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# **MASTER CONTRACT**

**between**

**MILTON-UNION EXEMPTED VILLAGE  
BOARD OF EDUCATION**

**and**

**OHIO ASSOCIATION OF PUBLIC SCHOOL EMPLOYEES  
AFSCME, AFL-CIO, LOCAL #172**

**Effective**

**July 1, 2019  
through  
June 30, 2022**

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**PREAMBLE**

This Agreement is entered into by and between the Milton-Union Exempted Village School District Board of Education, hereinafter referred to as the "Board" and the Ohio Association of Public School Employees, Local #172, AFSCME, AFL-CIO, hereinafter referred to as the "Association."

**Article 1 – Recognition**

A. The Board recognizes the Association as the sole and exclusive representative of all employees in the bargaining unit. For purposes of recognition and negotiations, the bargaining unit shall consist of employees in the following classifications:

- |                          |                                  |
|--------------------------|----------------------------------|
| 1. Bus Driver            | 9. Secretary IV                  |
| 2. Head Cook             | 10. Educational Paraprofessional |
| 3. Cashier               | 11. Teacher Associate            |
| 4. Cook/Worker           | 12. Playground Aide              |
| 5. Maintenance Custodian | 13. Study Hall Monitor           |
| 6. Custodian             | 14. RAP Monitor                  |
| 7. Library Clerk         | 15. Van Driver                   |
| 8. Secretary III         |                                  |

Excluded from the bargaining unit are substitute employees, Maintenance Supervisor, Bus Supervisor and confidential employees. Educational Service Center paraprofessionals are not part of the association, and their services are not considered outsourcing. Special Education Paraprofessionals that have been reduced (RIF) shall be considered educational paraprofessionals for the purposes of recall rights.

For purposes of this agreement, confidential employees shall include the following classifications:

1. Secretary for the Superintendent
2. Administrative Secretaries
3. Assistant Treasurer
4. Accounting Technician
5. Computer Network Technician
6. EMIS Coordinator

No work that is customarily assigned to and performed, as of the effective date of this contract, by members of the bargaining unit will be subcontracted to any public or private entity except work performed by Special Education Paraprofessionals.

B. Both parties agree that all members of the bargaining unit have the right to join, participate in and assist the Association and the right to refrain from such without intimidation or coercion.

## **Article 2 – Management Rights**

Unless the Board agrees otherwise in a collective bargaining agreement, nothing in Chapter 4117 of the Revised Code impairs the right and responsibility of each public employer to:

1. Determine matters of inherent managerial policy including, but not limited to, areas of discretion or policy such as the functions and programs of the public employees, standards of services, its overall budget, utilization of technology, and organizational structure;
2. Direct, supervise, evaluate, or hire employees;
3. Maintain and improve the efficiency and effectiveness of governmental operations;
4. Determine the overall methods, process, means, or personnel by which governmental operations are to be conducted;
5. Suspend, discipline, demote, or discharge for just cause, or lay off, transfer, assign, schedule, promote or retain employees;
6. Determine the adequacy of the work force;
7. Determine the overall mission of the employees as a unit of government;
8. Effectively manage the work forces; and,
9. Take actions to carry out the mission of the public employer as a governmental unit.

The Board is not required to bargain on subjects reserved to the management and direction of the government unit except as affect wages, hours, terms and conditions of employment, and the continuation, modification, or deletion of an existing provision of a collective bargaining agreement. A public employee or exclusive representative may raise a legitimate complaint or file a grievance based on the collective bargaining agreement.

## **Article 3 – General Provisions**

### A. Individual and Organizational Rights

1. Fair Practice Clause - The Association agrees to admit to membership all members of the classified staff without discrimination against any protected class employee.
2. No reprisals of any kind shall be taken by or against any participant in the negotiations procedure by either the Association or the Board.
3. There shall be no discrimination or intimidation by the Board or the Association against any protected class employee.

4. Individuals and minority organizations may present their views and recommendations to the Board at regularly scheduled meetings of the Board or in conference with the Superintendent or his/her designated representative.

B. Association Rights

The Association shall be entitled to these rights:

1. Purchase for installation in the mutually agreed upon locations, bulletin boards for exclusive use of Association business.
2. Upon proper notification to the Maintenance Supervisor, second shift custodians will be given release time to attend monthly OAPSE meetings, which last approximately one (1) hour. Release time will not be considered work time. Such custodians will make up the work time missed, and record it on their time sheets.
3. The Employer agrees to deduct from the wages of any employee who is a member of the Union a PEOPLE (Public Employees Organized to Promote Legislative Equality) deduction as provided for in a written authorization. Such authorization must be executed by the employee and may be revoked by the employee at any time by giving written notice to both the Employer and the Union. The Employer agrees to remit any deductions made pursuant to this provision promptly to the Union together with an itemized statement showing the name of each employee from whose pay such deductions have been made and the amount deducted during the period covered by the remittance. There shall be a minimum of five (5) employees enrolled for this payroll deduction. If, at any time, the number of enrollees drops below five (5) employees, the payroll deduction for PEOPLE will be deleted at the end of the fiscal year as a payroll deduction.
4. Announcements at the end of classified staff meetings.
5. Use of public address systems for Association announcements according to school policy.
6. Distribution of Association bulletins to classified staff according to normal procedure.
7. The Association will receive copies of Board agendas and minutes at the time they are available.

Nothing shall be written into this agreement to restrict or deny to any members of the Board and/or classified staff individual rights provided by law.

C. Fiscal Integrity of the School District

The implementation of this agreement shall be within the financial constraints of community resources and state support and with full intent of all parties to maintain the District's position of fiscal integrity and responsibility.

**Article 4 – Contract Status and Work Year**

A. Contract length

The contract status of all classified employees beginning employment in any job classification shall be in accordance with ORC 3319.081.

B. Contract Termination

A contract of a classified employee may be terminated as follows:

1. Any non-teaching employee may terminate his contract of employment thirty (30) days subsequent to the filing of a written notice of such termination with the Treasurer of the Board.
2. The Board may terminate a contract for the reasons set forth in R.C. 3319.081 or for gross inefficiency or immorality, for willful and persistent violations of the regulations of the Board, insubordination, and for other good and just cause.
3. Before terminating a contract, the Board will notify the employee in writing of the Board's intention to terminate the contract and will specify the reasons for such consideration.

C. Contract Non-Renewal

The Board shall give notice of its intention not to reemploy a non-certificated employee, at the expiration of his contract. If such notice is not given the employee on or before June 1, the employee shall be deemed reemployed. (R.C. 3319.083).

D. Contract Work Year

The Board adopted calendar shall serve as the general guide for establishing the work year for each employee.

1. Nine-month Employees - The contract year begins according to the Board adopted calendar and consists of 180 working days, plus the following paid holidays: Labor Day, Thanksgiving, the Friday following Thanksgiving, Christmas, New Year's Day, Martin Luther King Day, President's Day and Memorial Day. If the Board adopted calendar does not provide for school on Good Friday, this day may be taken off with pay.
2. Ten-month Employees - The contract year begins according to the Board adopted calendar and consists of 199 working days plus the following paid holidays:

Labor Day, Thanksgiving, the Friday following Thanksgiving, Christmas, New Year's Day, Martin Luther King Day, President's Day, and Memorial Day. If the Board adopted calendar does not provide for school on Good Friday, this day may be taken off with pay.

3. Twelve-month Employees - The contract year begins July 1 each year. The contract year of between 260 and 262 paid days includes the following paid holidays: New Year's Day, an additional day at New Year's, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the Friday following Thanksgiving, Christmas as per Board calendar, and an additional day at Christmas. If the Board adopted calendar does not provide for school on Good Friday, this day may be taken off with pay.

