish the Federation, upon request, information concerning the financial resources of the district, including, but not limited, to annual financial budgets or reports, register of bargaining unit personnel, county allocation budgets, agenda and minutes of all Board meetings (but not executive sessions, except to the extent they pertain to programs, grievances, negotiations or discussions in which the Federation is involved), membership data, names and addresses of all teachers, salaries paid thereto and educational background, and such other information that is necessary for negotiations and the representation and processing of grievances. Such information shall be transmitted to the Federation within a reasonable time or the Federation shall be notified if such information is not available.

F. The Board and Federation agree that special attention and supportive help and guidance in classroom techniques shall be provided all new teachers. All available resources including principal, assistant principal, administrative assistants, as well as the experienced and diverse abilities of all teachers should be utilized to help orient the new teacher.

G. The Board agrees that it shall be a violation of this Agreement for the Board and Federation to limit, segregate, or classify any employee which in any way deprives, or tends to deprive any teacher of employment opportunities or otherwise adversely affects their status as an employee because of such individual's race, color, religion, sex, age, marital status or national origin. This is not intended to prevent the Board from establishing a reasonable and equitable retirement policy for its employees.

ARTICLE V
FEDERATION RIGHTS & RESPONSIBILITIES

A. The Federation shall be allotted the minimum of two (2) consecutive hours on the first day of the normal school year when students are not in attendance for the purpose of discussing topics of mutual interest to the Federation. This time shall be scheduled during the normal working hours.

B. The Federation shall have right to use the school facilities and equipment, including typewriters, mimeograph machines, other duplicating equipment, calculating machines and all types of audio-visual equipment, when such equipment is not otherwise in use. Federation use of school facilities and equipment will be permitted provided that:

1. Request is made and use arranged for in advance.
2. The use is strictly to service the legitimate purpose of the Federation, such as duplication of records, notices, correspondence.
3. The purpose is for the internal business of the Federation and is not for public distribution.

C. The Federation shall have the exclusive right over any other teacher organization to post notices of its activities and matters of Federation concern on Federation bulletin boards, one of which shall be provided in each school building.

D. The Federation shall have the exclusive right over any other teacher organization to use interschool mail service and teacher mail boxes for communications to its members provided distribution of Federation mail does not require the Board of Education to expend additional money or allocate additional personnel time to perform such service.

ARTICLE VI
TEACHER RIGHTS & RESPONSIBILITIES

A. Building keys shall be allocated to teachers upon written request and in accordance with the following procedure:

1. Requests will be made in writing stating the reason and length of time required to possess key.
2. Keys shall be returned at the end of use or after length of time in original request has expired.
3. No duplicate of the key shall be made by any teacher.

B. Copies, exclusively for the use of teachers, of all texts used in each course shall be furnished by the Board.

C. Teachers will participate in the selection of books.

D. Teachers shall have the right to confer with parents during school hours for regular scheduled Parent-Teacher Conferences in a private room or area without the presence and beyond the hearing of other teachers or students. Any administrator desiring to attend a particular conference will first inform the teacher involved.

1. The federation shall have the right in each school to form a committee for the purpose of making proposals to the Principal regarding the implementation of this Section.
2. After receiving written proposals, the Principal shall meet with the committee to discuss these proposals and attempt to reach a consensus regarding its implementation.
3. If the parties fail to agree on a method of implementation, the Principal shall make the final determination regarding the procedure for implementation, and shall forward such recommendation to the Superintendent of Schools.
4. The Superintendent of Schools will, when requested, schedule a hearing with a committee prior to making a final decision on the implementation for the scheduling of Parent Teacher Conferences.

E. Teachers shall be entitled to perform their duties under fair, safe, healthful, and equitable working conditions as regulated by the State and Federal Occupational Safety and Health Act. When such conditions do not prevail, the affected teacher(s) shall notify the building principal immediately of any deficiencies. The Board shall make all reasonable attempts to correct such deficiencies as soon as possible.

F. The personal lives of teachers are not within the appropriate concern of the Board nor are the religious or political activities of any teacher, or the lack thereof, grounds for discrimination; unless such activities prove to adversely affect the teachers' efficiency or classroom performance.

G. Teachers shall have the right to review their personnel files after initial employment and to have a representative of the Federation accompany them in such review.

H. Records of unsatisfactory performance or otherwise must be specific in content, signed by the contributor, and brought to the attention of the employee by written copy in a timely manner.

I. A teacher shall have the right to recommend the removal of material from his personnel file that is in error. Provided cause is shown, the materials will either be corrected or expunged from the file.

J. Any complaint will be promptly called to the attention of the teacher.

K. Every consideration will be made for teachers who are given unusual responsibilities or difficult situations in which to teach. Including the following situations:

- o Large number of learning and/or behavior problems
- o Limited classroom space
- o High student numbers
- o Inequitable levels of technology
- o Insufficient classroom supplies including textbooks and ancillary materials

L. Any order when applicable, rule or regulation will be applied uniformly with all employees.

Article VII
DISCIPLINARY SUPPORT & PROTECTION OF TEACHERS

A. The Board of Education recognizes its responsibilities to give all reasonable support and assistance to teachers with respect to the maintenance of control and discipline in the classroom. The Board further recognizes that the teacher may not fairly be expected to assume the ongoing responsibility for emotionally disturbed students, or to be charged with the responsibility of psychotherapy. Whenever it appears that a particular pupil will require the attention of special counselors, social workers, law enforcement personnel, physician or other professional persons, the Board will take prompt action to assist the teacher with respect to such pupils.

B. Any case of assault upon a teacher shall be promptly reported to the Board or its designated representative. The Board shall provide legal counsel to advise the teachers of his rights and obligations with respect to the assault and shall render all reasonable assistance to the teacher in connection with the handling of the incident by law enforcement and judicial authorities.

C. A teacher may use such force as is necessary to protect himself from attack or to prevent injury to another student and may administer corporal punishment in accordance with the statutes of the State of Michigan and school policies.

D. No student grades will be altered unless the teacher has been consulted. Whenever a grade or decision to pass or retain a student is changed against the advice of the teacher(s), the administrator shall state in writing to the teacher(s) the reasons for such change and a copy sent to the superintendent. In cases appealed by the teacher under provisions of this article, the teacher shall state in writing supporting evidence for his position on the case appealed.

E. A consistent and reasonable disciplinary policy shall be established in writing within each school building after consultation between the staff and building principal. The building principal shall review the building discipline policy with the building staff at the initial staff meeting each year. All building discipline policies shall minimally include procedures for the exclusion of students from the classroom when the seriousness of the offense or persistence of misbehavior disrupts the educational process and conditions for readmission of excluded students. Final approval shall be required by the Board Of Education

F. Initial application of sound classroom management regarding behavior problems rests with the classroom teacher. The Board and the Federation agree that the adjustment of behavioral problems is the joint responsibility of teachers and administrators. Teachers shall have the immediate support of administration who shall give the teacher effective and consistent support in each case, in accordance with the written disciplinary policy.

G. The Board and the Federation agree that special attention and supportive help and guidance in classroom techniques shall be provided all teachers.

ARTICLE VIII
SENIORITY PERSONNEL

A. Seniority is defined as the length of service within the school district as of the teacher's first working day. In the circumstance of more than one individual beginning employment on the same date, all individuals so affected will participate in a drawing to determine position on the seniority list. The drawing will be conducted openly and at a place and time which will allow all affected teachers to attend. Seniority will only be used as a tie breaker if all other credentials are equal.

B. It is agreed between the Hemlock Federation of Teachers and the Hemlock Board of Education that in order to determine seniority for employees the following conditions will be applied:

1. Credit on the seniority list will be given for only those years of active employment in the Hemlock Public School District.
2. The seniority list would be arranged according to the total time of active employment accumulated by bargaining unit members.
3. Half days are considered as half years of employment (based on social security and retirement).
4. Teachers on lay off would not receive credit for a year of active employment (exception: four teachers reinstated through arbitration 1977-78).
5. Internship is not considered active employment for the Hemlock Public School District.
6. Employees that had a leave of absence at any time during their employment would not receive seniority credit for the length of time on leave except for an approved sick leave not to exceed one (1) year.
7. A leave of absence is defined as one approved by the Board of Education.

C. If, for any reason, the Board anticipates a reduction in staff for the following year, it shall confer with the Federation to discuss the implications of said reduction.

D. Recall of personnel shall be in writing and sent by registered or certified mail to said teacher(s). It is the responsibility of the teacher(s) to keep the Board informed of his current address.

E. Teachers laid off will be notified of their rights to insurance continuation under applicable COBRA law, the teacher will be notified by the COBRA Administrator within 30 days.

ARTICLE IX
LEAVES OF ABSENCE

A. Procedures:

1. Leaves of absence may be authorized by the Board of Education upon the recommendation of the Superintendent.

2. No leave of absence shall be granted for a period longer than one (1) year except by specific action of the Board of Education.

3. Written application for such leave shall be made by the faculty person, addressed to the superintendent of schools, who shall upon receipt of same, make such investigation as may be necessary to determine to the best of his ability if the granting of such leave would serve not only the interests of the faculty person, but also of the school district.

4. Such leave of absence shall be without compensation from this school district, except as may be determined other-wise by the Board of Education.

5. Leave of absence may be denied or abrogated by the Board of Education upon evidence of violation of the Agreement.

6. It is agreed that an individual returning from a leave of one year or less shall be guaranteed a position in the Hemlock Public School District, provided they have the necessary seniority. Application to return from a leave of absence shall be filed with the Superintendent of Schools no later than March 15 preceding the September in which he wishes to return, or not later than November 1 if he wishes to return at the beginning of the second semester of any school year.

7. No guarantee will be made to persons granted leaves that they will be reinstated in the original position, but assurance will be made that they will be granted first consideration for a comparable or the same position as was held when leave was granted.

8. In computing service to determine the faculty person's position on the salary schedule at the expiration of the leave, time spent on leave shall not be counted as active service in the school district, except that the superintendent of schools may, at his discretion, allow part or all of such time for the following leaves:

- a. Professional study
- b. Temporary teaching assignments outside the district
- c. Travel

B. Types of Leaves of Absence:

1. Health and Hardship Leave

a. Faculty personnel may be granted a leave of absence because of personal illness, accident, or other grave emergency, and for rest and recuperation.

b. Whenever a leave of absence is granted as described, the faculty person shall give acceptable medical evidence of recovered health, or such other evidence as may be required by the superintendent, before being permitted to return to his duties in this school system.

