

Kelloggsville Public Schools



Auxiliary Services Employee Group

Guidelines, Working Conditions & Benefits

July 01, 2021 – June 30, 2024

KELLOGGSVILLE PUBLIC SCHOOLS

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1.0 INTRODUCTION:

1.1 The purpose of this handbook is to outline the terms and conditions of employees for the Auxiliary Services group of employees of Kelloggsville Public Schools. It is an outline of job descriptions, contract conditions, and benefits that will apply to all members of the group.

2.0 CLASSIFICATIONS:

Student Services Coordinator #1
Floating Substitute
Instructional Support
Child Care Worker
Interpreter
Playground Supervisor/Bus Aide
Crossing Guard

3.0 CONTRACTUAL CONDITIONS:

3.1 Length of Contract;

3.1.1 All employees will be at-will employees.

3.2 Work Days;

3.2.1 The work day schedule for the employee classifications:

<i>Classification & Position</i>	<i>Work Days</i>
Student Services Coordinator #1	200 days
Floating Substitute	180 days
Instructional Support	varies – 180 days or less
Child Care Worker	varies – as necessary
Interpreter	varies – as necessary
Playground Supervisor/Bus Aide	varies – 180 days or less
Crossing Guard	varies – 180 days or less

3.3 Working Hours;

3.3.1 The workday during the school year will be as per Schedule A.

4.0 LEAVE POLICY:

4.1 Sick Leave/Personal Business;

4.1.1 The Board will allocate leave days as listed in the chart of 4.1.1.1 for the Student Services Coordinator #1 classification only.

4.1.1.1

<i>SSC #1 - Personal Leave Day</i>	<i>SSC #1 - Sick Days</i>
One (1) Per Year	Two (2) Per Year

4.1.1.2 Personal leave is for the purpose of conducting personal business which is not practical to transact during regular working hours.

4.1.1.3 Application for personal leave should be made to the immediate supervisor who will forward it to the Superintendent. Application must be made five (5) working days in advance of the anticipated absence. In cases of emergency, the five (5) days may be waived by the Superintendent however, application should be done as soon as possible.

4.1.1.4 No statement of reason is necessary for any personal day.

4.1.2 No sick leave/personal business days are allocated for other group member classifications.

4.1.3 In the event of illness, group members shall call the supervisor as soon as possible but not less than one (1) hour before reporting time, giving the reason for the absence.

4.2 Holidays and Vacation;

4.2.1 Employees will not be granted holidays or vacation days.

4.3 Bereavement Leave;

4.3.1 Funeral attendance of one (1) day per funeral for a person outside the immediate family (chargeable).

4.3.2 The maximum leave of three (3) days for each occurrence of death:

4.3.2.1 Immediate Family - - Not Chargeable

Spouse	Parent
Child	Stepchild
Grandchild	Brother/Sister
Step-parent	Mother-in-law/Father-in-law

4.3.2.2 Immediate Family - - Chargeable

Grandparent	Brother-in-law
Sister-in-law	Son-in-law
Daughter-in-law	Uncle
Aunts	Nephews
Nieces	Any other person in the household
Cousins	

4.4 Other Leave;

4.3.1 In the event the employee is called for jury duty or to give testimony before a judicial tribunal, he/she will be compensated for the difference in salary and the compensation received for the performance of such obligation. Time spent on jury duty shall not be chargeable against vacation or sick leave provided such leave was not volunteered by the member

4.3.2 Sabbatical leave will not be granted.

4.3.3 All parties shall ability by all local, state and federal laws pertaining to granting of leave of unit members who perform active service in the uniformed services of the Armed Forces of the United States.

4.3.4 The Superintendent or his/her designee may grant additional leaves without pay, benefits and increments at its discretion.

4.5 Snow Days or Other Acts of God;

4.5.1 The Board will allocate up to a maximum of two (2) snow days or Other Acts of God days, per year, for the Student Services Coordinator #1 classification only.