E. Reduction in Classification Staff Work Force

Whenever it becomes necessary to reduce the number of employees in a job classification due to abolishment of positions, lack of funds or lack of work, the following procedure shall govern such reductions in force:

1. Affected employees shall be reduced and contract suspended according to classification seniority with the least senior employee within the classification reduced first. Medical, maternity, military leave, layoff or any Board approved leave shall not constitute a break in service; however, no credit may be earned during the absence. If two or more employees have the same length of continuous service, seniority will be determined by:
  - a. The date of the Board meeting at which the employee was hired, and then
  - b. The date of the application from which the employee was hired, and then
  - c. If any ties remain after (a) and (b) they will be broken by evaluation of services performed.
  - d. Classification Seniority shall be determined by the employee's latest entry into that classification.
2. Each employee to be reduced shall be given twenty-five (25) days advance written notice of the reduction. Each notice of reduction shall state the following:
  - a. The reasons for reduction;
  - b. The effective date of reduction;
  - c. A statement advising the employee of his/her rights of reinstatement from the reduction.



3. For each classification in which reductions occur, the Board of Education shall prepare a reinstatement list and names of all employees shall be placed on the list in the order of their seniority. If a vacancy occurs, the Board will serve notice in person or by registered mail at the last known address of all persons on the recall list who are qualified according to these provisions. It is the person's responsibility to keep the Board informed of his/her current address. All persons are required to respond in writing to the district office within seven (7) calendar days. Any person who declines to accept the position, or who fails to respond within seven (7) calendar days shall forfeit all recall rights and be removed from the list. Refusal of reinstatement shall be in writing.
4. All persons on reduction status will remain on the recall list for twenty-four (24) months.
5. An employee affected may elect to displace a less senior employee at the same job level or lower within the classification. Job level shall be determined by work year and hours per day. An employee affected may elect to displace a less senior employee in another area of classification, provided he has been employed in the second area of classification for at least 120 days in the five (5) calendar years immediately preceding the reduction and possesses the qualifications necessary for the position. Employees may have the option to return to a former classification by the same method.
6. A person on the recall will, upon acceptance of the notification to resume active employment status, return to active employment status with the same seniority, accumulation of sick leave, and salary placement as he enjoyed at the time of reduction status. Where group insurance policies permit, an employee on the recall list who is unemployed and does not otherwise have group coverage available may continue to participate in those benefits which are provided to employees in active employment provided the employee pays the group rates for the benefits.

F. School Closings

1. To the extent legally permissible, employees will work scheduled make-up days without additional compensation in the event the district is required to make up calamity days pursuant to state law.
2. Employees required to work on days when school is scheduled but closed due to an epidemic or other public calamity, including but not limited to: Disease epidemic; hazardous weather conditions; law enforcement agencies; inoperability of school buses or other equipment necessary to the school's operation; damage to a school building; or, other temporary circumstances due to utility failure rendering the school building unfit for school use shall be compensated for the amount of time worked. Employees would be paid a minimum of two hours if reporting to their scheduled work time prior to notice of the school closing or will be paid for time worked at the employee's regular rate of pay should they work more than two hours.

### 3. Calamity Days

- a. All classified staff members will be paid their regular hourly rate for the first five calamity days of a school year that they do not work. All classified staff members will be required to *report to work* beginning with and exceeding the sixth calamity day.
- b. Classified staff members will receive their *regular* rates of pay for *regular* hours worked beginning with and exceeding the sixth calamity day.
- c. An employee who cannot work or *chooses to remain home* on any calamity day beginning with and exceeding the sixth such day in a school year must submit a request to be charged the personal, vacation, or sick (if applicable) day equivalent to their daily hours beginning with and exceeding the sixth calamity day to receive pay for the day. Employees who do not have available personal, vacation, or sick days and who do not work the calamity day will not be paid. With supervisor approval, employees not receiving pay on the calamity day may be permitted to make up those hours within the same work week.
- d. In the event a Level 2 or Level 3 snow emergency or its equivalent is declared in a bargaining unit member's local jurisdiction of residence, he/she will not be charged for any leave or lost time.
- e. If it becomes necessary for the Board to further adjust the school calendar and provide for additional student instructional days, classified staff members not already scheduled to work these days will receive their regular rates of pay for regular hours worked.

## **Article 5 – Grievance Procedure**

### Section 1. Definitions

- A. A grievance is a complaint of an employee or the Association involving the alleged violation of a provision(s) of this Agreement.
- B. A grievant shall mean the Association, a person, or group alleging that some violation of this Agreement has actually occurred. A grievance alleged to be a "group" grievance shall have arisen out of substantially similar circumstance affecting each member of said group.
- C. No grievance may be filed concerning a matter which may be made the subject of a charge with a State or Federal Agency.
- D. Any action by the Board to renew or not renew the contract of any employee, or any recommendation by the Superintendent to renew or not renew any such contract shall not be deemed a grievance and may not be processed as such.

## Section 2. Procedure

### Step I - Informal Procedure

The aggrieved party shall discuss the grievance or complaint with the person who is directly concerned with the grievance in a face-to-face meeting. This shall be accomplished within ten (10) days after the grievant knows or should have known the act or conditions on which the grievance is based. In no event, however, may a grievance be filed more than thirty (30) days following the date of the occurrence from which the grievance arose. Failure to raise the alleged grievance as herein provided shall be considered as a waiver of the rights granted in this Article.

### Step II - Formal Procedure

If a satisfactory solution is not effected, the aggrieved party shall present his written grievance to the Building Principal/Supervisor within five (5) days after the informal hearing. The principal or immediate supervisor shall, within five (5) days of receipt of the grievance, conduct a hearing concerning the grievance. The Building Principal/Supervisor shall advise or counsel the aggrieved party and shall provide a written answer to the grievance and forward it to the concerned parties within five (5) days from the time of the hearing.

### Step III - Superintendent

If a satisfactory solution is not effected, the Association shall invoke Step III in writing and present same to the Superintendent within five (5) days after receiving the Step II answer. Any failure to invoke Step III as provided herein will be considered as the parties having reached a satisfactory resolution of the alleged grievance. The Superintendent shall decide whether to personally handle this Step of the grievance or delegate responsibility within five (5) days of receipt of the grievance. The Superintendent or his/her designated representative shall advise or counsel the aggrieved party and shall provide a written answer to the grievance and forward to the concerned parties within five (5) days from the time of the hearing.

### Step IV - Arbitration

If the action taken in Step III by the Superintendent or his/her designee does not resolve the grievance to the satisfaction of the Association or if no decision has been rendered by the Superintendent within five (5) days, the Association may notify the Board in writing of its intent to submit the grievance to arbitration. Any failure to invoke Step IV within five (5) days of the receipt of the Step III answer will be considered as the parties having reached a satisfactory resolution of the alleged grievance.

Upon receipt of the notice of intent to submit the grievance to arbitration, the parties, within five (5) days thereafter, will submit a request to the American Arbitration Association to provide the parties with a panel of arbitrators so that the parties may each strike the name of any unacceptable arbitrator(s) and indicate the order of preference by number. If no arbitrator is selected on the first panel submitted, the American Arbitration Association will submit additional lists to the parties until an arbitrator is mutually

selected. The parties will not be limited in their decision to strike arbitrator(s) from any panel for 'cause only.' The Board and the Association shall share equally the fees and expenses of the arbitration proceeding. Each party will be responsible for the fees and expenses of its representation.

The arbitrator shall review the grievance and submit his/her decision to the parties. The arbitrator's decision shall be final and binding on all parties. The arbitrator shall not have the power to ignore, add to, subtract from, or modify the provisions of this Agreement and the arbitrator may consider only the specific language of this Agreement and render his/her decision on the issues presented on the basis of the reliable, substantial and preponderance of the evidence in the record of the proceedings. Only grievances as defined herein shall be subject to arbitration. All issues of procedural arbitrability will be heard and decided by the arbitrator prior to hearing the substantive issues or merits of a grievance.

The Board shall take necessary action within two (2) regularly scheduled Board meetings after receipt of the arbitrator's decision. No further action may be taken on the matter after thirty (30) days of the Board's action, unless otherwise provided by law.

### Section 3. Miscellaneous Provisions

- A. The aggrieved employee, the Board and/or the representative of either shall not be denied the right to advice, counsel, and/or representation.
- B. A grievance may be withdrawn at any level without prejudice or record.
- C. If the employee and/or Association do not abide by the time limits set forth, they forfeit their right to continue to the next step of the grievance procedure.
- D. If the administrator does not abide by the time limits set forth, the employee filing the grievance and/or the Association may proceed to the next step.
- E. There will be no reprisals taken against any participant in the grievance procedure by reason of such participation.
- F. Mutually agreed informal meetings between the parties may be held during the time between steps in an effort to effect a satisfactory resolution to the problem.
- G. Any time limits or steps hereinbefore set forth may be waived by the mutual written consent of the parties.
- H. "Days" as used herein mean "working days".