2. Professional Study

Faculty personnel who have been employed under contract for three (3) or more consecutive years, upon written request, may be granted, without pay, a leave of absence for one year for professional study, provided such leave does not in any way impair the program of the school.

3. Travel

Faculty personnel who have been employed under contract for three (3) or more consecutive years, upon written request, may be granted, without pay, a leave of absence for travel provided such leave does not in any way impair the program of the school.

4. Emergency

An annual total of three (3) days shall be granted upon approval of the superintendent.

5. Military Leave

A military leave shall be granted to the teacher who shall be inducted or ordered to active duty in the armed forces of the United States. (This does not apply to volunteer enlistment.) Such leave shall be for the duration of the emergency or conflict. Employee will be reinstated in the original position or equivalent.

6. Child Rearing

The Board of Education shall grant a leave of absence for child rearing, without pay, upon receipt of satisfactory professional recommendations (physician, psychologist, social worker, etc.) that the refusal of such leave would adversely affect the child's health or well-being. There shall be no credit in the salary schedule for the period of such leave.

ARTICLE X
SICK LEAVE

A. General Provisions

1. Sick leave is a form of insurance and not a form of compensation. The purpose of sick leave shall be to protect faculty personnel and pupils when faculty personnel become ill.

2. Faculty personnel shall be credited with twelve (12) days of sick leave on the opening day of school each year, and any sick leave days not used in one year shall be accumulated to a total of one hundred (100) days.

If the employee begins the school year with 100 accumulated sick days, then any sick days used during the year will be deducted from the total of 112 days and not 100 days.

3. Any teacher having exceeded his accumulated sick leave days may request additional days from the superintendent.

4. Sick leave days earned prior to a leave of absence shall be held in reserve pending the return of faculty personnel from such leave.

5. Faculty personnel who terminate employment with the school district shall forfeit all of their unused days of sick leave and days so forfeited shall not be restored if the faculty member should later re-enter the service of the school district.

6. Absence from duty for the following reasons shall be considered sick leave deductible from the accumulative sick leave:

a. Personal Illness

1. For absence resulting from personal illness or injury (including disability caused by pregnancy or related complications) and not exceeding two (2) consecutive days, approval of the principal shall suffice.

2. Satisfactory medical affidavit to the effect that the absence was caused by illness may be requested for illness of more than two (2) days.

3. Faculty personnel who have been absent because of personal illness for more than two (2) weeks before returning to duty may be required to submit satisfactory medical evidence of ability to perform their duties. This evidence may be either a signed statement from their personal physician or a signed statement by a physician designated by the superintendent.

b. Quarantine

In case of quarantine because of exposure to contagious disease which could be communicated to other personnel or pupils, the approval of a physician must be presented for the entire period of absence.

c. Death in the Immediate Family:

1. Faculty personnel shall be allowed five (5) days of absence and any additional days approved by the superintendent, without loss of pay in the event of death of a member of the immediate family. (Immediate family shall include mother, father, husband, wife, child, stepchild, adopted child, sister, brother, grandparents, grandchild, father-in-law, mother-in-law. This will also include any relative who is a permanent resident in the employee's home.)

2. Faculty personnel shall be allowed one (1) day of absence and any additional days approved by the superintendent without loss of pay to attend the funeral of an aunt, uncle, nephew, niece, sister-in-law, brother-in-law, or the spouse of his child.

d. Emergency Days

For unforeseen emergencies or events not covered in this Article, a faculty member may be granted leave days, deductible from their accumulated leave, by the administration.

e. Worker's Compensations

An individual who is injured and drawing Worker's Compensation shall have his sick leave deduction prorated, not to exceed his daily rate of pay.

7. A teacher who is absent from duty as the result of personal injury caused by an accident, disease, or assault upon him arising out of, and in the cause of, his employment, may have the option of drawing Worker's Compensation solely, or Worker's Compensation plus sick leave (payment not to exceed his regular daily rate). In the event he chooses the latter, the days sick leave drawn will be chargeable to his sick leave accumulation.

8. Illness in the Household

Accumulated Sick Days may be used to care for family members in the immediate family.

a. The immediate family shall be defined as spouse, son, daughter, parent, and grandparents. This will include any person who is permanent resident in the employee's household.

b. Exceptions may be granted by the superintendent.

ARTICLE XI
OTHER AUTHORIZED ABSENCES FROM DUTY

A. Death of Faculty Personnel

1. At the discretion of the superintendent, the school shall be closed in the case of the death of faculty personnel.

2. Other members of the faculty may be allowed to attend the funeral services if satisfactory arrangements can be made to discharge their teaching responsibilities and if such absence is approved by the principal.

3. The principal shall be responsible for all matters concerning the school in connection with the death of a faculty personnel, including student collections, memorials, remembrances, flower arrangements, and the disposition of personal effects.

B. Personal Leave Days

Each teacher shall be entitled each year during his regular employment period to be absent without loss of pay or other benefits from scheduled work for two (2) days in increments of full or half days only. A teacher planning to use a personal leave day shall notify his building principal in writing four (4) days in advance. Teachers shall not be asked to explain the reason for any request for a personal leave day except for a day immediately before and after a holiday or vacation period in which event reasonable restrictions may be imposed. Any unused personal days shall be credited to the accumulated days of sick leave for the following years.

C. Jury Duty

Faculty personnel shall be allowed to be absent when called for jury duty. Such absences shall be allowed without loss of pay except that any compensation for such jury duty shall be deducted from his regular salary payment.

D. Subpoena

Faculty personnel shall not be charged for any absence when subpoenaed to appear in court as a result of the teacher performing their assigned duties.

E. Other Absences

Absence from duty shall be authorized by the building principal except in those instances where the Board of Education policy or administrative regulations expressly reserve this authority to the superintendent.

ARTICLE XII
ASSIGNMENT & TRANSFER

A. Teachers shall teach within the scope of their teaching certificates, such as their major and minor as provided by the Michigan department of Education, except for emergencies. In the event of such emergencies, the Federation will be notified by the administration.

B. All teachers will be given notice of their schedules and/or assignments for the next year not later than the last scheduled day of school in June. If the proposed assignment is altered while school is in summer recess, the affected teachers will be consulted and/or notified by certified mail.

C. Assignment of individual teachers to class schedules within a building is the responsibility of the building administrator.

D. Whenever a vacancy occurs in the Hemlock Public School system during the school year, such position will be posted in each school building for a minimum of five (5) days. During the months of June, July and August, all teachers will receive written notification placed in their pay envelopes. Those teachers who do not receive summer pay will also receive summer job notification by mail.

E. All teachers will be given first consideration for all open positions within the bargaining unit.

ARTICLE XIII
MEDICAL EXAMINATION

The Board of Education requires, by law, evidence of freedom from communicable tuberculosis as a condition of entering its employment and annually thereafter for all personnel employed by the Board. All teachers will present such evidence within a reasonable time when requested by the Board.

ARTICLE XIV
TEACHING CONDITIONS

A. Teachers' day shall conclude only after students leave their rooms.

B. Any teacher shall make arrangements with his immediate supervisor to leave early during the school day.

C. Each teacher shall be required to participate in staff meetings which will be limited to ten (10) per school year except in case of emergency and excluding pre-school conferences. In no case shall a meeting last longer than one and one-half hours. Each teacher recognizes attendance as an obligation of his employment and shall attend unless excused by the building principal.

D. Teachers teaching in more than one building shall be required to attend meetings scheduled in the building in which the majority of their teaching time is spent, unless otherwise directed by that building principal. In no case shall that teacher be required to attend more than the specified number of meetings.

E. Absence of up to a half day (until 12:00 noon for secondary teachers and before the start of the afternoon session for elementary teachers) caused by accidents, weather conditions or other acts of God, making transportation extremely hazardous in the opinion of the Board, taking age, sex, health and locality into consideration, will be excused and not treated as deduction from his sick leave credits or pay, provided the teacher has notified his building principal as soon as possible.

F. It is understood that Public Act 239 of 1984, as amended, does not require student make up of the first two "Act of God" days called during any school year, and the Board shall not require the teachers to do so. It is understood that the teachers shall not lose any compensation for the first two "Act of God" days called during any school year. Any "Act of God" student make up days over and above these two days during any school year shall be made up with no additional compensation. If Public Act 239 of 1984, as amended, is changed, the parties agree to negotiate new language to this agreement.

G. In the event of a delayed start day for students, all teachers will report at the delayed start time as reported by local T.V. and radio stations

H. When special area teachers in music and physical education are instructing a class in grades Y-5/K-6, that class's regular teacher shall be free from duty as a preparation period, provided it is a single class. When there is more than one class being instructed at any one time, the affected teachers will develop a rotation schedule to assist with the supervision of the classes unless waived by the building principal.

I. The instructional organization of the school will be determined by the building principal in consultation with the staff.

J. The Board shall provide a copy of the Agreement between the Hemlock Federation of Teachers and the Hemlock Public Schools for each teacher after the contract has been ratified and signed by both parties.

K. The Board agrees to develop in each building a specific procedure to be implemented during the absence of a building principal to ensure the continued operation of the school. The building principal shall review this procedure with staff at the beginning of the school year.

L. The Board agrees to develop in each building a specific policy for the ordering of supplies and equipment in consultation with its staff. Consideration will be given to the following areas:

1. Deadline for submission of requests
2. Verification of order
3. Notification of availability or non-availability of ordered items.
4. Requests of materials in order of priority
5. See memorandum of understanding

The parties agree that only the failure to implement such a procedure will be grievable.

M. Y-5/K-5 teachers shall receive regular daily preparation time in blocks of no less than 30 minutes which when added to other blocks of time will add up to a minimum weekly average of 45 minutes per teacher per day. Recess time in grades K-5 shall be twenty (20) minute block of time to be scheduled between the teacher and the principal.

N. Each day, preparation periods in grades 6-12 will be equivalent to an uninterrupted period of time equivalent to one (1) class period.

