



MASTER AGREEMENT

BETWEEN

SAUGATUCK EDUCATION ASSOCIATION

AND

SAUGATUCK BOARD
OF EDUCATION

THREE-YEAR AGREEMENT 2019-2022

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THIS AGREEMENT, entered into this 3rd Day of September, 2019 by and between the SAUGATUCK PUBLIC SCHOOL DISTRICT (hereinafter called the “Board”) and the SAUGATUCK EDUCATION ASSOCIATION-MEA-NEA (hereinafter called the “SEA”).

ARTICLE 1
PURPOSE AND INTENT

WHEREAS, the parties have a statutory obligation, pursuant to The Public Employment relations Act (PERA) to bargain with respect to hours, wages, terms, and conditions of employment and WHEREAS, the parties have reached certain understandings, which they desire to confirm in this Agreement, in consideration of the following mutual covenants, it is hereby agreed as follows:

ARTICLE 2
RECOGNITION

The Board hereby recognizes the Saugatuck Education Association (SEA) as the sole and exclusive bargaining representative for “certified teaching professional personnel including personnel on tenure, probation, on leave, certified classroom teachers, guidance director/counselors, social workers, and librarians, but excluding all administrative and/or supervisory personnel (superintendent, principals, and their assistants) and excluding all summer school employees, substitute teachers, and teacher’s aides”. The Board reserves the right to exclude the Athletic Director and Technology Coordinator if teaching duties become two hours or less per day; and also reserves the right to reassign Athletic Director duties to any administrator, thereby excluding the position of Athletic Director from the recognized group. The term “teacher” when used hereinafter in this Agreement shall refer to all certified teaching professional-employees-represented by the SEA in the bargaining or negotiating unit as above defined.

The Board agrees not to negotiate with or recognize any employee’s organization other than the SEA for the duration of this Agreement.

ARTICLE 3
BOARD RIGHTS

A. The Board, on its own behalf and on behalf of the electors of the District, hereby retains and reserves unto itself, without limitation, all powers, rights, authority, duties and responsibilities

conferred upon and vested in it by the laws and the Constitution of the State of Michigan, and of the United States, including but without limiting the generality of the foregoing, the right:

1. To exercise executive management and administrative control of the school system and its properties and facilities, and the activities of its employees.
 2. To hire all employees and, subject to the provisions of law, to determine their qualifications and the conditions of their continued employment, or their dismissal or demotion; and to promote, and transfer all such employees.
 3. To establish grades and courses of instruction, including special programs, to provide for athletic, recreational, and social events for students, all as deemed necessary or advisable by the Board.
 4. To decide upon the means and methods of instruction, and selection of textbooks and other teaching materials, and the use of teaching aids of every kind of nature.
 5. To determine class schedules, the hours of instruction and duties, responsibilities, and assignment of teaching and other employees with respect thereto, and with respect to administrative and non-teaching activities, and the terms and conditions of employment.
- B. The exercise of the foregoing powers, rights, authority, duties and responsibilities by the Board, the adoption of policies, rules, regulations, and practices in furtherance thereof, and the use of judgment and discretion of this agreement and then only to the extent such specific and express terms hereof are in conformance with the Constitution and the laws of the State of Michigan, and the Constitution and laws of the United States.
- C. Section 15(7) PERA: An emergency manager appointed under the Local Government and School District Fiscal Responsibility Act is permitted to reject, modify, or terminate this Agreement in accordance with such Act, 2011, PA4. Per section 15(7) of PERA, its inclusion is a prohibited subject.

ARTICLE 4

EMPLOYEE RIGHTS AND SEA RIGHTS

- A. Nothing contained herein shall be construed to deny or restrict to any employee rights he/she may have according to the Michigan Revised School Code, Michigan Teacher Tenure Act, Constitution of the State of Michigan, the United States Constitution, and other applicable laws of the State of Michigan.
- B. The Board agrees to furnish to the SEA in response to written requests all pertinent public information that will assist the SEA in developing intelligent programs on behalf of the employees or which may be necessary for the SEA to process any grievance or complaint.
- C. The SEA and its members shall have reasonable access to school building facilities for scheduled meetings of the SEA upon written request to the appropriate building Administrator. School equipment, including bulletin boards, mailboxes, computers and duplicating equipment shall be

- made available to the SEA when not otherwise in use. Such equipment may not be removed from its fixed location in the building and does not include paper products, but rather, only the use of the above stated capital equipment. Materials inserted in mailboxes or posted must be signed.
- D. The private and personal life of any employee is not within the area of appropriate concern of attention of the Board, provided it does not interfere with the educational process.
 - E. Each bargaining unit member may, on or before thirty (30) days from the date of commencement of duties or the effective date of this Agreement, whichever is later, join the SEA.
 - F. An employee will, in the presence of an administrator, have the right to review the contents of their personnel file of the District pertaining to said employee originating after original employment, and to have a representative of the SEA accompany him/her in such review, as the district is allowed by law:
 - G. No adverse materials or complaints shall be placed in an employee's personnel file, unless it is brought to the attention of the employee, and the employee has been offered the opportunity to respond within ten (10) calendar days to such materials or complaints.

ARTICLE 5
EVALUATION OF EMPLOYEES

- A. All monitoring or observation of an employee's work performance relating to formal evaluation shall be conducted in accordance to the Board of Education policy and administrative guidelines.
- B. Each employee, upon employment, or at the beginning of the school year, shall be provided a copy of the evaluation instrument and apprised in specific terms of the employee evaluation process.

ARTICLE 6
MENTOR TEACHER

Mentor Teachers will be designated to probationary teachers for at least their first year of teaching in the Saugatuck Public School District. Teachers who have not had previous teaching experience will be assigned a Mentor Teacher for their first three years as a novice teacher according to Section 1526 of the School Code. The Mentor Teacher will be assigned by the administration to provide support, instruction, and guidance. The Mentor Teacher assigned will be a tenured teacher. The purpose of the Mentor is to provide a peer who can offer assistance, resources, and information in a non-threatening collegian fashion, to acclimate the teacher to the duties of the job, and to provide necessary assistance to provide quality instruction. The Board and SEA agree the relationship shall be confidential and shall not, in any fashion, be a matter included in an evaluation.

A Mentor Teacher shall be designated in accordance with the following:

1. Every effort will be made to match a probationary teacher with a Mentor who works in the same building.
2. Participation as a Mentor Teacher shall be voluntary. Assignments are made by the administration. A Mentor will be assigned only one (1) probationary teacher at a time, unless the Mentor agrees to take more than one (1) at the request of administration. Evaluators will not participate as Mentor Teachers.
3. Once a Mentor accepts the position, he/she will continue in that position for the duration of the probationary period unless the administration agrees to release the Mentor from responsibilities or the administration re-assigns the Mentor.
4. The administration has the right to assign a Mentor Teacher from the ranks of retired professionals or college professionals in the event where no one on the staff will willingly serve or where there isn't a staff member with the same certification as the probationary teacher.

A Mentor Teachers will be paid \$800 for each year they serve as a Mentor. Mentor Teachers will be provided with a job description by the administration and will fulfill the duties listed in that description. The Mentor's responsibilities could include summer and evening meetings, class observations, and new teacher orientation sessions.

ARTICLE 7 **EMPLOYEE HOURS**

- A. Hours: All full-time employees shall arrive for duty at their building not later than twenty-five (25) minutes prior to the beginning school in the morning. They shall remain for fifteen (15) minutes after the regular afternoon dismissal time. Arrival and departure times for employees working less than full time will depend upon their work schedule as determined by the building principal. Middle School, High School and shared-time staff shall have a duty free lunch of not less than thirty-five (35) minutes. All other Elementary teachers shall have a duty free lunch of forty minutes (40).
- B. The Board and the Association mutually recognize the need for time for all teachers to adequately prepare quality lessons and develop strategies that implement prescribed curriculum at all levels. Preparation time shall be scheduled during the student day, but excluding the teacher's

scheduled duty free lunchtime, before/after the student school day, or student passing time. To ensure this critical work, all teachers will be afforded planning time in the following manner.

1. Elementary Preparation Time: All full-time elementary teachers, grades TK-(formerly known as PreK) 5th, will have a minimum of 250 minutes of unassigned planning time each week in blocks of no less than 30 minutes at least 4 days a week. -In addition, elementary teachers should have planning time during student recess periods, except when the teacher supervises a recess period. Any elementary teacher who agrees to supervise more than one recess period a week shall be compensated at the rate of \$25.00 per recess. There will be one twenty (20) minute recess period scheduled per day not attached to the forty-minute (40) duty free lunch period. Changes in frequency and/or duration of recess period(s) are subject to negotiations between the Board and SEA. Elementary teachers, grades TK - 5 and elementary specialist teachers will not be required to supervise students prior to the first bell, or after the last one of the scheduled school day.
 - a. In the event a substitute teacher cannot be secured for a scheduled special, the elementary teacher affected shall be compensated at the rate of one fifth (1/5th) the full daily substitute rate.
 - b. Elementary teachers will be compensated at the rate of 10% of their base pay if they are assigned a split class (two grade levels). Teachers excluded from this additional rate include specials teachers, special education teachers, teachers of multi-aged classes, and teachers who voluntarily accept independent study students in one of their regular classes.
2. Elementary Specialists: All full-time elementary specialists will be provided with not less than 250 minutes of planning time per week in blocks of no less than 30 minutes.
3. Secondary Preparation Time:
 - a. All middle school teachers will have equal planning time periods. The unassigned planning periods would be each day and no less than the length of a regular class period. Teachers substituting for other teachers during their preparation time shall be voluntary. The Association recognizes there may be extraordinary situations when a volunteer cannot be found, when the building principal will need to assign a teacher to cover a class during his/her preparation time.
 - b. All high school teachers will have equal planning time periods. The unassigned planning periods would be each day and no less than the length of a regular class period. Teachers substituting for other teachers during their preparation time shall be voluntary. The

Association recognizes there may be extraordinary situations when a substitute cannot be found, when the building principal will need to assign a teacher to cover a class during his/her preparation time. The parties mutually agree and understand that continuing flexibility with respect to arrangement of teaching periods, planning periods and the daily and weekly schedule is necessary for progress in education.

- c. In the event a substitute cannot be secured for a scheduled class period, the secondary teacher assigned, shall be compensated at the rate of 1/5th the full daily substitute rate.
- d. Teachers if requested or required to teach on their planning period would be compensated at the rate of 1/5th of that employee's annual salary.
- e. Secondary teachers will be compensated at the yearly rate of 5% of their base pay if they are required to teach five or more preparations per trimester. (Base Salary x 5%) divided by 3 = Additional Compensation per trimester.
- f. Special education teachers will qualify for the extra 1/5th of that employee's annual salary if students are assigned during their planning period.
- g. Class Size Overage: an off schedule payment for classroom overloads will be determined by the following factors:

Grade Level	Number of Students
TK	22
Kindergarten	25
1 st	25
2 nd & 3 rd	26
4 th & 5 th	28
6 th - 12 th	30 (English 28)
PE	40

Special Education per state guidelines

Compensation:

Elementary: \$165 per student, per semester

Secondary: \$90 per student, per trimester

- h. Preparation Time for Teachers Who Teach in Multiple Building: Teachers who teach in both the Elementary and the Middle/High School will receive 250 minutes of combined plan time. This time is separate from travel time and duty-free lunch. Travel time for teachers who teach in multiple buildings will be no less than 20 minutes.
- i. Staff Meetings: Before or after school meetings at which the attendance of all employees is required shall not exceed one hour in length. The administration may schedule up to two (2) staff meetings per month. Such meetings will require five (5) calendar days notice.

