

Kelloggsville Public Schools



Secretarial/Clerical Employee Group

Guidelines, Working Conditions & Benefits

July 01, 2021 – June 30, 2024

KELLOGGSVILLE PUBLIC SCHOOLS

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ARTICLE 1

RIGHTS

1.0 INTRODUCTION:

1.1 The Board of Education recognizes the following:

1.1.1 Management and Control: The Board has the right to manage the school system and its employees, properties and facilities.

1.1.2 Relationship to Employees: The Board has the right and authority to hire all employees, subject to the provisions of law, to determine their qualifications, the conditions of their continued employment, their dismissal or demotion, and to promote and transfer all such employees.

1.1.3 Terms of Employment: Employees are not under any contract of employment for any specified length of time. They may terminate their employment with the District at any time, with or without cause, and with or without notice. Similarly, the District may terminate the employment of any employee at any time, with or without cause and with or without notice. If an employee voluntarily leaves the District's employment, the employee should notify their supervisor as soon as possible.

1.1.4 Administrative Responsibilities: The Board acts through its administrative staff and conveys responsibilities to: the evaluation, discipline, promotion, and termination of employees; and the establishment and revision of rules and regulations governing and pertaining to work and conduct of its employees. The Board and administrative staff shall be free to exercise all of its managerial rights and authority.

1.1.5 Nondiscrimination: The provisions of this Handbook and the wages, hours, terms and conditions of employment shall be applied without regard to race, creed, religion, color, national origin, age, sex or marital status or membership in, or associated with, the activities of any employee organization.

1.1.6 Religious and Political Discrimination: The Board recognizes that employees shall be entitled to full rights of citizenship and no religious or political activities of any employee or lack thereof shall be grounds of any discipline or discrimination with respect to the professional employment of such employee. The Board recognizes that it is the employee's responsibility to fulfill his/her employment obligations.

1.1.7 Subcontracting of Work: The Board reserves the right to subcontract. In the event the Board elects to subcontract work which would result in the layoff of employees, the Board will give notice of its decision prior to the implementation date.

ARTICLE 2

LEVELS

2.0 LEVELS OF SECRETARIAL/CLERICAL EMPLOYEES

The levels of secretarial/clerical employees shall be as follows:

2.1 LEVEL 1:

Transportation, Media Center, Elementary Assistants, Middle School Assistants, High School Assistants, and other clerical employees that work less than 30 hours per week for 36 weeks [180 days] per school year, or as assigned by the Superintendent.

2.2 LEVEL 2:

Elementary Assistants, Middle School Assistants, High School Assistants, Kelloggsville Virtual School (KVS) and Athletics that work 30-35 hours per week for 39 weeks [195 days] per school year, or as assigned by the Superintendent.

2.3 LEVEL 3:

Elementary, Middle School, High School, High School Counseling Office, Special Services, and 54th Street Academy, that work 40 hours per week, or less, for 44 weeks [220 days] per school year, or as assigned by the Superintendent.

ARTICLE 3

WORKING CONDITIONS

3.0 WORKING CONDITIONS AND WORK SCHEDULES:

3.1 Level 1

3.1.1 Level 1 secretary daily hours (starting time, lunch hour, leaving time, hours per day) shall be set by the building principal or immediate supervisor.

3.2 Level 2 & Level 3

3.2.1 Level 2 and Level 3 secretary hours/work day (starting time, lunch hour, leaving time, and hours per day) shall be set by the building principal or immediate supervisor.

3.2.2 The normal work week shall be Monday through Friday.

3.2.3 Additional hours, beyond those described in Article 2, may be scheduled as approved and assigned by the Superintendent.

3.2.4 The rate for the additional time worked will be based on straight time (hourly rate) up to forty (40) hours per week. Work scheduled over forty (40) hours worked in a week shall be compensated at a rate of 1 ½ times the normal rate and will need to be approved by the Superintendent.

3.2.5 The work year shall begin and end as assigned by the building principal or immediate supervisor, as specified by the number of days listed in Article 2. Exceptions may be made by the Superintendent.