O. Teachers in all buildings shall be guaranteed a thirty (30) minute duty free lunch period each day.

P. Teachers shall not be required to exceed seven (7) hours and eleven (11) minutes per day in a continuous block of time effective with the beginning of the 2006-2007 school year. Twenty (20) minutes of this time will be any combination of time spent before and/or after the student school day as agreed to between the teacher and administrator

Q. Every effort will be made to schedule IEP's during the regular school day.

R. The official school calendar will state the number of teacher work days and is a decision of the Board. Effective with the 2013-2014 school year, the school calendar will consist of no more than 185 teacher work days.

S. Preparation periods will be applied in the following manner for the duration of the contract. Teachers may be required to work during their prep period for 1/12th of their daily rate with management right to assign based on the following criteria: Assignment will be based upon certification, qualification, and active teaching assignment along with scheduled availability. Volunteers meeting above criteria will be considered first, with seniority being the deciding factor in both volunteer and assigned situations.

ARTICLE XV
SUBSTITUTE SERVICE FOR TEACHERS

A. The district will maintain a list of substitute teachers to be utilized by the administration when a teacher is absent from his assignment. (WILL SUB)

B. Substitutes will be provided for absent special area teachers if available (music, band, physical education, shop, etc.).

C. Normally, regular/special education teaching staff will not be utilized as substitutes. Teaching staff are not required to substitute on their prep time nor are they required to take someone else's class into theirs, thus doubling up. Substituting for another staff member should be voluntary and the teacher subbing will be compensated at the daily hourly rate of a substitute teacher.

ARTICLE XVI
NO STRIKE CLAUSE

The Federation and the Board recognize that strikes and other forms of work stoppages by teachers are contrary to law and public policy. The Federation and the Board subscribe to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the school program. The Federation therefore agrees that its officers, representatives and members shall not authorize, instigate, cause, aid, encourage, ratify or condone, nor shall any teacher take part in any strike, slow-down or stoppage of work, boycott, picketing or similar interruption of activities in the school system. Failure or refusal on the part of any teacher to comply with any provision of this Article shall be cause for whatever disciplinary action is deemed necessary by the Board.

ARTICLE XVII
RETIREMENT

A. Teachers who reach the age of fifty-five (55) are eligible to retire under the Michigan Retirement Law and will submit to the Board a written notice of intention to retire at least sixty (60) calendar days prior to the date of retirement.

B. Upon retirement each teacher shall be eligible to continue the payments of all insurance policies of the current contract at group rates subject to the terms of the carrier and at the teacher's expense.

ARTICLE XVIII
PROFESSIONAL COMPENSATION

A. Annual salaries shall be computed according to Appendix A, B, & C.

B. Wages shall be paid bi-weekly and at the time of payment the Board shall not be in arrears.

C. Teachers required to drive personal automobiles in the course of their employment shall be reimbursed at a rate equal to that received by public employees of the State of Michigan. Should the State of Michigan increase the rate of reimbursement during the course of the contract year, such increases would immediately be effective in all reimbursements made to teachers. School owned vehicles should be used when possible.

D. A teacher who is engaged during the school day in negotiating procedures in behalf of the Federation with any representative of the Board or who participates in any professional grievance procedures which are scheduled by the Board of administration shall be released from regular duties without any pay loss or penalties.

E. A teacher, upon request, may be released from his regular duties without loss of pay to participate in workshops, programs, or conferences oriented solely to improving professional competency. Such time is subject, however, to the discretion of each principal as to scheduling feasibility. All teachers will make requests to attend these meetings on forms provided by the administration.

F. Payroll Procedures as Follows:

1. Payroll checks will be issued bi-weekly on Fridays with a maximum of twenty-six (26) paydays per contract year to all teachers except as elsewhere provided. The Board further agrees to provide 27 pay periods to all its teachers during the years that 26 pays does not provide for a paycheck every 2 weeks. This situation occurs about once every 7 years.

2. Upon written application filed no later than September 15, any teacher may request that full payment of salary be made during the last pay period in June.
3. Upon written application filed no later than April 1 (no exceptions), any teacher may request that full payment of salary be made during the last pay period in June if sufficient funds are available. Final approval for payment will remain with the superintendent.
4. Upon request by a teacher prior to the first payroll, a teacher may elect to have his pay issued over the actual months of active employment.
5. Any teacher who is terminating his service pay prior to the end of his contractual period, upon written application filed no later than ten (10) days prior to his termination date, may request total payment of his salary due. Such payment shall be made on the first regular pay date following the termination date.
6. All teachers who are hired for less than full time shall receive all salary and other benefits on a prorated basis.

ARTICLE XIX
INSURANCE BENEFITS

- A. Health Plus PPO "option 7" plan as outlined by Wendy Prezzato which included the 10/40/50 open formulary prescription per the grid. The employee will contribute twenty percent beginning December 1, 2011.
- B. The Board agrees to pay for the Smoking Cessation Patch.
- C. The Board agrees to provide a Dental Care Insurance plan as detailed in the included grid.
- D. The Board further agrees to provide Basic Term Life Insurance in the amount of \$30,000, Basic Term AD&D in the amount of \$30,000, Seat Belt/Airbag benefit in the amount of \$5,000, to all teachers, without cost or limitation.
- E. The Board further agrees to provide, without cost or limitation, to all teachers a long-term disability program with benefits payable to full retirement according to the ADEA rules and regulations. Benefits shall commence after the expiration of the forty (40) scheduled work days waiting period, and are payable for each regularly scheduled work day on which the insured is disabled during a period of continuous disability and prior to the expiration of the contract year. Accrued sick days in excess of forty (40) days shall remain in the employee's sick bank. The amount of benefit payable for each day of disability is 70% during the first school contract year. If an employee is disabled beyond the end of the school or contract year, then the program will provide continued insurance benefit payments on a long term disability basis. Insurance coverage following the end of the school or contract year is at the LTD rate specified of the employee's monthly earnings to a maximum benefit of \$3,000 per month.
- F. A Group Vision Care Insurance Plan shall be offered to all employees and their families as detailed in the included grids.

- G. The Board further agrees to make payment of all insurance benefit premiums described above for all persons who complete their contractual obligation in order to assure insurance coverage over the months of June, July and August, even though the teacher may not be returning the next school year.
- H. The Board agrees to provide, without limitation, teachers' dependent coverage for the 19-26 year age group provided they meet the requirements of the carrier. This applies to all participants in the health, dental and vision programs.
- I. The parties agree to abide by underwriting rules and regulations established by the insuring carriers noted above.
- J. The Board agrees to pay each full time staff member that chooses not to take the school insurance plan a stipend in the form of an annuity or IRA, as chosen by the staff member. The staff member must have full proof of insurance from their spouse's provider in order to qualify for the stipend of \$2,000 per contract year. The stipend will be paid at the conclusion of each contract year. If the staff member wishes to have a cash payment in lieu of an annuity or IRA the amount of \$1,520 would be paid at the conclusion of each contract year.
- K. Any savings from the budgeted amount will be added to the general fund.
- L. If, during the term of this Agreement for employees offered health insurance under this Agreement, it is demonstrated that the employee premium contribution for single-only coverage under the least expensive plan offered to an employee is deemed unaffordable (as this term is defined under 26 USC 36b and applicable IRS regulations), the parties agree that they shall bargain and agree to an additional plan offering for said employee that is determined affordable. It is understood by the parties that any plan offered must provide at least minimum actuarial value as defined under 26 USC 36b and applicable IRS regulations.

ARTICLE XX
SALARY PROVISIONS

A. Salary Placement

1. BA Schedule: Bachelor's category on the salary schedule shall be defined as a Bachelor's degree from an accredited college or university and being eligible for or possessing a valid Michigan teaching certificate.
2. BA & Permanent + 5/Continuing/PERM+5/PROF. ED.+5 Hours Schedule: A teacher who possesses a Bachelor's degree and a permanent or continuing certificate and who has completed five (5) semester hours of courses on the graduate level shall be eligible for the salary of this category.
3. MA Schedule: Master's category on the salary schedule shall be defined as a Master's degree from an accredited college or university and being eligible for or possessing a valid Michigan teacher certificate.
4. MA +24 Schedule: Any teacher who receives 24 credits after their Masters Degree or is seeking a teaching endorsement as approved by the university, shall move to the M.A. + 24 rail. Any classes not included in an endorsement program shall be subject to the approval of the Superintendent to be included in the +24 category. Credits do not need to be at the master's level. An additional five hundred dollars (\$500.00) will be added to all steps on the salary schedule for teachers who have accumulated 24 hours beyond the Master's degree.

Teachers must present satisfactory evidence of the degree or extra hours by October 1st for the full year, or February 1st for the second semester, to benefit from salary allowances or advanced degrees and extra hour schedules.

5. The Board is seeking to maintain, at a minimum, annually end-of-the-year fund balance of 15% as recommended by the MDE, MSBO, and annual audit. To ensure that the board is proposing the following for the duration of the contract:
- When the audited fund balance is above 750,000 (est. 7.5%) wage increases (1/4 Step, Lanes/Longevity) will occur.
 - When the audited fund balance remains above 9.9% after wage increases (1/4 Step, Lanes/Longevity) will occur. It will be determined the cash value of monies above 9.9% and the following formula may be used to provide a wage increase:
 - (Cash Value) multiplied by .5 multiplied by (% of the budget teaching faculty's total compensation equated for the previous year) = monies for wage increase.
 - Monies for the wage increase will then be applied using a percentage increase capped at the amount determined by the formula above. e.g. \$200,000 x .5 = \$100,000 x .63 = \$63,000
 - In the event the Hemlock Public School District fund balance is below \$450,000 (est. 4.5%) as presented at the annual audit (Fall), wage concessions will be made (within the unit) to keep the fund balance above 4.5% as determined by the Board President, HFT President, and Superintendent.
 - When all requirements for a step/lane/longevity are met full credit will be given per the financial requirements above.
 - Merit Pay-Extra pay above regular salary schedule A. Beginning with the 2013-2014 school year, the Federation and the District agree that should every elementary and secondary (middle and High) school meet the state requirements and make adequate yearly progress based on the assessments administered in a given school year, each teacher shall receive a one-time additional compensation payment of \$25.00 in the form of a PTO Scrip card. Should the requirement of additional compensation under Section 380.1250 of the Revised School Code be eliminated, this appendix shall sunset at the end of the school year in which the requirement of additional compensation is eliminated. The Federation and the District agree that additional compensation under this provision shall:

1. Not alter or be considered a part of the salary schedules in Article XIX of this agreement.
 2. Not increase or reduce a teacher's work day or school year.
 3. Not be subject to arbitration under the grievance process.
- Insurance benefits will remain at similar levels throughout the duration of the contract and ongoing discussion and cost saving measures will be reviewed annually. Any change would be approved by the HFT President, Board President, and the Superintendent.