## Article 6 – Salary Schedule and Payment

### A. Payment of Salaries

1. Payment of wages shall be bi-weekly (26 or 27 pays) and regular wages shall be in equal installments.
2. Employees working less than a school year shall have the terms of payment made at the time of appointment.
3. All employees shall be enrolled in direct deposit for the term of their employment. E-mail direct deposit notice is required if employee has access to a computer during work hours. During the summer, when school is not in session, employees may pick up their Notices of Deposit (NOD) at the Board office beginning at 1:00 p.m. on Thursday of each pay week.
4. The work week is defined as 12:01 a.m. Monday through midnight on Sunday.

### B. Wage Schedules

The 2019-20 wage schedule shall be modified as follows:

- a. Wages shall increase by 2.5%.
- b. All eligible employees who have worked 120 or more days in the school year shall be advanced one (1) step annually on the salary schedule (Addendum A).

The 2020-21 wage schedule shall be modified as follows:

- a. Wages shall increase by 2.5%.
- b. All eligible employees who have worked 120 or more days in the school year shall be advanced one (1) step annually on the salary schedule (Addendum B).

The 2021-22 wage schedule shall be modified as follows:

- a. If the health care insurance premium increase for 2022 is less than or equal to 7%, then the salary base increase will be 2.75%.
- b. If the health care insurance premium increase for 2022 is between 7.01% and 13.99%, then the salary base increase will be 2.5%.
- c. If the health care insurance premium increase for 2022 is greater than or equal to 14%, then the salary base increase will be 2.25%.
- d. All eligible employees who have worked 120 or more days in the school year shall be advanced one (1) step annually on the salary schedule (Addendum C).

### C. Supplemental Contracts

Classified employees holding supplemental contracts will be paid pursuant to the requirements of the Fair Labor Standards Act.

- D. All bargaining unit employees may sign up for a seniority list rotation for work duties of another classification on a temporary basis to substitute for an absent employee in the event that external substitutes are not available. This provision shall not be used to circumvent the bid procedure. Any employee who volunteers as a substitute will be paid

at Step I of the classification in which they substitute. Any employee assigned in a lower rated classification will be paid the nearest rate of pay within the lower rated pay scale that results in a decrease. Any employee assigned in a higher rated classification will be paid the nearest rate of pay within the higher rated pay scale that results in an increase. Through the rotation, an employee shall be eligible for an assignment that may result in overtime status.

- E. When an employee is promoted to a position within a higher rated classification, he/she shall be paid the nearest rate of pay in the higher pay scale that results in a pay increase. When an employee is demoted for reasons other than for a probationary demotion, he/she will return to the same classification step they left at total years of experience. Those persons who receive a probationary demotion will receive the rate of pay he/she received prior to his/her promotion.
- F. Employees assigned to substitute their current classification will be paid their current hourly rate.

#### **Article 7 – SERS "Pick-up"**

The Board shall designate each employee's mandatory contributions to the State Employees Retirement System of Ohio as "pick-up" by the Board as contemplated by Internal Revenue Service Rulings 77-464 and 81-36, although they shall continue to be designated as employee contributions as permitted by Attorney General Opinion 82-097, in order that the amount of the employee's income reported by the Board as subject to federal and Ohio income tax shall be the employee's total gross income reduced by the ten-current percentage amount of the employee's mandatory State Employees Retirement System contribution which has been designated as "picked-up" by the Board shall be included in computing final average salary, provided that no employee's total salary is increased by such "pick-up", nor is the Board's total contribution to the State Employees Retirement System increased thereby.

- A. The pick-up percentage shall apply uniformly to all members of the bargaining unit as a condition of employment. The pick-up shall apply to all compensation including supplemental earnings thereafter, if any.
- B. The parties agree that, should the rules and regulations of the IRS or retirement system change making this procedure unworkable, the parties agree to return, without penalty, to the former method of employee/employer contributions.
- C. Payment for sick leave, personal leave, severance and supplementals, including unemployment and worker's compensation, shall be based on the employee's daily gross pay prior to the reduction as basis (e.g., gross pay divided by the number of days in an employee's contract).
- D. Such salary reduction shall be considered when combined with actual salary to not result in a salary which is less than the salary available under the State minimum salary schedule.
- E. It is understood that it is the responsibility of each individual employee to make necessary adjustment(s) in any other tax-sheltered annuities he/she has in order to be in

compliance with IRS laws and regulations.

- F. The Board is not liable, nor will it be held responsible for any related legal, IRS, SERS, or any other agencies' penalties or decisions concerning this plan now or in the future.
- G. The Association agrees to indemnify and save the Board harmless against any and all claims that shall arise out of or by reason of any action taken by the Board in compliance with provisions of the Article.

### **Article 8 – Overtime**

- A. All employees shall be paid 1-1/2 times their hourly rate for work performed in excess of forty (40) hours per week. Sick leave, personal leave, vacation time, and unworked calamity days (i.e., students not in session) off shall not count as hours worked for overtime purposes. Employees working in multiple classifications, working over 40 hours, will be paid per Fair Labor Standards Act requirements.
- B. Work performed by an employee on a Sunday or holiday shall be paid at the rate of two (2) times their hourly rate.
- C. There shall be no pyramiding of the same hours worked for premium pay purposes.
- D. Overtime may be mandatory in emergency situations. However, it shall not exceed more than four (4) hours in any twenty-four (24) hour period. Mandatory overtime shall be assigned in reverse seniority order, if the overtime has been refused in accordance with the following paragraphs:  
  
Custodial overtime shall be offered on a rotating seniority basis within the classification. If overtime is refused, the offeree's name shall go to the bottom of the list.  
  
If overtime is accepted, there shall be no trades, and if the person that is offered the overtime cannot work because of sickness or other emergency, his or her name shall still go to the bottom of the list.  
  
Sick leave and personal leave may not be used for accepted but unworked overtime.
- E. Employees must work the overtime hours to be paid overtime. In the event a mistake is made in offering an overtime opportunity, the employee(s) who should have been offered the opportunity will be offered the next overtime opportunity(ies) until the lost opportunity is made up.

**Article 9 – Severance**

- A. Employees retiring from the District shall be eligible for severance pay provided the eligibility requirements are met as follows:
  - 1. The person must be employed by the Board at the time the retirement application is filed.
  - 2. The person must have five (5) or more years of continuous service credit in the District.
  - 3. The person must have an application for retirement approved by the School Employees' Retirement System.
  - 4. A completed application for severance pay shall have been filed with the Treasurer no later than ninety (90) days after the last day of employment.
  
- B. The formula for payment shall be as follows: Thirty-three and one-third percent (33 1/3%) times accrued sick leave days up to a maximum of fifty-five (55) days of severance times the daily rate of the contract salary.  
  
Definition of Daily Rate: Contract salary divided by days in the regular contract year of the employee.
  
- C. Payment shall be made in one (1) lump sum at time of retirement. Severance may be tax sheltered at the employee's request.
  
- D. Should an employee die, who at the time of his or her death is actively employed and who meets the requirements of Article 9, Paragraph A, Subparagraph 2, then severance pay shall be paid as if all other requirements of Article 9, Paragraph A, had been met prior to the employee's death and severance pay, if any, shall be paid to the employee's spouse or, if the employee is not married, then to the employee's representative as may be designated by the applicable probate court.

**Article 10 – Insurance**

- A. Health Insurance

The Board will provide hospitalization - surgical and major medical plan - for each full-time member of the staff who desires it and is eligible. For Health Insurance purposes only, an employee who is regularly scheduled to work six (6) or more hours per day is full-time. The benefits of such plan are shown in Addendum F.

- 1. **PPO**

Employee contributions for both single plan and family plan shall be 20% of the premium.



