

APPENDIX A-1
Teacher's Salary Schedule
2009 – 2010
Pay Freeze

STEP	B.A.	BA +20	MA	MA+20	PM
0	42,653	44,118	48,226	49,604	51,354
0.5	44,674	46,146	51,060	51,763	54,361
1	46,695	48,172	52,466	53,919	55,846
1.5	48,724	50,195	53,952	55,443	57,425
2	50,740	52,226	55,417	56,953	59,013
2.5	52,025	53,494	56,994	58,567	60,676
3	53,295	54,765	58,559	60,177	62,335
3.5	54,628	56,103	60,217	61,884	64,097
4	55,680	57,146	61,560	63,261	65,547
4.5	57,075	58,542	63,297	65,055	67,402
5	58,750	60,233	65,360	67,169	69,589
5.5	60,233	61,711	67,188	69,065	71,553
6	61,700	63,167	69,055	70,975	73,521
6.5	63,235	64,706	70,998	72,967	75,603
7	64,777	66,255	72,953	74,967	77,676
7.5	66,397	67,871	75,021	77,086	79,882
8	68,012	69,491	77,072	79,203	82,070
8.5	69,718	71,196	79,233	81,437	84,395
9	71,418	72,889	81,429	83,675	86,697
9.5	73,213	74,679	83,729	86,041	89,145
10	74,998	76,462	86,026	88,400	91,610

APPENDIX A-2
Teacher's Salary Schedule
2010-2011
Pay Freeze

STEP	B.A.	BA +20	MA	MA+20	PM
0	42,653	44,118	48,226	49,604	51,354
0.5	44,674	46,146	51,060	51,763	54,361
1	46,695	48,172	52,466	53,919	55,846
1.5	48,724	50,195	53,952	55,443	57,425
2	50,740	52,226	55,417	56,953	59,013
2.5	52,025	53,494	56,994	58,567	60,676
3	53,295	54,765	58,559	60,177	62,335
3.5	54,628	56,103	60,217	61,884	64,097
4	55,680	57,146	61,560	63,261	65,547
4.5	57,075	58,542	63,297	65,055	67,402
5	58,750	60,233	65,360	67,169	69,589
5.5	60,233	61,711	67,188	69,065	71,553
6	61,700	63,167	69,055	70,975	73,521
6.5	63,235	64,706	70,998	72,967	75,603
7	64,777	66,255	72,953	74,967	77,676
7.5	66,397	67,871	75,021	77,086	79,882
8	68,012	69,491	77,072	79,203	82,070
8.5	69,718	71,196	79,233	81,437	84,395
9	71,418	72,889	81,429	83,675	86,697
9.5	73,213	74,679	83,729	86,041	89,145
10	74,998	76,462	86,026	88,400	91,610

APPENDIX A-3
 Teacher's Salary Schedule
 2011-2012
 Pay Freeze & Step Freeze

STEP	B.A.	BA +20	MA	MA+20	PM
0	42,653	44,118	48,226	49,604	51,354
0.5	44,674	46,146	51,060	51,763	54,361
1	46,695	48,172	52,466	53,919	55,846
1.5	48,724	50,195	53,952	55,443	57,425
2	50,740	52,226	55,417	56,953	59,013
2.5	52,025	53,494	56,994	58,567	60,676
3	53,295	54,765	58,559	60,177	62,335
3.5	54,628	56,103	60,217	61,884	64,097
4	55,680	57,146	61,560	63,261	65,547
4.5	57,075	58,542	63,297	65,055	67,402
5	58,750	60,233	65,360	67,169	69,589
5.5	60,233	61,711	67,188	69,065	71,553
6	61,700	63,167	69,055	70,975	73,521
6.5	63,235	64,706	70,998	72,967	75,603
7	64,777	66,255	72,953	74,967	77,676
7.5	66,397	67,871	75,021	77,086	79,882
8	68,012	69,491	77,072	79,203	82,070
8.5	69,718	71,196	79,233	81,437	84,395
9	71,418	72,889	81,429	83,675	86,697
9.5	73,213	74,679	83,729	86,041	89,145
10	74,998	76,462	86,026	88,400	91,610

APPENDIX A-4
Teacher's Payout Schedule
2012-2013
Steps Resume, 0.5% Increase Step 10

STEP	B.A.	BA +20	MA	MA+20	PM
0	42,653	44,118	48,226	49,604	51,354
0.5	44,674	46,146	51,060	51,763	54,361
1	46,695	48,172	52,466	53,919	55,846
1.5	48,724	50,195	53,952	55,443	57,425
2	50,740	52,226	55,417	56,953	59,013
2.5	52,025	53,494	56,994	58,567	60,676
3	53,295	54,765	58,559	60,177	62,335
3.5	54,628	56,103	60,217	61,884	64,097
4	55,680	57,146	61,560	63,261	65,547
4.5	57,075	58,542	63,297	65,055	67,402
5	58,750	60,233	65,360	67,169	69,589
5.5	60,233	61,711	67,188	69,065	71,553
6	61,700	63,167	69,055	70,975	73,521
6.5	63,235	64,706	70,998	72,967	75,603
7	64,777	66,255	72,953	74,967	77,676
7.5	66,397	67,871	75,021	77,086	79,882
8	68,012	69,491	77,072	79,203	82,070
8.5	69,718	71,196	79,233	81,437	84,395
9	71,418	72,889	81,429	83,675	86,697
9.5	73,213	74,679	83,729	86,041	89,145
10	75,373	76,844	86,456	88,842	92,068

APPENDIX A-5
Teacher's Final Salary Schedule
2013 - 2014
1.0% Increase

STEP	B.A.	BA +20	MA	MA+20	PM
0	43,080	44,559	48,708	50,100	51,868
0.5	45,121	46,607	51,571	52,281	54,905
1	47,162	48,654	52,991	54,458	56,404
1.5	49,211	50,697	54,492	55,997	57,999
2	51,247	52,748	55,971	57,523	59,603
2.5	52,545	54,029	57,564	59,153	61,283
3	53,828	55,313	59,145	60,779	62,958
3.5	55,174	56,664	60,819	62,503	64,738
4	56,237	57,717	62,176	63,894	66,202
4.5	57,646	59,127	63,930	65,706	68,076
5	59,338	60,835	66,014	67,841	70,285
5.5	60,835	62,328	67,860	69,756	72,269
6	62,317	63,799	69,746	71,685	74,256
6.5	63,867	65,353	71,708	73,697	76,359
7	65,425	66,918	73,683	75,717	78,453
7.5	67,061	68,550	75,771	77,857	80,681
8	68,692	70,186	77,843	79,995	82,891
8.5	70,415	71,908	80,025	82,251	85,239
9	72,132	73,618	82,243	84,512	87,564
9.5	73,945	75,426	84,566	86,901	90,036
10	76,127	77,613	87,321	89,730	92,989