3.3 Lunch Period: An employee working five (5) or more hours per day shall receive an unpaid duty-free lunch period exclusive of their scheduled work hours, not less than thirty (30) minutes, but not to exceed sixty (60) minutes. The length of the lunch break shall be set by the immediate supervisor.

3.4 Breaks: Each employee working three (3) hours or more per day shall receive one (1) fifteen (15) minute break per day during the first half of his/her work shift as designated by the supervisor. Additionally, each employee working six (6) or more hours per day shall also receive one (1) fifteen (15) minute break per day during the second half of his/her work shift, as designated by the immediate supervisor.

3.5 Overtime: All overtime must be authorized by the Superintendent, prior to working the hours. Overtime is defined as any time worked beyond forty hours in a work week.

ARTICLE 4

LEAVES

4.0 LEAVE

Leave time will be awarded, accumulated and used as per the Level designation in Article 2. Average amount of hours worked will be calculated for the amount of leave time awarded.

4.1 Sick Days:

4.1.1 Level 1 shall not receive sick days.

4.1.2 Level 2 shall receive three (3) sick days.

4.1.3 Level 3 shall receive twelve (12) sick days.

4.1.4 The leaves listed in 4.1.2 and 4.1.3 will be granted at the beginning of the fiscal year. Sick leave shall be allowed to accumulate without limit. Deductions for leave days shall be in hours. Leave days shall not be charged when unscheduled school cancellation occurs.

4.1.5 Two (2) sick leave days may be used as "Personal Business Days", as approved by the Superintendent for Level 3 personnel. These days are subject to the following conditions:

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

4.1.5.2 Unacceptable Use: Recreational activities, rendering services, other employment, first or last day of school, first working days preceding or following a vacation period or holiday (exceptions may be made at the discretion of the Superintendent).

4.1.5.3 Application, in writing, 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 case of emergency the five days may be waived by the Superintendent, however, application should be done as soon as possible.

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

4.1.6 Five (5) days per school year may be used for serious illness in the immediate family. This leave shall not be used for child care. "Immediate family" for this section and the following section shall be interpreted to include spouse, parent, child, stepchild, brother, sister, step-parent, grandparent, mother-in-law, father-in-law, or any other person living in the same household with the employee.

4.1.7 One (1) day may be used for attendance at the funeral of a person outside the employee's immediate family--two (2) such days may be used each year.

4.1.8 Leave, with pay and time not chargeable against the employee's allowance, shall be granted for a maximum of five (5) days for death of spouse, parent, child, stepchild, grandchild, brother, sister, step-parent, mother-in-law, father-in-law.

4.1.9 Leave, chargeable against the employee's allowance, shall be allowed, but not exceed five (5) days for each occurrence for the death of grandparent, sister-in-law, brother-in-law, daughter/son-in-law, niece, nephew, aunt, uncle, cousin, or any person living in the same household with the employee.

4.2 Jury Duty

4.2.1 An employee called for jury duty or to give testimony before a judicial tribunal shall be compensated for the difference between the salary and the compensation received for the performance of such obligation. Compensation from the court for mileage and meals shall not be included.

4.2.2 Time spent on jury duty shall not be chargeable against the employee's leave allowance provided such service was not volunteered by the employee.

4.3 Vacation Days

4.3.1 Level 1, 2, and 3 will not be allocated vacation days.

4.4 Child Care Leave:

The Board shall grant a leave without pay and benefits for childcare to any person under the following conditions:

4.4.1 The child to be cared for is a legal dependent of the person who is requesting such leave.

- 4.4.2 The child to be cared for is newborn, recently adopted, recently placed in the legal custody of the person by a court, or critically ill or injured. Upon request by the Board the person may be required to furnish proof of critical illness or injury from the attending physician. The Board, at its expense, may request a second statement from a physician of its choice.
- 4.4.3 The person shall submit such request in writing to the Superintendent as soon as the person is knowledgeable that the leave is imminent.
- 4.4.4 The request shall indicate the beginning and ending date of the leave. The leave shall terminate only at the beginning of a semester unless altered by mutual agreement with the Superintendent.
- 4.4.5 The duration of such leave shall not be greater than one (1) calendar year, unless mutually extended by the Superintendent.
- 4.4.6 No person on such leave shall be employed in a similar position, or by another Board of Education.
- 4.4.7 Upon return from such leave the person will be assigned to their former position provided the position is available. If such a position is not available, the person will be assigned to a comparable position giving due consideration to the person's qualifications