## **2. HEALTH SAVINGS ACCOUNT (HSA)**

The board shall establish, through payroll deduction, an HSA account for each employee who is enrolled in a High Deductible Plan (HDP). The board shall contribute \$1,000 annually for single coverage and \$2,000 annually for family coverage for employees who regularly work six or more hours per day. The Board will contribute a prorated amount of the \$1000 contribution for single coverage and a prorated amount of the \$2000 contribution for family coverage for employees who work less than six hours per day. Addendum I shall be used for determination of the prorated amount. District contributions shall be made semi-annually in January and July. Employees may make additional contributions through payroll deduction to the HSA. Employee contributions cannot exceed limitations established by the IRS.

In January 2020 only, the Board will frontload its contribution to a member's health savings account. The contribution will be \$1000 for a single plan and \$2000 for a family plan. Thereafter, the Board contribution to the HSA will be as set forth in Article 10, section A2.

Employee contributions for both single plan and family plan shall be 15% of the premium throughout the term of this contract.

3. OAPSE Health Insurance benefits and premium contributions shall match MUEA Health Insurance benefits and premium contributions. OAPSE's plan and or contribution may be modified to match MUEA during the life of this contract.
4. Part-time staff may acquire the same insurance protection by paying the prorated premium represented by the portion of day not worked by them, as shown in Addendum I.
5. The Board shall provide a prescription drug insurance coverage for all eligible employees.

## **B. INSURANCE OPT-OUT INCENTIVE**

The District shall provide a financial incentive to employees who opt-out of the District-provided PPO or HSA Health Insurance Programs. The incentive shall be \$1000.00 single / \$2000.00 family. To be eligible for the opt-out incentive, the employee must be enrolled in one of the programs and drop coverage during open enrollment. The incentive will be distributed annually in July and December. If, due to a qualifying event, an employee returns to one of the District-provided programs mid-year the incentive will be pro-rated (12 month proration period is Jan. 1 through Dec. 31).

Savings created from opt out program described above will be split 50/50 between bargaining unit and district. The bargaining unit's share shall be distributed to only those members enrolled in the insurance program on or after July 2014. Employees hired on or after July 2014 will be eligible for the opt-out incentive if they have been enrolled for at least one year and drop their health insurance during open enrollment.

C. Insurance Committee

The Board will convene an insurance committee made up of District employees, including teachers, two classified employees selected by OAPSE, the District Treasurer, and the Superintendent/designee. Committee members will be granted release time to meet during the day, or if the meeting is after the normal workday, shall be paid at their hourly rate.

The goal of the committee is to review plans and offerings, which may better serve the employees as well as save costs to employees and the Board.

The insurance committee will continue to explore ways that would increase the in lieu of payment and maintain a sound, affordable health insurance benefits program.

Any recommendation by the insurance committee of a change in insurance benefits or costs, excluding required premium increases, will be taken to the membership and the Board of Education for a vote.

D. Dental Insurance

The Board of Education shall provide a major dental insurance policy under a group plan for each full-time employee who desires and is eligible.

Employee contributions for both single plan and family plan shall be 10%. Part-time staff may acquire the same insurance protection by paying the prorated premium represented by the portion of day not worked by them, as shown in Addendum I.

Part-time staff may acquire the same insurance protection by paying the prorated premium represented by the portion of day not worked by them.

See Addendum G for coverages.

E. Life Insurance

The Board shall provide a fully paid group life insurance policy of \$30,000 for each staff member. Life insurance coverage reduces according to age per the life insurance schedule, a copy of which is attached hereto as Addendum H. The Board will not be required to self-insure benefits.

See Addendum H for coverage.

Board payment of employee insurance benefits will cease at the end of the billing cycle in which the employee terminates, resigns, or at the end of the billing cycle in which expiration of employee's sick leave occurs. Board provided benefits will be paid through the end of the contract year (as long as the employee is receiving a paycheck from the Board), unless the employee is terminated or resigns prior to the end of the school year. Employee may elect to continue health and dental benefits after the expiration of the billing cycle by paying for it themselves through COBRA.

A change of Health or Dental Insurance carrier from its current carrier shall take place only after consultation with the Association. The decision as to which Carrier, as the case may be, shall be that of the Board.

F. 125 Plan

The Board will maintain a 125 Plan for employees for health care contributions, health benefits, and dependent care. The 125 Plan will be available to employees so long as it is made available by the Internal Revenue Service in its present form or until such time as it is negotiated to be removed from this Agreement.

**Article 11 – Reimbursement**

- A. **Mileage:** Employees who are approved to use their personal vehicles for employment related use will be reimbursed at the mileage rate which is approved by the Internal Revenue Service.
- B. **Background Checks:** The District shall reimburse the employee for fifty percent (50%) of the costs related to the BCI and FBI background checks. If the employee leaves the employment of the district for reasons other than for retirement prior to the expiration of the background checks, the employee shall return a prorated portion of the reimbursed fees to the district. The amount of the prorated repayment and the process for the repayment shall be determined by the district treasurer.

**Article 12 – Safety Meetings**

- A. The Board shall require each bus driver to attend the safety meetings as required by the State of Ohio, and pay them for four (4) hours at their current hourly rate.
- B. On any new equipment purchased by the Board, employees shall not operate it until they are trained to do so.

**Article 13 – Building Checks/Call-In**

- A. **Building Checks.** An employee required to make building checks on the weekends, holidays, and/or during inclement weather, etc., will receive a minimum of two (2) hours pay.
- B. **Call-In.** Call-in Pay is payment for emergency work performed by an employee who has been called in to work at a time disconnected from the employee's normal work day. An employee who is called in to work will receive a minimum of two (2) hours pay.

**Article 14 – Transportation**

- A. **Route Assignment.** Routes will be established by the Transportation Supervisor, and may be modified and/or changed as the needs of the School District dictate. Route assignments will be made by the Transportation Supervisor. Thirty (30) days prior to the start of the school year, drivers may submit a written request to the Transportation Supervisor for a different route. If a vacancy occurs in an existing route, or if a new route

is created, the position will be filled in accordance with Article 25, Vacancies and Transfers.

- B. Route Sheets and Maps. Drivers will be provided route sheets through routing software at the beginning of each school year. Drivers will fine tune and keep them up to date throughout the year. Drivers will update maps of their routes at the end of each school year for use the next year by request.
- C. Pre-Trip Inspection and Warm-Up. Drivers will conduct a pre-trip inspection and will warm up their buses each day. Drivers will complete and sign a daily pre-trip inspection form and submit it to the Transportation Supervisor on a daily basis. Drivers will receive one-half hour of pay each day for these purposes.
- D. Temporary Vacancy. A temporary vacancy is due to the absence of a driver which is expected to last, or does in fact last, more than ten (10) consecutive work days. When there is a temporary vacancy, the Transportation Supervisor will assign a driver to that vacancy rather than a substitute, if it will result in a driver receiving more daily hours of work. The substitute will be assigned to the route with fewer hours.
- E. Cleaning of Buses.
  - 1. With the advance approval of the Transportation Supervisor, a driver may wash the outside of the bus to which he or she is assigned. The driver will complete a Bus Washing Form and submit it to the Transportation Supervisor for approval. Upon the bus passing inspection by the Transportation Supervisor, the driver will be paid two hours of pay at the driver's regular rate of pay.
  - 2. At the end of each school year, if drivers are required to clean the interiors of their buses, they will receive two hours of pay upon submission of appropriate documentation and the bus passing inspection by the Transportation Supervisor.
- F. Extra Trips. Extra trips are defined to mean trips which result from requests for school bus transportation submitted to the Transportation Supervisor, and include overnight trips.
  - 1. Extra trips will follow There are two rotation lists – regularly scheduled and emergency.
  - 2. Bus drivers assigned to extra trips shall receive a minimum of two (2) hours pay for each trip. Driver time beyond the two (2) hour minimum shall be for each hour, or part thereof, required by the trip from departure until return to the original site.
  - 3. The first two hours of a field trip will be paid at the driver's hourly bus rate and the remaining time will be paid at the field trip rate.
  - 4. At the beginning of each school year, drivers will be asked to indicate in writing their interest and availability for driving extra trips. The driver may notify the

Transportation Supervisor in writing if the driver changes his/her mind during the school year.