B. Outside Teaching Experience

Credit for experience outside of Hemlock Public Schools shall be granted at the discretion of the Superintendent. In no case, however, shall more than credit earned be granted with a cap of 10 years.

C. Active Military Service

1. Military service shall count as Hemlock School experience, for purposes of determining placement on the salary schedule, if the teacher has performed teaching service in Hemlock Public Schools immediately prior to his or her military service.
2. For initial employment credit, experience credit for military service and/or service in government sponsored education programs not under the direction of a public school system, shall be granted to teachers who have not been employed by the Board previously in accordance with the following schedule:

Less than 13 months	No credit
13 but less than 31 month	1 year
31 or more months	2 years

D. Teachers who teach one semester or more shall advance to the next step (years of experience) upon their return to the Hemlock Public Schools. Teachers who teach less than one semester shall remain on the same step upon their return the following year.

) E. Extended Employment Agreements

The superintendent, at his discretion, may write employment agreements extending the period of employment subject to the following limitations

1. Such agreements may be issued only if the teacher, during the extended period of employment, is performing duties similar to those he would perform while the normal teaching contract is in force.
2. Pay for the extended periods shall be at the daily rate of compensation multiplied by the days of extension. The daily rate is to be determined by dividing the normal contractual salary of the teacher by the number of required work days.

F. Special Assignments

1. It is recognized that there are many tasks in and about a school which require persons with special qualifications and that many of these positions require the expenditure of extra time.
2. The standard teacher contract will not reflect the Compensation paid for additional duties and responsibilities. The compensation and other conditions pertaining to special assignment will be indicated on a contract rider to be issued annually by the Board of Education. The grantee of such rider is not to be guaranteed the stated position for succeeding years or semesters by reason of the Tenure Act of 1937, as amended.

G. Hartley Nature Center

) Each teacher attending Hartley Outdoor Education Center who supervises children and who stays overnight shall be granted one day substitute teacher wages for each night they stay.

**ARTICLE XXI
TERMINATION**

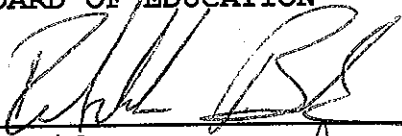
This agreement shall become effective upon ratification of both parties and remain in effect until December 1, 2016.

At least ninety (90) days prior to the expiration of the Agreement on September 1, 2016, the parties will begin negotiations for a new agreement.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives:

**HEMLOCK PUBLIC SCHOOLS
BOARD OF EDUCATION**

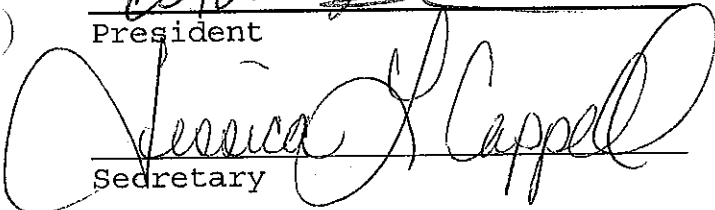
HEMLOCK FEDERATION OF TEACHERS




President



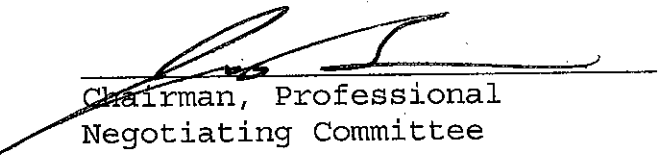
President



Secretary



Secretary



Chairman, Professional
Negotiating Committee

3/7/2014
Date

3/7/14
Date

APPENDIX A - 2013-14 SALARY SCHEDULE

Step	B. A.	Continuing/PERM+5/PROF. ED/+5	M.A.	M.A. +24
1	35353	36860	38304	38804
2	37409	39008	40542	41042
3	39462	41157	42777	43277
4	41517	43303	45014	45514
5	43572	45452	47250	47750
6	45626	47600	49487	49987
7	47683	49748	51725	52225
8	49736	51894	53962	54462
9	51791	54042	56200	56700
10	53847	56188	58435	58935
11	55901	58334	60674	61174
12	57953	60482	62903	63403

In addition to the salaries, the Board will pay:

- 1 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 15th year of service within the Hemlock Public School District
- 2 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 20th year of service within the Hemlock Public School District.
- 3 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 25th year of service within the Hemlock Public School District.
- 4 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 30th year of service within the Hemlock Public School District.

APPENDIX A - 2014-15 SALARY SCHEDULE

Step	B. A.	Continuing/PERM+5/PROF. ED/+5	M.A.	M.A. +24
1	35353	36860	38304	38804
2	37409	39008	40542	41042
3	39462	41157	42777	43277
4	41517	43303	45014	45514
5	43572	45452	47250	47750
6	45626	47600	49487	49987
7	47683	49748	51725	52225
8	49736	51894	53962	54462
9	51791	54042	56200	56700
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12	57953	60482	62903	63403

In addition to the salaries, the Board will pay:

- 1 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 15th year of service within the Hemlock Public School District
- 2 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 20th year of service within the Hemlock Public School District.
- 3 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 25th year of service within the Hemlock Public School District.
- 4 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 30th year of service within the Hemlock Public School District.

APPENDIX A - 2015-16 SALARY SCHEDULE

Step	B. A.	Continuing/PERM+5/PROF. ED/+5	M.A.	M.A. +24
1	35353	36860	38304	38804
2	37409	39008	40542	41042
3	39462	41157	42777	43277
4	41517	43303	45014	45514
5	43572	45452	47250	47750
6	45626	47600	49487	49987
7	47683	49748	51725	52225
8	49736	51894	53962	54462
9	51791	54042	56200	56700
10	53847	56188	58435	58935
11	55901	58334	60674	61174
12	57953	60482	62903	63403

In addition to the salaries, the Board will pay:

- 1 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 15th year of service within the Hemlock Public School District
- 2 An additional 3 1/2% of the teacher's salary will be paid to all teachers beginning in the 20th year of service within the Hemlock Public School District.
- 3 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 25th year of service within the Hemlock Public School District.
- 4 An additional 4 1/2% of the teacher's salary will be paid to all teachers beginning in the 30th year of service within the Hemlock Public School District.

APPENDIX C - SPECIAL ASSIGNMENTS 2013-14, 2014-15, 2015-16(OTHER)					
Position	1	2	3	4	5
High School Band	1814	2178	2544	2904	3267
Middle School Band	903	1085	1265	1448	1631
Yearbook	1292	1551	1812	2066	2328
Forensics/Debate/Mock Trial	1036	1241	1450	1654	1869
High School Drama	1036	1241	1450	1654	1869
Middle School Drama	1036	1241	1450	1654	1869
F.F.A.	1036	1241	1450	1654	1869
F.H.A.	715	855	995	1134	1274
National Honor Society	832	948	1064	1181	1298
Senior Class Advisor (2)	582	698	814	931	1048
Junior Class Advisor (2)	582	698	814	931	1048
Sophomore Class Advisor	389	467	549	624	704
Freshman Class Advisor	389	467	549	624	704
M.S. Student Council (2)	578	656	738	813	893
M.S. Academic Track Director	1036	1241	1450	1654	1869
Driver Education (per hour) Driving	18.67	19.51	20.3	21.19	22.05
Driver Education (per hour) Classroom	20.62	21.48	22.3	23.21	24.08
Business Professional of America	389	467	549	624	704
High School Student Council	389	467	549	624	704
Students Leading Students	389	467	549	624	704
National Junior Honor Society	389	467	549	624	704



HEMLOCK PUBLIC SCHOOLS

DENTAL SCHEDULE OF BENEFITS

TEACHERS

DENTAL BENEFITS	PLAN PAYS
TYPE I – Preventative and Restorative Services <ul style="list-style-type: none">• Visits and Exams• X-Ray and Pathology• Space Maintainers• Oral Surgery• Anesthesia• Periodontics• Endodontics• Restorative	100%
TYPE II – Replacement Services <ul style="list-style-type: none">• Inlays and Crowns• Prosthodontics	50% after \$25 calendar year deductible
TYPE III – Orthodontia Services (applicable only for Covered Individuals under age 19) <ul style="list-style-type: none">• Orthodontic Services• Minor Treatment to control harmful habits• Space Maintainers (habit breaking devices)	50% after \$50 lifetime deductible
PLEASE REFER TO THE DENTAL SUMMARY PLAN DESCRIPTION FOR COMPLETE DETAILS REGARDING COVERAGES AND LIMITATIONS	
PLAN MAXIMUMS (per covered individual):	
Type I and Type II Services Combined	\$1,000.00 per calendar year
Type III Services	\$1,500.00 per lifetime



HEMLOCK PUBLIC SCHOOLS

VISION SCHEDULE OF BENEFITS

TEACHERS

GROUP 48629

Effective 12/1/2012

VISION BENEFITS	PLAN PAYS
Complete Vision Examination	\$60.00
Single Vision Lenses (maximum per pair of lenses)	\$52.00
Bifocal Lenses (maximum per pair of lenses)	\$60.00
Trifocal Vision Lenses (maximum per pair of lenses)	\$75.00
Lenticular Lenses (maximum per pair of lenses)	\$90.00
Standard Frames	\$110.00
Contact Lenses	\$125.00 (includes exam)
FREQUENCY	
Vision Examination	Once every calendar year benefit period
Lenses (Including Contacts)	Once every calendar year benefit period
Frames	Once every calendar year benefit period
PLEASE REFER TO THE VISION SUMMARY PLAN DESCRIPTION FOR COMPLETE DETAILS REGARDING COVERAGES AND LIMITATIONS	

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APPENDIX E – GRIEVANCE FORM

HEMLOCK FEDERATION OF TEACHERS GRIEVANCE FORM

Name of grievant (s) : _____

School and Assignment: _____

Building Principal or Administrator Involved: _____

Statement of Grievance: _____

Provisions of Contract That are Alleged to be Violated: _____

Relief or Remedy Sought: _____

Date of Level One Discussion with Appropriate Administrator: _____

Remedy or Relief Offered by Administrator at Level One: _____

APPENDIX F – MEMORANDUM OF UNDERSTANDING

HEMLOCK PUBLIC SCHOOLS

PURCHASING PROCEDURES

In order to clarify the procedures for ordering educational materials, the following procedures will be in effect. A requisition form is to be used in ordering materials.