4.5.2 No compensation will be given for snow days or Other Act of God days for other group member classifications.

4.6 General Provisions

4.6.1 Family Medical Leave Act – The parties agree to abide by the rules and regulations set forth in the Family and Medical Act (Federal) of 1993. This section shall not be construed as limiting the right of a member to elect to substitute paid leave for unpaid leave in accordance with Section 102(d) (2) of the aforementioned legislation.

4.6.2 Medical Statement - Any unit member absent for five (5) consecutive days or more shall be required to present to the Superintendent, prior to returning to work, a statement from a physician indicating that the unit member's health is satisfactory to resume normal work duties. If the Superintendent is in doubt about the unit member's health and ability to perform their duties, he/she may send the unit member to a physician of his/her choice for further examination at the expense of the Board.

4.6.3 Violations of Leave - All leaves are considered as time off for protection of the unit member. Any unit member who willfully violates or misuses this policy on leave with pay or misrepresents any statements or conditions under this policy shall forfeit all pay for this period and further rights under this policy unless reinstated in good standing by the Superintendent. Violation of this leave policy will be subject to disciplinary action up to and including discharge.

5.0 EXPERIENCE:

5.1 Credit for experience in the same or like position on the salary schedule is at the discretion of the Superintendent of schools. No member shall receive more years credit that he/she has earned.

6.0 PROFESSIONAL BEHAVIOR AND STANDARDS

6.1 Compliance with Policy – The unit members shall comply with reasonable rules, regulations and directions as adopted by the Board or its representatives that are not inconsistent with provisions of this Agreement or the law.

6.2 Enforcement – The unit recognizes that abuse of such rules, regulations, directives, leaves, chronic tardiness or absence, leaving the assigned work site without permission, willful deficiency in professional performance, or other violations of professional behavior by a unit member reflect adversely upon the education profession and create undesirable conditions in the school district, and thus shall be the basis for employee discipline including up to termination. Alleged breaches of this agreement and code of ethics of the educational profession shall be reported to the offending unit member within five (5) district business days.

6.3 Representation – A unit member who has allegedly committed a breach in his/her professional behavior upon request shall be entitled to have a representative during an investigatory meeting or disciplinary hearing conducted by the administration.

When a request is made for such representation, no further action shall be taken with the respect to the specific unit member until such representative is present.

6.4 Arbitrary and Capricious – No unit member shall be disciplined, reprimanded, reduced in rank or compensation or deprived of any professional advantage for reasons deemed arbitrary and capricious. Any such discipline, reprimand or reduction in rank, compensation or any professional advantage, shall be subject to the professional grievance procedure. All pertinent change in relevant information forming the basis for the disciplinary action will be made available within five (5) district business days upon written request by the unit member

6.5 Unit Member Dress Code – All employees of Kelloggsville Public Schools serve as role models for the students and as leaders in the community. Employees are expected to dress in appropriate professional attire that distinguishes them from students, and to follow basic rules of good grooming and personal hygiene.

Unit members that work in classifications that require wearing uniforms will comply by wearing the designated uniform. The supervisor is responsible for maintaining an acceptable standard of dress for employees under his/her supervision.

6.6 Electronic Communications – Telephone facilities shall be made available to staff for their personal use. Long distance calls of a personal nature shall not be charged to the school phone. Computers provided to employees by the Board should be reserved for professional use. Personal communication devices should not be used during work time. Staff are solely responsible for the care and security of their personally owned communication devices. Internet, social media and e-mail use will be governed by Board guidelines.

7.0 PROFESSIONAL DEVELOPMENT/GROWTH:

7.1 The Superintendent or his/her designee may request and/or authorize group members to attend conferences, work sessions, or professional development activities with pay.

7.2 Mileage reimbursement for travel, in the course of performing in the position, is at the IRS Rate on 01 September of each year.

8.0 EVALUATION:

- 8.1 The Superintendent (or his/her designee) shall evaluate the member, at least annually, using the criteria and evaluation process of the District evaluation system.
- 8.2 In the event that areas of growth are indicated, the Superintendent or his/her designee will create an **Individual Growth Plan (IGP)**, stating areas of weakness and indicators of sufficient progress towards continuing employment with the District.