APPENDIX B

1989-90 Salary Schedule

At the beginning of the 1989-90 school year, there will be a six percent (6%) increase at every step and lane of the salary schedule. In June of 1990, there will be a cost-of-living adjustment based on the following formula:

Each teacher shall receive a cost-of-living adjustment (COLA) as a deferred salary increase based upon the percentage rise in the revised consumer's Price Index (CPI all items) for all Urban Consumers for the Detroit Metropolitan Area published by the Bureau of Labor Statistics, U.S. Department of Labor (1967-100) and hereinafter referred to as the CPI. The amount of the deferred salary increases shall be the dollar equivalent of the percentage increase—rounded to the nearest one-tenth of one percent—of the CPI, multiplied by the appropriate salary steps as listed in the salary schedule. This percentage shall be determined by subtracting the CPI of April 1988 from the CPI of April 1989, and the remainder shall then be divided by the CPI of April 1988. The resulting amount of money shall then be paid, rounded to the nearest \$1, to each teacher no later than June 30, 1990. Such payment shall be made a part of the teacher's regular 1989-90 salary and folded into the 1989-90 salary schedule, but shall be paid by a check separate from the teacher's regular paycheck. The limit of the increase from this computation shall be 1.1% (no less than 1.1% will be paid June 30, 1990).

EXAMPLE: April 1988 Detroit CPI 210
 April 1989 Detroit CPI 218

218 divided by 210 = 1.0381

Cap of 1.1%

Multiply each step on the salary schedule by 1.1%

(Appendix B does not apply to this successor Master Agreement)

Appendix C
Coaches Pay Schedule
2009 – 2014

Step	Category	Varsity	Assistant & Jr. Varsity	Middle School & 9th Grade
0	A	2,495	2,105	1,622
	B	3,076	2,596	2,003
	C	3,654	3,089	2,370
	D	4,236	3,579	2,751
	E	4,823	4,067	3,127
1	A	2,627	2,222	1,710
	B	3,236	2,734	2,105
	C	3,849	3,255	2,506
	D	4,464	3,771	2,905
	E	5,068	4,285	3,300
2	A	2,761	2,336	1,800
	B	3,408	2,878	2,220
	C	4,048	3,418	2,637
	D	4,688	3,968	3,055
	E	5,338	4,503	3,491
3	A	2,911	2,456	1,896
	B	3,584	2,997	2,332
	C	4,264	3,603	2,776
	D	4,940	4,177	3,210
	E	5,614	4,755	3,650
4	A	3,062	2,580	1,991
	B	3,775	3,188	2,454
	C	4,490	3,781	2,913
	D	5,206	4,390	3,379
	E	5,913	4,993	3,846
5	A	3,217	2,721	2,096
	B	3,971	3,359	2,580
	C	4,720	3,992	3,066
	D	5,470	4,628	3,561
	E	6,217	5,263	4,048
6	A	3,392	2,866	2,209
	B	4,181	3,535	2,718
	C	4,966	4,203	3,236
	D	5,758	4,866	3,756
	E	6,516	5,534	4,271

--continued--

APPENDIX C

Coaches Pay Schedule (continued)
2009 - 2014

Step	Category	Varsity	Assistant & Jr. Varsity	Middle School & 9th Grade
7	A	3,579	3,011	2,327
	B	4,408	3,712	2,866
	C	5,240	4,415	3,408
	D	6,072	5,127	3,946
	E	6,904	5,825	4,490
8	A	3,760	3,161	2,444
	B	4,644	3,923	3,010
	C	5,513	4,645	3,584
	D	6,395	5,389	4,151
	E	7,265	6,120	4,720
9	A	3,967	3,334	2,573
	B	4,882	4,112	3,164
	C	5,800	4,893	3,772
	D	6,725	5,666	4,367
	E	7,649	6,445	4,966
10	A	4,164	3,510	2,712
	B	5,140	4,338	3,337
	C	6,109	5,144	3,970
	D	7,081	5,971	4,604
	E	8,053	6,785	5,228

Coaches who would receive a reduction in their 1977-78 coaching pay on the above schedule would continue to be paid as provided in the 1976-77 Master Agreement. This provision shall pertain as long as any coach continues to coach the same sport he/she coached during the 1977-78 school year.

The categories are defined as follows:

- A - 8 - 9 weeks
- B - 10 - 11 weeks
- C - 12 - 13 weeks
- D - 14 - 15 weeks
- E - 16 - 17 weeks +

To determine the applicable category, determine the weeks from the first OFFICIAL contest to the date of the FINAL contest. To this, add four (4) additional practice weeks. If one runs official practices during summer weeks, the individual will be given double credit for those weeks (e.g., three weeks of practice equals six (6) weeks credit.) The maximum practice weeks allowable for credit -- four (4).

APPENDIX D
Special Programs

For those assignments that are not percentage based, the base has been increased 1.5% for 2006-2007, 2.5% for 2007-2008, and 3% for 2008-2009.

The following positions will be paid at the BA level, Step 0:

Cheerleading:	
Senior	5%
Middle School	2%
Safety Patrol	3%
Service Squad	1.5%
Senior Sponsors	4%
Junior Sponsors	4%
Sophomore Sponsors	3%
Freshman Sponsors	2%
Yearbook Sponsor	5% Middle School 8% *High School

*OR the teacher may elect a planning period for the 1st semester when both Yearbook and Journalism are taught by the same teacher. Otherwise, 5% of the B.A. level, Step 0 would be paid for the high school when Yearbook is not taught by the same teacher.

The bank of money for club sponsors will increase as follows:

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$1,900	\$1,948	\$2,000

Other pay:

Drama Club	7%		
Assistant Drama Club	5%		
Directing Plays or Operettas (with approval of principal)	<u>2006-2007</u> \$112	<u>2007-2008</u> \$114	<u>2008-2009</u> \$118
Building Coordinator			
Elementary	\$559	\$573	\$590
Middle School	\$223	\$229	\$236
High School	\$223	\$229	\$236

APPENDIX E

Specialized Services

Co-op Coordinator	1/40 base salary per extra week
Secondary Band	
6th Grade	1%
7th Grade	1%
8th Grade	2%
High School Band	4%
High School Marching Band	2%
High School Jazz Band	1% BA, Step 0
High School Vocal Teacher	5%
Counselor	1/40 base salary per extra week

Department Heads will receive \$3,000 and are subject to annual application, interview and selection process. A per section base amount will be paid for the first year in the position; rate will increase \$1 per year per section for each consecutive year served in the capacity.

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$11.19	\$11.47	\$11.93

High School Area Reps (Physical Education/Health; Art; Foreign Language; Business):

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$271	\$278	\$286

APPENDIX F

Extracurricular Activities

For those assignments that are not percentage based, the base has been increased 1.5% for 2006-2007, 2.5% for 2007-2008, and 3% for 2008-2009.