1. If material is to be ordered from a specific company, the company name and address should be completed along with the date, school, and department or grade level. The vendor number will be assigned by the Business Office; the account title and account number will be assigned by the building principal. Ordering information should be as complete as possible. This includes quantity; catalog number; the price per unit and total amount. The requisition must be signed by the person ordering the material and approved by the building principal or supervisor. The building principal and the person doing the ordering should retain a copy of the requisition.
2. Each Spring, the district is involved in a cooperative bid with schools throughout the state. Each building office has the information that is necessary in placing bid orders.
3. If materials are ordered from a specific company, the most recent catalog should be used for ordering information, catalog numbers, prices, etc. If current catalogs are not available in the school offices, contact the company for a current catalog.
4. Requisitions submitted with incomplete information will be returned to the person placing the order for completion, thus delaying the ordering process.
5. Requisitions for materials to be ordered for the following school year must be submitted to the building principal by May 1 of the current school year. This will allow sufficient time for incomplete or questionable requisitions to be returned before school is dismissed for the summer.

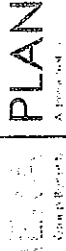
Any questions pertaining to purchasing shall be referred to your building principal.

APPENDIX F – MEMORANDUM OF UNDERSTANDING

It is understood between the parties that unsubstantiated charges levied about a teacher's performance which has been sent to the Board of Education will not be read in public without first notifying the teacher of said charges.

Group # 48626

Effective: December 1, 2013



IN-NETWORK

IN-NETWORK

IN-NETWORK

		Employer Portion Subsized Amount	
Deductible Deductible applies to Out-of-Pocket Maximum	\$5,000 per Member per benefit year or \$10,000 per Family per benefit year	\$250 per Member per benefit year or \$500 per Family per benefit year	\$4,750 per Member per benefit year or \$9,500 per Family per benefit year
Coinurance	Member pays: 20% Plan pays: 80%	Member pays: 0%	Employer pays: 20%
Out-of-Pocket Maximum The following do not apply to Deductible or the Out-of-Pocket Maximum: flat dollar Copayments, % Coinsurance for infertility services, Specialty Injectable Medications, Penalty payments, payments for Excess Charges, payments for Non-Covered Services, payments for Covered Services without proper Prior Authorizations, and flat dollar or percent Copayments for any optional services covered by Rider only.	\$10,000 per Member per benefit year or \$20,000 per Family per benefit year	\$250 per Member per benefit year or \$500 per Family per benefit year	\$9,750 per Member per benefit year or \$19,500 per Family per benefit year
	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.
Lifetime Maximum Benefits	No lifetime dollar limits	No lifetime dollar limits	No lifetime dollar limits

Handwritten initials/signature

Group # 48626

Effective: December 1, 2013



WELLS FARGO
PLAN

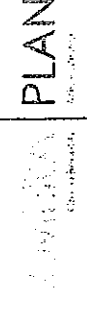
IN-NETWORK

IN-NETWORK

IMMUNIZATIONS AND WELLNESS		Employer Portion Subsidized Amount
<p>Childhood Immunizations through age 18 for prevention of diphtheria, tetanus, pertussis, polio, measles, mumps and rubella, chickenpox, hemophilus influenza type b, hepatitis B, pneumonia, bacterial meningitis, influenza. (See list of covered immunizations and recommended dose/ age range in at www.healthplus.org, or in Member Handbook)</p>	<p>Immunizations Covered at 100%</p>	<p>None</p>
<p>Adult Immunizations: Influenza vaccine (annually) Pneumonia vaccine (at age 65 or if Medically Necessary) Tetanus/Diphtheria</p>	<p>None</p>	<p>None</p>
<p>Other Immunizations (if not specifically excluded from coverage)</p>	<p>Member pays 20% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Adult Routine Health Maintenance Exam one per benefit year Adult Well-Woman Gynecological Exam one per benefit year Well-Baby and Well Child Care Visits: 7 Visits per benefit year through age 12 months 6 Visits per benefit year ages 13- 23 months 3 Visits per benefit year ages 24 -47 months 1 Visit per benefit year ages 4 through 17 yrs</p>	<p>Covered at 100%; Office Visit Copay applies to any additional visits</p>	<p>Reference Office Visit Copays for Reimbursement Amounts</p>

Group # 48626

Effective: December 1, 2013



IN-NETWORK

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HealthPlus Insurance Company PPO Standard Plan # 48626-01-155		Employer Portion Subsidized Amount
Childhood Screenings: Lead testing —infants/early childhood Urinalysis—once at age 5 and once between age 11-17 Hemoglobin/Hemocrit—one before age 1; once between age 11-17 Cervical Cancer screening Pap Smear — 1 per benefit year for women age 18 or older	Covered at 100%	None
Breast Cancer Screening Mammogram — baseline for women ages 35 - 40; one per benefit year for women age 40 or older	Covered at 100%	None
Colorectal Cancer screening beginning at 50: Fecal occult blood Test (one per benefit year) Sigmoidoscopy (one every 5 years) OR Double contrast barium enema (one every 5 years) OR Colonoscopy (one every 10 years)	Labs and tests Covered at 100%	None
Cholesterol Screening; one per benefit year	Covered at 100%	None
Diabetes Screening; one per benefit year	Covered at 100%	None
Prostate Cancer Screening; Routine PSA test beginning at age 45; one per benefit year for men	Covered at 100%	None

Group # 48626

Effective: December 1, 2013



IN-NETWORK

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HealthPlus Insurance Company
PPO Standard Plan EFP D5600/2 QJ 1599

Employer Portion
Subsidized Amount

PHYSICIAN and PROFESSIONAL SERVICES

Office and Home Visits for illness or injury or by Primary Care Physicians (General or Family Practitioner, Internist, Pediatrician, or Osteopath)	\$30 Copay per Visit	\$25 Copay per Visit	\$5 Copay per Visit
Specialist Office or Home Visit for illness or injury (all other physician specialties)	\$60 Copay per Visit	\$25 Copay per Visit	\$35 Copay per Visit
Inpatient or Outpatient Visits and/or Consultations	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
Surgical Services and Anesthesiology Services provided by a Physician or Specialist Physician Note to Members: Laparoscopic surgery is a covered benefit Additional charges for robotic assisted laparoscopic surgery will not be covered			
All other Physician/ Practitioner covered services for diagnosis or treatment of illness or injury.	\$200 Copay per Visit	Member pays 0% after Deductible is met	
Emergency Room Visits (Hospital ER Copay waived if Member is admitted to the hospital or admitted to observation)			
Emergency Department Physician/Other Practitioner Services in Hospital Emergency Department, including follow-up care after emergency has ended	\$50 Copay per Visit	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
Urgent Care Center Visits			
Ambulance Services	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
EMERGENCY HEALTH SERVICES			
Emergency Room Visits (Hospital ER Copay waived if Member is admitted to the hospital or admitted to observation)	\$150 Copay per Visit (no copay for accidental injury)	\$50 Copay per Visit or \$200 Copay per Visit for Accidental Injury	
Emergency Department Physician/Other Practitioner Services in Hospital Emergency Department, including follow-up care after emergency has ended	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met	
Urgent Care Center Visits	\$30 Copay per Visit	Member pays 20% after Deductible is met	\$20 Copay per Visit
Ambulance Services	Member pays 0% after Deductible is met	Member pays 20% after Deductible is met	Employer pays 20% after Deductible is met

Group # 48626

Effective: December 1, 2013



PLAN

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HealthPlus Insurance Company
 PPO Standard Plan #22 D5000x2 QJ 1580

Employer Portion
 Subsidized Amount

***LABORATORY AND DIAGNOSTIC SERVICES**

*Imaging services such as MRI, CAT scan, CT, CTA, MRA and PET scans, nuclear cardiac studies and virtual colonoscopy require Prior Authorization from HPI or its designee; please see Certificate of Coverage for details. Refer to back of ID card for telephone number to call for Prior Authorization of these services. **Without proper Prior Authorizations, imaging services are not covered and Member is responsible for total cost.**

Laboratory and Pathology Tests including those related to pregnancy Diagnostic Radiological Services such as EKG, EEG, Diagnostic X-rays, and other medically acceptable diagnostic procedures including such services due to a pregnancy; and any professional services when required to read/administer specific tests	Member pays \$0 Copay	None	None
*Imaging services, including but not limited to: MRI, CAT, CT, CTA, MRA, PET scan; nuclear cardiac studies and studies such as virtual colonoscopy	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
*MATERNITY SERVICES PROVIDED BY A PHYSICIAN or CERTIFIED MIDWIFE Certified Midwife covered if he/she provides services under the supervision of a Physician. No coverage for home births.			
Pre-natal and Post-natal Office Visits	Physician Visits Covered at 100%. Office Visit Copay may apply for first Visit	Physician Visits Covered at 100%. Office Visit Copay may apply for first Visit	Reference Office Visit Copays for Reimbursement Amounts
*Delivery and Nursery Care by a Physician	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met

Group # 48626

Effective: December 1, 2013



PLAN



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HealthPlus Insurance Company
P.O. Standard Plan #2P-930002-03-1660

Employer Portion
Subsidized/Amount

***HOSPITAL AND AMBULATORY SURGICAL FACILITY CARE**

* All elective hospitalizations require Prior Authorization from HPI or its designee. Emergency hospitalizations require authorization within 24 hours of admission. Telephone numbers for authorizations can be found on the back of the ID card. A Copayment penalty of \$500 will be applied when proper authorizations are not obtained for inpatient services even if services are Medically Necessary. Selected outpatient procedures and surgeries also require Prior Authorization; a Copayment penalty of up to \$500 will be applied to these services when proper authorizations are not obtained. See section VII of Certificate of Coverage for details on Prior Authorization requirements and section 8.6 for Hospital coverage details.