9.0 PROBATIONARY PERIOD:

- 9.1 Any unit member employed on a regular or part-time basis shall serve sixty (60) calendar day probationary period, from the first day the assignment begins. If a probationary unit member is absent during the probationary period, the probationary period shall be extended accordingly. Probationary unit members shall have no seniority and no other benefits until the successful completion of the probationary period at which time their seniority shall revert to their first day of work. Any benefits that the unit member may be eligible for shall begin at the completion of the probationary period, including but not limited to; sick leave, holiday pay, insurance benefits or cash-in-lieu of benefits. If at any time prior to the completion of the probationary period the unit member's work performance is unacceptable, he/she may be subjected to termination upon recommendation of the immediate supervisor or other administrative of the school district. The termination of a probationary employee is not subject to the grievance procedure.

10.0 DISMISSAL/SUSPENSION/NON-RENEWAL:

10.1 Dismissal;

10.1.1 During the term employment, the employee shall be subject to discharge for good and just cause by the Board of Education.

10.1.2 No discharge shall be effective unless written charges have been served upon the employee and he/she shall have had an opportunity for a fair hearing before the Board with at least ten (10) days notice of such in writing. Such hearing shall be public or private at the option of the employee. At such hearing, the member may have legal representation of his/her own choice and at his/her own expense. The member shall have the right to fully face and cross-examine his/her accusers, and present any evidence on his/her behalf.

The hearing shall be designed in all respects to provide full due process to the employee.

10.2 Suspension;

10.2.1 The employee may be subject to suspension for good and just cause by the Board and/or Superintendent. At all times, the member has full right to due process and the right to fully cross-examine his/her accusers.

10.3 Non-Renewal;

10.3.1 In the event that non-renewal of the contract is to be considered, the Board shall on or before May 31 of each year take official action to determine whether or not to extend the contract for another year. In the event that the employee is not going to be renewed, the member must be notified in writing of the Board's official action.

11.0 WORKERS COMPENSATION GUIDELINES:

11.1 An auxiliary unit member injured on the job shall report such injury to the supervisor and the Central Administration Office. All reports must be filed at the Central Office as soon as possible after the incident has occurred but no later than the next working day.

11.2 Should an auxiliary unit member injury require loss of time and result in the unit member receiving worker's compensation benefits, said compensation shall be reported by the unit member to the Central Office immediately upon receipt.

12.0 RESIGNATION:

12.1 An employee resigning from their position must submit in writing at least 10 working days prior to the exit date.

13.0 RETIREMENT:

13.1 An employee who retires from Kelloggsville must notify the district no later than **May 1, unless given special permission by the Superintendent.**

14.0 VACANCIES/CHANGE IN ASSIGNMENT:

14.1 Any member may apply for any vacancies for which he/she is certified and qualified.

14.2 The Superintendent has right of assignment for all members of the group.

15.0 SALARY SCHEDULE:

15.1 All members shall be paid according to the salary guidelines as approved by the Board of Education.

15.2 All members shall be paid in 24 equal installments the 2nd and 4th Friday of every month.

15.3 The group has the right to meet with the Superintendent to discuss salary and benefits prior to approval by the Board.

15.3.1 Salary Schedules are listed in Schedule A.

16.0 BENEFITS:

16.1 The Board shall provide qualifying members the following benefits:

16.1.1 Insurance:

16.1.1.1 Health Insurance – Qualifying members shall receive health benefits as listed in Schedule B or CILO as listed in Schedule A.