Chaperoning pupils to sporting events away from home (including bus trip); monitoring concerts, plays, etc. (not including the selling of tickets); sponsoring bowling league.

		<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
Chaperones.....	per event	\$13.40	\$13.70	\$13.98
Senior High Dances	per event	\$17.31	\$17.70	\$18.06
Middle School Dances	per event	\$14.69	\$14.94	\$15.32

APPENDIX G

Special Teaching Assignments

For those assignments that are not percentage based, the base has been increased 1.5% for 2006-2007 2.5% for 2007-2008, and 3% for 2008-2009.

Section 3.1, I - After school in-service: rate per hour - Leave time deducted if absent.

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$14.65	\$15.01	\$15.46

Teaching special work session or summer school: per hour base amount for first year in position; \$0.35 increase per year for each consecutive year taught by the individual.

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$13.98	\$14.33	\$14.76

High School Auditorium Supervisor: \$3,000 and subject to annual application and interview

Elementary Split Classes: Defined as a class where the teacher is required to deliver any two grade level curriculums (For example, third grade mathematics and fourth grade mathematics). Teachers will be paid \$2,000.

Lunchroom duty and social adjustment supervisor: per hour base amount for first year in position, will increase \$.25 per consecutive year performed by the individual.

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$8.38	\$8.59	\$8.85

Extra Period Assignment: Secondary

One-fifth of base salary. The extra period (in lieu of planning period) shall be offered, within the confines of the building schedule, in seniority order to the eligible highly qualified teachers.

Faculty Manager: per year base amount for first year in position; this amount will be increased at the rate of \$100 per year of continuous service in this specific position. (Current employees would not be reduced in compensation.)

	<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
CL High School (per released hr.)			
Wolfe Middle School (per year)	\$2,236	\$2,291	\$2,360

Substituting for another teacher will be paid at the following rate per 50 minute period:

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$32.14	\$32.94	\$33.93

Mileage for School Business: .16 per mile

Intramurals will be paid on the basis of a sliding scale:

	<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
3 weeks	\$ 87.29	\$ 89.47	\$ 92.15
4 weeks	\$115.71	\$118.60	\$122.16
5 weeks	\$145.15	\$148.77	\$153.24
6 weeks	\$174.58	\$178.95	\$184.31
7 weeks	\$203.00	\$208.08	\$214.32
8 weeks	\$234.47	\$240.33	\$247.54

Swimming pool supervisor: per hour base amount for first year in position; will increase \$.25 per consecutive year performed by the individual.

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$8.38	\$8.59	\$8.85

6th grade approved camp program: Per teacher/per year

<u>2006-2007</u>	<u>2007-2008</u>	<u>2008-2009</u>
\$55.89	\$57.28	\$59.00

Appendix H-1

**CENTER LINE PUBLIC SCHOOLS
2009-2010 CALENDAR**

MONTH/DATE	DESCRIPTION
2009	
SEPTEMBER	
2	Teachers Report – Professional Development (K-12) Staff Meetings will occur .
7	Labor Day Holiday – Schools Closed
8	Students Report – ½ day a.m. for students; ½ day p.m. for staff to work in rooms
October	
23	Professional Development (K-12)
NOVEMBER	
3	Professional Development (K-12)
25	Thanksgiving Holiday Begins – No Teachers, No Students
30	Classes Resume
DECEMBER	
4	Records Day - Elementary and High School Professional Development – Middle School
21	Holiday Recess Begins; No Teachers – No Students
2010	
JANUARY	
4	Classes Resume
18	Professional Development – Elementary and High School Records Day – Middle School
FEBRUARY	
12	Winter Break; No Teachers – No Students
16	Classes Resume
MARCH	
12	Records Day
APRIL	
4	Spring Break Begins; No Teachers, No Students
12	Classes Resume
May	
31	Memorial Day Holiday – Schools Closed
June	
14	Elementary Records Day
17	½ day Students, ½ day Records
18	Final Records Day and Teacher Check Out

CENTER LINE PUBLIC SCHOOLS 2009 - 2010 SCHOOL CALENDAR

JULY				
MON	TUES	WED	THUR	FRI
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

AUGUST				
MON	TUES	WED	THUR	FRI
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

SEPTEMBER				
MON	TUES	WED	THUR	FRI
	1	2	3	4
7	8	9	10	11
14	15 1/2 day 1/2 state	16	17	18
21	22	23	24	25
28	29	30		

OCTOBER				
MON	TUES	WED	THUR	FRI
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30
			PD	

NOVEMBER				
MON	TUES	WED	THUR	FRI
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
		Conf Comp	X	X
30				

DECEMBER				
MON	TUES	WED	THUR	FRI
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
X	X	X	X	X
28	29	30	31	
X	X	X	X	

JANUARY				
MON	TUES	WED	THUR	FRI
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
PD				
25	26	27	28	29

FEBRUARY				
MON	TUES	WED	THUR	FRI
1	2	3	4	5
8	9	10	11	12
			X	
15	16	17	18	19
Conf Comp				
22	23	24	25	26

MARCH				
MON	TUES	WED	THUR	FRI
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

APRIL				
MON	TUES	WED	THUR	FRI
5	6	7	8	9
X	X	X	X	X
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

MAY				
MON	TUES	WED	THUR	FRI
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				
X				

JUNE				
MON	TUES	WED	THUR	FRI
7	8	9	10	11
14	15	16	17	18
			1/2 day 1/2 state	
21	22	23	24	25
28	29	30		

Note: Extra elementary records day for the 2009/10 school year only. In succeeding school years, elementary records day will be same as secondary, upon implementation of successful electronic report card

- Students & Staff
- X School Breaks
- ☐ Records Day
- PD Professional Development
- No Students

Month	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Elem Stud.	0	16.5	21	17	13	19	18	22	16	20	11.5	174
Students	0	16.5	21	17	13	19	18	22	16	20	12.5	175
Teachers	0	18	22	18	14	20	18	23	16	20	14	183

Appendix H-3

**CENTER LINE PUBLIC SCHOOLS
2010-2011 CALENDAR**

MONTH/DATE	DESCRIPTION
2010	
SEPTEMBER	
1	Teachers Report – Professional Development (K-12)
2	Teachers Report – Professional Development (K-12)
6	Teachers Report – Professional Development (K-12)
7	Labor Day Holiday – Schools Closed
8	Students Report – ½ day a.m. for students; ½ day p.m. for staff to work in rooms
NOVEMBER	
2	Professional Development (K-12)
24	Thanksgiving Holiday Begins – No Teachers, No Students
29	Classes Resume
DECEMBER	
20	Holiday Recess Begins; No Teachers – No Students
2011	
JANUARY	
3	Classes Resume
17	Professional Development – Elementary and High School
	Records Day – Middle School
27	½ Records Day (Secondary only)
28	½ Records Day (Secondary) Records Day (Elementary)
FEBRUARY	
18	Winter Break; No Teachers – No Students
22	Classes Resume
MARCH	
22	Teachers Report – Professional Development (K-12)
April	
4	Spring Break Begins; No Teachers, No Students
11	Classes Resume
22	Good Friday Holiday – Schools Closed
May	
30	Memorial Day Holiday – Schools Closed
June	
14	Last day for students
15	Teachers Report – Professional Development (K-12)
16	Final Records Day and Teacher Check Out