4.5 Military Leave:

- 4.5.1 Military leaves of absence without pay for state or national emergencies shall be granted to the employee who shall be inducted or shall enlist for military duty in any branch of the armed forces until his/her normal military obligation, under law is fulfilled.
- 4.5.2 Employees on such military leave shall be given the benefit of any increments and leave allowances which would have been attained by them had they remained in active service to the school system. These benefits are not intended to apply to "career" service people.

4.6 Terminal Leave:

- 4.6.1 Secretaries who leave the Kelloggsville School system after five (5) full years of service shall be compensated for any unused accumulated leave at the rate of \$10.00 for each day. Notice must be given by July 1 in order to qualify for this provision unless given special permission by the Board.
- 4.6.2 Secretaries who retire from the Kelloggsville Public School system after five (5) years of Kelloggsville service shall be compensated for any unused accumulated sick leave at the following rates:

4.6.2.1

Number of Days	Amount Per Day
1 through and including 49 days =	\$25
50 through and including 125 days =	\$30
126 through and including 200 days =	\$35
201 + days =	\$40

4.6.2.2

Number of Years	Amount Per Service Year
5 through and including 10 years =	\$35
11 through and including 15 years =	\$40
16 through and including 20 years =	\$45
20 through and including 25 years =	\$50
25 through and including 30 years =	\$55
31 + years =	\$60

- 4.6.3 Payment for all accumulated leave days or years of service shall be at the highest rate achieved at the date of severance.
- 4.6.4 In the event of a retirement, notice must be given by May 1 in order to qualify for the provisions in 4.6.2 and 4.6.3, unless given special permission by the Board.
- 4.6.5 In the case of a death of an eligible secretary under sections 4.6.2 and 4.6.3, all benefits will be paid to the employee's estate/beneficiary.
- 4.6.6 Secretaries eligible under section 4.6.2 and 4.6.3 will not be eligible for payment under section 4.6.1.

ARTICLE 5

HOLIDAYS

5.0 Paid Holidays

Secretarial/clerical employees will have the following days off with pay: (part-time employees will be paid on a prorated basis)

5.1 Level 1 will not be allocated paid holidays.

5.2 Level 2 will be allocated the following holidays:

5.2.1 Thanksgiving (Thursday)

5.2.2 Christmas Day

5.2.3 New Year's Day

5.3 Level 3 will be allocated the following holidays:

5.3.1 Friday Prior to Labor Day

5.3.2 Labor Day

5.3.3 The day before Thanksgiving

5.3.4 Thanksgiving

5.3.5 The day following Thanksgiving

5.3.6 Christmas Eve

5.3.7 Christmas Day

5.3.8 New Year's Eve

5.3.9 New Year's Day

5.3.10 The Friday before Spring Break

5.3.11 Memorial Day

5.4 Level 3 will follow the school calendar for Christmas Break and Spring Break. Days off will be paid and adjusted at the end of the school year accordingly.

The above days are paid only if the employee has worked their regularly scheduled workday before and after the holiday and/or vacation time is used and approved by the Superintendent.

ARTICLE 6

BENEFITS

6.0 BENEFITS:

- 6.1 Level 1 employees will not qualify for benefits.
- 6.2 Level 2 employees shall receive Cash-in-Lieu of (CILO) as listed in 6.6.2.
- 6.3 Level 3 employees shall receive benefits on a pro-rated basis.
- 6.4 A letter from the spouse's employer stating that he/she is not covered by their own insurance plan is needed before a working spouse can be insured by Kelloggsville Public School's insurance carrier.
- 6.5 The insurance coverage provided by Kelloggsville Public Schools shall be for Level 3 employees for 12 months and shall be terminated upon the employee's termination.
- 6.6 Benefits that Level 3 employees may qualify:

- 6.6.1 Health Insurance (Schedule B) shall be pro-rated on the basis of hours worked:

- 6.6.1.1 The Board will pay a premium amount that will not exceed the amounts permitted by State law for the "hard cap" for Full Family, Self and Other, and Single. The hard cap shall be for the fiscal years of 2021-22, 2022-23, and 2023-24.