5. To assign and determine driver responsibility for extra trips, there shall be a weekly meeting every Wednesday morning at, or around, 9 a.m. following the morning routes. All extra trips starting 10-days later will be assigned at the weekly meeting. All available jobs will be posted at least two days in advance of the weekly meeting. If a trip is turned back in for any reason, these trips will be assigned using the emergency rotation list; trading trips directly with other drivers is prohibited. If a trip comes in after the weekly meeting and occurs before the next scheduled meeting, it will be assigned using the emergency rotation list. If no driver accepts the trip through the emergency rotation, the extra trip will be offered to a substitute. Following the emergency rotation, if a substitute driver does not accept the trip, it will be assigned to the least senior driver on the seniority rotation list. Bus drivers shall be able to select extra trips that conflict with the regular route as long as substitutes are available for the regular route.
  6. Trips will be by seniority rotation among the drivers on the extra trip list. Trip slips will be given to the driver, who in turn will accept or reject the trip, returning the trip slip to the Transportation Supervisor. If the trip is rejected, the driver loses his/her turn until his/her name rotates again. Trips should be scheduled no later than twenty-four (24) hours in advance of the trip, except in case of an emergency.
  7. If no regular driver accepts an extra trip through the regular rotation, a substitute driver will be offered the position. If a substitute driver does not accept the trip, it will be assigned to the least senior driver on the seniority rotation list.
  8. Drivers will be offered the best available bus on overnight trips. If possible, the driver will stay at the same location as the students. Upon the presentation of receipts, drivers will be reimbursed for lodging and daily meals, for up to \$8 for breakfast, \$10 for lunch, and \$15 for dinner.
  9. Through the rotation, an employee shall be eligible for an assignment that may result in overtime status.
- G. The driver with a second job will be charged ½ day absence when absent from one or two of the three parts of their day.
- H. Van Drivers. When the School District has a need to transport a student or students on a casual, as-needed basis, the School District will first offer the position to bus drivers. Van hours are bid and assigned once per year through the regular rotation. Once bid, the driver is assigned the route for the entire year. Van hours count towards the accrual of insurance benefits and may result in changing eligibility within and between school years. If the position is not filled due to conflicts in schedules, or lack of applications, the School District will post the position.

If the position is filled through the posting, the person hired will work on a casual, as needed basis, and only the following provisions of the Master Contract between the School District and Association will apply:

1. Wages pursuant to Addendum A, Addendum B, and Addendum C.
  2. Holiday pay pursuant to Article 4, if scheduled to work the day before and the day after the holiday.
  3. SERS “Pick-Up” pursuant to Article 7.
  4. Mileage reimbursement pursuant to Article 11.
  6. Compensation pursuant to Article 4, Paragraph F for school closings due to energy or inclement weather, so long as the closing is in the School District and the employee is scheduled to work. If the employee is transporting to another school district, and there is a closing in that district, the employee will not be paid pursuant to Article 4, Paragraph F.
  7. Sick leave pursuant to Article 16.
  8. One (1) day of personal leave pursuant to Article 17.
  9. Insurance pursuant to Article 10.
- I. On-Board Instructors will receive 110% of their hourly wage while engaged in training of bus drivers.
- J. On-Board Instructors will be permitted to attend Advanced Bus Driver training classes each year. They will be reimbursed for expenses of such training in accordance with Board policy, and compensated in accordance with the Fair Labor Standards Act.
- K. Any driver of special service routes whose normal route included driving to schools outside of Milton-Union can request Milton-Union’s Spring Break off. The open route will be awarded by seniority that week. This shall only be applicable if substitute drivers are available.
- L. Drivers who are employed in two classifications or full time as a driver at Milton-Union Schools shall be granted professional leave for the purpose of state mandated bus driver recertification.
- M. Substitute or Stand-by Driver

The 4.5-hour stand-by or substitute driver will not be assigned a regular route similar to another contracted driver. In the absence of any regularly contracted driver and/or other emergency, the stand-by or substitute driver must be available to fill-in regular morning or afternoon routes. The district reserves the right to assign the stand-by driver prior to using an external substitute.

When the stand-by driver or substitute driver is not needed, he/she will be assigned other duties by the Transportation Supervisor (or designee) including, but not limited to, bus cleaning and maintenance, fueling, accompanying other drivers as an aide, etc.

The stand-by drivers will be included in the regular trip rotation. However, like other drivers, regular routes take precedence over trip requests.

### **Article 15 – Commercial Driver's License**

The Board will reimburse a Bus Driver applicant for the cost of taking any test for commercial driver's license administered by the State if the applicant successfully passes the test that was taken and if the applicant successfully obtains a commercial driver's license. The Board will also reimburse the Bus Driver for the cost of the fee for obtaining and renewing the commercial driver's license. If the employee leaves the employment of the district for reasons other than retirement prior to the expiration of the CDL, the employee shall return a prorated portion of the reimbursed fees to the district. The amount of the prorated repayment and the process for the repayment shall be determined by the district treasurer.

### **Article 16 – Sick Leave**

- A. Each full-time employee shall be entitled to fifteen (15) days of sick leave, with pay, for each year he/she is under contract. Sick leave is credited to the rate of one and one-quarter (1-1/4) days per month.
- B. Unused sick leave may be accumulated up to a maximum of 250 days. Newly employed persons may transfer up to that number of accumulated and unused sick leave days from another public employer in this state, if the date of termination of the other employment was less than ten (10) years prior to employment in this district.
- C. Employees who render part-time per diem or hourly service shall be credited with sick leave for time actually worked at the same rate as full-time employees.
- D. An employee who has no accumulated sick leave will be advanced five (5) days of sick leave each school year if requested. Any such advanced sick leave credit will be charged against the subsequent accumulation of the employee. If there is no subsequent sick leave accumulation, repayment of advanced sick days may be deducted from employee's final paycheck.
- E. Sick leave may be used for absences necessitated by:
  - 1. Personal illness or injury, including any disabling condition caused by pregnancy;
  - 2. Exposure to a communicable disease;
  - 3. Illness or injury in employee's immediate family (employee's brother, sister, parent, spouse, child, grandchild, father-in-law, mother-in-law or any dependent living in the employee's household);
  - 4. Death of family relative or friend.
  - 5. Birth of grandchild
  - 6. Hospitalization of grandchild, son-in-law, daughter-in-law
  - 7. Spousal Birth or Adoption
  - 8. Any extenuating circumstances with Superintendent Approval

An employee may use up to five consecutive days of paid sick leave immediately following the birth or adoption of his/her child.

- F. For employees who regularly work 30 hours or more in their primary/base assignment(s), absences for a portion of a day up to .25 day shall result in .25 day reduction of sick leave. Absences for a portion of a day greater than .25, but not more than .5 day, shall result in a .5 day reduction of sick leave. Absences for a portion greater than .5 day shall result in a one day reduction.

For employees working less than 30 hours in their primary/base assignment(s), sick leave can be used in half-day or whole-day increments.

- G. The employee is required to notify his/her immediate supervisor as soon as possible after becoming aware of the need to use sick leave.
- H. Not later than the second work day after returning to work from sick leave, the employee shall complete the **electronic sick leave form on the Kiosk** if employee has access to a computer during work hours. No sick leave payment shall be made unless the required form is submitted. Falsification of any information on the form shall constitute grounds for the termination of the employee's contract.
- I. If medical attention was required, the employee shall state the name and address of the attending physician. The administration may require a signed physician's statement justifying the use of sick leave, or may make other reasonable regulations in order to carry out its duty to ensure compliance with this Article and with applicable statutes.
- J. Should the school be closed during the period of an employee's sick leave by an "emergency" day or holiday as called by the Superintendent, such employee will not be charged with a sick day.