17.0 JOB DESCRIPTIONS:

17.1 All employees will be evaluated and employed based upon the Board of Education approved job descriptions.

**Auxiliary Services
Salary Schedule A**

Last Update: 06/28/21

Days/Hours	Step	Position	2021-22	2022-23	2023-24
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
200 Days	1	Student Services Coordinator #1	\$29,000	\$30,000	\$31,000
8 Hours	2	Single Subscriber Health or	\$29,750	\$30,750	\$31,750
	3	CILO = \$1500	\$30,500	\$31,500	\$32,500
	4		\$31,250	\$32,250	\$33,250
	5		\$32,000	\$33,000	\$34,000
	6		\$32,750	\$33,750	\$34,750

180 Days	1	Floating Substitute	\$15.00	\$15.50	\$16.00
6.5-7 Hours	2	Health = None	\$15.50	\$16.00	\$16.50
	3	CILO = None	\$16.00	\$16.50	\$17.00

180 Days or Less	1	Instructional Support	\$14.00	\$14.00	\$14.00
5.75 Hrs or Less	2	Health = None	\$14.50	\$14.50	\$14.50
	3	CILO = None	\$15.00	\$15.00	\$15.00
	4		\$15.50	\$15.50	\$15.50
	5		\$16.00	\$16.00	\$16.00
	6		\$16.50	\$16.50	\$16.50
	7		\$17.00	\$17.00	\$17.00
	8		\$17.50	\$17.50	\$17.50
	9		\$18.00	\$18.00	\$18.00
	10		\$18.50	\$18.50	\$18.50

Days = Varies	1	Child Care Worker	\$14.00	\$14.00	\$14.00
5.75 Hrs or Less	2	Health = None	\$14.50	\$14.50	\$14.50
	3	CILO = None	\$15.00	\$15.00	\$15.00

Days = Varies	1	Interpreter	\$14.00	\$14.00	\$14.00
5.75 Hrs or Less	2	Health = None	\$14.50	\$14.50	\$14.50
	3	CILO = None	\$15.00	\$15.00	\$15.00

180 Days or Less	1	Playground Supervisor/Bus Aide	\$13.50	\$13.75	\$14.00
5.75 Hrs or Less	2	Health = None	\$13.75	\$14.00	\$14.25
	3	CILO = None	\$14.00	\$14.25	\$14.50

180 Days or Less	1	Crossing Guard	\$13.50	\$13.75	\$14.00
5.75 Hrs or Less	2	Health = None	\$13.75	\$14.00	\$14.25
	3	CILO = None	\$14.00	\$14.25	\$14.50

SCHEDULE B

INSURANCE BENEFITS

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

PriorityHealth Kelloggsville Public Schools
 : HMO HSA \$1400 Deductible 90%

Coverage for: Subscriber/Dependent | Plan Type: HMO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. Note: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call 1-800-446-5674. For general definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-446-5674 to request a copy.

Important Questions	Answers	Why this Matters
What is the overall deductible?	\$1,400 person / \$2,800 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes, the deductible doesn't apply to preventive care.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Yes. \$2,000 person / \$4,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
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 benefit.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See PriorityHealth.com or call 1-800-446-5674 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the in-network specialist you choose without a referral.

All co-payment and co-insurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% co-insurance/ visit	Not covered	Prescription drug co-pay may also apply when selected injectable drugs are provided. Prescription drugs for infertility treatment covered only with prescription drug addendum.
	Specialist visit	10% co-insurance/ visit	Not covered	
	Other practitioner office visit	<ul style="list-style-type: none"> • 10% co-insurance/ visit for retail health clinic services • 50% co-insurance/ visit for family planning/ infertility services • 50% co-insurance for Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 	<ul style="list-style-type: none"> • Retail health clinics not covered • Family planning/ infertility services not covered • Temporomandibular Joint Function (TMJ) treatment and Orthognathic surgery 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. You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% co-insurance	Not covered	Prior Authorization required for genetic testing.
	Imaging (CT/PET scans, MRIs)	10% co-insurance	Not covered	Prior Authorization required for certain radiology examinations.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.priorityhealth.com/prog/pharmacy/pharmacy.cgi	Generic drugs (Tier 1)	\$10 co-pay/ retail prescription \$20 co-pay/ mail order prescription	Not covered	Costs shown in the "What You Will Pay" 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.
	Preferred brand drugs (Tier 2)	\$40 co-pay/ retail prescription \$80 co-pay/ mail order prescription	Not covered	
	Non-preferred brand drugs (Tier 3)	\$40 co-pay/ retail prescription \$80 co-pay/ mail order prescription	Not covered	
	Preferred specialty drugs (Tier 4)	\$40 co-pay/ retail prescription	Not covered	
	Non-Preferred specialty drugs (Tier 5)	\$40 co-pay/ retail prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% co-insurance/ visit	Not covered	Including outpatient care, observation care and ambulatory surgery center care. Prior Authorization may be required. Prior Authorization is required for bariatric surgery. 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	10% co-insurance/ visit	Not covered	
If you need immediate medical attention	Emergency room services	10% co-insurance/ visit	Covered at the in-network benefit level; R&C limitations apply	-----none-----
	Emergency medical transportation	10% co-insurance/ visit	Covered at the in-network benefit level; R&C limitations apply	-----none-----
	Urgent care	10% co-insurance/ visit	Covered at the in-network benefit level when obtained outside of the Service Area; R&C limitations apply	Urgent Care services received from a Non-Participating Provider who is located in our Service Area are not Covered.