6.6.1.2 Pro-rated Cap

<u>Hours</u>	<u>% of Coverage and Hard Cap</u>
40	100%
39	97.5%
38	95%
37	92.5%
36	90%

- 6.6.2 Dental Insurance (Schedule B) shall be pro-rated on the basis of hours worked:

- 6.6.2.1 The Board shall make premium contributions for dental insurance for 2021-22, 2022-23, and 2023-24. The Board's contribution shall be as follows:

6.6.2.2

<u>Hours</u>	<u>% of Coverage and Hard Cap</u>
40	100%
39	97.5%
38	95%
37	92.5%
36	90%

6.6.3 Vision Insurance (Schedule B) shall be pro-rated on the basis of hours worked:

6.6.3.1 The Board shall make premium contributions for vision insurance for 2021-22, 2022-23, and 2023-24. The Board’s contribution shall be as follows:

6.6.3.2

<u>Hours</u>	<u>% of Coverage and Hard Cap</u>
40	100%
39	97.5%
38	95%
37	92.5%
36	90%

6.6.4 Disability and Life Insurance (Schedule B) premiums shall be paid by the Board for Level 3 employees.

6.6 Cash-in-Lieu of (CILO)

6.6.1 CILO will be paid to Level 3 employees for the forfeit of health insurance and will be pro-rated on a schedule of hours worked.

6.6.1.1

<u>Hours</u>	<u>Full Family</u>	<u>Self & Other</u>	<u>Single</u>
40 (100%)	\$3,500	\$2,500	\$1,500
39 (97.5%)	\$3,413	\$2,437	\$1,462
38 (95%)	\$3,325	\$2,375	\$1,425
37 (92.5%)	\$3,237	\$2,312	\$1,387
36 (90%)	\$3,150	\$2,250	\$1,350

6.6.2 CILO will be paid to Level 2 employees in the amount of \$2,350.

6.7 COBRA Coverage:

6.7.1 Upon termination of employment, reduction in work hours, death, divorce, legal separation from spouse, eligibility for Medicare, or termination of "dependent child" status, an employee, and/or spouse and children, may

be eligible for temporary health insurance "continuation coverage" under Federal Law.

The employee, and/or spouse and children have sixty (60) days from the date of a qualifying occurrence, to notify the business office of his/her desire to continue coverage. Continuation coverage will be at the employee's expense under the provisions as stipulated by law. The regular monthly subscriber group rate plus 1 must be paid to the business office by the 15th of the month prior to the month of coverage.

- 6.7.2 All benefits and coverage shall be subject to and conditioned upon proper application by the employee for coverage and acceptance of the application by the carrier. All benefits and coverage shall be subject to and conditioned by the terms and provision of the policy and regulations of the carrier.
- 6.7.3 The Board, by payment of the premiums required for insurance protection, shall be relieved of all liability with respect to the benefits and coverage provided. Disputes between employees and the insurance company are not subject to procedures established in this Handbook.

ARTICLE 7

SNOW DAYS

7.0 SNOW DAYS:

- 7.1 Level 1, 2, and 3 will not have to report to work. All Levels will receive their normal rate of pay for days on which schools are closed due to an Act of God and which will be counted as days of pupil instruction for purposes of State Aid.

ARTICLE 8

QUALIFICATIONS

8.0 QUALIFICATIONS:

- 8.1 Minimum qualifications for a secretarial/clerical worker in Levels 1, 2, and 3 shall be a high school graduate with courses in typing-keyboarding, word processing, and secretarial subjects. They shall be familiar with general office work, have the ability to assume responsibility for office methods and results, and shall be able to conduct good public relations.
- 8.2 A job description of the responsibilities of the secretaries/clerks shall be listed in the district's job description handbook.
- 8.3 Evidence of good health, in the form of a doctor's statement, may be required.