Meetings such as department meetings, I.E.P.s, individual conferences, and committee meetings will not be included in the two meeting limit.

- j. Emergency School Closing: "School Closing Days and Hours" will be made up according to the system outlined in Appendix F. Should severe weather or emergency conditions cause the closing of school during the school day, the employees will remain on duty until dismissed by the administration.

ARTICLE 8 ASSIGNMENTS AND PLACEMENTS

- A. All employees shall be given written notice of their tentative schedules for the forthcoming year no later than the last day of school. In the event that changes in such schedules are proposed, all employees affected shall be notified as soon as possible.
- B. In the event a vacancy occurs, employees will be notified by email.
- C. Extra-curricular activity vacancies (excluding all summer activities) will be posted via email to all staff prior to the end of each school year. Interested applicants should inquire with the building principal, or athletic director regarding the responsibilities, and other duties of extra curricular assignments and activities. Successful applicants for posted positions will be notified by the building principal, or athletic director of their assignment prior to the upcoming school year. The Board may then take whatever action it deems necessary to obtain a person to fill the remaining vacancies.
- D. Upon request of any of the parties, representatives of the Board, SEA, the building principal(s) may meet to discuss the issues of size class and placement of special education students. Such meetings shall not be held more than once a month except by mutual consent.

ARTICLE 9 SENIORITY LISTING and RECALL

- A. No later than February 1, the Board shall prepare a seniority list. The seniority list shall be given to each building representative and a copy provided to the SEA president. The SEA will notify the Board within thirty (30) calendar days of its objections, if any, to the seniority list. Untimely objections shall not be waived. Revisions and updates of the seniority list will be returned to each building representative and the SEA president on or before March 15.

All seniority shall be lost when an employee:

- 1. resigns or quits
- 2. is discharged
- 3. retires

4. fails to return from an authorized leave of absence on the agreed upon date.

An employee on authorized unpaid leave of more than one-semester shall not accrue seniority but shall be deemed to be continuously employed.

- B. Recall of tenured and probationary teachers are subject to the Board of Educations Policy and administrative guidelines for Layoff and Recall procedures. MCL 423.215(3)(j)
- C. Employees on layoff are responsible for notifying Central Office in writing of current contact information for recall purposes.
- D. If any employee is recalled to the district after being released as provided above, he/she shall be returned to the salary step he/she was on at the time of reduction.

ARTICLE 10

GRIEVANCE PROCEDURE

- A. A grievance shall be an alleged violation of the expressed terms of this contract. The following matters shall not be the basis of any grievance filed under the procedure outline in this Article.
 - 1. The termination of services of or failure to re-employ any employee or any discipline involving an employee.
 - 2. The termination of services of or failure to re-employ any employee to a position on the extra-curricular schedule.
 - 3. Any matter involving an employee's evaluations or placement
 - 4. Any claim or complaint subject to the procedures specified in the Teacher Tenure Act. (Act IV, Public Acts, extra session of 1937 of Michigan, as amended).
 - 5. Any prohibited subject of bargaining.
- B. The term "days" as used herein shall mean days when business is being conducted at the Central Office.
- C. Written grievances as required herein shall contain the following:
 - 1. It shall be signed by the grievant or grievants;
 - 2. It shall contain a synopsis of the facts giving rise to the alleged violation;
 - 3. It shall cite the section or subsections of this contract alleged to have been violated;
 - 4. It shall contain the date of the alleged violation;
 - 5. It shall specify the relief requested.

Any written grievance not substantially in accordance with the above requirements may be rejected as improper. Such a rejection shall not extend the limitation hereinafter set forth. Time frames may be extended at any level with written consent from both parties.

- D. **LEVEL ONE** – An employee and/or the SEA believing a violation of the expressed provisions of this contract exists shall, within ten (10) days of the date of its alleged violation or within ten (10) days of the time the employee had an opportunity to become aware of the incident resulting in an alleged

violation of expressed provisions of this contract, orally discuss the grievance with the Building Principal in an attempt to resolve same. Participants at this meeting should include the employee affected and the Building Principal. One local SEA representative and one additional administrative representative may also be included by mutual consent of both parties.

If no resolution is obtained within five (5) days after the Level I meeting, the employee and/or the SEA shall reduce the grievance to writing and submit to Building Principal. A copy of the written grievance shall be filed with the Superintendent or his/her designated agent as specified in Level One.

- E. **LEVEL TWO** – Within ten (10) days of receipt of the grievance, the Superintendent or his/her designated agent shall arrange a Level Two meeting with the grievant and/or the designated SEA representative, at the option of the grievant to discuss the grievance. Within ten (10) days of the Level Two meeting, the Superintendent or designated agent shall render his/her decision in writing transmitting a copy of the same to the grievant, the SEA secretary, the building principal in which the grievance arose, and Central Office contract file. If the employee is not satisfied with the determination, the employee and/or the SEA shall submit application to proceed to level three within (5) days of the Level Two decision.

- F. **LEVEL THREE** – Upon proper application as specified in Level Two, a hearing shall be held within ten (10) days between the Board and employee and his/her SEA representative. Not later than thirty (30) school days from the hearing of the grievance, the Board shall render its decision in writing and transmit same to the grievant, the SEA secretary, and the building principal in whose building the grievance arose. The SEA is required to state its position at this level. If no decision is rendered within thirty (30) days of the hearing, or the decision is unsatisfactory to the SEA, the SEA has thirty (30) days in which to file for arbitration. The demand for arbitration shall be in writing with a copy served upon the Board within the thirty (30) day interval.

- G. **LEVEL FOUR** – If the SEA is not satisfied with the disposition of the grievance by the Board, or if no disposition has been made within the period above provided, the grievance may be submitted to binding arbitration before an impartial arbitrator. If the parties cannot agree as to the arbitrator within five (5) calendar days from the notification date that arbitration will be pursued, he/she will be selected by the American Arbitration Association in accord with its rules which shall likewise

govern the arbitration proceeding. The fees and expenses of the arbitrator shall be shared equally by the parties.

POWERS OF THE ARBITRATOR

- A. It shall be in the function of the arbitrator and he/she shall be empowered except his/her powers are limited below, after due investigation, to make a decision in cases of alleged violations of the specific articles and sections of this Agreement.
 - 1. He/she shall have no power to establish salary scales or change any salary rate.
 - 2. The arbitrator shall have no power to alter, add to, or subtract from the terms of this Agreement.
 - 3. He/she shall have no authority to rule on any prohibited subject of bargaining.
- B. The arbitrator's powers shall be limited to deciding whether the Board has violated the express articles or sections of this Agreement; and the arbitrator shall not imply obligations and conditions binding upon the Board from this Agreement, it being understood that any matter not specifically set forth herein remains within the reserved rights of the Board.
- C. In the event that a case is appealed to an arbitrator on which he has no power to rule, it shall be referred back to the parties without decision or recommendation on its merits.
- D. If either party disputes the arbitrability of any grievance under the terms of this Agreement, the arbitrator shall rule on that issue before hearing the rest of the case.
- E. The arbitrator shall have no power to interpret State or Federal law.
- F. All claims for back wages shall be limited to the amount of wages that the employee would otherwise have earned, less any compensation that he/she may have received from any source of a like nature during the period of the back pay.
- G. The arbitrator shall not award punitive damages.
- H. A grievance may be withdrawn at any level without prejudice. However, if in the judgment of the SEA representative the grievance affects a group of employees, the grievance may be processed at Level Two.
- I. A grievance discussed and the decision rendered at Level One shall be placed in writing upon request of either party. Decisions rendered at all other levels shall be in writing, and shall promptly be transmitted to all parties of interest.
- J. No reprisals of any kind shall be taken by or against any party of interest or any participant in the Grievance Procedure by reason of such participation, and no such record shall be placed in his/her personnel file.

- K. Forms for filing and processing grievances shall be designed by the Superintendent and the SEA; shall be prepared by the Superintendent; and sample copies shall be provided to the SEA secretary.
- L. Access shall be made to all parties, places, and records of public information to the extent required under the Public Employment Relations Act.
- M. Grievances, which are not appealed within the time limits specified in the Grievance Procedure, shall be considered to be withdrawn by the SEA or grievant and shall not be resubmitted. If the Board or administration fails or neglects to answer a grievance within the time limits specified at the various steps of the Grievance Procedures, the grievance shall automatically be referred to the next higher step the Grievance Procedure.

It is understood and agreed that the time limits specified in the Grievance Procedure may be extended by mutual agreement in writing between the SEA and the Board.
- N. No individual grievance may be processed beyond Level Three.
- O. The Board and the SEA recognize a one (1) year limitation on grievable matters concerning compensation.

ARTICLE 11
PROFESSIONAL NEGOTIATIONS

- A. Negotiations shall commence not later than sixty (60) calendar days prior to the expiration of this Agreement.
- B. Neither party in any negotiations shall have any control over the selection of the negotiating or bargaining representative of the other party. Each negotiating team shall not exceed six (6) members in number. The parties mutually pledge that their representatives will be clothed with all necessary powers and authority to make proposals, consider proposals, and make decisions in the course of negotiations, and to reach agreements.
- C. When the contract has been tentatively agreed upon, efforts will be made by the SEA and the Board to obtain ratification. It is recognized that no final agreement between parties may be executed without ratification by the SEA membership and the Board.

ARTICLE 12
COMMUNICATIONS

- A. The District administrative personnel and the SEA representatives shall meet by mutual agreement, September through June, for the purpose of reviewing the administration of the existing contract and policy.

- B. The SEA shall follow the line/staff authority and chain of command as depicted in Board Policies and Procedures before meeting the Board for the purposes of reviewing the administration of the contract and other matters of mutual concern.

ARTICLE 13
LEAVES OF ABSENCE

- A. Sick Leave: All full-time employees shall be granted ten (10) sick days per year, credited to each employee on the first day of the school year to a maximum of one hundred ninety (190) days. Proof of illness signed by a physician may be required at any time. The Board shall furnish each employee with a written statement at the beginning of each school year setting forth total leave credit. Should sick leave be exhausted while the employee remains ill or disabled, the employee shall be eligible for an unpaid disability leave under the conditions specified in Section 13.2 of this Agreement.

Employees may be allowed to take sick leave for the following reasons:

1. An employee may use all or a portion of their sick leave to recover from their own disability or illness.
 2. An employee may use a maximum of ten (10) days for bereavement that will be deducted from sick leave. Additional bereavement days may be granted at the discretion of the Superintendent and will be deducted from the employee's pay at the rate equivalent to the cost of a certified substitute times the number of additional days used.
 3. The employee may take a maximum of five (5) days per illness in his/her immediate family. Proof of illness may be required. Upon leaving the employment of the school district, employees will receive \$37.50 for each unused sick day up to a maximum of one hundred eighty (180) days.
- B. Paid Leave: An employee may use a maximum of ten (10) sick days for the purpose of adopting a child. An employee may use a maximum of ten (10) days for paternity leave to be used within the first six weeks of the birth of their child. The remaining portion of available FMLA leave (Maximum of 12 weeks total) for these purposes would be unpaid.
- C. Personal Leave Days: Employees shall be granted three (3) personal days each year. Such leave shall be granted at the discretion of the building principal, provided that application is made in writing at least five (5) school days in advance. In case of emergency, exceptions may be granted by arrangement with the building principal. Employees who have not used their personal leave days in a school year will be credited with those days as additional "earned" sick leave at the beginning of the following school year. Up to 10% of a building staff may exercise

the option to use personal day immediately prior to or after Thanksgiving break, winter break, or spring break as determined by a random drawing conducted in September for Thanksgiving and winter breaks, and in January for spring break. Use of these random drawn days is also dependent upon the availability of substitute teachers to fill the vacancies.