Appendix H-5

**CENTER LINE PUBLIC SCHOOLS
2011-2012 CALENDAR**

MONTH/DATE	DESCRIPTION
2011	
AUGUST 31	Teachers Report – Professional Development (K-12) Staff Meetings will occur
SEPTEMBER 5 6 7, 14, 21,28	Labor Day Holiday – Schools Closed Students Report – ½ day a.m. for students; ½ day p.m. for staff to work in rooms Early Release (1 hour) - Professional Development (K-12)
OCTOBER 5, 12, 19, 26	Early Release (1 hour) - Professional Development (K-12)
NOVEMBER 2,9,16,30 8 23 28	Early Release (1 hour) - Professional Development (K-12) Professional Development (K-12) Thanksgiving Holiday Begins – No Teachers, No Students Classes resume
DECEMBER 7,14 21	Early Release (1 hour) - Professional Development (K-12) Holiday Recess Begins; No Teachers – No Students
2012	
JANUARY 4 11,18,25 16 23	Classes Resume Early Release (1 hour) - Professional Development (K-12) Professional Development Records Day
FEBRUARY 1,8,15,22,29 17 21	Early Release (1 hour) - Professional Development (K-12) Winter Break; No Teachers – No Students Classes Resume
MARCH 7,14,21,28	Early Release (1 hour) - Professional Development (K-12)
APRIL 2 9 11,18,25	Spring Break Begins; No Teachers, No Students Classes Resume Early Release (1 hour) - Professional Development (K-12)
May 2,9,16,23,30 28	Early Release (1 hour) - Professional Development (K-12) Memorial Day Holiday – Schools Closed
June 13 15	½ day Students, ½ day Records Final Records Day and Teacher Check Out

**Center Line Public
Schools**

And

MEA-NEA Local 1

**LETTERS OF
AGREEMENT**

**Letter of Agreement
Between
The Center Line Public Schools
And
MEA-NEA Local 1**

In order to comply with Section 1119 of the Elementary and Secondary Education Act (ESEA), also known as the No Child Left Behind Act (NCLB), the Professional Development Committee will work to assist teachers in becoming highly qualified in compliance with State and Federal regulations by the end of the 2005-2006 school year. This may include establishing portfolio guidelines.

The Committee shall consist of six (6) members, 3 appointed by the Association and 3 appointed by the Board. The Committee shall make determinations as to content and format of such meetings.

For the 2003-04, 2004-05, and 2005-06 school years, a commitment is made to dedicate at least 3 half days of professional development to assist teachers who need to become "highly qualified". If more time is needed beyond these hours, it will be the teacher's responsibility to accomplish the necessary coursework or testing.

The Association and the Superintendent or his/her designee shall meet before March 1 to review assignments as they relate to ESEA. The Board will reimburse for successfully passed tests any teacher takes to become "highly qualified".

In order to comply with Section 1119 of the Elementary and Secondary Education Act (ESEA), also known as the No Child Left Behind Act (NCLB), teachers will be required to be "highly qualified" in their area of teaching in compliance with State and Federal Regulations by the end of the 2005-06 school year. No teacher who is "highly qualified" for the position they occupy will be involuntarily reassigned to any position for which they do not meet such requirements.

In the event that the laws are repealed or amended so as not to require the concept of "Highly Qualified" this section shall be void.

FOR CENTER LINE PUBLIC SCHOOLS:

Scott Morrell 01/12/04
Board of Education Date

Mary Ann Blakely 01/08/04
Assistant Superintendent Date
For Administrative Services

FOR MEA-NEA LOCAL 1:

John T. Duffy 01/08/04
CLEA President Date

William Schmidt 01/15/04
Local 1 Executive Director Date

**CENTER LINE PUBLIC SCHOOLS
Macomb County, MI**

**Letter of Agreement
Between
Center Line Public Schools
And
MEA-NEA Local 1 for Center Line Education Association**

The Center Line Public Schools Board of Education ("Board") and the CLEA/MEA-NEA Local 1, ("Association" or "Local 1") hereby agree to the following Letter of Agreement concerning TECHNOLOGY COACHES.

1. A Technology Coach will be selected using the following guidelines:
 - a. A current staff member.
 - b. A bargaining unit member may serve as a Technology Coach.
 - c. Knowledgeable in the pedagogy of teaching.
 - d. Attendance at workshops beyond the school day may be required.
2. Compensation - \$18 per hour for bargaining unit member hours outside the "normal" work day. Hours in excess of 44 must have approval of the Technology Director. (Any bargaining unit member who uses preparation time would receive the extra compensation for that time.)
3. Selection or non-selection as a Technology Coach is non-grievable.
4. Technology Coaches who are not members of the bargaining unit are excluded from the recognition clause in our Master Agreement. The effective date of this Agreement is *February 16, 2000*.

FOR THE SCHOOL BOARD:

FOR THE ASSOCIATION:

Gary T. Gasowski 02/04/2000
Board President (Date)

Richard J. Deneweth 02/16/00
CLEA President (Date)

Robert Tusset 02/14/00
Board Secretary (Date)

Gary E. Cynown 02/16/00
Local 1 President (Date)

CENTER LINE PUBLIC SCHOOLS
Macomb County, MI

Letter of Agreement
Between
Center Line Public Schools
And
MEA-NEA Local 1 for Center Line Education Association

The Center Line Public Schools Board of Education ("Board") and the CLEA/MEA-NEA Local 1, (Association" or "Local 1") hereby agree to the following Letter of Agreement concerning CHARTER SCHOOLS.

The school district shall comply with the State of Michigan Public Act (Senate Bill No. 896) as it relates to charter schools. In the event that the Board of Education considers the authorization of a Public School Academy or Charter School as defined in the Michigan Statute, the MEA-NEA Local 1, Center Line Education Association will be given prior notice. The Association shall be provided an opportunity to negotiate on the impact of any district-authorized charter school.