ARTICLE 9

EXPERIENCE

9.0 EXPERIENCE:

- 9.1 Experience shall not be a prerequisite for employment unless, in the opinion of the Superintendent, the position is deemed to require it, or unless specifically stated as a job requirement listed in the job description.
- 9.2 Credit for Experience: An employee who has had experience or training that makes her/him more valuable than a beginning employee may be employed at a salary above the beginning rate taking into consideration the value of the experience or training. Credit for experience from outside the school system shall be allowable, at the discretion of the Superintendent.
- 9.3 Credit for secretarial or clerical experience, from within the Kelloggsville School District or when a change in classification is made, with the Superintendent's approval.

ARTICLE 10

EVALUATIONS

10.0 EVALUATION:

- 10.1 The immediate supervisor shall evaluate the employee prior to June 1 of each year.
- 10.2 If there is a significant problem, an evaluation shall be made when the problem is evident.
- 10.3 The employee will receive a copy of the completed performance evaluation and will sign the form to indicate that he/she has reviewed it. The signature doesn't mean the employee agrees with the content of the evaluation.
- 10.4 An employee may submit written comments, within ten (10) working days of receiving the evaluation, regarding the contents of the evaluation. This document will be attached to the evaluation and placed in the employee's personnel file.
- 10.5 Progress from step to step on the salary scale will depend on the performance evaluation and recommendation of the Superintendent.

ARTICLE 11

SUSPENSIONS AND DISMISSALS

11.0 SUSPENSION AND DISMISSAL:

- 11.1 An employee may be suspended without pay by his/her supervisor subject to the approval of the Superintendent of Schools. The supervisor shall file the reason for the suspension with the Superintendent. The suspended or dismissed employee may file a written request for a hearing with the Board within ten (10) days.
- 11.2 Any employee who has been dismissed for cause shall be ineligible to apply for re-employment.
- 11.3 Any person whose employment is terminated for any reason other than for leave of absence, as provided in these guidelines, forfeits all accrued rights and privileges, including sick leave, benefits, etc.

ARTICLE 12

RESIGNATION

12.0 RESIGNATION:

- 12.1 A written notice of resignation shall be submitted to the Superintendent at least fifteen (15) days prior to the effective date of the resignation.
- 12.2 Such notice may be waived under extenuating circumstances.

ARTICLE 13

RETIREMENT

13.0 RETIREMENT:

- 13.1 An employee who has reached the age of retirement before completing the service requirements as established by law or by Board policy, and who wishes to continue in the employment of the Board in order to complete the service requirements may make an application for the necessary extension of the employment period. The Board of Education shall consider the application and take such action as it deems best.

ARTICLE 14

SENIORITY

14.0 SENIORITY:

14.1 Seniority shall be defined as the amount of continuous service to the district from the employee's most recent date of hire in his/her employee group.

ARTICLE 15

PROBATIONARY PERIOD

15.0 PROBATIONARY PERIOD:

- 15.1 Any employee employed on a regular part-time or full-time basis shall serve a sixty (60) workday probationary period. If a probationary employee is absent during the probationary period, the probationary period shall be extended accordingly.
- 15.2 Probationary employees 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 employee 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 CILO.
- 15.3 If at any time prior to the completion of the probationary period the employee's work performance is unacceptable, he/she may be subject to termination upon recommendation of the immediate supervisor or other administrative representative of the school district. The termination of a probationary employee is not subject to any "Complaint" or "Grievance" procedure.

ARTICLE 16

LAYOFF & RECALL

16.0 LAYOFF & RECALL:

- 16.1 Layoff shall be defined as a reduction in the work force.
- 16.2 Layoff and Recall Procedure: Layoff and recall will be based on qualifications of the employee. Length of service may be considered in this process if the qualifications are equal. If the qualifications are equal the employee with less service will be placed on layoff first.
- 16.3 Layoff Notice: Employees to be laid off, shall be given at least ten (10) working days notice prior to the effective date of layoff.
- 16.4 Employees who are laid off shall remain on a recall list for a period of three years. If an employee on the recall list is offered a position in that time and chooses to reject it, he/she will then be removed from the recall list.