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% co-insurance/ visit	Not covered	<p>Prior Authorization 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.</p> <p>Notification must be provided for all admissions following emergency room care.</p> <p>Prior Authorization is required for bariatric surgery. 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.</p>
	Physician/surgeon fee	10% co-insurance/ visit	Not covered	
If you need mental health, behavioral health, or substance abuse services	Mental/Behavioral health outpatient services	10% co-insurance/ visit	Not covered	<p>No charge for first three visits with participating provider within 90 days of discharge from a participating hospital for mental health inpatient care.</p> <p>Including medication management visits.</p>
	Mental/Behavioral health inpatient services	10% co-insurance/ visit	Not covered	Including Residential Treatment and partial hospitalization. Except in an emergency, Prior Authorization required.
	Substance use disorder outpatient services	10% co-insurance/ visit	Not covered	Including medication management visits.
	Substance use disorder inpatient services	10% co-insurance/ visit	Not covered	Including subacute Residential Treatment and partial hospitalization. Except in an emergency, Prior Authorization required.
If you are pregnant	Routine prenatal and postnatal care	No charge	Not covered	<p>Routine prenatal and postnatal visits are covered under your Preventive Health Care Services benefit.</p> <p>Appropriate office visit charge (PCP or specialist) may apply to physician office services for complications of pregnancy.</p>
	Delivery professional fees	10% co-insurance/ visit	Not covered	-----none-----
	Delivery facility fees	10% co-insurance/ visit	Not covered	-----none-----

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% co-insurance/ visit	Not covered	Including hospice care services; excluding rehabilitation and habilitation services. Prior Authorization required, except for hospice care.
	Rehabilitation services <i>not</i> for the treatment of Autism Spectrum Disorder	10% co-insurance/ visit	Not covered	Physical and occupational therapy limited to a combined 60 visits per contract year. Osteopathic and chiropractic manipulation limited to a combined 30 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 <i>only</i>	10% co-insurance/ visit	Not covered	Prior Authorization required for Applied Behavior Analysis (ABA). Covered services include Physical, Occupational, and Speech Therapy and Applied Behavior 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	10% co-insurance/ visit	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 90 days per contract year. Prior Authorization required, except for hospice care.
	Durable medical equipment (DME)	No Charge/ visit	Not covered	Including rental, purchase or repair. Prior Authorization required for equipment over \$1,000, all rentals and all shoe inserts.
	Prosthetics & orthotics	No Charge/ visit	Not covered	
	Hospice service	10% co-insurance/ visit	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	Child eye exam	Not covered	Not covered	Not covered
	Child glasses	Not covered	Not covered	Not covered
	Child dental check-up	Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any 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 (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> documents.)		
<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

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.cciio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at 1-800-446-5674 or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; or the Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Michigan Health Insurance Consumer Assistance Program (HICAP) at 1-877-999-6442 or difs-HICAP@michigan.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-446-5674.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-446-5674.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-446-5674.

Navajo (Dine): Dinek'ehgo shika at'ohwoi ninisingo, kwijigo holne' 1-800-446-5674.

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

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