### Article 17 – Personal Leave

- A. The Board recognizes that various out-of-school circumstances may arise for which attendance by employees is either desirable or necessary. In order to assist employees in meeting these obligations or emergencies, the Board shall allow a total of three (3) days of personal leave each year for its employees, to be used under the various conditions set forth in this Article. The length of the personal leave day will be the same as the employee's regular work day.
- B. Application for the use of personal leave except in case of emergencies shall be made through the Building Principal/Supervisor to the Central Office at least three (3) days prior to such leave. Application shall be made through the **electronic personal leave form on the Kiosk** if employee has access to a computer during work hours.
- C. Emergency leave requests shall be handled in the same manner except the request, explaining the emergency, shall be submitted the first day of the employee's return to the job following absence for emergency reasons.
- D. Action upon requests for personal leave shall be taken by the Superintendent or his/her



designee through the Principal/Supervisor's office.

- E. Personal leave may be granted as follows:
  - 1. Observance of religious holidays where total abstinence from work is required.
  - 2. Attendance of a high school or college graduation exercise for the employee, spouse or child.
  - 3. Private personal business that cannot be handled at a time that does not conflict with the normal day.
  - 4. Emergencies.
- F. Except for emergency leave requests, as defined in paragraph C, detailed reasons shall be provided for personal leave that is being requested on any of the following dates:
  - 1. On the last work day before or the first work day after any holiday or other absence day.
  - 2. On the last work day before or the first work day after any approved vacation.
  - 3. During the first and last week of any school year.
  - 4. When ten percent (10%) of the staff of any school building on any given date request personal leave.
  - 5. When an employee requests consecutive days of personal leave.
- G. Personal leave shall be taken in one-half (1/2) or whole day increments.

**Article 18 – Request for Leave of Absence Without Pay**

- A. Daily Leave - As a general policy, these types of requests are discouraged. However, in the event a staff member is faced with extenuating circumstances or an emergency not covered by other leaves policy, application for such leave shall be made in advance through the Superintendent or his/her designee. The decision of the Superintendent or his/her designee shall be final.
- B. Short-Term Leave - Requests for short-term Leave for such activities as vacation trips, travel with spouse, business travel and entertaining with spouse, shopping and family visitation tend to interfere with a staff member's contractual agreement and academic continuity, therefore such request shall not be considered as valid. However, in the event a staff member is faced with extenuating circumstances not covered by other Leave policy, application for such Leave shall be made in advance through the Office of the Superintendent or his/her designee. The decision of the Superintendent or his/her designee shall be final.
- C. Upon the request of the bargaining unit member, the Board shall grant a leave of absence

for up to twenty-four (24) months for the purpose of educational, professional, study, illness, and/or other disabilities. The bargaining unit member's request shall include the dates on which the leave will commence and end.

- D. When a member of the bargaining unit is on an unpaid leave of absence, he/she shall be allowed to "pick-up" his/her insurance coverages at the premium rate of the Board's cost.

### **Article 19 – Leaves of Absence**

Employees may be granted a leave of absence for the following reasons. Such requests shall be submitted in writing at least thirty (30) days prior to the effective date of the leave.

A. **Military Leave Without Pay**

1. Military leave of absence shall be granted to any employee who is drafted or recalled to active duty with any branch of the armed services of the United States.
2. An employee returning from military service shall be returned to a position comparable to that held before the leave and given full credit on the salary schedule for such service.
3. Voluntary reenlistment immediately terminates military leave granted by the Board of Education.

B. **Paid Leave to Attend Professional Meetings**

1. All requests for attendance of professional meetings shall be submitted through your immediate supervisor at least one (1) month prior to the meeting.
2. Membership in the professional organization is required before permission will be granted.

C. **Paid Jury Duty Leave**

1. Although employees of a Board are not assured of exemption from a call for jury duty, a court may grant such exemption at its discretion. Therefore, because of the continuity essential to the nature of the educational function each employee called as a prospective juror may request, in writing, a deferment of jury duty. A copy of such written request shall be filed with the Principal/Supervisor.
2. The employee may elect to take either the regular day's pay from the Board or jury duty pay, whichever is greater. If the pay from the Board is taken, the check received by the employee for jury service will be endorsed "payable to the Board of Education." Reimbursed mileage and meals will be returned to the employee.

The employee is required to call in his/her absence when he/she is to serve on jury duty. Time taken off for jury duty shall not be charged against sick leave accumulation.

- D. An employee who has worked at least 1,250 hours during the precedent 12-month period, and who has been employed for at least 12 months, shall be granted up to twelve (12) weeks of Family and Medical Leave Act leave in accordance with federal law. Such leave shall be in conjunction with and not in addition to other available leave. The Board will develop and distribute procedures for such leave.
- E. An employee absent from regular duties because of physical disability resulting from an assault on the employee which occurs in the course of Board employment shall be entitled to a leave of absence under the following conditions:
1. The maximum number of days for which assault leave shall be payable to any employee shall be forty-five (45) work days
  2. The employee must furnish the superintendent/designee with a signed statement, describing in detail all of the facts and circumstances surrounding the assault, including but not limited to, the location and time of the assault, the identity of the assailant(s), if known, and the identity of all witnesses to the assault, if known.
  3. The employee must submit to the superintendent/designee verification from an attending physician that the employee is disabled from performing normal duties, indicating the nature of the disability and its probable duration.
  4. The employee must cooperate fully with the superintendent/designee and other public authority(ies) in the prosecution of the assailant(s).
  5. The employee will be required to file for Worker's Compensation benefits. In the event the employee is eligible for and receives Worker's Compensation benefits for all or part of the period of disability due to an assault, the amount payable to the Board as assault leave shall be the difference between the Worker's Compensation benefits paid and the employee's regular compensation.
  6. It is the intent of this Article to provide for assault leave for employees who do not physically initiate the assault on the person. In case of a dispute as to whether or not an employee has physically initiated an assault, and it is determined through either administrative hearing or court action that the employee did initiate the assault, the employee shall be required to either: (a) refund the compensation received as assault leave; or (b) charge the assault leave taken against accumulated sick leave.

**Article 20 – Vacation**

- A. The Board shall grant vacation leave without loss of salary to eleven (11) and twelve (12) month employees with at least one (1) year of continuous service with the Board, in accordance with the following schedule:

<u>Length of Continuous Service</u>	<u>Vacation Leave</u>
One (1) year through five (5) years	Two Weeks (10 days)
After five (5) years	Three Weeks (15 days)

After ten (10) years  
After twenty (20) years

Four Weeks (20 days)  
Five Weeks (25 days)

- B. An employee shall become eligible for vacation upon the anniversary date of hire upon completion of one year of continuous service. An employee who does not remain employed with the Board for the entire first year will receive no vacation pay upon termination of employment. After one year of continuous service, employees will accrue vacation leave on a monthly basis, and may take vacation after it has been accrued.
- C. Employees receiving the maximum vacation accrual of twenty-five (25) days must obtain prior approval from the Superintendent or his/her designee before using such time.
- D. Vacation may be taken at any time during the year, provided no more than one employee per classification, per building, may take their vacation at the same time. Employees taking such vacation shall complete the **electronic vacation leave form on the Kiosk** if employee has access to a computer during work hours and must obtain prior approval from the Superintendent or his/her designee before using such vacation time.
- E. An employee may accrue vacation up to a maximum of 1-1/2 times the employee's annual vacation accrual.

#### **Article 21 – Health Examinations**

- A. Bus drivers and van drivers shall submit to an annual physical examination as per Section 3327.10 of the Revised Code. In addition the Board reserves the right to require a physical examination of any certificated or classified employee when there is question of a health factor that could interfere with the employee's performance of duties.
- B. Health Examination Cost

All costs for physical examinations that are required by the Board and/or State and Federal Regulations shall be borne by the Board when such examinations are performed by Board appointed or Board employed medical personnel.

#### **Article 22 – Drug-Free Workplace**

- A. The Board believes that quality education is not possible in an environment affected by drugs. It will seek, therefore, to establish and maintain an educational setting which meets the requirements set forth in the Drug-Free Workplace Act of 1988.

In compliance with the Act, the Board prohibits the manufacture, possession, use, distribution, or dispensing of any controlled substance and alcohol, by any member of the District's staff at any time while on District property or while involved in any District-related activity or event. Any staff member who violates this Article shall be subject to disciplinary action in accordance with local, state, and federal law, up to and including termination of employment and referral for prosecution. A disciplinary sanction may include the completion of an appropriate rehabilitation program.