- D. Unpaid Leave: The Superintendent shall consider all applications for unpaid leave of absence for up to two (2) school days. No more than two (2) employees from each building may be granted an unpaid leave at the same time. Unpaid leave of more than two (2) days must be submitted to the Board for its consideration.
- E. Emergency Leave: Leaves of absence for emergencies and other situations, which necessitate an employee's absence, may be granted without loss of pay at the discretion of the Superintendent or designated agent. Days granted in accordance with this paragraph will be deducted from accumulated sick leave.
- F. Jury Duty: Any employee called for jury duty during school hours shall be paid his/her salary for such time, minus jury duty pay. Such time shall not be deducted from accumulated sick leave. An employee subpoenaed to give testimony for a school related matter may be released from teaching duties and may not have such days deducted from sick leave. For matters related to other employment or personal litigation, an employee may not use sick days. Said employee will not receive more than his/her per diem employee pay. As a condition of receiving his/her full rate of pay for the time absent pursuant to honoring a subpoena, the employee shall remit the witness fee to the District.
- G. Extended Leave: The Board shall consider all applications for leaves of absence without pay for up to one (1) school year. Such applications must be submitted in writing to the Board at least sixty (60) days prior to the commencement of the requested leave. It shall be the responsibility of the employee on a granted leave to notify the Board in writing of his/her intent to return to duty at least sixty (60) days prior to the expiration of said leave.
- H. Sabbatical Leave:
 - 1. Eligibility: To be eligible for sabbatical leave, a person must be a certified staff member of the Saugatuck Public Schools and must have completed at least seven (7) years of full-time service on the staff of the Saugatuck Public Schools or have served at least seven (7) years since last being on sabbatical leave. Note: Being eligible for sabbatical leave is not to be construed to mean that anyone is entitled to leave as a right. An employee who fulfills the above qualifications is eligible for consideration by the Superintendent, Building Principal, and the Board of Education with respect to sabbatical leave.

2. Term: The term for sabbatical leave shall be either one (1) semester or one (1) school year. Two (2) leaves of one (1) semester in length may be granted during any seven (7) year period, in which case no further leave may be granted until the person has completed seven (7) years of full-time service after the first leave. One (1) school year means the term of a normal contract year beginning in August or September and ending in June.
3. Benefits:
 - a. Salary paid to an employee on sabbatical leave will be one-half (1/2) of the employee's base pay. The above salary and retirement contribution requirements shall not apply where the Board may be required to grant a sabbatical leave to a master employee in accordance with the requirement of Section 1525 of the School Code or its successor provision.
 - b. While on sabbatical leave, an employee shall have premium amounts for single subscriber insurance (health, dental, vision) coverage paid on his/her behalf by the Board on the same basis as is applicable to insurance programs staff members on regular duty. The above insurance premium contribution requirement shall not apply where the Board may be required to grant sabbatical leave to a master employee in accordance with the requirements of 1525 of the School Code or its successor provisions.
 - c. The employee must contract with the Board of Education to return to Saugatuck Public Schools following the termination of the sabbatical leave, for one (1) year for each semester of leave. An employee who fails to comply with the approved sabbatical plan incurs an obligation to pay back to the District within sixty (60) days of receiving notice of non-compliance whatever (if any) portion of the sabbatical salary has been paid and the cost of all TRS payments and other benefits provided (if any) on behalf of the employee. An employee who fails to return for one (1) school year incurs an obligation to pay back within sixty (60) days after terminating service to the District the full amount of sabbatical salary received (if any) and all of the TRS and other benefits provided (if any) on behalf of the employee. An employee who fails to return for a required second school year incurs an obligation to pay within sixty (60) days after terminating service to the District one-half (1/2) of the sabbatical salary (if any) received (and one-half (1/2) of the TRS) and other benefit payments made (if any) on behalf of the employee.

- d. An employee on sabbatical leave may receive (1) a scholarship or fellowship and a sabbatical stipend (if eligible to receive the stipend under this Article); or (2) remuneration for approved work experience and a sabbatical stipend (if eligible to receive the stipend under this Article), provided that the total of the sabbatical stipend and the income from the approved work experience (including dependency allowances) does not exceed the employee's regular base salary for that period of time. If appropriate, the sabbatical leave stipend will be reduced by an amount which would bring the total of the sabbatical leave stipend and the income from approved work experience of the employee on leave to the regular base salary for that period of time.
4. Number: The Board of Education may grant sabbatical leave in any given year to employees in the ratio of one (1) for every twenty-five (25) (plus 1 if the fraction remaining is 13/25 or more) of the total certified employees. Any sabbatical leaves, which the Board is required to grant to a master employee in accordance with Section 1525 of the School Code, shall be counted first in computing the above ration. The Board of Education in any given year may elect to grant fewer or more sabbatical leaves than are stipulated here.
 5. Purpose: The purpose of the sabbatical leave is to enable the employee to engage in activities that will lead to improved services to the school. Such things as resident study, writing, research, work experience, travel, or a combination of these may be regarded as legitimate sabbatical leave activities.
 6. Application: An Application for sabbatical leave must be submitted to the Superintendent by January 15 of the school year preceding the planned leave. Applications will be acted on by the Board at its regular meeting in February. An applicant must be endorsed by the Principal and the Superintendent. Each application should contain questions relating to previous leaves; specific sabbatical plans; anticipated values to the applicant, colleagues, and students; and evidence of the applicant's past efforts toward professional growth.
 7. Change of Plans: During the sabbatical leave, the employee may find it necessary to alter the original plan submitted to the Board of Education. In that case, an explanation of the change detailing the exigencies which brought about or necessitated the change must be submitted to the Superintendent. The employee on leave may implement the change of plans only after the change has been approved by the Board of Education.
 8. Priorities: When two (2) or more applications are considered to be of equal merit as measured by the criteria listed in Section 6, priorities will be given as follows: (1) not

more than one(1) from each department; (2) employees senior in service with the school district over those with shorter service; (3) employees with longer total teaching experience over those less experienced; (4) those applying for a first sabbatical leave over those applying for a second time; (5) employees applying for a year's leave over those applying for a semester's leave.

9. Return to Status: The employee will return to a position equal in responsibility to the one held before the leave; and in contractual considerations, this leave will be considered to be a year's (or a semester's) service. Within one(1) month after returning to duty from sabbatical leave, the employee is required to submit in writing to the Board of Education a detailed reporting giving evidence of compliance with the plan on the basis of which the leave was granted.

I. Disability Leave: Employees accessing leave under this section shall provide written notice of their intent to take leave at least thirty (30) days prior to the date on which leave is to commence where the need for leave is foreseeable. If the employee must begin medical treatment sooner or the need for leave or its timing is not foreseeable, notice shall be given as promptly as is practicable under the circumstances of the particular case. The notice shall include: The reason(s) for the requested leave; the anticipated duration of the leave and the date on which leave is requested to commence. [It shall be in accordance with the requirement of Family and Medical leave Act (FMLA) and/per the Americans with Disabilities Act (ADA)]. A leave of absence of up to twelve (12) weeks during any twelve (12) month period shall be granted to eligible employees in accordance with the Family and Medical Leave Act (FMLA) for the purposes permitted by FMLA. A rolling calendar year shall be used to calculate leave time. Contact Central Office to obtain FMLA paperwork for leave authorization, terms and conditions.

The Board has the right to receive medical certification from the employee's health care provider regarding the necessity for leave taken under this Article. The employee will facilitate and cooperate in the furnishing of such information, which shall include:

1. The date the illness or disability commenced and the health care provider's best medical judgment concerning the probably duration of the condition;
2. Diagnosis of the illness or disability;
3. A brief statement of the regimen of the treatment prescribed for the condition by the health care provider (including: estimated number of visits; nature; frequency and duration of

treatment, including treatment by another provider of health services on referral by or order of the health care provider).

4. Indication of whether in-patient hospitalization is required; and
5. Either a statement that the employee is unable to perform work of any kind, or a statement that the employee is unable to perform the essential functions of the employee's position, with or without reasonable accommodation.

The Board has the right to require that a second medical opinion (at Board expense) be obtained. If that opinion differs from that of the employee's health care provider, the employee and Board (in consultation with the SEA, if requested by the employee) shall mutually designate a third health care provider whose opinion relative to leave eligibility or initial fitness to return to work shall be final and binding on the Board, the employee, and the SEA. The cost of this examination shall be paid by the Board.

The Board shall have the right to require recertification during the leave period and medical certification of the employee's fitness to return to duty at the expiration of the leave period.

The Board and the employee agree to cooperate in scheduling commencement and return from leave at a time, which minimizes disruptions to the continuity of educational programming and service delivery.

Assignment to a position for which the employee is certified and qualified shall be considered as restoration to an equivalent position for purposes of applying the FMLA. Restoration may be denied in the event of a reduction in personnel under the administrative guidelines for layoff and recall .

An employee ending the school year on an unpaid leave and paying his/her health insurance premium shall continue to pay the health insurance premiums during the summer recess.

Employees returning to work at the beginning of the next year shall be reimbursed for any premiums he/she paid during the summer recess.

ARTICLE 14

PROFESSIONAL COMPENSATION

- A. The employee shall be compensated according to Appendix D.
- B. Employees required in the course of their work to drive personal automobiles from one school building to another or to use personal automobiles for field trips or other business of the district shall receive a travel allowance equal to the current Internal Revenue standard mileage rate.

ARTICLE 15
JOB SHARING

Job share shall refer to two (2) bargaining unit members sharing one (1) full-time position.

- A. Purpose: The bargaining unit members may, at their request, pair up for the purpose of sharing one (1) teaching assignment. This voluntary pairing shall not occur if the pairing results in the involuntary layoff or involuntary transfer of a full-time employee. The application for Job Sharing shall be approved or disapproved in writing by the Superintendent within thirty (30) days of the application. In the event a request is denied, the reason shall be set forth in writing, and the applicants shall be given the opportunity to modify and/or revise their application.
- B. Application: The applying employee shall notify the SEA and School District by March 1 of each year. They must indicate their desire to job share for the following school year and detail their working arrangement. The plan shall include the following: specific work schedule for each job sharer, responsibilities for faculty meetings, field trips, planning time, recess duty, etc. Employees may request to work full days, part of the day, or any other logical arrangement. Once the plan has been submitted, the plan may not be changed unless the District and the employee agree.
- C. Pairing: The employees who have jointly agreed to work together must be certified and qualified for the job they will share. The job sharing arrangement shall be for one (1) year, renewable at the option of both employees, subject to approval by the Superintendent.
- D. Responsibilities: Responsibilities of an assignment by two (2) job sharers may be decided and/or allocated to a plan designed by the job sharers, with the agreement of the District. The employees are required to attend regular staff meetings, parent-teachers conferences, District meetings, IEP meetings, in-service or special training day's such as curriculum workshops and elementary grade level meetings which are required of regular full time employees.
- E. Compensation: Compensation shall be determined by each employee's step and column of the salary schedule, pro-rated. Each employee will gain one (1) full year of seniority for each year worked at the job sharing position. Also, all other provisions under the contract shall continue as if the employee had worked a regular full time position.
- F. Benefits: Sick leave and personal leave shall be granted on a pro-rated basis. Fringe benefits shall be provided on a pro-rated basis.
- G. Substituting: In the event that one (1) of the employees is absent and is covered by one of the paid leave of absence provisions in Article 13, the other employee will have first opportunity to substitute for the absent employee. The partner who is substituting shall be paid the retired employee sub rate of pay, pro-rated for the period of the time he/she substitutes for the absent

partner. Should the partner who is substituting substitute for longer than ten (10) consecutive days, the job sharer shall be paid according to their job sharer's full time daily rate for working the full position.