ARTICLE 17

VACANCIES/ASSIGNMENTS

17.0 VACANCIES/ASSIGNMENTS:

- 17.1 Postings: All vacancies in positions shall be posted in a conspicuous place in each building for a period of five (5) working days. Notification of all positions shall be available by electronic email to all district staff. The posting shall contain the following information:
- 17.1.1 Classification;
 - 17.1.2 Location of work;
 - 17.1.3 Starting date;
 - 17.1.4 Anticipated number of hours to be worked;
 - 17.1.5 Minimum qualifications per job descriptions;
 - 17.1.6 Rate of pay.
- 17.2 Application: Interested employees may apply in writing to the superintendent or designee, within the five (5) day posting period.
- 17.3 Qualifications: Vacancies shall be filled with the "best qualified" applicant. When the qualifications of the applicants are equal, the applicant with the most seniority in the classification in which the vacancy exists, if any, will be awarded the position. Applications from all current employees shall be considered. "Qualifications" shall be defined by the Board and stated in the applicable job descriptions.
- 17.4 Transfers: The employer may transfer employees from one classification to another. The Board reserves the right to transfer employees from one building to another or from one program to another.

ARTICLE 18

PAYMENT OF SALARY

18.0 PAYMENT OF SALARY:

18.1 The wages and/or salary of an employee shall be paid on the 2nd and 4th Fridays of every month.

ARTICLE 19

ELECTRONIC COMMUNICATIONS

19.0 ELECTRONIC COMMUNICATIONS:

19.1 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.

ARTICLE 20

SUGGESTION & COMPLAINT PROCEDURES

20.0 PROCEDURE FOR SUGGESTIONS AND COMPLAINTS:

- 20.1 Any employee may discuss a suggestion and complaint with his/her immediate supervisor.
- 20.2 If a complaint or suggestion is not addressed to the employee's satisfaction, following the discussion with the supervisor, the employee may reduce the matter to writing. The written statement shall be presented to the supervisor and a copy forwarded to the Superintendent of Schools.
- 20.3 The Superintendent may arrange a meeting with the employee and supervisor to discuss the suggestion or complaint.
- 20.4 If the employee isn't satisfied with the joint meeting in 19.3 a written statement may be forwarded to the Board of Education.
- 20.5 The employee shall have the full opportunity to be heard at each step of this procedure. The steps of this procedure shall be done in a timely matter and not to exceed ten (10) working days at any one step. If the ten (10) day limit is exceeded the suggestion or complaint will be deemed abandoned.

ARTICLE 21

WORKERS COMPENSATION GUIDELINES

21.0 WORKERS COMPENSAION GUIDELINES:

- 21.1 Any 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.
- 21.2 Should a secretary/clerical 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. The first ten (10) days following the injury will not be deducted from sick leave

ARTICLE 22

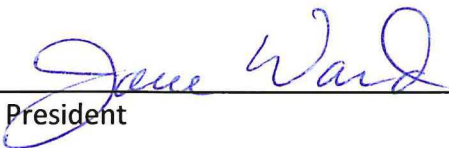
DURATION

This Agreement shall be effective upon ratification and implementation on 01 July 2021 and shall continue in effect for three (3) years; 30 June 2024.

This Agreement shall not be extended orally and it is expressly understood that it shall expire on the date indicated. However, upon mutual consent of both parties to the Agreement, renegotiations of part or all of this Agreement may take place at any time during the term of this agreement.