FOR THE SCHOOL BOARD:

FOR THE ASSOCIATION:

Richard Fabrikiewicz 02/13/95
Board President (Date)

Richard J. Deneweth 01/30/95
CLEA President (Date)

Gary Gasowski 02/27/95
Board Secretary (Date)

Leo Battaglia 01/30/95
Local 1 President (Date)

**CENTER LINE PUBLIC SCHOOLS
Macomb County, MI**

**Letter of Agreement
Between
Center Line Public Schools
And
MEA-NEA Local 1 for Center Line Education Association**

The Center Line Public Schools Board of Education ("Board") and the CLEA/MEA-NEA Local 1, ("Association" or Local 1") hereby agree to the following Letter of Agreement concerning MENTORS.

The school district shall comply with P.A.s 59 and 60 of 1993. The district accepts its responsibility to select and assign a mentor for each probationary teacher.

1. A mentor will be selected, using the following guidelines:
 - a. A current staff member, a retired teacher or administrator from Center Line within the last three years.
 - b. Five years of classroom experience.
 - c. A bargaining unit member may serve as a mentor.
 - d. Knowledgeable in the pedagogy of teaching.
 - e. Attendance at workshops beyond the school day shall be voluntary.
2. Compensation - \$18 per hour for bargaining unit member hours outside the "normal" work day. Hours in excess of eight must have school district approval. (Any bargaining unit member who uses release time or preparation time would not receive extra compensation for that time.)
3. A mentor shall not be directly involved in the formal evaluation process.
4. A probationary teacher shall not be directly involved in the evaluation of his/her mentor.
5. Selection or non-selection as a mentor is non-grievable.
6. Mentors who are not members of the bargaining unit are excluded from the recognition clause in our Master Agreement. The effective date of this Agreement is 1995.

FOR THE SCHOOL BOARD:

FOR THE ASSOCIATION:

Richard Fabrikiewicz 02/13/95
Board President (Date)

Richard J. Deneweth 01/30/95
CLEA President (Date)

Gary Gasowski 02/27/95
Board Secretary (Date)

Leo Battaglia 01/30/95
Local 1 President (Date)

**CENTER LINE PUBLIC SCHOOLS
Macomb County, MI**

**Letter of Agreement
Between
Center Line Public Schools
And
MEA-NEA Local 1 for Center Line Education Association**

The Center Line Public Schools Board of Education ("Board" and the CLEA/MEA-NEA Local 1, ("Association" or "Local 1") hereby agree to the following Letter of Agreement concerning the MATH/SCIENCE CONSORTIUM.

1. The parties acknowledge that the Board is a participating district in the Math/Science Consortium programs at the Macomb Mathematics/Science Technology Center ("Math/Science Center").
2. The parties agree that up through the date of this agreement no staff member positions have been lost in the teacher bargaining unit covered by the Master Agreement between the parties as a result of the Math/Science Consortium. The Board agrees that no staff member in said bargaining unit shall be laid off or lose salary or fringe benefits as a result of the Board's participation in the Math/Science Consortium programs at the Math/Science Center.
3. Upon Written notification by the Association, the Board shall exercise its option to withdraw from the Math/Science Consortium as provided in the Macomb Mathematics/Science Technology Center Consortium Agreement. Such withdrawal shall not affect the Board's right to enter into new or different consortium agreements. The Association will be notified if the Board enters into a new Mathematics/Science Technology Center Consortium Agreement.
4. In the event that more than five (5) new students per year from the district seek to enroll in the Math/Science Consortium programs, the Board shall so advise the Association within five (5) days. Thereafter, upon the request of the Association, the Board shall meet and confer with the Association within five (5) days to negotiate as to the handling and/or ramifications of such students seeking to enroll in the Math/Science Consortium program.

The effective date of this Agreement is August 31, 1993.

FOR THE SCHOOL BOARD:

FOR THE ASSOCIATION:

Richard Fabrikiewicz 03/28/94
Board President (Date)

Richard J. Deneweth 03/16/94
CLEA President (Date)

Gary Gasowski 03/28/94
Board Secretary (Date)

Leo Battaglia 03/16/94
Local 1 President (Date)

CENTER LINE PUBLIC SCHOOLS
Macomb County, MI
Letter of Agreement
Between
Center Line Public Schools
And
MEA-NEA Local 1 for Center Line Education Association

When a teacher on Long Term Disability terminates employment in order to draw benefits under the Michigan Public School Employees Retirement Act, the district will provide the following:

1. All fringe benefits, as per the Master Agreement, for one year from the date the individual eligible for the LTD.
2. LTD shall be governed by the conditions of the policy in force at the time of the disability.

In addition, teachers on LTD will receive full seniority but salary increments will not accrue during the time of disability.

The district shall reemploy a teacher who desires to return to teaching from LTD according to the following conditions:

1. The disability no longer exists or has been corrected to allow the teacher to return to work.
2. The teacher provides the district with a physician's statement indicating that the teacher is physically able to perform his/her duties satisfactorily. In case of dispute over the ability of the returning teacher to work, the Board, at its own cost, shall be entitled to a medical exam by a certified physician who shall be acceptable to the Superintendent and the Association. The decision of the examining physician regarding the teacher's fitness to return shall be final and binding.
3. Return must be within five (5) years of the date of termination.
4. The teacher must notify the Board of his/her intent to return for the following school year by June 1 of the current school year.
5. Teachers requesting return from LTD will be considered part of the staff when developing staffing needs for the following school year. Teachers requesting return from LTD will be placed by seniority as vacancies are available in accordance with the placement and recall provisions of the Master Agreement.
6. Remaining sick days will be restored.

The above conditions will apply one (1) time only to each employee on Long Term Disability.

On behalf of MEA-NEA Local 1,
Center Line Education Association

Rick Flynn

Karen L. Danielson

Joellyn N. Ellis

04/21/83

Date

On behalf of the Center Line
Board of Education

Larry A. Peters

Marvin F. Helhowski

Gene L. Scofield

05/09/83

Date



Group # 007005932 Division # 0001

Community BlueSM PPO – Non standard PPO Proposed Benefits-at-a-Glance Centerline Public Schools

Effective for groups on their plan year beginning on or after September 23, 2010 or January 1, 2011

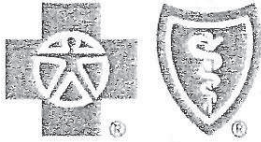
The information in this document is based on BCBSM's current interpretation of the Patient Protection and Affordable Care Act (PPACA). Interpretations of PPACA vary and the federal government continues to issue guidance on how PPACA should be interpreted and applied. Efforts will be made to update this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

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits, please see the applicable BCBSM certificates and riders if your group is underwritten or your summary plan description if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