- H. Mid-Year Vacancy: In the event one of the job-sharing employees leaves the employment of the District during the course of the school year, the other employee shall be offered full time status in the position being shared for the remainder of that school year. This provision may be waived upon the written approval of the District.
- I. Year-End Vacancy: In the event one (1) of the employees leaves the employment of the District or the job share position at the conclusion of a school year, the other employee in the position will be given first option for full time status within that classroom, or to reapply for the shared time position with another individual.
- J. Discontinuing Job Sharing: At the conclusion of a job sharing assignment, if either the District or the job sharers elect to discontinue job sharing for the next school year the following will apply:
 - 1. Employees involved in a job share assignment shall give notice of their request to return to a full time position for the next school year no later than March 1. The District shall notify the job sharers no later than April 1 if it plans to discontinue the job sharing assignment.
 - 2. If a shared time assignment is discontinued, the job-sharing employees may apply for any vacancies that may be available.
 - 3. If no vacancies are available, said employees may continue in their job share position if the District continues the assignment until a vacancy or vacancies occur for which the employee is certified and qualified for placement as determined by the Board.
- K. Approval: The District, job sharing employees and the SEA shall sign the approved job sharing agreement. The participants shall receive a copy of the signed job sharing agreement.

ARTICLE 16
SPECIAL EDUCATION/LEAST RESTRICTIVE
ENVIRONMENT/MEDICAL PROCEDURES

- A. Placement Information: Any employee who, as a result of an IEP placement, will be providing instruction or other services for a student with disabilities in a special or regular education classroom setting will be advised of the identity of the student with disabilities and provided with access to information pertaining to the student's placement available from the special education employee and education records containing information of legitimate educational interest to the employee.

- B. IEP Attendance: The District shall provide written notice to the grade level employee who will be providing instructional or other service to a student with disabilities to participate in the IEP, which may initial place (or continue the placement) of the student in a regular education classroom. All employees providing instructional or other services to a student with disabilities will receive a copy of that student's accommodation form.
- C. Problems: If any employee to whom a student with disabilities is assigned advises the District, in writing, of a reasonable basis to believe that problems exist in the implementation of the student's current IEP which negatively impact the student's educational progress and/or impede the learning progress of students without disabilities in the same classroom setting, the employee shall have the right to request a meeting of appropriate staff to discuss the problems and possible solutions or to request the convening of another IEP meeting.
- D. Training: If requested by the employee, the District will provide in-service and/or other training to employees regarding the instruction and behavioral management of student with disabilities in regular education classroom settings.
- E. Medical Procedures: Where clean intermittent catheterization, suctioning (nasal, oral, or deep), tracheotomy care (clean, suction, etc.), tube feeding, medication (oral, topical) related to the procedures enumerated herein, medication by gastrostomy tube, oxygen regulation or care, or similar procedures, are necessary to maintain a student in the classroom, these procedures will be performed by school support personnel. Employees and support personnel will be provided with appropriate training. Employees will not be required to perform these procedures except in emergency situations.
Special education employees, in case of a student requiring medical procedure by an IEP, shall not be subject to Article 16 of this Agreement.

ARTICLE 17
MISCELLANEOUS PROVISIONS

- A. Continuity of Operations: The SEA and the Board recognize that strikes and other forms of work stoppages by employees are contrary to law and public policy. The SEA and the Board subscribe to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the school program. The Association therefore agrees that its officers, representatives, and members shall not authorize, instigate, cause, aid, encourage, ratify, or condone, nor shall any employee take part in, any strike, slowdown, stoppage of work, boycott, picketing, or other interruption of activities in the school system.

- B. Waiver: The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining and that the understanding and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the Board and the SEA for the life of this Agreement, voluntarily and unqualifiedly waive the right and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter referred to or covered by this Agreement and also with respect to any subject or matter not specifically referred to or covered in this Agreement, even though such subject or matter may not have been within the knowledge and contemplation of either or both of the parties at the time that they negotiated or signed this Agreement. Matters of common concern may be subject to negotiations during the period of this Agreement upon the request and mutual agreement of both parties.
- C. Entire Agreement: This Agreement supersedes and cancels all previous agreements, verbal or written based on alleged past practices, between the Board and the SEA and constitutes the entire agreement between the parties. Any amendment or agreement supplemental hereto shall not be binding upon either party unless executed in writing by the parties hereto.
- D. At the beginning of each school year, the SEA shall be credited with five (5) days to be used by the employees who are officers or agents of the SEA; such use to be at the discretion of the SEA. The SEA agrees to notify the Administration no less than forty-eight (48) hours in advance of taking such leave. The SEA will reimburse the Board for the costs of substitute employees.

ARTICLE 18
INCREMENT ADVANCEMENT BASED ON
PROFESSIONAL GROWTH OR MERIT

An employee must have satisfactorily completed five (5) days of teacher professional development during the school year to receive a pay raise or pay increment. The “professional development day “ is defined as six (6) hours. Five (5) days is the equivalent of thirty (30) hours. The number of hours acquired during a calendar day may not be counted as more than one (1) day of professional development. The reporting year is defined as May 1 through April 30. The form (Appendix G) is to be submitted to your principal’s office by May 15 of each year. Qualified professional development is defined by the State of Michigan School Code: Section 1526 and 1527 and is outlined on Appendix G.

- A. New teachers, during the first three (3) years of classroom teaching in the profession, must include both the fifteen (15) days of professional development over the first three (3) years of teaching, and the five (5) annual days of teacher professional development as required under Section 1527.

- B. Each teacher is responsible for managing the status of his/her teaching certificate/credential by complying with all conditions, including the acquisition of eighteen (18) or more semester hours for the Professional Education certificate or six (6) semester hour credits or equivalent continuing education units for renewal of this certificate. A teacher may apply the acquisition of eighteen (18) semester hours or six (6) semester hour credits or equivalent to meet the annual obligation of five (5) professional development days.
- C. With respect to BA +18, MA and MA +30, courses may be counted if they have the prior approval of the Building Principal and Superintendent and to determine horizontal moves on the teacher's pay scale; the teacher must meet the following criteria: (1) hours received after Bachelor's degree; (2) valid Michigan Teaching Certificate (when in place when credentials received); (3) course(s) with a five hundred (500) or greater course number; (4) B or better grade received; (5) relation to field of present assignment of teacher (or approved administrative or education program) and (6) 30 SCECHS earned outside of district-provided SCECHS = 1 grad credit SEA members may use towards lane changes on the salary schedule.

Employees who have taken courses prior to employment with Saugatuck Public Schools that meet these requirements will submit transcripts for approval by the Building Principal and Superintendent. New employee records will be checked at the time of hire by the Superintendent or his/her designee.

- D. Employees completing the necessary number of hours for advancement to the next higher schedule should notify the Central Office as soon as the work is completed. They will be placed in the appropriate column/lane at the beginning of the next school year (if notified by August 31st) or on the 14th pay period (if notified by January 31st).

ARTICLE 18

DURATION OF AGREEMENT

This agreement shall become effective JULY 15, 2019 and shall continue in effect until JUNE 30, 2022. This agreement shall not be extended verbally, and it is expressly understood that it shall expire on the date indicated.

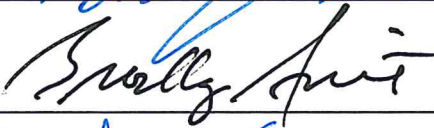
SIGNATURES

SAUGATUCK EDUCATION ASSOCIATION

SEA PRESIDENT

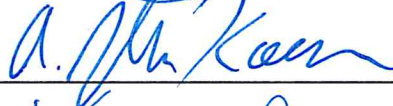


SEA VICE PRESIDENT



NEGOTIATING TEAM








SAUGATUCK BOARD OF EDUCATION

PRESIDENT



VICE PRESIDENT




SECRETARY




TREASURER




TRUSTEE



TRUSTEE



TRUSTEE



APPENDIX A-1
Fringe Benefits

HEALTH INSURANCE (APPENDIX A-2)

The Board will make premium payments on behalf of the employees and their eligible dependents for the stated medical benefits plan, and other Board payments toward health insurance (i.e. H.S.A. contributions) for its employees not to exceed the hard cap statutory limits prescribed in the Publicly Funded Health Insurance Contribution Act (PA152 of 2011: MCL. 15.561.569.)

The Medical benefit plan coverage year begins July 1 and ends June 20th. A bargaining unit member working a full school year can expect insurance coverage from July 1 through June 30. A bargaining unit member resigning as of the end of the school year will have insurance continued through June 30.

The annual premium limitation may be statutorily increased by the state and will go into effect as of July 1 of each proceeding plan year. Employees share of the premiums will be deducted over 24 pays, pretax on a per pay basis through payroll deduction under an IRS Section 125 plan.

Employees with spouses working for the district, who qualify for health benefits will only select one health package and corresponding cash in lieu. The District will not double insure for the health coverage. Employees not selecting a health plan, will receive \$2,500 cash in lieu of coverage. Cash in lieu will be paid out in equal installments from September through June.

APPENDIX A-1
Fringe Benefits

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Employees with spouses working for the district, who qualify for health benefits will only select one health package and corresponding cash in lieu. The District will not double insure for the health coverage. Employees not selecting a health plan, will receive \$2,500 cash in lieu of coverage. Cash in lieu will be paid out in equal installments from September through June.

OTHER FRINGE BENEFITS:(APPENDIX A-3)

The Board will make premium payments on behalf of the employees and their eligible dependents for the following listed benefits.

1. VISION
2. DENTAL
3. LIFE AND ACCIDENTAL DEATH INSURANCE – Employee Only
4. LONG TERM DISABILITY – Employee Only

Employees working less than full time will be eligible for pro-rated fringe benefits with a premium co-pay deducted from the employee through payroll deduction. Rates are based upon the employees prorated schedule and are not to exceed the state mandated insurance caps.

Tuition Reimbursement:

The Board shall provide tuition reimbursement, for tuition expenses incurred, up to the amount of Western Michigan University's tuition rate for up to three graduate semester hours per year. Pre-approval required and course work must be a 500 level or higher, completed with a B or better to be eligible for reimbursement. This payment is for professional improvement college credit that has the prior approval of the Building Principal and the Superintendent. The year shall be from JUNE 1ST through MAY 31ST for course completion and annual reimbursement. In addition, textbook reimbursement of up to \$30 will be paid upon presentation of a receipt for textbooks.