The Superintendent shall establish whatever programs and procedures are necessary to meet the federal certification requirements but which also comply or do not interfere with collective bargaining agreements.

- B. Records and Confidentiality. Employee drug and alcohol test results and records shall be considered part of the employee's medical record and shall be confidential. Upon written request, an employee will receive copies of any records pertaining to the employee's test for drugs and alcohol.

### **Article 23 – Tobacco and Smoke-Free Workplaces**

All buildings, grounds and vehicles in the district shall operate as tobacco and smoke-free workplaces.

### **Article 24 – Labor/Management Meeting**

- A. The Superintendent or his/her designee shall continue to make every endeavor to keep the classified staff and/or the Association advised as to the issues he/she feels may tend to significantly affect the classified staff.
- B. The Superintendent and/or his/her designee shall meet at least once a month with the representative of the Association, if requested by either party, at mutually convenient times to discuss matters of mutual concern outside of the negotiated contract. This group of employees shall be known as "Classified Advisory Committee". The agenda shall be built through a mutual agreement by the Superintendent and/or his/her designee and a representative of the Association. The Superintendent or designee will be responsible for taking minutes of Committee meetings. Such minutes will be posted in all buildings.

### **Article 25 – Vacancies and Transfers**

- A. In filling vacancies created by transfers, creation of new positions, promotions, discharge or voluntary resignations, the Administration shall consider the following factors concerning current employees who desire to fill such vacancies: Qualifications, written examinations (if applicable), experience, evaluations and system seniority. Vacancies not filled from current employees receive considerations as specified. The Administration shall in good faith be the judge of a candidate's qualifications.
- B. A notice indicating that a vacancy exists (or is expected to exist, if known prior to actual vacancy), stating the Job Classification, location of vacancy and date of deadline for application shall be posted on all bulletin boards for five (5) work days and a copy of such notice shall be sent to the President of Local #172.
- C. Employees requesting consideration for such vacancies shall apply in writing no later than the final day of posting. Such requests shall be on the appropriate request for transfer form submitted to the Superintendent or his/her designee.
  - 1. A form shall be provided by the administration for all transfer requests.

2. If a request for transfer is approved, the Association President may request and shall be granted the name of the person transferred.
  3. The job will be awarded within ten (10) working days after the last day of posting; or when the job is vacated if the last day of posting is more than ten (10) working days prior to the effective date of resignation. If the position is not filled internally, the job will be filled within thirty (30) working days after the last date of posting.
  4. An employee who has accepted a promotion to a higher rated position under the procedures in this article may not submit a second application until a lapse of one (1) year. An increase in the number of hours worked in the same classification shall not constitute a promotion within the meaning of this paragraph.
- D. When a vacancy exists in a specific classification, employees within that classification may make an application for the vacancy and the transfer shall be given to the most senior qualified applicant. If there are no applicants for transfer other employees who make application for the vacancy shall be given first consideration before the position is filled by a new employee.
- E. The Superintendent or designee will notify the OAPSE President of the name and address of newly hired employees within five days of their hire.
- F. During the summer months when school is not in session, the OAPSE President will be notified of vacancies. The Board will provide a vacancy hotline, so that employees can call the hotline to find out about current job vacancies. All classified bargaining unit members will be notified of vacancies by phone at any time when students are not in session for five or more consecutive days.

### **Article 26 – Student Care**

- A. A school nurse or other trained person(s) will be responsible for administering first aid. The Life Squad will be called in case of serious illness or injury.
- B. Use of medications will be limited to topical applications, or to such medication as may have been officially authorized for an individual child. Annual training will be provided to employees who administer student medications.
- C. In all cases where the nature of an illness or an injury appears serious, the parents will be contacted if possible, and the instructions of the child's emergency care followed.
- D. When the principal leaves a given building, he/she shall designate a certified employee in that building to be in charge and handle all situations arising in his/her absence.

### **Article 27 – Personnel Files**

- A. Materials in the personnel files of a member of the bargaining unit must be job related.
- B. Access to personnel files shall comply with the Ohio’s Public Records Act.
- C. The unit member may request a copy of any and all materials in his/her personnel file. Costs associated with duplications of material shall be borne by the employee.
- D. When an administrator finds it necessary to make a notation in an employee's file, the employee shall be notified and afforded an opportunity to read such notation prior to placement in the file. The employee shall acknowledge that he/she has read such notation by affixing his/her signature on the document filed. The employee also shall have the right to answer such notations and his/her answer shall be attached to the file copy.
- E. Any unit member who disputes the accuracy, relevance, completeness or timeliness of material contained in his/her personnel file may request the Superintendent to conduct an investigation as to the validity of the employee's claim. Any information found to be inaccurate or irrelevant may be removed from the employee's file.
- F. Any complaint by parent or any member of the public concerning an employee shall not be placed in the employee's file prior to the complaining party followed Board rules and regulations.

### **Article 28 – Impasse**

At any time during the negotiations for a successor agreement, but not sooner than forty-five (45) days prior to the expiration of this Agreement or any extension thereof, either party may declare impasse by giving notice to the other party that a negotiating impasse exists.

- A. If an impasse is declared, the parties shall use the services of a mediator assigned by the Federal Mediation and Conciliation Services. The parties will share equally in the incidental costs of mediation, if any.
- B. Mediation will be the sole alternative dispute resolution procedure.
- C. Ultimate impasse may be declared by either party by giving written notice to the other party and the Federal Mediation and Conciliation Services, provided the parties have used mediation at least once and provided the negotiation period is over. Unless otherwise agreed to, the negotiation period will be sixty (60) days after the service of SERB's Notice to Negotiate by the party initiating the collective bargaining process.
- D. Once ultimate impasse is declared, either party shall be permitted to take such actions as R.C. Chapter 4117 permits, and under such provisions as are set forth therein. Such action shall include the Association's right to strike and/or the Board's right to unilaterally implement and/or both parties' right to continue negotiations.

## Article 29 – Sick Leave Bank

The Board of Education shall establish a sick leave bank based on donated “sick days” for an employee having exhausted all accumulated paid leave, vacation, and personal days as a result of catastrophic illness or injury.

The term “catastrophic illness or injury” shall include only those illnesses or injuries which are calamitous in nature, constituting a great misfortune. The 'catastrophic illness or injury' must be unusual, extraordinary, sudden, an unexpected manifestation of the forces of nature which cannot be prevented by human care, skill, or foresight.

Applications for catastrophic illness/injury sick leave must be submitted to a committee of three (3) employees and three (3) administrators for review and recommendation to the Superintendent of Schools. Applications will include, but not be limited to the following information:

1. The nature of the claimed catastrophic illness or injury.
2. Physician(s) diagnosis and prognosis of the catastrophic illness or injury.
3. Projected date of return to duty.
4. Explanation of previous leave usage.
5. Any other pertinent information the applicant may wish to submit to the committee before it makes its recommendation to the Superintendent.

The Superintendent's decision is final and non-grievable.

If an application is approved by the Superintendent, the affected employee or his/her representative will assume the responsibility for solicitation of donations of unused sick leave. Donated sick leave will be deducted from the donating employee's accrued, unused account (donor account). The Treasurer will provide the necessary forms used to solicit donations. All completed donation forms will be submitted to the Superintendent for processing. The above shall be limited as follows:

1. No employee may donate more than five (5) days.
2. No more than forty-five (45) days shall be granted in any one fiscal year by the Board of Education. This is not per employee, this is an aggregate limit.
3. No employee may be a repeat recipient during a fiscal year. A maximum of twenty (20) days of catastrophic illness or injury leave may be granted to an applicant during a fiscal year.
4. To be eligible for the sick leave bank, an employee must donate a minimum of one (1) day.



### **Article 30 – Attendance Bonus**

At the conclusion of each school year (school year July 1 through June 30), employees who were actively employed during that school year shall receive a bonus which is related to limiting the use of personal leave days. The employee must complete their work year/contracted days to be eligible for the attendance bonus. The amount of the bonus for full-time employees is set forth as follows:

- A. If no personal leave days are taken, the three (3) unused personal days may be converted to three sick days or be awarded the bonus of \$200 (jury duty and professional leave shall be excluded for this purpose).
- B. If not more than one (1) personal leave day is taken, there will be a bonus of \$50 (jury duty and professional leave shall be excluded for this purpose).
- C. An employee who uses zero sick days across all assigned job duties for the school year will receive a \$200 one-time stipend.