*Inpatient Care (unlimited days) including newborn nursery care, Semi Private Room rate and related facility charges.

Hospital Observation

*Ambulatory Surgical Facility

*Outpatient Procedures and Surgery (See section VII of Certificate of Coverage or website or call Customer Service for list of outpatient procedures that require Prior Authorization)

Member pays 20% after Deductible is met

Member pays 0% after Deductible is met

Employer pays 20% after Deductible is met

***ALTERNATIVES TO HOSPITAL CARE**

Prior Authorization and Limitations apply; see Section VII of Certificate of Coverage section for more details on Prior Authorization. See Section 8.7 for coverage details.

*Skilled Nursing Facility (Limited to 120 days per benefit year. Prior Authorization required)

*Hospice Care--Inpatient care requires Prior Authorization. Residential or Home Care up to 180 days; no Prior Authorization required

*Home Health Care-- No Prior Authorization required for first 30 visits. Prior Authorization required for additional Visits

Member pays 20% after Deductible is met

Member pays 0% after Deductible is met

Employer pays 20% after Deductible is met

Group # 48626

Effective: December 1, 2013



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HealthPlus Insurance Company
 PPO Standard Plan #2PDB5000ZC01560

Employer Portion
 Subsidized Amount

***ORGAN AND TISSUE TRANSPLANT**

*Prior Authorization required for evaluation for transplant, transplant and any donor services. See section 8.8 of Certificate of Coverage for coverage details.

<p>*Organ, Skin and Cornea Transplant (In approved Organ Transplant Facility Only) *Specific Organ or Tissue Donor Services</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>*MENTAL HEALTH SERVICES <i>Limited to Medically Necessary treatment. All services except Outpatient Mental Health and Outpatient Substance Abuse Services require Prior Authorization. See sections 8.9 and 8.10 of the Certificate of Coverage for coverage details.</i></p>			
<p>*Inpatient Mental Health Services *Mental Health Services; Intensive Outpatient/ Intermediate Care, including Day Treatment/Partial Hospitalization Programs</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Outpatient Mental Health Services</p>	<p>Same as Primary Care Physician Office Visit Copay</p>	<p>Same as Primary Care Physician Office Visit Copay</p>	<p>Reference Office Visit Copays for Reimbursement Amounts</p>
<p>*Inpatient Substance Abuse Services *Substance Abuse Services; Intensive Outpatient/Intermediate Care, including Day Treatment /Partial Hospitalization Programs</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Outpatient Substance Abuse Services</p>	<p>Same as Primary Care Physician Office Visit Copay</p>	<p>Same as Primary Care Physician Office Visit Copay</p>	<p>Reference Office Visit Copays for Reimbursement Amounts</p>

Group # 48626

Effective: December 1, 2013



PLAN

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HealthPlus Insurance Company
 P.O. Standard Plan # P15000201150

Employer Portion
 Subsidized Amount

***AUTISM SERVICES**

See section 8.11 of the Certificate of Coverage for coverage details. Most services require Prior Authorization. Contact Customer Service to determine if Prior Authorization is required before you see an autism provider to ensure coverage. Coverage for children through age 18 (19th birthday). Applied Behavior Analysis—Dollar limits per calendar year: to age 6 - \$50,000; ages 7-12 - \$40,000; age 13-18 - \$30,000. Therapy service visits for autism do not apply to short-term outpatient physical, occupational or speech therapy visit limits.

Applied Behavior Analysis Therapy to diagnose and treat ASD	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
Physical, Occupational, Speech Therapy as part of ASD treatment	Same as Primary Care Physician Office Visit Copay	Same as Primary Care Physician Office Visit Copay	Reference Office Visit Copays for Reimbursement Amounts
Outpatient Mental Health Services to diagnose and treat ASD	Same as Primary Care Physician Office Visit Copay	Same as Primary Care Physician Office Visit Copay	

OTHER SERVICES

Some services in this section require Prior Authorization; others have specific limits and exclusions; see Sections 8.12 through 8.19 of the Certificate of Coverage for coverage details.

Short Term Outpatient Physical, Speech and Occupational Therapy (Physical, Speech and Occupational Therapy limited to 120 combined visits per benefit year)	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
Outpatient Cardiac Rehabilitation (Limited to Stage 2: Outpatient hospital or physician directed clinic; 3 sessions per week for 6 weeks, (18 sessions). No coverage for Stage 3 or Stage 4 rehabilitation programs)	Member pays 20% after Deductible is met	Member pays 0% after Deductible is met	Employer pays 20% after Deductible is met
*Outpatient Pulmonary Rehabilitation Services; Prior Authorization required (Maximum benefit of 12 weeks per lifetime of Member)			

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HealthPlus Insurance Company
 P.O. Standard, P.O. Box 522, D5000, St. Louis, MO 63108

Employer Portion
 Subsidized Amount

OTHER SERVICES (Continued)

<p>*Durable Medical Equipment <i>(Includes urological and ostomy supplies and diabetic management supplies if the Member does not have Prescription Drug Coverage). Prior Authorization required for items \$1,500 and over and specific items under \$1,500 — see Prior Authorization list in section 6 of Certificate of Coverage or HealthPlus website at www.healthplus.org.</i></p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>*Prosthetic Devices and Orthotic Appliances <i>Prior Authorization required</i></p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Family Planning Services: Voluntary adult male sterilization (reversal of voluntary sterilization is not a covered service) Termination of pregnancy in accordance with locally accepted medical practices NOTE: Insertion and removal of contraceptive devices, contraceptive injections and female sterilization are covered as part of preventive services with no member cost sharing in network.</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>*Medically-indicated genetic testing and counseling per generally accepted medical practice</p>			

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Effective: December 1, 2013



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HealthPlus Insurance Company
PPO Standard Plan #P-D5000x2 QJ 1550

Employer Portion
Subsidized Amount

OTHER SERVICES (Continued)

<p>*Infertility Services: diagnosis and counseling for infertility when Medically Necessary; Prior Authorization required (See Section 9.3 (Z) of the Certificate of Coverage for services that are excluded from coverage)</p>	<p>Member pays 50% of HPI reimbursement rate</p>	<p>Member pays 0% of HPI reimbursement rate after Deductible is met</p>	<p>Employer pays 50% of HPI reimbursement rate after Deductible is met</p>
<p>*Treatment of Infertility when Medically Necessary; Prior Authorization required (Limited to 4 artificial insemination attempts per lifetime. See Section 9.3 (Z) of the Certificate of Coverage for services that are excluded from coverage)</p>	<p>Member pays 50% of HPI reimbursement rate</p>	<p>Member pays 50% of HPI reimbursement rate</p>	<p>None</p>
<p>Therapeutic Services and/or Procedures including Radiation Therapy, Inhalation Therapy, Chemotherapy and Dialysis Outpatient Diabetes Self-Management Training Program (conducted in group setting whenever available) Allergy Injections</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
	<p>Covered at 100% Office Visit Copay may apply</p>	<p>Covered at 100% Office Visit Copay may apply</p>	<p>Reference Office Visit Copays for Reimbursement Amounts</p>
<p>Allergy Testing and Services See sections 8.19(A) and IX of Certificate of Coverage for exclusions</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>

Group # 48626

Effective: December 1, 2013



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Employer Option
Subsidized Amount

HealthPlus Insurance Company

PPO Standard Plan #2P-D6000-2 QJ 156C

OTHER SERVICES (Continued)

<p>Vision Care for:</p> <ol style="list-style-type: none"> 1) Medical conditions and diagnosis related to vision loss 2) One pair of glasses post cataract surgery (Maximum benefit is \$250 per benefit year) 3) One retinal eye exam per benefit year for diabetics <p>Routine eye exams and glasses/contact lenses are not covered</p>	<p>Member pays 20% after Deductible is met</p> <p>Note to Members: HealthPlus Insurance covers monofocal lenses as a replacement for the natural lens removed during cataract surgery. Multifocal lenses can also be used as a replacement for the damaged natural lenses if you will pay the difference in cost and follow-up care. Check with your provider about which lens is best for your situation and to determine the difference in cost</p>	<p>Member pays 0% after Deductible is met</p> <p>Note to Members: HealthPlus Insurance covers monofocal lenses as a replacement for the natural lens removed during cataract surgery. Multifocal lenses can also be used as a replacement for the damaged natural lenses if you will pay the difference in cost and follow-up care. Check with your provider about which lens is best for your situation and to determine the difference in cost</p>	<p>Employer pays 20% after Deductible is met</p> <p>Note to Members: HealthPlus Insurance covers monofocal lenses as a replacement for the natural lens removed during cataract surgery. Multifocal lenses can also be used as a replacement for the damaged natural lenses if you will pay the difference in cost and follow-up care. Check with your provider about which lens is best for your situation and to determine the difference in cost</p>
<p>Pain Management Services including coverage for evaluation and treatment of intractable pain</p> <p>*Specialty Injectable Medications (such as growth hormone, injectable drugs for rheumatoid arthritis and multiple sclerosis) that are injected or infused at Physician's office or outpatient facility.</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Dietician Services/Nutritional Counseling; (Limited to a maximum of 6 visits per benefit year)</p>	<p>Member pays 20%</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Other Covered Services not specified on this document (See Certificate of Coverage Section 8.19 for complete list of "other services" and Prior Authorization requirements)</p>	<p>Member pays 20% after Deductible is met</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>

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Effective: December 1, 2013



IN-NETWORK

HealthPlus Insurance Company

PPO Standard Plan #22-D50002-CJ-158

OTHER SERVICES (Continued)