Board of Education Representatives + Date


Secretarial/Clerical Employee Group + Date



BOE President



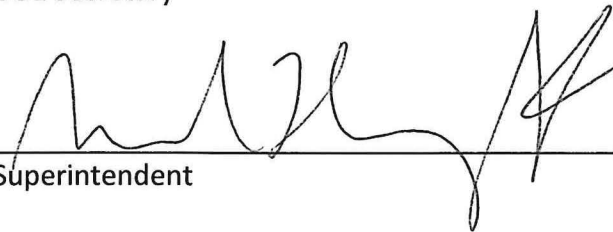
Secretarial/Clerical Representative



BOE Secretary



Secretarial/Clerical Representative



Superintendent

**Secretary
Salary Schedule A**

Last Update: 06/28/21

Level	Step	Position	2021-22 Hourly Rate	2022-23 Hourly Rate	2023-24 Hourly Rate
Level 1	1	Level 1:	\$14.00	\$14.15	\$14.30
	2	30 Hours or Less Per Week	\$14.15	\$14.30	\$14.45
	3	36 Weeks	\$14.30	\$14.45	\$14.60
	4	180 Days	\$14.45	\$14.60	\$14.75
	5	Or as assigned by Supt.	\$14.60	\$14.75	\$14.90
	6		\$14.75	\$14.90	\$15.05
	7		\$14.90	\$15.05	\$15.20
	8		\$15.05	\$15.20	\$15.35
	9			\$15.35	\$15.50
	10				\$15.65
Level 2	1	Level 2:	\$15.25	\$15.35	\$15.40
	2	30-35 Hours Per Week	\$14.45	\$15.55	\$15.60
	3	39 Weeks	\$15.65	\$15.75	\$15.80
	4	195 Days	\$15.85	\$15.95	\$16.00
	5	Or as assigned by Supt.	\$16.05	\$16.15	\$16.20
	6		\$16.25	\$16.35	\$16.40
	7		\$16.45	\$16.55	\$16.60
	8		\$16.65	\$16.75	\$16.80
	9		\$16.85	\$16.95	\$17.00
	10			\$17.15	\$17.20
Level 3	1	Level 3:	\$17.75	\$17.80	\$17.85
	2	40 Hours Per Week, or Less	\$18.45	\$18.50	\$18.55
	3	44 Weeks	\$19.15	\$19.20	\$19.25
	4	220 Days	\$19.85	\$19.90	\$19.95
	5	Or as assigned by Supt.	\$20.55	\$20.60	\$20.65
	6		\$21.25	\$21.30	\$21.35
	7		\$21.95	\$22.00	\$22.05
	8		\$22.65	\$22.70	\$22.75
	9		\$23.40	\$23.40	\$23.45
	10		\$24.15	\$24.10	\$24.15
	11			\$24.80	\$24.85
	12				\$25.40
Sub-Secretary Hourly Rate			\$15.00	\$15.00	\$15.00

Longevity				
Years Completed in Secretarial Group				
	6-9 Years	\$0.25	\$0.25	\$0.25
	10-14 Years	\$0.30	\$0.30	\$0.30
	15-19 Years	\$0.35	\$0.35	\$0.35
	20-24 Years	\$0.40	\$0.40	\$0.40
	25 + Years	\$0.45	\$0.45	\$0.45

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

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	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 Plan Generally Does NOT Cover (Check your policy or plan documents for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult & Child)
- Habilitation services not for the treatment of Autism Spectrum Disorder
- Hearing aids
- Long-term care
- 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 plan documents.)

- Bariatric surgery
- Chiropractic care
- Infertility treatment - diagnostic, counseling and planning services for the underlying cause of infertility
- 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): Dinekehgo shika at'ohwol 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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PO Box 610
 Southfield, MI 48037
 248-901-3705

KELLOGGSVILLE PUBLIC SCHOOLS Dental Benefits Plan
 Clerical

Group # 42109

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits **September 1st through August 31st**

Annual Maximum \$1,000 per eligible individual for covered class I, II and III services
 Lifetime Maximum \$2,500 per eligible individual for covered class IV services
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 50% *****Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations Twice per plan year
 Prophylaxis (Cleaning), Periodontal Maintenance Twice per plan year
 Topical Application of Fluoride Twice per plan year to age 18
 Bitewing X-Rays Twice per plan year
 Full-Mouth Series or Panoramic X-Rays Once per 36 months
 All Other X-Rays