APPENDIX A-2 SEA Health Insurance Options

Saugatuck Public Schools

PriorityHealth : POS 100% \$250 Deductible Copay Aligned

Coverage Period: 07/01/2016 – 06/30/2017

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

Coverage for: Subscriber/Dependent | Plan Type: POS

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at PriorityHealth.com or by calling 1-800-446-5674.

Important Questions	Answers	Why this Matters
What is the overall deductible?	For participating providers \$250 person / \$500 family For non-participating providers \$500 person / \$1,000 family The preferred benefits deductible doesn't apply to preventive care, prescription drugs, or certain services subject to flat dollar co-pays. The deductible for each benefit level is calculated separately. Amounts you pay toward the deductible do not count toward any co-insurance maximums.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$6,850 person / \$13,700 family For non-participating providers \$13,700 person / \$27,400 family Your plan also has a co-insurance maximum. For participating providers \$0 person/ \$0 family For non-participating providers \$2,500 person/ \$5,000 family The co-insurance maximum limits the total amount of co-insurance you will pay for certain covered services during a coverage period. The co-insurance maximum is included in the out-of-pocket limit. The out-of-pocket limit and co-insurance maximum for each benefit level is calculated separately.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this plan doesn't cover, services that exceed an annual day/visit limit, and any co-pays or co-insurance you pay for any non-essential health benefits. See plan documents for additional services that may not be included in the out-of-pocket limit.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	You don't need a referral in order to receive the preferred benefit for services provided by a participating specialist. You do need a referral in order to receive the preferred benefit for services provided by a non-participating specialist.	You can see the in-network specialist you choose without permission from this plan. This plan will pay some or all of the costs to see an out-of-network specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-446-5674 or visit us at PriorityHealth.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov or call 1-800-446-5674 to request a copy.

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	<ul style="list-style-type: none"> • Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service. • Co-insurance is <i>your</i> share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible. • The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.) • This plan may encourage you to use network participating providers by charging you lower deductibles, co-payments and co-insurance amounts. • You may be able to pay your deductible and Co-insurance using money from a Health Reimbursement Account (HRA) or Flexible Spending Accounts (FSA).
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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/ visit	20% co-insurance/ visit	Preferred benefits coverage includes services provided face-to-face, telephonically, or through secure electronic portal. Alternate benefits coverage includes face-to-face visits only. Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug rider. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval may be required. Retail service center services are covered at reasonable and customary charges. Dietitian services include visits <i>not</i> listed in Priority Health's Preventive Health Care Guidelines. These services are limited to 6 visits per contract year. Prior approval is required for all treatments of Autism Spectrum Disorder. See Habilitation Services below for additional information.
	Specialist visit	\$35 co-pay/ visit	20% co-insurance/ visit	
	Other practitioner office visit	<ul style="list-style-type: none"> • \$20 co-pay/ visit for eCare visits • \$75 co-pay/ visit for evaluation/management services only at retail service centers • \$35 co-pay/ visit for dietitian services • No charge for allergy testing, serum & injections • 50% co-insurance/ visit for family planning/infertility services • 50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery • No charge for each certain surgery 	<ul style="list-style-type: none"> • eCare visits not covered • Evaluation/management services only at retail service centers covered at the preferred benefit level • Dietitian services not covered • 20% co-insurance for allergy testing, serum & injections • Family planning/infertility services not covered • 50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery • 20% co-insurance for each certain surgery 	
If you have a test	Preventive care/screening/immunization	No charge	20% co-insurance/ visit	Preventive care services are those listed in Priority Health's Preventive Health Care Guidelines, including women's preventive health care services. Deductible does not apply.
	Diagnostic test (x-ray, blood work)	No charge	20% co-insurance	Appropriate office visit co-pay (PCP or specialist) may apply for physician office services.
	Imaging (CT/PET scans, MRIs)	\$150 co-pay	20% co-insurance	Prior Approval required for certain radiology examinations. Preferred benefits co-pay waived if performed while confined in a hospital as an inpatient. Maximum of 10 co-pays per individual per contract year for imaging services.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "Your Cost" columns apply to drugs on the approved drug list when obtained from a Participating Provider. Covers up to a 31-day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Up to a 90-day supply of medication (excluding Specialty Drugs) may be obtained at one time for three applicable Copayments at a retail Participating Pharmacy. 50% co-insurance/ prescription for infertility drugs. Deductible does not apply.
	Preferred brand drugs	\$40 co-pay/ retail prescription \$80 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs	\$80 co-pay/ retail prescription \$160 co-pay/ mail order prescription	Not covered	
	Preferred specialty drugs	\$40 co-pay/ retail prescription	Not covered	
	Non-Preferred specialty drugs	\$80 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	20% co-insurance/ visit	Including outpatient care, observation care and ambulatory surgery center care. Prior approval may be required. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fees	No charge	20% co-insurance/ visit	
If you need immediate medical attention	Emergency room services	\$150 co-pay/ visit	Covered at the preferred benefit level	Co-pay waived if you become confined in a Hospital as an inpatient.
	Emergency medical transportation	\$150 co-pay	Covered at the preferred benefit level	-----none-----
	Urgent care	\$75 co-pay/ visit	20% co-insurance/ visit	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are Covered at the Alternate Benefit level. Urgent Care services received from a Non-Participating Provider who is located <u>outside</u> of our Service Area are Covered at the Preferred Benefit level.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% co-insurance/ visit	Prior Approval is required at least 5 working days in advance, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Notification must be provided for all admissions following emergency room care. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fee	No charge	20% co-insurance/ visit	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay/ visit	20% co-insurance/ visit	Including medication management visits.
	Mental/Behavioral health inpatient services	No charge	20% co-insurance/ visit	Including Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
	Substance use disorder outpatient services	\$20 co-pay/ visit	20% co-insurance/ visit	Including medication management visits.
	Substance use disorder inpatient services	No charge	20% co-insurance/ visit	Including subacute, Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
If you are pregnant	Routine prenatal and postnatal care	No charge	20% co-insurance/ visit	Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit. Appropriate office visit charge (PCP or specialist) may apply for physician office services or home visits and consultations for complications of pregnancy.
	Delivery and all inpatient services	No charge	20% co-insurance/ visit	Deductible applies to facility charges for delivery.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need help recovering or have other special health needs	Home health care	No charge	20% co-insurance/ visit	Including hospice care services; excluding rehabilitation and habilitation services. Prior approval required except for hospice care services in the home. Rehabilitation and habilitation services provided in the home are subject to the limitations of the Rehabilitation Services and Habilitation Services benefits described below.
	Rehabilitation services These services are <i>not</i> for the treatment of Autism Spectrum Disorder	\$20 co-pay/ visit	50% co-insurance/ visit	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 60 visits per contract year. Speech therapy limited to a combined 60 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 60 visits per contract year.
	Habilitation services for treatment of Autism Spectrum Disorder <i>only</i>	<ul style="list-style-type: none"> \$20 co-pay/ visit for Physical, Occupational and Speech Therapy No charge for Applied Behavioral Analysis (ABA) services 	50% co-insurance/ visit	Prior Approval required for all treatment of Autism Spectrum Disorder. Services are Covered for children and adolescents under age 19 only. Multiple charges may apply during one day of service.
	Habilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	Not covered	Not covered	Not covered
	Skilled nursing care	No charge	20% co-insurance/ visit	Services received in a skilled nursing care facility, subacute facility, inpatient rehabilitation care facility or hospice care facility are limited to a combined 45 days per contract year. Prior approval required.
	Durable medical equipment (DME)	No charge	50% co-insurance/ visit	Including rental, purchase or repair. Prior Approval required for equipment over \$1,000.
	Prosthetics & orthotics	No charge	50% co-insurance/ visit	
Hospice service	No charge	20% co-insurance/ visit	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit.	
If your child needs dental or eye care	Eye exam	Not covered	Not covered	Not covered
	Glasses	Not covered	Not covered	Not covered
	Dental check-up	Not covered	Not covered	Not covered

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u>.)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult & Child) 	<ul style="list-style-type: none"> Habilitation services not for the treatment of Autism Spectrum Disorder Hearing aids Long-term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. Private-duty nursing Routine eye care (Adult & Child) Routine foot care
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> Bariatric surgery Chiropractic care Emergency services provided outside the U.S. 	<ul style="list-style-type: none"> Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility 	<ul style="list-style-type: none"> Weight loss programs

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-446-5674. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccio.cms.gov.

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Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefit it provides.

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

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

NOTE: These examples demonstrate possible costs under Subscriber only coverage. If you have Subscriber/Dependent coverage, your costs may be different.

Having a baby (normal delivery)		Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
<ul style="list-style-type: none"> Amount owed to providers: \$7,540 Plan pays \$7,040 Patient pays \$500 		<ul style="list-style-type: none"> Amount owed to providers: \$5,400 Plan pays \$4,420 Patient pays \$980 	
Sample care costs:		Sample care costs:	
Hospital charges (mother)	\$2,700	Prescriptions	\$2,900
Routine obstetric care	\$2,100	Medical Equipment and Supplies	\$1,300
Hospital charges (baby)	\$900	Office Visits and Procedures	\$700
Anesthesia	\$900	Education	\$300
Laboratory tests	\$500	Laboratory tests	\$100
Prescriptions	\$200	Vaccines, other preventive	\$100
Radiology	\$200	Total	\$5,400
Vaccines, other preventive	\$40		
Total	\$7,540		
Patient pays:		Patient pays:	
Deductibles	\$250	Deductibles	\$250
Co-pays	\$100	Co-pays	\$650
Co-insurance	\$0	Co-insurance	\$0
Limits or exclusions	\$150	Limits or exclusions	\$80
Total	\$500	Total	\$980

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-528-8762.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-528-8762.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-528-8762.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-528-8762

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- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-446-5674 or visit us at **PriorityHealth.com**.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.doi.gov/ebsa/healthreform or www.cciio.cms.gov or call 1-800-446-5674 to request a copy.

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at PriorityHealth.com or by calling 1-800-446-5674.

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$500 person/ \$1,000 family The deductible doesn't apply to preventive care, prescription drugs, or certain services subject to flat dollar co-pays. Your Schedule of Copayments and Deductibles specifies which services are not subject to the deductible. Amounts you pay toward the deductible do not count toward any co-insurance maximums.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$6,850 person/ \$13,700 family.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this plan doesn't cover, services that exceed an annual day/visit limit, and any co-pays, and co-insurance you pay for any non-essential health benefits. See plan documents for additional services that are not included in the out-of-pocket limit.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	You don't need a referral to see a participating specialist. You do need a referral to see a non-participating specialist.	You can see the in-network specialist you choose without permission from this plan. This plan will pay some or all of the costs to see an out-of-network specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

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Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.

Co-insurance is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.

The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)

This plan may encourage you to use network **participating providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

You may be able to pay your **deductible** and **Co-insurance** using money from a Health Reimbursement Account (HRA) or Flexible Spending Accounts (FSA).

Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 co-pay/ visit	Not covered	Coverage includes services provided face-to-face, telephonically, or through secure electronic portal. Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug rider. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior Approval may be required. Retail service center services are covered at reasonable and customary charges. Dietitian services include visits <i>not</i> listed in Priority Health's Preventive Health Care Guidelines. These services are limited to 6 visits per contract year. Prior approval is required for all treatments of Autism Spectrum Disorder. See Habilitation Services below for additional information.
	Specialist visit	\$35 co-pay/ visit	Not covered	
	Other practitioner office visit	<ul style="list-style-type: none"> •\$20 co-pay/ visit for eCare visits •\$75 co-pay/ visit for evaluation/management services only at retail service centers •\$35 co-pay/ visit for dietitian services •No charge for allergy testing, serum & injections •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery •No charge for each certain surgery 	<ul style="list-style-type: none"> •eCare visits not covered •Evaluation/management services only at retail service centers covered at the in-network benefit level •Dietitian services not covered •Allergy testing, serum & injections not covered •Family planning/infertility services not covered •Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery not covered •Certain surgeries not covered 	
If you have a test	Preventive care/screening/immunization	No charge	Not covered	Preventive care services are those listed in Priority Health's Preventive Health Care Guidelines, including women's preventive health care services. Deductible does not apply.
	Diagnostic test (x-ray, blood work)	No charge	Not covered	Appropriate office visit co-pay (PCP or specialist) may apply for physician office services.
	Imaging (CT/PET scans, MRIs)	\$150 co-pay	Not covered	Prior Approval required for certain radiology examinations. Co-pay waived if performed while confined in a hospital as an inpatient. Maximum of 10 co-pays per individual per contract year for imaging services.

Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "Your Cost" columns apply to drugs on the approved drug list when obtained from a Participating Provider. Covers up to a 31-day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Up to a 90-day supply of medication (excluding Specialty Drugs) may be obtained at one time for three applicable Copayments at a retail Participating Pharmacy. 50% co-insurance/ prescription for infertility drugs. Deductible does not apply.
	Preferred brand drugs	\$40 co-pay/ retail prescription \$80 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs	\$80 co-pay/ retail prescription \$160 co-pay/ mail order prescription	Not covered	Deductible does not apply.
	Preferred specialty drugs	\$40 co-pay/ retail prescription	Not covered	
	Non-Preferred specialty drugs	\$80 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Including outpatient care, observation care and ambulatory surgery center care. Prior approval may be required. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fees	No charge	Not covered	
If you need immediate medical attention	Emergency room services	\$150 co-pay/ visit	Covered at the in-network benefit level	Co-pay waived if you become confined in a Hospital as an inpatient. -----none-----
	Emergency medical transportation	\$150 co-pay	Covered at the in-network benefit level	
	Urgent care	\$75 co-pay/ visit	Covered at the in-network benefit level when obtained outside of the Service Area	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are not Covered. Urgent Care services received from a Non-Participating Provider who is located outside of our Service Area are Covered.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Prior Approval is required at least 5 working days in advance, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Notification must be provided for all admissions following emergency room care. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fee	No charge	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 co-pay/ visit	Not covered	Including medication management visits.
	Mental/Behavioral health inpatient services	No charge	Not covered	Including Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
	Substance use disorder outpatient services	\$20 co-pay/ visit	Not covered	Including medication management visits.
	Substance use disorder inpatient services	No charge	Not covered	Including subacute, Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
If you are pregnant	Routine prenatal and postnatal care	No Charge	Not covered	Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit. Appropriate office visit charge (PCP or specialist) may apply for physician office services or home visits and consultations for complications of pregnancy.
	Delivery and all inpatient services	No charge	Not covered	Deductible applies to facility charges for delivery.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Including hospice care services; excluding rehabilitation and habilitation services. Prior approval required except for hospice care services in the home. Rehabilitation and habilitation services provided in the home are subject to the limitations of the Rehabilitation Services and Habilitation Services benefits described below.
	Rehabilitation services These services are <i>not</i> for the treatment of Autism Spectrum Disorder	\$20 co-pay/ visit	Not covered	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 60 visits per contract year. Speech therapy limited to 60 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 60 visits per contract year.
	Habilitation services for treatment of Autism Spectrum Disorder only	<ul style="list-style-type: none"> •\$20 co-pay/ visit for Physical, Occupational and Speech Therapy •No charge for Applied Behavioral Analysis (ABA) services 	Not covered	Prior Approval required for all treatment of Autism Spectrum Disorder. Services are Covered for children and adolescents under age 19 only. Multiple charges may apply during one day of service.
	Habilitation services not for the treatment of Autism Spectrum Disorder	Not covered	Not covered	Not covered
	Skilled nursing care	No charge	Not covered	Services received in a skilled nursing care facility, subacute facility, inpatient rehabilitation care facility or hospice care facility are limited to a combined 45 days per contract year. Prior approval required.
	Durable medical equipment (DME)	No charge	Not covered	Including rental, purchase or repair. Prior Approval required for equipment over \$1,000.
	Prosthetics & orthotics	No charge	Not covered	
	Hospice service	No charge	Not covered	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit.
If your child needs dental or eye care	Eye exam	Not covered	Not covered	Not covered
	Glasses	Not covered	Not covered	Not covered
	Dental check-up	Not covered	Not covered	Not covered

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u>.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult & Child) 	<ul style="list-style-type: none"> • Habilitation services not for the treatment of Autism Spectrum Disorder • Hearing aids • Long-term care 	<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private-duty nursing • Routine eye care (Adult & Child) • Routine foot care
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The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefit it provides.

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

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



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Having a baby (normal delivery)		Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
<ul style="list-style-type: none"> Amount owed to providers: \$7,540 Plan pays \$6,790 Patient pays \$750 		<ul style="list-style-type: none"> Amount owed to providers: \$5,400 Plan pays \$4,170 Patient pays \$1,230 	
Sample care costs:		Sample care costs:	
Hospital charges (mother)	\$2,700	Prescriptions	\$2,900
Routine obstetric care	\$2,100	Medical Equipment and Supplies	\$1,300
Hospital charges (baby)	\$900	Office Visits and Procedures	\$700
Anesthesia	\$900	Education	\$300
Laboratory tests	\$500	Laboratory tests	\$100
Prescriptions	\$200	Vaccines, other preventive	\$100
Radiology	\$200	Total	\$5,400
Vaccines, other preventive	\$40		
Total	\$7,540		
Patient pays:		Patient pays:	
Deductibles	\$500	Deductibles	\$500
Co-pays	\$100	Co-pays	\$650
Co-insurance	\$0	Co-insurance	\$790
Limits or exclusions	\$150	Limits or exclusions	\$80
Total	\$750	Total	\$1,230

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- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-446-5674 or visit us at PriorityHealth.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/bsa/healthreform or www.cciio.cms.gov or call 1-800-446-5674 to request a copy.

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at PriorityHealth.com or by calling 1-800-446-5674.

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$1,300 person/ \$2,600 family The deductible doesn't apply to preventive care. If you have more than one person on your plan, only the family deductible applies. This deductible can be satisfied by a single family member or a combination of family members.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$2,000 person/ \$4,000 family If you have more than one person on your plan, only the family out-of-pocket limit applies. The maximum out-of-pocket limit for any one individual within the family is \$6,850.	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, services that exceed an annual day/visit limit, health care this plan doesn't cover, and co-insurance you pay for any non-essential health benefits. See plan documents for additional services that may not be included in the out-of-pocket limit.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of participating providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	You don't need a referral to see a participating specialist. You do need a referral to see a non-participating specialist.	You can see the in-network specialist you choose without permission from this plan. This plan will pay some or all of the costs to see an out-of-network specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services .

Questions: Call 1-800-446-5674 or visit us at PriorityHealth.com. If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or www.cciio.cms.gov or call 1-800-446-5674 to request a copy.

- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **participating providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	Not covered	Coverage includes services provided face-to-face, telephonically, or through secure electronic portal. Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug rider. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior Approval may be required. Retail service center services are covered at reasonable and customary charges. Dietitian services include visits <i>not</i> listed in Priority Health's Preventive Health Care Guidelines. These services are limited to 6 visits per contract year. Prior approval is required for all treatments of Autism Spectrum Disorder. See Habilitation Services below for additional information.
	Specialist visit	No charge	Not covered	
	Other practitioner office visit	<ul style="list-style-type: none"> •No charge for eCare visits •No charge for retail service center services •No charge for dietitian services •No charge allergy testing, serum & injections •50% co-insurance/ visit for family planning/ infertility services •50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery •No charge for each certain surgery 	<ul style="list-style-type: none"> •eCare visits not covered •Retail service center services covered at the in-network benefit level •Dietitian services not covered •Allergy testing, serum & injections not covered •Family planning/ infertility services not covered •Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery not covered •Certain surgeries not covered 	
	Preventive care/screening/immunization	No charge	Not covered	Preventive care services are those listed in Priority Health's Preventive Health Care Guidelines, including women's preventive health care services. Deductible does not apply.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	Prior Approval required for certain radiology examinations.

Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "Your Cost" columns apply to drugs on the approved drug list when obtained from a Participating Provider. Covers up to a 31-day supply (retail prescription); Covers up to a 90 day supply (mail order prescription) Up to a 90-day supply of medication (excluding Specialty Drugs) may be obtained at one time for three applicable Copayments at a retail Participating Pharmacy. 50% co-insurance/ prescription for infertility drugs. Your deductible must be satisfied before the prescription drug co-pay or co-insurance will apply. This includes specialty drugs. -----none-----
	Preferred brand drugs	\$40 co-pay/ retail prescription \$80 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs	\$80 co-pay/ retail prescription \$160 co-pay/ mail order prescription	Not covered	
	Preferred specialty drugs	\$40 co-pay/ retail prescription	Not covered	
	Non-Preferred specialty drugs	\$80 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	Including outpatient care, observation care and ambulatory surgery center care. Prior approval may be required. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fees	No charge	Not covered	
If you need immediate medical attention	Emergency room services	No charge	Covered at the in-network benefit level	-----none-----
	Emergency medical transportation	No charge	Covered at the in-network benefit level	-----none-----
	Urgent care	No charge	Covered at the in-network benefit level when obtained outside of the Service Area	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are not Covered. Urgent Care services received from a Non-Participating Provider who is located outside of our Service Area are Covered.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	Prior Approval is required at least 5 working days in advance, except in emergencies or for Hospital stays for a mother and her Newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Notification must be provided for all admissions following emergency room care. See the Schedule of Copayments and Deductibles for a complete list of certain surgeries and treatments. Prior approval is required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty. Coverage is limited to one bariatric surgery per lifetime. Unless medically necessary, a second bariatric surgery is not Covered, even if the first procedure occurred prior to joining this plan.
	Physician/surgeon fee	No charge	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge	Not covered	Including medication management visits.
	Mental/Behavioral health inpatient services	No charge	Not covered	Including Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
	Substance use disorder outpatient services	No charge	Not covered	Including medication management visits.
	Substance use disorder inpatient services	No charge	Not covered	Including subacute, Residential Treatment and partial hospitalization. Except in an emergency, prior approval required.
If you are pregnant	Routine prenatal and postnatal care	No Charge	Not covered	Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit. Appropriate office visit charge (PCP or specialist) may apply for physician office services or home visits and consultations for complications of pregnancy.
	Delivery and all inpatient services	No charge	Not covered	Deductible applies to facility charges for delivery.