IN-NETWORK

IN-NETWORK

Employer Portion
Subsidized Amount

<p>Coverage when traveling outside the US— Emergency or urgent care coverage only— see Certificate of Coverage for details</p>	<p>In-Network Deductible and Coinsurance will apply to any covered services Member must request reimbursement after payment for covered services.</p>	<p>For any covered services, Member pays 0% after Deductible is met Member must request reimbursement after payment for covered services.</p>	<p>For any covered services, Employer pays 20% after Deductible is met Member must request reimbursement after payment for covered services.</p>	
<p>SERVICES COVERED BY OPTIONAL RIDER</p> <p><i>You have coverage for these services if the applicable Rider is included with your Schedule of Benefits and Certificate of Coverage</i></p>				
<p>Chiropractic Manipulative Treatment (24 visits per benefit year)</p>	<p>\$25 Copay per Visit</p>	<p>\$25 Copay per Visit</p>	<p>None</p>	<p>None</p>
<p>Hearing Aids</p>	<p>100% Coverage, up to limit of \$1000 per benefit year</p>	<p>None</p>	<p>None</p>	<p>None</p>
<p>Private Duty Home Health Nursing (up to 8 hrs/day, 30 days/benefit year)</p>	<p>100% Coverage, when required criteria is met</p>	<p>None</p>	<p>None</p>	<p>None</p>
<p>Prescription Drugs (Retail or Mail Order)</p>	<p>Retail: \$15 copay per generic prescription Mail Order OR "Ask for 90" Retail: \$30 copay per generic prescription</p>	<p>Retail: \$10 copay per generic prescription Mail Order OR "Ask for 90" Retail: \$20 copay per generic prescription</p>	<p>Retail: \$5 copay per generic prescription Mail Order OR "Ask for 90" Retail: \$10 copay per generic prescription</p>	<p>Retail: \$5 copay per generic prescription Mail Order OR "Ask for 90" Retail: \$10 copay per generic prescription</p>
<p>Member will pay the higher prescription copays at the pharmacy. Claim information will be sent electronically from HealthPlus to AmeraPlan for reimbursement.</p>	<p>Retail: \$60 copay per formulary brand prescription Mail Order OR "Ask for 90" Retail: \$120 copay per formulary brand prescription</p>	<p>Retail: \$40 copay per formulary brand prescription Mail Order OR "Ask for 90" Retail: \$80 copay per formulary brand prescription</p>	<p>Retail: \$20 copay per formulary brand prescription Mail Order OR "Ask for 90" Retail: \$40 copay per formulary brand prescription</p>	<p>Retail: \$20 copay per formulary brand prescription Mail Order OR "Ask for 90" Retail: \$40 copay per formulary brand prescription</p>
	<p>Retail: \$60 copay per non-formulary brand prescription "Ask for 90" Retail: \$120 copay per non-formulary brand prescription</p>	<p>Retail: \$50 copay per non-formulary brand prescription Mail Order OR "Ask for 90" Retail: \$100 copay per non-formulary brand prescription</p>	<p>Retail: \$10 copay per non-formulary brand prescription Mail Order OR "Ask for 90" Retail: \$20 copay per non-formulary brand prescription</p>	<p>Retail: \$10 copay per non-formulary brand prescription Mail Order OR "Ask for 90" Retail: \$20 copay per non-formulary brand prescription</p>
<p>Fertility Prescription Drugs</p>	<p>Member pays 50% of HPI reimbursement rate</p>	<p>Retail: \$50 copay per non-formulary brand prescription Mail Order OR "Ask for 90" Retail: \$100 copay per non-formulary brand prescription</p>	<p>Retail: 50% of HPI reimbursement MINUS \$50 copay per fertility prescription Mail Order OR "Ask for 90" Retail: 50% of HPI reimbursement MINUS \$100 copay per fertility prescription</p>	<p>Retail: 50% of HPI reimbursement MINUS \$50 copay per fertility prescription Mail Order OR "Ask for 90" Retail: 50% of HPI reimbursement MINUS \$100 copay per fertility prescription</p>

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OUT-OF-NETWORK

OUT-OF-NETWORK

OUT-OF-NETWORK

HealthPlus Insurance Company PPO Standard Plan #22D50002 QJ 1560		Employer Only Subsidized Amount	
Deductible Deductible applies to Out-of-Pocket Maximum	\$10,000 per Member per benefit year or \$20,000 per Family per benefit year	\$500 per Member per benefit year or \$1000 per Family per benefit year	\$9,500 per Member per benefit year or \$19,000 per Family per benefit year
Coinsurance	Member pays: 40% Plan pays: 60%	Member pays 40% up to \$3000 and Family pays 60% up to \$6000	Employer pays balance of coinsurance after member's responsibility
Out-of-Pocket Maximum The following do not apply to Deductible or the Out-of-Pocket Maximum: flat dollar Copayments. % Coinsurance for infertility services, Specialty Injectable Medications, Penalty payments, payments for Excess Charges, payments for Non-Covered Services, payments for Covered Services without proper Prior Authorizations, and flat dollar or percent Copayments for any optional services covered by Rider only.	\$20,000 per Member per benefit year or \$40,000 per Family per benefit year	\$3,500 per Member per benefit year or \$7,000 per Family per benefit year	\$16,500 per Member per benefit year or \$33,000 per Family per benefit year
Lifetime Maximum Benefits	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.	After the Member or Family Out-of-Pocket Maximum is reached, HPI will pay for all Covered Services for the Member and/or Family. Payments that do not apply to the Deductible and/or the Out-of-Pocket Maximum will remain the responsibility of the Member.
	No lifetime dollar limits	No lifetime dollar limits	No lifetime dollar limits

Group # 48626

Effective: December 1, 2013



OUT-OF-NETWORK

OUT-OF-NETWORK

OUT-OF-NETWORK

Employer Portion
Subsidized Amount

Employer Portion
Subsidized Amount

Employer Portion
Subsidized Amount

IMMUNIZATIONS and PREVENTIVE SERVICES

<p>Childhood Immunizations through age 18 for prevention of diphtheria, tetanus, pertussis, polio, measles, mumps and rubella, chickenpox, hemophilus influenza type b, hepatitis B, pneumonia, bacterial meningitis, influenza. (See list of covered immunizations and recommended dose/ age range in at www.healthplus.org or in Member Handbook)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Adult Immunizations: Influenza vaccine (annually) Pneumonia vaccine (at age 65 or if Medically Necessary) Tetanus/Diphtheria</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Other Immunizations (if not specifically excluded from coverage)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Adult Routine Health Maintenance Exam one per benefit year</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Adult Well-Woman Gynecological Exam one per benefit year</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Well-Baby and Well Child Care Visits: 7</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>6 Visits per benefit year through age 12 months</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>3 Visits per benefit year ages 13- 23 months</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>1 Visit per benefit year ages 24 -47 months</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>17 yrs</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>

Group # 48626

Effective: December 1, 2013



PLAN

OUT-OF-NETWORK

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HealthPlus Company

Employer Portion

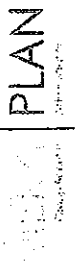
Subsidized Amount

IMMUNIZATIONS and PREVENTIVE SERVICES (Continued)

<p>Childhood Screenings: Lead testing —infants/early childhood Urinalysis—once at age 5 and once between age 11-17 Hemoglobin/Hemocrit—once before age 1; once between age 11-17</p>			
<p>Cervical Cancer screening Pap Smear — 1 per benefit year for women age 18 or older</p>			
<p>Breast Cancer Screening Mammogram — baseline for women ages 35 - 40; one per benefit year for women age 40 or older</p>			
<p>Colorectal Cancer screening beginning at 50: Fecal occult blood Test (one per benefit year) Sigmoidoscopy (one every 5 years) OR Double contrast barium enema (one every 5 years) OR Colonoscopy (one every 10 years)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Cholesterol Screening: one per benefit year</p>			
<p>Diabetes Screening: one per benefit year</p>			
<p>Prostate Cancer Screening: Routine PSA test beginning at age 45; one per benefit year for men</p>			

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Employer Portion
Subsidized Amount

HealthPlus Insurance Company
PPO Standard Plan #P-D50002 QJ155

PHYSICIAN and PROFESSIONAL SERVICES

<p>Office and Home Visits for illness or injury or by Primary Care Physicians (General or Family Practitioner, Internist, Pediatrician, or Osteopath)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Specialist Office or Home Visit for illness or injury (all other physician specialties)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Inpatient or Outpatient Visits and/or Consultations</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Surgical Services and Anesthesiology Services provided by a Physician or Specialist Physician Note to Members: Laparoscopic surgery is a covered benefit. Additional charges for robotic assisted laparoscopic surgery will not be covered</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>All other Physician/ Practitioner covered services for diagnosis or treatment of illness or injury.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>EMERGENCY HEALTH SERVICES</p>			
<p>Emergency Room Visits (-Hospital ER Copay waived if Member is admitted to the hospital or admitted to observation)</p>	<p>\$200 Copay per Visit</p>	<p>\$150 Copay per Visit (no copay for accidental injury) plus any excess charges</p>	<p>\$50 Copay per Visit or \$200 Copay per Visit for Accidental Injury</p>
<p>Emergency Department Physician/Other Practitioner Services in Hospital Emergency Department, including follow-up care after emergency has ended</p>	<p>In-Network Deductible & Coinsurance Apply</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>
<p>Urgent Care Center Visits</p>	<p>Member pays In-Network Copay, plus any excess charges</p>	<p>\$30 Copay per Visit, plus any excess charges</p>	<p>\$20 Copay per Visit</p>
<p>Ambulance Services</p>	<p>In-Network Deductible & Coinsurance Apply</p>	<p>Member pays 0% after Deductible is met</p>	<p>Employer pays 20% after Deductible is met</p>

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Employer Portion
Subsidized Amount

HealthPlus Insurance Company
PPO Standard Plan #P-D530023-CU-1525

LABORATORY AND DIAGNOSTIC SERVICES

*Imaging services such as MRI, CAT scan, CT, CTA, MRA and PET scans, nuclear cardiac studies and virtual colonoscopy require Prior Authorization from HPI or its designee; please see Certificate of Coverage for details. Refer to back of ID card for telephone number to call for Prior Authorization of these services. Without proper Prior Authorizations, imaging services are not covered and Member is responsible for total cost.