	In-network	Out-of-network *
Member's responsibility (deductibles, copays and dollar maximums)		
Deductibles	\$250 for one member, \$500 for the family (when two or more members are covered under your contract) each calendar year. Note: Deductible may be waived if service is performed in a PPO physician's office	\$250 for one member, \$500 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network deductible amounts also apply toward the in-deductible.
Fixed dollar copays	<ul style="list-style-type: none"> \$10 copay for office visits \$50 copay for emergency room visits 	\$50 copay for emergency room visits
Percent copays Note: Copays apply once the deductible has been met.	50% of approved amount for private duty nursing See "Mental health care and substance abuse treatment" section for mental health and substance abuse percent copays.	<ul style="list-style-type: none"> 50% of approved amount for private duty nursing 20% of approved amount for most other covered services See "Mental health care and substance abuse treatment" section for mental health and substance abuse percent copays.
Annual copay dollar maximums – applies to copays for all covered services – including mental health and substance abuse services – but does not apply to fixed dollar copays and private duty nursing percent copays Note: For groups with 50 or fewer employees or groups that are not subject to the MHP law, mental health care and substance abuse treatment copays do not contribute to the copay dollar maximum.	Not applicable	\$2,000 for one member, \$4,000 for two or more members each calendar year
Lifetime dollar maximum	None	

* Services from a provider for which there is no Michigan PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low-access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Community Blue – Plan 1, FEB 2011



In-network

Out-of-network *

Preventive care services

Health maintenance exam – includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay), one per member per calendar year	Not covered
Gynecological exam	100% (no deductible or copay), one per member per calendar year	Not covered
Pap smear screening – laboratory and pathology services	100% (no deductible or copay), one per member per calendar year	Not covered
Well-baby and child care visits	100% (no deductible or copay) <ul style="list-style-type: none"> • 6 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months • Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit 	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay), one per member per calendar year	Not covered
Fecal occult blood screening	100% (no deductible or copay), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay) Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible Note: Non-network readings and interpretations are payable only when the screening mammogram itself is performed by a network provider.
	One per member per calendar year	
Colonoscopy – routine or medically necessary	100% for the first billed colonoscopy (no deductible or copay) Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and percent copay.	80% after out-of-network deductible
	One per member per calendar year	

Physician office services

Office visits	\$10 copay per office visit	80% after out-of-network deductible, must be medically necessary
Outpatient and home medical care visits	100% after in-network deductible	80% after out-of-network deductible, must be medically necessary
Office consultations	\$10 copay per office visit	80% after out-of-network deductible, must be medically necessary
Urgent care visits	\$10 copay per office visit	80% after out-of-network deductible, must be medically necessary

* Services from a provider for which there is no Michigan PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low-access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



In-network

Out-of-network *

Emergency medical care

Hospital emergency room	\$50 copay per visit (copay waived if admitted or for an accidental injury)	\$50 copay per visit (copay waived if admitted or for an accidental injury)
Ambulance services – must be medically necessary	100% (no deductible or copay)	100% (no deductible or copay)

Diagnostic services

Laboratory and pathology services	100% after in-network deductible	80% after out-of-network deductible
Diagnostic tests and x-rays	100% after in-network deductible	80% after out-of-network deductible
Therapeutic radiology	100% after in-network deductible	80% after out-of-network deductible

Maternity services provided by a physician

Prenatal and postnatal care	100% (no deductible or copay)	80% after out-of-network deductible
	Includes covered services provided by a certified nurse midwife	
Delivery and nursery care	100% after in-network deductible	80% after out-of-network deductible
	Includes covered services provided by a certified nurse midwife	

Hospital care

Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies Note: Nonemergency services must be rendered in a participating hospital.	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Inpatient consultations	100% after in-network deductible	80% after out-of-network deductible
Chemotherapy	100% after in-network deductible	80% after out-of-network deductible

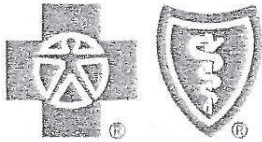
Alternatives to hospital care

Skilled nursing care – must be in a participating skilled nursing facility	100% after in-network deductible	100 after in-network deductible
	Limited to a maximum of 120 days per member per calendar year	
Hospice care	100% (no deductible or copay)	100% (no deductible or copay)
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods – provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care – must be medically necessary and provided by a participating home health care agency	100% after in-network deductible	100% after in-network deductible
Home infusion therapy – must be medically necessary and given by participating home infusion therapy providers	100% after in-network deductible	100% after in-network deductible

Surgical services

Surgery – includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	100 after in-network deductible	80% after out-of-network deductible
Presurgical consultations	100% (no deductible or copay)	80% after out-of-network deductible
Voluntary sterilization	100% after in-network deductible	80% after out-of-network deductible

* Services from a provider for which there is no Michigan PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low-access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



In-network

Out-of-network *

Human organ transplants

Specified human organ transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay)	100% (no deductible or copay) – in designated facilities only
Bone marrow transplants – when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% after in-network deductible	80% after out-of-network deductible
Specified oncology clinical trials	100% after in-network deductible	80% after out-of-network deductible
Kidney, cornea and skin transplants	100% after in-network deductible	80% after out-of-network deductible

Mental health care and substance abuse treatment

Note: If your employer has 51 or more employees (including seasonal and part-time) and is subject to the MHP law, covered mental health and substance abuse services are subject to the following copays. Mental health and substance abuse copays are included in the annual copay dollar maximums for all covered services. See "Annual copay dollar maximums" section for this amount. If you receive your health care benefits through a collectively bargained agreement, please contact your employer and/or union to determine when or if this benefit level applies to your plan.

Inpatient mental health care	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Inpatient substance abuse treatment	100% after in-network deductible	80% after out-of-network deductible
	Unlimited days	
Outpatient mental health care • Facility and clinic	100% after in-network deductible	100% (no deductible or copay), in participating facilities only
	100% after in-network deductible **	80% after out-of-network deductible
Outpatient substance abuse treatment – in approved facilities only	100% after in-network deductible **	100% (no deductible or copay)

** Effective 1/1/2011, mental health and substance abuse procedures that are the equivalent of an office visit (consultative services rendered in the physician's office) will be treated and processed like an office visit, subject to the fixed dollar office visit copay.

* Services from a provider for which there is no Michigan PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low-access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



In-network

Out-of-network *

Other covered services

Outpatient Diabetes Management Program (ODMP)	100% after in-network deductible	80% after out-of-network deductible
Allergy testing and therapy	100% (no deductible or copay)	80% after out-of-network deductible
Chiropractic manipulation treatment and osteopathic manipulation treatment	\$10 copay per office visit	80% after out-of-network deductible
	Limited to a combined maximum of 24 visits per member per calendar year	
Outpatient physical, speech and occupational therapy – provided for rehabilitation	100% after in-network deductible	80% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are not covered.
	Limited to a combined maximum of 60 visits per member per calendar year	
Durable medical equipment	100% after in-network deductible	100% (no deductible or copay)
Prosthetic and orthotic appliances	100% after in-network deductible	100% (no deductible or copay)
Private duty nursing	50% after in-network deductible	50% (no deductible)

* Services from a provider for which there is no Michigan PPO network and services from a non-network provider in a geographic area of Michigan deemed a "low-access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.