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Common Medical Events	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions (All benefits apply after the deductible is met unless otherwise noted)
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Including hospice care services; excluding rehabilitation and habilitation services Prior Approval required except for hospice care services in the home. Rehabilitation and habilitation services provided in the home are subject to the limitations of the Rehabilitation Services and Habilitation Services benefits described below.
	Rehabilitation services These services are <i>not</i> for the treatment of Autism Spectrum Disorder	No charge	Not covered	Physical and occupational therapy (Including osteopathic and chiropractic manipulation) limited to a combined 60 visits per contract year. Speech therapy limited to 60 visits per contract year. Cardiac rehabilitation & pulmonary rehabilitation limited to a combined 60 visits per contract year.
	Habilitation services for treatment of Autism Spectrum Disorder only	No charge	Not covered	Prior Approval required for all treatment of Autism Spectrum Disorder. Covered services include Physical, Occupational, and Speech Therapy and Applied Behavioral Analysis (ABA). Services are Covered for children and adolescents under age 19 only. Multiple charges may apply during one day of service.
	Habilitation services not for the treatment of Autism Spectrum Disorder	Not covered	Not covered	Not covered
	Skilled nursing care	No charge	Not covered	Services received in a skilled nursing care facility, subacute facility, inpatient rehabilitation care facility or hospice care facility are limited to a combined 45 days per contract year. Prior approval required.
	Durable medical equipment (DME)	No charge	Not covered	Including rental, purchase or repair. Prior Approval required for equipment over \$1,000.
	Prosthetics & orthotics	No charge	Not covered	
If your child needs dental or eye care	Hospice service	No charge	Not covered	This benefit applies to hospice services provided in the home only. Any hospice services provided in a facility will be subject to the appropriate facility benefit.
	Eye exam	Not covered	Not covered	Not covered
	Glasses	Not covered	Not covered	Not covered
	Dental check-up	Not covered	Not covered	Not covered

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult & Child) 	<ul style="list-style-type: none"> Habilitation services not for the treatment of Autism Spectrum Disorder Hearing aids Long-term care 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. Private-duty nursing Routine eye care (Adult & Child) Routine foot care
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> Bariatric surgery Chiropractic care 	<ul style="list-style-type: none"> Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility 	<ul style="list-style-type: none"> Weight loss programs Emergency services provided outside the U.S.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-446-5674. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cco.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

- Priority Health at 1-800-446-5674 or visit www.priorityhealth.com;
- The Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272); or
- The Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or DIFS-HICAP@Michigan.gov

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." This plan does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefit it provides.

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

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

NOTE: These examples demonstrate possible costs under Subscriber only coverage. If you have Subscriber/Dependent coverage, your costs may be different.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-528-8762.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-528-8762.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-528-8762.

Navajo (Dine): Dinek'chgo shika at'ohwol ninisingo, kwijigo holne' 1-800-528-8762

Having a baby (normal delivery)		Managing type 2 diabetes (routine maintenance of a well-controlled condition)	
<ul style="list-style-type: none"> Amount owed to providers: \$7,540 Plan pays \$6,090 Patient pays \$1,450 		<ul style="list-style-type: none"> Amount owed to providers: \$5,400 Plan pays \$3,870 Patient pays \$1,530 	
Sample care costs:		Sample care costs:	
Hospital charges (mother)	\$2,700	Prescriptions	\$2,900
Routine obstetric care	\$2,100	Medical Equipment and Supplies	\$1,300
Hospital charges (baby)	\$900	Office Visits and Procedures	\$700
Anesthesia	\$900	Education	\$300
Laboratory tests	\$500	Laboratory tests	\$100
Prescriptions	\$200	Vaccines, other preventive	\$100
Radiology	\$200	Total	\$5,400
Vaccines, other preventive	\$40		
Total	\$7,540		
Patient pays:		Patient pays:	
Deductibles	\$1,300	Deductibles	\$1,300
Co-pays	\$0	Co-pays	\$150
Co-insurance	\$0	Co-insurance	\$0
Limits or exclusions	\$150	Limits or exclusions	\$80
Total	\$1,450	Total	\$1,530

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- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-446-5674 or visit us at PriorityHealth.com.

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APPENDIX A-3 SEA Other Fringe Benefits

Saugatuck Public Schools

Other Fringe Benefits - Appendix A-3

VISION		DENTAL		Life AD & D	
NETWORK	MESSA VSP 3 GOLD	DELTA DENTAL PREMIER	IN NETWORK	CONTRIBUTION BASIS	Non-Contributory
EYE EXAM	100% UP TO \$55/\$45	OUT OF NETWORK	OUT OF NETWORK	Life AD & D Insurance Benefit Maximum	Teachers \$50,000
EXAM FREQUENCY	ONCE EVERY 12 MONTHS	Benefit Plan Year	January 1 to December 31	Long Term Disability	
FRAMES	100% (UP TO ANNUALLY ADJUSTED ALLOWANCE)	ANNUAL MAXIMUM	\$1,200	CONTRIBUTION BASIS	Non-Contributory
FRAME FREQUENCY	ONCE EVERY 12 MONTHS	CLASS 1, 2, 3	100%	Class 1 Description	Teachers
LENSES	100%	CLASS 1 - Preventable/Diagnostic	60%	Elimination Period	30 days
LENSES FREQUENCY	ONCE EVERY 12 MONTHS	CLASS 2 - Basic Services	60%	Benefit Duration	ADEN/SSNRA
CONTACT LENSES-ELECTIVE	100% UP TO \$135	CLASS 3 - Major Services	60%	Monthly Benefit %	66.67%
CONTACT LENSES - MEDICALLY NECESSARY	100% UP TO \$200	Class 4	60%	Maximum Monthly Benefit	\$2,500.00
LASK BENEFT	ONCE EVERY 12 MONTHS	Orthodontia Services	19th Birthday	Minimum Monthly Benefit	Greater of 10%/ \$100
CONTRIBUTION BASIS	DISCOUNT AVAILABLE	Life Time Maximum	Basic	Own Occupation Period	24 Months
Life AD & D Insurance Benefit Maximum	Life AD & D	Dependent Age Limit - Ortho Endodontic & Periodontic Srv			
	Non-Contributory				
	Teachers				
	\$50,000				

This is not a contract. It is intended as an easy to read summary. Additional limitations & exclusions may apply to services. A complete copy of your plan design is available at Central Office or on our website: www.saugatuckps.com, click on the Transparency Link, and scroll down to benefits.

APPENDIX B
PAYROLL

- A. Payroll for the 2019-2020, 2020-2021 and 2021-2022 school years will be based on TWENTY-SIX (26) or TWENTY-TWO (22) periods per school year.
- B. Direct Deposit: All payroll checks are processed through direct deposit. Secure on-line pay information is available through www.saugatuckpublicschools.com, Staff Forms and Information, Pay Stub Module. Please contact the payroll department to reset passwords or login ID's.

The cost of replacing lost W2's or stopping payment on reimbursement checks will be assumed by the employee. The cost of any deduction changes will be assumed by the Board.

- C. The cost of replacing lost W2's or stopping payment on reimbursement checks will be assumed by the employee. The cost of any deduction changes will be assumed by the Board.
- D. Provided that the employee has authorized payroll deductions in writing, the Board will deduct for the following:
 - 1. Health insurance
 - 2. Board approved annuities
 - 3. Banks or Credit Union Checking or Savings accounts with proper documentation for processing.
 - 4. Savings
 - 5. Voluntary options under the 125-Plan
 - 6. Other deductions as mutually agreed upon.

**APPENDIX C
GRIEVANCE REPORT FORM
SAUGATUCK PUBLIC SCHOOLS**

APPLICATION TO PRECEED TO LEVEL II: WRITTEN GRIEVANCE

Contract Reference: Article 10(d)Level I

This form is to be completed after employee has complied with the steps in **Level I** that resulted in no resolution of the complaint. This form is to be completed, signed and filed with their Building Principal, SEA Union representative, and the Superintendent .

GRIEVANCE # _____ Building _____

Name of Grievant _____ Date Filed _____

A. Date Cause of Grievance Occurred: _____

B. 1. Statement of Grievance: _____

2. Relief Sought _____

3. Article of Contract Violated: _____

Employee Signature

Dated

C. Attach Disposition Statement by Principal :

Signature

Dated

D. Attach Position Statement of Grievant and/or SEA:

Signature

Dated

**APPENDIX C
GRIEVANCE REPORT FORM
SAUGATUCK PUBLIC SCHOOLS**

APPLICATION TO PRECEED TO LEVEL III: REQUEST FOR BOARD HEARING

Contract Reference: Article 10(d)Level II

This form is to be completed after employee has complied with the steps in **Level I and Level II**, and the employee is not satisfied with the determination or relief offered in Level II. This form is to be completed, signed and filed with their Building Principal, SEA Union representative, the Superintendent .

GRIEVANCE # _____ Building _____

Name of Grievant _____ Date Filed _____

A. Date Received by Superintendent or Designee _____

B. Attach Disposition of Superintendent or Designee:

Signature Dated

C. Attach Position Statement of Employee or SEA:

Signature Dated

Date of Board Hearing: _____

**APPENDIX C
GRIEVANCE REPORT FORM
SAUGATUCK PUBLIC SCHOOLS**

APPLICATION TO PRECEED TO LEVEL IV: DEMAND FOR ARBITRATION

Contract Reference: Article 10(d)Level III

This form is to be completed by the authorized SEA representative if no decision is rendered within thirty (30) days of the hearing, or if the decision is unsatisfactory to the SEA. The SEA must submit a position statement at this point. This form is to be completed, signed and filed with the Board of Education according to the timelines specified in Article 10.

GRIEVANCE # _____ Building _____

Name of Grievant _____ Date Filed _____

A. Date Received by Board of Education or Designee : _____

B. Disposition by Board (Attach Board decision rendered in Level III)

Signature

Dated

C. Position of Grievant and/or SEA _____

Signature

Dated

Arbitrator Assigned: _____

APPENDIX D
Pay Index

Step Amount	950	1,100	1,300	1,500
Step	BA	BA18	MA	MA30
1	40,000	41,000	42,000	43,000
2	40,950	42,100	43,300	44,500
3	41,900	43,200	44,600	46,000
4	42,850	44,300	45,900	47,500
5	43,800	45,400	47,200	49,000
6	44,750	46,500	48,500	50,500
7	45,700	47,600	49,800	52,000
8	46,650	48,700	51,100	53,500
9	46,650	49,800	52,400	55,000
10	46,650	50,900	53,700	56,500
11	46,650	52,000	55,000	58,000
12	46,650	53,100	56,300	59,500
13	46,650	54,200	57,600	61,000
14	46,650	55,300	58,900	62,500
15	46,650	56,400	60,200	64,000
16	46,650	57,500	61,500	65,500
17	46,650	58,600	62,800	67,000
18	46,650	59,700	64,100	68,500
19	46,650	60,800	65,400	70,000
20	46,650	61,900	66,700	71,500
21	46,650	63,000	68,000	73,000
22	46,650	64,100	69,300	74,500
23	46,650	65,200	70,600	76,000
24	46,650	66,300	71,900	77,500
25	46,650	67,400	73,200	79,000
26	46,650	68,500	74,500	80,500
27	46,650	69,600	75,800	82,000
28	46,650	70,700	77,100	83,500
29	46,650	71,800	78,400	85,000
30	46,650	72,900	79,700	86,500