<p>Laboratory and Pathology Tests including those related to pregnancy</p> <p>Diagnostic Radiological Services such as EKG, EEG, Diagnostic X-rays, and other medically acceptable diagnostic procedures including such services due to a pregnancy; and any professional services when required to read/administer specific tests</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>*Imaging services, including but not limited to: MRI, CAT, CT, CTA, MRA, PET scan; nuclear cardiac studies; and studies such as virtual colonoscopy</p>			
<p>*MATERNITY SERVICES PROVIDED BY A PHYSICIAN or CERTIFIED MIDWIFE Certified Midwife covered if he/she provides services under the supervision of a Physician. No coverage for home births.</p>			
<p>Pre-natal and Post-natal Office Visits *Delivery and Nursery Care by a Physician</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>

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HealthPlus Insurance Company
PPO Standard Plan #2P D50002 OUT 1560

Employer Portion
Subsidized Amount

***HOSPITAL AND AMBULATORY SURGICAL FACILITY CARE**

* All elective hospitalizations require Prior Authorization from HPI or its designee. Emergency hospitalizations require authorization within 24 hours of admission. Telephone numbers for authorizations can be found on the back of the ID card. A Copayment penalty of \$500 will be applied when proper authorizations are not obtained for inpatient services even if services are Medically Necessary. Selected outpatient procedures and surgeries also require Prior Authorization; a Copayment penalty of up to \$500 will be applied to these services when proper authorizations are not obtained. See section VII of Certificate of Coverage for details on Prior Authorization requirements and section 8.6 for Hospital coverage details.

*Inpatient Care (unlimited days) including newborn nursery care, Semi Private Room rate and related facility charges.

Hospital Observation

*Ambulatory Surgical Facility
(See section VII of Certificate of Coverage or website or call Customer Service for list of outpatient procedures that require Prior Authorization)

Member pays 40% of allowed amount after Deductible is met, plus any excess charges.

Member pays 40% of allowed amount after Deductible is met, plus any excess charges.

Reference Deductible & Coinsurance amounts covered by employer

***ALTERNATIVES TO HOSPITAL CARE**

Prior Authorization and Limitations apply; see Section VII of Certificate of Coverage section for more details on Prior Authorization. See Section 8.7 for coverage details.

*Skilled Nursing Facility
(Limited to 120 days per benefit year. Prior Authorization required)

*Hospice Care—Inpatient care requires Prior Authorization. Residential or home Care up to 180 days; no Prior Authorization required

*Home Health Care— No Prior Authorization required for first 30 visits. Prior Authorization required for additional Visits

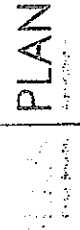
Member pays 40% of allowed amount after Deductible is met, plus any excess charges.

Member pays 40% of allowed amount after Deductible is met, plus any excess charges.

Reference Deductible & Coinsurance amounts covered by employer

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Employee Portion
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<p>*ORGAN AND TISSUE TRANSPLANT *Prior Authorization required for evaluation for transplant, transplant and any donor services. See section 8.8 of Certificate of Coverage for coverage details.</p>			
<p>*Organ, Skin and Cornea Transplant (In approved Organ Transplant Facility Only)</p>	100%		NONE
<p>*Specific Organ or Tissue Donor Services</p>	NOT COVERED		

<p>*MENTAL HEALTH SERVICES Limited to Medically Necessary treatment. All services except Outpatient Mental Health and Outpatient Substance Abuse Services require Prior Authorization. See sections 8.9 and 8.10 of the Certificate of Coverage for coverage details.</p>			
<p>*Inpatient Mental Health Services</p>	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Reference Deductible & Coinsurance amounts covered by employer
<p>*Mental Health Services; Intensive Outpatient/Intermediate Care, including Day Treatment/Partial Hospitalization Programs</p>	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Reference Deductible & Coinsurance amounts covered by employer
<p>Outpatient Mental Health Services</p>			
<p>*Inpatient Substance Abuse Services</p>			
<p>*Substance Abuse Services; Intensive Outpatient/Intermediate Care, including Day Treatment /Partial Hospitalization Programs</p>	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Reference Deductible & Coinsurance amounts covered by employer
<p>Outpatient Substance Abuse Services</p>			

<p>*AUTISM SERVICES See section 8.11 of the Certificate of Coverage for coverage details. Most services require Prior Authorization. Contact Customer Service to determine if Prior Authorization is required before you see an autism provider to ensure coverage. Coverage for children through age 18 (19th birthday). Applied Behavior Analysis—Dollar limits per calendar year: to age 6 - \$50,000; ages 7-12 - \$40,000; age 13-18 - \$30,000. Therapy service visits for autism do not apply to short-term outpatient physical, occupational or speech therapy visit limits.</p>			
<p>Applied Behavior Analysis Therapy to diagnose and treat ASD</p>	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Member pays 40% of allowed amount after Deductible is met, plus any excess charges.	Reference Deductible & Coinsurance amounts covered by employer
<p>Physical, Occupational, Speech Therapy as part of ASD treatment</p>			
<p>Outpatient Mental Health Services to diagnose and treat ASD</p>			

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OTHER SERVICES

Some services in this section require Prior Authorization; others have specific limits and exclusions; see Sections 8.12 through 8.19 of the Certificate of Coverage for coverage details.

<p>Short Term Outpatient Physical, Speech and Occupational Therapy (Physical, Speech and Occupational Therapy limited to 120 combined visits per benefit year)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Outpatient Cardiac Rehabilitation (Limited to Stage 2: Outpatient hospital or physician directed clinic; 3 sessions per week for 6 weeks, (18 sessions). No coverage for Stage 3 or Stage 4 rehabilitation programs)</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>*Outpatient Pulmonary Rehabilitation Services; Prior Authorization required (Maximum benefit of 12 weeks per lifetime of Member)</p>	<p>NOT COVERED</p>	<p>100%</p>	<p>NONE</p>
<p>*Durable Medical Equipment (Includes uriological and ostomy supplies and diabetic management supplies if the Member does not have Prescription Drug Coverage). Prior Authorization required for items \$1,500 and over and specific items under \$1,500 -- see Prior Authorization list in section 6 of Certificate of Coverage or HealthPlus website at www.healthplus.org.</p>	<p>NOT COVERED (Except for Medically Necessary breast prosthesis following mastectomy; Deductible applies; Member pays 40% of allowed amount after Deductible is met, plus any excess charges)</p>	<p>NOT COVERED (Except for medically necessary breast prosthesis following mastectomy; DED applies; Member pays 40% of allowed amount after Deductible is met, plus any excess charges)</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>*Prosthetic Devices and Orthotic Appliances Prior Authorization required</p>	<p>NOT COVERED (Except for Medically Necessary breast prosthesis following mastectomy; Deductible applies; Member pays 40% of allowed amount after Deductible is met, plus any excess charges)</p>	<p>NOT COVERED (Except for medically necessary breast prosthesis following mastectomy; DED applies; Member pays 40% of allowed amount after Deductible is met, plus any excess charges)</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>

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HealthPlus Insurance Company
PPO Standard Plan #2P D6000x2 QJ 3551

Employer Portion
Subsidized Amount

OTHER SERVICES (Continued)

<p>Family Planning Services: Voluntary adult male sterilization (reversal of voluntary sterilization is not a covered service) Termination of pregnancy in accordance with locally accepted medical practices NOTE: Insertion and removal of contraceptive devices, contraceptive injections and female sterilization are covered as part of preventive services with no member cost sharing in network.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>*Medically-indicated genetic testing and counseling per generally accepted medical practice</p>	<p>Not Covered</p>	<p>100%</p>	<p>None</p>
<p>Infertility Services: diagnosis, counseling and treatment of infertility Therapeutic Services and/or Procedures including Radiation Therapy, Inhalation Therapy, Chemotherapy and Dialysis</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Outpatient Diabetes Self-Management Training Program (conducted in group setting whenever available) Allergy Injections Allergy Testing and Services See sections 8.19(A) and IX of Certificate of Coverage for exclusions</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>

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HealthPlus Insurance Company
PPO Standard Plan #2P-D500022-01-13

Employer Portion
Subsidized Amount

OTHER SERVICES (Continued)

<p>Vision Care for:</p> <ol style="list-style-type: none"> 1) Medical conditions and diagnosis related to vision loss 2) One pair of glasses post cataract surgery (Maximum benefit is \$250 per benefit year) 3) One retinal eye exam per benefit year for diabetics <p><i>Routine eye exams and glasses/contact lenses are not covered</i></p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Pain Management Services including coverage for evaluation and treatment of intractable pain</p> <p>*Specialty Injectable Medications (such as growth hormone, injectable drugs for rheumatoid arthritis and multiple sclerosis) that are injected or infused at Physician's office or outpatient facility.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Member pays 40% of allowed amount after Deductible is met, plus any excess charges.</p>	<p>Reference Deductible & Coinsurance amounts covered by employer</p>
<p>Dietician Services/Nutritional Counseling: (Limited to a maximum of 6 visits per benefit year)</p> <p>Other Covered Services not specified on this document (See Certificate of Coverage Section 8.19 for complete list of "other services" and Prior Authorization requirements)</p>	<p>In-Network Deductible and Coinsurance will apply to any covered services Member must request reimbursement after payment for covered services.</p>	<p>For any covered services, Member pays 0% after Deductible is met Member must request reimbursement after payment for covered services.</p>	<p>For any covered services, Employer pays 20% after Deductible is met Member must request reimbursement after payment for covered services.</p>
<p>Coverage when traveling outside the US— Emergency or urgent care coverage only— see Certificate of Coverage for details</p>			

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HealthPlus Insurance Company
PPO Standard Plan #2P D50092 OU 1566

Employer Portion
Subsidized Amount

SERVICES COVERED BY OPTIONAL RIDER

You have coverage for these services if the applicable Rider is included with your Schedule of Benefits and Certificate of Coverage

Service	Out-of-Network	Out-of-Network	Out-of-Network	Employer Portion Subsidized Amount
Chiropractic Manipulative Treatment (24 visits per benefit year)	\$25 Copay per Visit, plus any excess charges	\$25 Copay per Visit, plus any excess charges	None	None
Hearing Aids	100% Coverage, up to limit of \$1000 per benefit year	None	None	None
Private Duty Home Health Nursing (up to 8 hrs/day, 30 days/benefit year)	50% of allowed amount, plus any excess charges when required criteria is met	50% of allowed amount, plus any excess charges when required criteria is met	None	None
Prescription Drugs (Retail or Mail Order)	Member must pay for prescription from Out-of-Network Pharmacy and submit claim to HealthPlus for processing.	Member must pay for prescription from Out-of-Network Pharmacy and submit claim to HealthPlus for processing.	100%	None
Fertility Prescription Drugs	Not Covered	Not Covered	100%	None