67847-013 Teacher

Blue Preferred[®] Rx Prescription Drug Coverage with \$10 Generic / \$40 Brand Name Fixed Dollar Copay Proposed Benefits-at-a-Glance Center Line Public Schools

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits, please see the applicable BCBSM certificates and riders if your group is underwritten or your summary plan description if your group is self-funded. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Specialty Drugs – The mail order pharmacy for **specialty drugs** is Walgreens Specialty Pharmacy, LLC, an independent company. Specialty prescription drugs (such as Enbrel[®] and Humira[®]) are used to treat complex conditions such as rheumatoid arthritis. These drugs require special handling, administration or monitoring. Walgreens Specialty Pharmacy will handle mail order prescriptions only for specialty drugs while many retail pharmacies will continue to dispense specialty drugs (check with your local pharmacy for availability). Other mail order prescription medications can continue to be sent to Medco. (Medco is an independent company providing pharmacy benefit services for Blues members.) A list of specialty drugs is available on our Web site at bcbsm.com. Log in under "I am a Member." If you have any questions, please call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

BCBSM reserves the right to limit the initial quantity of select specialty drugs. Your copay will be reduced by one-half for this initial fill (15 days).

Network pharmacy

Non-network pharmacy

Member's responsibility (copays)

Note: If your prescription is filled by any type of network pharmacy, and you request the brand-name drug when a generic equivalent is available on the BCBSM MAC list and the prescriber did not write "Dispensed as Written" (DAW) on the prescription, you must pay the difference in cost between the brand-name drug dispensed and the maximum allowable cost for the generic *plus* the applicable copay.

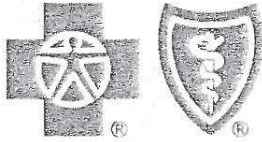
	Network pharmacy	Non-network pharmacy
Generic prescription drugs	\$10 copay	\$10 copay <i>plus</i> an additional 25% of BCBSM approved amount for the drug
Prescribed over-the-counter drugs – when covered by BCBSM Note: Over-the-counter (OTC) drugs are drugs that do not require a prescription under federal law.	\$10 copay	\$10 copay <i>plus</i> an additional 25% of BCBSM approved amount for the drug
Brand name prescription drugs	\$40 copay	\$40 copay <i>plus</i> an additional 25% of BCBSM approved amount for the drug
Mail order (home delivery) prescription drugs	Copay for up to a 30 day supply: • \$10 copay for each generic drug • \$40 copay for each brand name drug Copay for a 31 to 90 day supply: • \$20 copay for each generic drug • \$80 copay for each brand name drug	No coverage

Covered services

	Network pharmacy	Non-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay	75% of approved amount less plan copay
Prescribed over-the-counter drugs – when covered by BCBSM	100% of approved amount less plan copay	75% of approved amount less plan copay
State-controlled drugs	100% of approved amount less plan copay	75% of approved amount less plan copay
Disposable needles and syringes – when dispensed with insulin or other covered injectable legend drugs Note: Needles and syringes have no copay.	100% of approved amount less plan copay for the insulin or other covered injectable legend drug	75% of approved amount less plan copay for the insulin or other covered injectable legend drug
Mail order (home delivery) prescription drugs – up to a 90-day supply of medication by mail from Medco (BCBSM network mail order provider)	100% of approved amount less plan copay	No coverage

Note: A **network** pharmacy is a Preferred Rx pharmacy in Michigan or a Medco pharmacy outside Michigan. Medco is an independent company providing pharmacy benefit services for Blues members. A **non-network** pharmacy is a pharmacy NOT in the Preferred Rx or Medco networks.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.



Features of your prescription drug plan

<p>Drug interchange and generic copay waiver</p>	<p>Certain drugs may not be covered for future prescriptions if a suitable alternate drug is identified by BCBSM, unless the prescribing physician demonstrates that the drug is medically necessary. A list of drugs that may require authorization is available at bcbsm.com.</p> <p>If your physician rewrites your prescription for the recommended generic or OTC alternate drug, you will only have to pay a generic copay. If your physician rewrites your prescription for the recommended brand-name alternate drug, you will have to pay a brand-name copay. In select cases BCBSM may waive the initial copay after your prescription has been rewritten. BCBSM will notify you if you are eligible for a waiver.</p>
<p>Quantity limits</p>	<p>Select drugs may have limitations related to quantity and doses allowed per prescription unless the prescribing physician obtains preauthorization from BCBSM. A list of these drugs is available at bcbsm.com.</p>
<p>Prescription drug preferred therapy</p>	<p>A step-therapy approach that encourages physicians to prescribe generic, generic alternative or over-the-counter medications before prescribing a more expensive brand-name drug. It applies only to prescriptions being filed for the first time of a targeted medication.</p> <p>Before filling your initial prescription for select, high-cost, brand-name drugs, the pharmacy will contact your physician to suggest a generic alternative. A list of select brand-name drugs targeted for the preferred therapy program is available at bcbsm.com, along with the preferred medications.</p> <p>If our records indicate you have already tried the preferred medication(s), we will authorize the prescription. If we have no record of you trying the preferred medication(s), you may be liable for the entire cost of the brand-name drug unless you first try the preferred medication(s) or your physician obtains prior authorization from BCBSM. These provisions affect all targeted brand-name drugs, whether they are dispensed by a retail pharmacy or through a mail order provider.</p>

Additional riders included

<p>Rider PRX-MM, mandatory MAC program</p>	<p>Requires the member to pay the difference between the maximum allowable cost of the generic drug and the BCBSM approved amount for the brand name drug, <i>plus</i> the member's copay and/or deductible, if applicable.</p> <p>Available for the Preferred Rx prescription drug card program, for ERS and ASC groups.</p> <p>Note: This rider is not compatible with Rider PD-CMAC.</p>
<p>Rider CI, contraceptive injections Rider PCD, prescription contraceptive devices Rider PD-CM, prescription contraceptive medications</p>	<p>Adds coverage for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and intrauterine devices, and FDA-approved oral, or self-injectable contraceptive medications as identified by BCBSM (non-self-administered drugs and devices are not covered).</p> <p>Note: These riders are only available as part of a prescription drug package.</p> <p>Riders CI and PCD are part of your medical-surgical coverage, subject to the same deductible and copay, if any, you pay for medical-surgical services. (Rider PCD waives the copay for services provided by a network provider.)</p> <p>Rider PD-CM is part of your prescription drug coverage, subject to the same copay you pay for prescription drugs.</p>
<p>Rider MOPD-2, mail order prescription drugs</p>	<p>Provides coverage for up to a 90-day supply of medications when prescribed by a physician. Drugs must be dispensed by BCBSM's approved mail order vendor. Member's copay is reduced by 50% for each 90-day prescription or refill.</p>