APPENDIX E-1
PAY FOR EXTRA-CURRICULAR ACTIVITIES – ATHLETICS

FALL SPORTS

Football		Volleyball	
Varsity Head Coach	14%	Varsity Head Coach	14%
Varsity Assistant	7%*	JV Head Coach	7%*
JV Head Coach	7%*	Freshmen Coach	6%*
JV Assistant	7%*		
Soccer – Boys		Cross Country	
Varsity Head Coach	10%	Boys Varsity Head Coach	10%
		Girls Varsity Head Coach	10%*
Soccer – Girls			
Varsity Head Coach	10%		

WINTER SPORTS

Basketball – Boys		Basketball – Girls	
Varsity Head Coach	14%	Varsity Head Coach	14%
JV Head Coach	7%*	JV Head Coach	7%*
Freshmen Coach	6%*		

SPRING SPORTS

Golf		Track	
Varsity Head Coach	10%	Boys Varsity Head Coach	10%
JV Head Coach* for 12 or more total (V/JV players)	7%*	Girls Varsity Head Coach	10%
		Boys/Girls Assistant Track Coach	6%
Softball		Baseball	
Varsity Head Coach	10%	Varsity Head Coach	10%
JV Head Coach	7%*	JV Head Coach	7%*

MIDDLE SCHOOL SPORTS

Activity	Weeks	Activity	Weeks
Football	9	Cross Country	6
Volleyball – 8 th grade	8	Track – Boys	7
Volleyball – 7 th grade	8	Track – Girls	7
Boys Basketball – 8 th grade	8	Soccer – Boys	8
Boys Basketball – 7 th grade	8	Soccer – Girls	8
		Girls Basketball – 8 th grade	8
		Girls Basketball – 7 th grade	8
Athletic Director	18%		

Compensation for MIDDLE SCHOOL SPORTS for specific activities is to be limited \$250 times weeks listed.
 Compensation for HIGH SCHOOL SPORTS for specific activities is to be limited to five (5) steps on the BA Base
 Example: 3 years' experience – 4th step of BA column x Percentage of Activity
 Example: 5+ years' experience – 5th step of BA column x Percentage of Activity

The term “experience” refers to the specific activity, not number of years employment.
 Assignments are determined by the Athletic Director. Prior approval is required for positions not currently posted as open.

***Freshmen and JV Teams**

Minimum number of participants necessary to offer sport team will be the number of players to field a team +3
 i.e. Boys freshman basketball: 5 + 3 = 8
 If JV and freshman teams are not offered due to low numbers, every attempt shall be made by the Varsity/JV teams to accommodate displaced athletes.

All extra curricular activities will be calculated per the 2015-2016 contract.
 All non-teaching coaches will be processed through the third party provider.
 Coaching pay is distributed either 100% at conclusion of sport or 50% midway, and balance at conclusion.

APPENDIX E-2
PAY FOR CO-CURRICULAR ACTIVITIES – NON ATHLETIC

High School Band Director	10%
Junior High Band Director	5%
Pep Band – Football Season	1%
Pep Band – Basketball Season.....	2%
High School Choir	3%
High School Dramatics	8%
High School Yearbook/Newspaper.....	4%
Art a~Loan.....	3%

COMPENSATION FOR SPECIFIC ACTIVITY IS TO BE LIMITED TO FIVE (5) STEPS ON THE BA BASE.

Example: 3 years’ experience – 4th step of BA Degree x Percentage of Activity
 5 years’ experience – 5th step of BA Degree x percentage of Activity

The term “experience” refers to the specific activity; not number of years of experience.

Summer School Teaching: Summer School Teachers would receive \$23.25 per hour for classroom instruction. There will be an additional \$50.00 preparation stipend for teaching summer school. There would also be an additional \$1.00 per hour for an employee who has more than five (5) years of service or teaching summer school for the Saugatuck Public School District.

All extra-curricular activities will be calculated per the 2015-2016 contract.

Summer Curriculum Work:

Compensation for summer curriculum work shall be for the following purposes: the development of new courses, departmental or building level curriculum changes or the analysis of district data.

Such work will be coordinated and approved by the building principal. Final approval for all summer curricular work will rest with the Superintendent.

Summer work will be compensated at a rate of \$22.00 per hour.

APPENDIX E-3
PAY FOR EXTRA-CURRICULAR ACTIVITIES – NON-ATHLETIC

Class Sponsors:

Senior Sponsor	4%
Junior Sponsor	3%
Sophomore Sponsor	2%
Freshman Sponsor	2%

Other:

HS Student Council	3%
MS Student Council	3%
Quiz Bowl	3%
Clubs (authorized).....	2%
Art National Honor Society	2%
HS National Honor Society	2%
Sixth Grade Camp (per Teacher)	\$450

Other activities may be added by approval of the Board of Education.

Example: 3 years' experience – 4th step of BA x Percentage of Activity
 5 years' experience – 5th step of BA x Percentage of Activity

The term “experience” refers to the specific activity; not number of years of employment.

Club Stipends/percentages reflect a full year activity. ½ year clubs are prorated TO 1%, and 6 weeks clubs are prorated to ½%.

All extra-curricular activities will be calculated per the 2015-2016 contract.

APPENDIX F SCHOOL CALENDAR

**Distributed
May - 2019**

2019 - 2020 Calendar

START TIMES

Douglas Elementary
 8:10 am – 3:05 pm – full days
 8:10 am – 11:30 am – ½ days

SPS Middle-High School
 8:00 am – 2:45 pm – full days
 8:00 am – 11:20 am – ½ days

**Staff Days = 185
Student Days = 180**

August-September 2019

- August 26, 27 & 28: DES & MS-HS Full Day PD
- September 2: NO SCHOOL – Labor Day
- September 3: First Full Day of School – Students

October 2019

- October 16 & 17 MS-HS School Parent Teacher Conferences
- October 18: ½ Day Students / ½ Day DES & ½ Day MS-HS PD

November 2019

- November 19 & 21: DES Parent Teacher Conferences
- November 22: ½ Day DES Collab; ½ Day MS-HS Records
 - First Trimester Ends
- November 27: ½ Day Students & Staff
- November 28-29: NO SCHOOL – Thanksgiving Holiday

December 2019

- December 2 Second Trimester Begins (SHS-SMS)
- December 23 – January 3: NO SCHOOL – Holiday Break

January 2020

- January 6: School Resumes
- January 24: ½ Day Students – end of First Semester
 - DES ½ Day Records Day - SHS/SMS ½ PD

February 2020

- February 5 & 6: MS-HS School Parent Teacher Conferences
- February 14 & 17: NO SCHOOL

March 2020

- March 3 & 5: DES Parent Teacher Conferences
- March 6: ½ DAY OF SCHOOL – SMS-SHS Exams
 - DES ½ Day PD – SHS-SMS ½ Day Records Day
 - Second Trimester Ends

April 2020

- April 3 – 10: NO SCHOOL Spring Break
- April 13: School Resumes
- April 24: NO SCHOOL - DES & MS-HS Full Day In Service

May 2020

- May 25: NO SCHOOL – Memorial Day Holiday

June 2020

- June 10: ½ Day Students – Last Day of School - Teacher Records Day

DES Professional Development	
August 26	Full Day
August 27	Full Day
August 28	Full Day
October 18	½ Day
March 6	½ Day
April 24	Full Day
DES Records Days	
November 22	½ Day (collab)
January 24	½ Day
June 10	½ Day

MS-HS Professional Development	
August 26	Full Day
August 27	Full Day
August 28	Full Day
October 18	½ Day
January 24	½ Day
April 24	Full Day
MS-HS Records Days	
November 22	½ Day
March 6	½ Day
June 10	½ Day

APPENDIX G (Article 18)
ANNUAL RECORD OF PROFESSIONAL DEVELOPMENT
(Requirements of Section 1527 of Public Act 335, 1993)

- A. **The Annual Record of Professional Development** shall be completed annually by each employee of Saugatuck Public Schools, signed and dated by the building principal or supervisor and returned to Central Office. Each year, a copy of the form shall be placed in the teacher's personnel file and a copy provided to the teacher for his/her record. A guideline for professional development that qualifies for the Michigan Legislative Requirements is listed on an attached form. Individuals completing the form should report the professional development according to the reportable areas as noted on the grid (use more than one form if necessary to record professional development for the year). The form is available on the districts website, [www. saugatuckpublicschools.com](http://www.saugatuckpublicschools.com), staff forms, Annual Record of Professional Development. (Current Year).
- B. **Teachers who are in their first three years of teaching:** Teachers new to the profession in addition to 30 hours of professional development per year, are to complete an additional 15 days in their first three years of teaching. Classroom Management and Instructional Delivery Strategies hours should be above and beyond the 30 hours of professional development provided by the district.


APPENDIX H
LETTERS OF AGREEMENT/CONTRACT OPENERS

There is a standing “Letter of Agreement” dated April 12, 2004 on file at Central Office that states “In the event the State of Michigan returns to the 180-day school calendar requirement or if there is an agreement to do so among the Saugatuck Board of Education and the Saugatuck Teacher Association, SEA, the school calendar will revert to the 2003-04 school year calendar. Any changes or modifications to future school calendars will begin with the 2003-04 school year. (NOTE: in the 2003-04 school calendar, Saugatuck Public Schools had 185 Teacher Days, 177 Student Days (1125 clock hours).

**APPENDIX H
LETTER OF AGREEMENT**

On August 29, 2016 the professional development activity was 3 hours longer than the contractual obligation of the teaching staff. In order to offset this difference the District agreed to add ½ Personal Day to all SEA members. This personal ½ day must be used during the 2016-17 school year (approved by the building administrator). If the ½ day is not used it will be rolled into the employee's sick leave account at the beginning of the 2017-18 school year.

Superintendent's Signature:  Date: 8-31-16

SEA President's Signature:  Date: 8-31-16


APPENDIX H
LETTER OF AGREEMENT

Teacher compensation for unused sick and/or personal leave days

A mutually agreed upon off schedule payment for unused sick and/or personal leave days will be determined by the following factors for no more than 5 days:

Annual sick and/or personal leave days used:

<u>Days Used</u>	<u>Pay</u>
5 days	\$100.00
4.5 days	\$150.00
4 days	\$200.00
3.5 days	\$250.00
3 days	\$300.00
3.5 days	\$350.00
2 days	\$400.00
2.5 days	\$450.00
0 or 1 day	\$500.00



Dr. Timothy Travis, Superintendent

6-6-19
Date



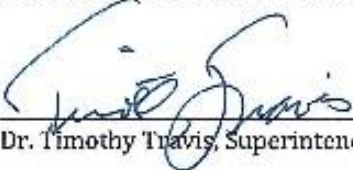
Mrs. Betsy Webbert, SEA President

6-6-19
Date

APPENDIX II
LETTER OF AGREEMENT

The SEA and the administration mutually agree to a contract reopener for wages and compensation by May 1, 2021 should the fund balance fall below 10% or rise above 15%, and/or based upon request of either or both parties

This letter of agreement is only in effect for the 2019-2020, 2020-2021 and 2021-2022 school years and will not be ongoing beyond these three years unless both the administration and the SEA mutually agree to add to future contracts.



Dr. Timothy Travis, Superintendent

6-6-19
Date



Mrs. Betsy Webbert, SEA President

6-6-19
Date

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