Class II Restorative Services – 50% *****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings** Up to age 14
 Space Maintainers
 Inlays, Onlays and Crowns
 Root Canal Therapy
 Periodontal Root Planing
 Periodontal Surgery
 Oral Surgery and Extractions Medical plan primary for certain procedures
 General Anesthesia or IV Sedation With covered oral surgery
 Occlusal Guards For Bruxism Only
 TMJ Appliances and Services

Class III Major Services – 50% **Annual deductible applies**

Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Denture Repair and Adjustment
 Denture Reline or Rebase
 Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment Removable and Fixed Appliance Therapy, up to age 19
 Comprehensive Treatment Fixed Appliance Therapy, up to age 19

Not Covered

Sealants Implants and Related Restorations Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

**Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

**Prosthetics are considered on delivery date

COB – Standard

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan document for additional coverage details and limitations. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

KELLOGGSVILLE PUBLIC SCHOOLS
VISION PLAN SPECIFICATIONS
 KEA/KESSA/Secretarial + Clerical/Administrative

The BOE will provide vision insurance for qualifying members, as per the following specifications:

1. Plan Year: **September 01, 2021 through August 31, 2024**

2. **Steps for Employee Reimbursement:**
 - A. The employee will obtain vision services from provider of their choice and pay at the point of service.
 - B. The employee will submit a **detailed paid receipt with a reimbursement form** to the central office.
 - C. The employer will remit an amount to the employee as per the listed **maximum rates after the \$25.00 individual/\$50.00 family deductible has been met.**
 - D. Total reimbursement; The Board will allocate **\$800** for vision insurance for qualifying employees. The employee and family members will not exceed the **\$800** allocation per year.

3. You will receive reimbursement for **one pair of glasses or contacts per person per plan year.**

LISTED BELOW ARE THE SCHEDULED RATES FOR MAXIMUM REIBURSEMENT:

ONE:		ONE TYPE OF LENS:	
EXAM (Optometrist)	\$ 60.00	Regular Lens	\$135.00
(Ophthalmologist)	\$ 70.00	Bifocals	\$135.00
		Trifocals-Progressive	\$175.00
ONE:		High Index	\$175.00
CONTACTS: Standard/Cosmetic	\$175.00		

ITEMS NOT COVERED
 Non-Glare Coatings are not covered
 Polycarbonates are not covered
 Warranties are not covered
 Refractions are not covered

ONE:
 FRAMES \$160.00

In addition to the cost of the lens

POLAROID:		PHOTOCHROMICS: (sun or gradient tints/color coated)	
Single Lenses	\$ 80.00	Single Lenses	\$ 60.00
Bifocal	\$125.00	Bifocal	\$100.00
Trifocal-Progressive	\$150.00	Trifocal-Progressive	\$150.00

Oversize/Rimless/Blended Bifocal:
 Included in lens allowance shown above-employees pay the balance

Vision Plan Reimbursements:

The plan allows the employee and dependents to receive reimbursement for **one eye exam and either one pair of glasses or contacts per plan year up to the total reimbursement per qualifying employee.** You must pay for the invoice at the point of service before reimbursement can be made and submit a detailed paid receipt with a reimbursement form to the Central Office.

**** For your convenience, we have subscribed with RxOptical’s Vision Advantage Program for added savings, if you choose. Use the RXOptical card if interested.**

LONG-TERM DISABILITY & LIFE INSURANCE

A. L.T.D. Plan Specifications

Level 3 secretarial/clerical employees will be provided long-term disability coverage and life insurance benefits per the following conditions:

1. There will be ninety (90) day modified file waiting period.
2. The maximum benefit shall be 66 2/3% of your regular contractual salary subject to a maximum schedule amount of \$2,500.
3. The combined limit can be 70%.
4. There will be a pre-existing condition waiver.
5. There will be a social security freeze.
6. There will be a primary social security offset.
7. There will be no exclusion on Mental & Nervous (two year limitation).
8. There will be a primary employee retirement offset.
9. Up to one year of health insurance premiums will be paid by the Board provided the employee does not have other coverage initiated by the disability.

B. Life Insurance

1. \$25,000 benefit for qualifying employees.