Schedule of Vision Benefits

Co-payment	Participating Provider	Non-Participating Provider
None Examination Once Every 12 Months	<ul style="list-style-type: none"> Covered 100% 	Reimbursed Amount <ul style="list-style-type: none"> Up to \$45
Lenses Once Every 12 Months <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular Standard Scratch Coating Solid & Gradient Tints UV Coating 	Standard Glass or Plastic <ul style="list-style-type: none"> Covered 100% 	<ul style="list-style-type: none"> Up to \$66 Up to \$80 Up to \$110 Up to \$128 N/A N/A N/A
Frame Once Every 12 Months	Retail Allowance <ul style="list-style-type: none"> Up to \$130 	<ul style="list-style-type: none"> Up to \$55
Contact Lenses Once Every 12 Months Elective Contact Lenses Medically Necessary*	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$150 Retail Allowance[Ⓞ] Up to \$210 	In lieu of Lenses & Frame <ul style="list-style-type: none"> Up to \$150 Up to \$210

*Pre-approval from NVA required

ⓄAdditional professional services related to contact lenses (also known as fitting fees) would be included in the contact lens allowance shown above.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- \$65 Transitions Single Vision Standard
- \$70 Transitions Multi-Focal Standard
- \$40 Standard Anti-Reflective
- \$30 Blended Bifocal (Segment)
- \$55 High Index
- \$75 Polarized

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

Wal-Mart Stores: Due to their everyday low prices Wal-Mart will not provide the lens options at the fees listed in the fixed option pricing list. Wal-Mart stores accept NVA for materials. Doctors affiliated with Wal-Mart are not Wal-Mart employees; therefore, participation for exams varies.

Insurance coverage provided by National Guardian Life Insurance Company (NGLIC), 2E Gilman, Madison, WI 53703. Policy NVIGRP2002. NGLIC is not affiliated with the Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life. A full description of your coverage, its limitations, exclusions and conditions is contained in the Insurance Policy issued to your Plan Sponsor at its place of business. That full description in the form of a Certificate of Coverage can be made available to you by requesting it from your Plan Sponsor.



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Center Line Public Schools

Summary of Vision Care Benefits

National Vision Administrators, L.L.C. (NVA) has been contracted by your group to offer a comprehensive vision care plan to you and your eligible family members. Founded in January of 1979, NVA manages vision benefit services for more than seven million lives nationwide.

How Your Vision Care Program Works

- When scheduling your appointment, please notify the NVA participating provider of your choice that your vision coverage is administered by NVA.
- The provider will contact NVA to verify eligibility.
- At the time of your appointment, simply present your NVA identification card to the provider or indicate clearly that your benefit is administered by NVA. A vision claim form is not required at an NVA participating provider.
- The provider will inform you of your eligibility status prior to rendering services.
- Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care provider, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723.

Eligibility: Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses once every 12 months from last date of service.

Customer Service: To verify eligibility, locate a participating provider and receive answers to all your vision care related inquiries, please call NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD: 973.574.2599).

- NVA's Interactive Voice Response (IVR) system is available twenty-four (24) hours per day, seven (7) days per week. The IVR allows you to locate a participating provider in your area, check eligibility as well as the status of your claim(s).
- An NVA Customer Service Representative can be contacted Monday - Friday 8:00am - 6:00pm (EST) & Saturdays 8:30am - 5:00pm (EST)

National Vision Administrators, L.L.C. • PO Box 2187 • Clifton, NJ 07015

Web: www.e-nva.com • Toll-Free: 1.800.672.7723

Benefits at Participating Providers:

Highlights of your vision care benefit:

- The option of receiving services in- or out-of-network
- **Enhanced national provider network**
 - **Enhanced in-network benefits:**
 - 100% covered Vision examination (after copy if applicable)
 - 100% covered standard spectacle lenses (after copy if applicable)
 - Frame allowance covers countless fashionable frames in full
 - Allowance towards the cost of contact lenses and fitting fees
 - No claim forms.

NVA participating providers submit their claims directly to NVA. In the event you obtain services from a non-participating provider, you must submit your itemized receipt along with a completed reimbursement form to NVA to acquire reimbursement. You may obtain a Direct Reimbursement Claim Form from the NVA

Web-Site: www.e-nva.com.

Examinations: A comprehensive eye examination is covered which includes a case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, and Tonometry testing (glaucoma). Comprehensive eye examinations can aid in the early detection of ocular diseases and other serious medical conditions.

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses of any size.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office.

Contact Lenses: Elective contact lenses are covered in lieu of all other materials (i.e. spectacle lenses and frames). Additional professional services related to contact lenses (also known as fitting fees) are covered under the contact lens allowance. The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses may be covered with prior authorization when prescribed for: post cataract surgery, correction of extreme visual acuity problems that cannot be corrected to 20/70 with spectacle lenses, Anisometropia or Keratoconus.

Discounts: There will be a twenty-percent (20%) discount off additional purchases of lenses and frames, excluding contacts at the time of service.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. To obtain direct reimbursement according to your plan design, you can print a claim form from www.e-nva.com. Please complete this form and submit along with an original or copy of the itemized receipt. If you cannot print the claim form you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA's Clifton, NJ office.

Remember, obtaining vision care services from a non-participating provider will result in greater out-of-pocket expense.

Exclusions / Limitations: No payment is made for Medical or surgical treatments / Rx drugs or OTC medications / non-prescription lenses / two pair of glasses in lieu of bifocals / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/contact lenses or frames except at normal intervals when service would otherwise be available / services or materials provided by Federal, State, local government or Worker's compensation / examination, procedures training or materials not listed as a covered service / industrial safety lenses and safety frames with or without side shields / parts or repair of frame / sunglasses.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage.

Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Laser Eye Surgery: If you are nearsighted, farsighted or affected by astigmatism, and are interested in laser eye surgery, NVA offers a network of providers and significant discounts off reasonable and customary charges. The benefit is easy to use and there are:

- No claims forms to fill out
- No deductibles to meet
- No waiting period for coverage
- No need for reimbursements

Laser surgery providers can be located online at www.e-nva.com.

Contact Fill: NVA provides you with the convenience and savings of Contact Fill, our mail order contact lens replacement service. You may access Contact Fill's services online at www.contactfill.com or by calling them toll-free at 866.234.1393. Contact Fill provides contact lens wearers with significant savings packaged with the convenience of home delivery. Plan discounts applicable at participating retail locations do not apply to purchases made through Contact Fill due to the already low prices.

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:

- Locate a nearby participating provider by name, zip code, or City/State
- Verify eligibility for you or a dependent
- View benefit program and specific details
- Review claims
- Print ID cards (when allowable)
- Nominate a non-participating provider to join the NVA network

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Be sure to choose the correct NVA Insured vision plan from the drop down box and enter in your search parameters. It's that easy!