For the Attendance Bonus only - All employees who work four (4) hours or more will receive 100% of the bonus. Employees who work less than four (4) hours will be prorated against four (4) hours. (For example, a two (2) hour employee would receive 50% of the bonus.)

Employees who work less than the full contracted days, but more than 50% of the contracted days the employee would receive 1/2 of the attendance bonus. Employees who work less than 50% of the full year contracted days will not receive an attendance bonus.

**Employees will have the option to roll over a maximum of one unused personal leave day to the following school year for a total of four (4) days. Notice of intent to roll over shall be made in writing to the treasurer's office no later than the last teacher work day. Failure to notify treasurer's office will result in reimbursement. Use of a rollover personal day will not affect the attendance bonus calculation.**

If an employee takes a personal leave day for the purpose of participating in negotiations for a successor contract, that personal leave day shall not be accounted against the employee for purposes of receiving the above bonus if all other requirements are otherwise met.

### **Article 31 – Maintenance of Membership**

- A. The Board agrees to deduct from or check off from the wages of employees choosing to be Association members for the payment of dues to the Association, upon presentation of a completed membership application executed by any employee. Deductions will begin the first available pay period.
- B. Authorized dues and fees shall be collected in equal installments beginning with the first pay period in September, and shall be submitted to the State Treasurer each pay period with a list of those employees for whom payment is made, amount deducted, and a copy of the list shall be submitted to the Local #172 Treasurer.

- C. The Association shall indemnify and save the Board, its officers and employees and individual Board members harmless against all claims, demands or causes of action based upon the deduction of dues under this Article.
- D. When available, names and addresses of newly employed bargaining unit members shall be provided to the Association following Board approval of their contracts, upon request, after the regularly scheduled Board meeting.

The Association shall be permitted to speak with new employees for a period of no more than twenty (20) minutes to discuss Association membership and benefits. This meeting shall take place on regular paid time, in private, and on the new employees' first day of work or at the next most reasonable opportunity. New employees may decline this meeting.

### **Article 32 – No Strike Clause**

For the duration of this contract, neither the Association, its agents, nor the employees represented by the Association shall engage in, assist in, sanction or approve any strike, slowdown or withholding of services designed to interfere with the normal operations of the school district. Neither shall the Board lock out employees covered by this agreement in any manner which would result in a loss of pay.

### **Article 33 – Educational Paraprofessionals**

Paraprofessionals will be reimbursed for the cost of certification or recertification. Paraprofessionals will be paid when required to attend monthly principal's meeting and waiver days.

#### **Lunch Break**

Paraprofessionals may request from their supervisor a duty free lunch break or work through their workday. Relief breaks shall be worked out with the certified employee or supervisor as necessary. Annual choice, with back up plan, will be established with those wanting a duty free lunch.

#### **Lifting**

All Paraprofessionals will be expected to assist in lifting/handling students upon request by other paraprofessional staff.

### **Article 34 – Cafeteria**

At the beginning of each school year, supervisors shall ask each employee if they wish to work additional hours for an absent employee before a substitute is called. Additional hours shall be offered on a rotating basis to such employees, provided the working of such additional hours will not result in payment of overtime to an employee. When an employee is absent, the next senior employee shall work the absent employee's job for the full day. This includes filling the complete time and role for that day. Employees must work the additional hours in order to be paid. In the event a mistake is made in offering additional hours, the employee(s) who should have been offered the opportunity would be offered the next opportunity (or opportunities) until the lost opportunity is made up.

Temporary Vacancy. The Cafeteria Supervisor will rotate by seniority to any interested cook/worker to a temporary vacancy that is due to the absence of a cook/worker that is scheduled or expected to last more than ten (10) consecutive workdays if it will result in a cook/worker receiving more daily hours of work for the duration of the absence. The days shall be rotated if more than one cook/worker signs the rotation sheet. The rotation sheet will be posted by the time sheet and shall be rotated on a yearly basis. The substitute will be assigned to the cafeteria position with fewer hours.

Clothing. If the Cafeteria has a positive cash balance on September 1, the district will provide two (2) t-shirt style shirts per employee.

### **Article 35 – Maintenance/Custodial Employees**

- A. Maintenance and custodial employees will receive an annual clothing allowance of one hundred seventy-five (\$175) dollars, payable the second pay period in July.
- B. A shift differential of fifty (50) cents per hour will be paid to maintenance custodians or custodians who are regularly scheduled to begin work at 2:30 p.m. or later. Evening custodians taking sick/personal leave will not receive the shift differential. The shift differential exists only for time worked on a shift beginning after 2:30 p.m.
- C. Snow Removal:  
The Supervisor shall call each building maintenance person for overtime based on snow removal opportunities at their respective buildings.
- D. Event Cleaning:  
After events, when a maintenance custodian and/or custodian is assigned by a supervisor for cleaning, there will be a two (2) hour minimum scheduled on a continuous rotating basis by seniority.

### **Article 36 – Discipline**

- A. An employee may be disciplined for just cause. Where appropriate, discipline shall follow a progression.
- B. Disciplinary action shall be given in private, except that at the employee's request, an Association representative shall be present during an investigatory interview of the employee or whenever disciplinary action is taken.
- C. Disciplinary action may include the following:
  - 1. Oral reprimand
  - 2. Written reprimand
  - 3. Suspension without pay
  - 4. Contract termination
- D. The Superintendent/designee may suspend an employee without pay for cause for up to three (3) days. This paragraph expressly supersedes the provisions of Ohio Rev. Code §3319.081.

- E. Disciplinary actions including contract terminations shall be appealed exclusively through the grievance procedure of this Master Contract. This paragraph expressly supersedes the provisions of Ohio Rev. Code §3319.081

**Article 37 – Required Breaks**

Five-hour employees shall receive one (1) fifteen (15) minute paid break. Eight-hour employees shall receive one (1) fifteen (15) minute paid break for every four hours worked. Breaks will be scheduled so as to not interfere with the efficient operation of the district, school, or department. Employees working eight (8) hours shall receive a thirty (30) minute uninterrupted and unpaid lunch.

**Article 38 – Professional Development & Required Trainings**

On days designated for professional development and in-service meetings, bargaining unit members may be called in to participate in training along with certificated staff members as needed. Need will be communicated as much as possible through regular labor management committee meetings. At a minimum, employees will receive pay for two hours or their contracted hours, whichever is more. Employees working over their contracted hours will be compensated at their regular rate of pay.

Bargaining unit members may require additional training for work with students within their specific classifications. These training sessions may be required for employees to meet students' medical, educational, and/or behavioral needs. An employee who has been trained to administer medication shall receive documentation stating the nature of the training received. Regarding student educational and behavioral circumstances, specific training needs will be communicated as much as possible to the employee's supervisor and/or through regular Labor Management Committee meetings.

**Article 39 – Provisions Contrary to Law**

- A. If any provision of this document or any application of the document to any classified person or persons shall be found contrary to law, then this provision of application shall be deemed invalid except to the extent permitted by law, but all other provisions hereof shall continue in full force.
- B. On request of the Board or the Association, following any action by the Ohio General Assembly, changes in Federal Law or changes in the financial status of the district, affecting any agreement or part thereof in effect, re-negotiation may occur on any or all of those parts of the agreement affected by such actions.

**Article 40 – Savings Clause**

- A. The parties acknowledge that during the negotiations, which resulted in this contract, each had the opportunity to make proposals, and that the understandings and agreements arrived at by the parties after the exercise of that opportunity are set forth in this contract. Therefore, for the life of this contract the Board and the Association each voluntarily and unqualifiedly waives the right and each agrees that the other shall not be obligated to negotiate with respect to any subject matter not specifically referred to or covered in this contract, unless otherwise mutually agreed.
- B. All items not deleted, changed, or addressed that are presently covered in the Amendment, shall remain in content and context into the successor agreement.

**Article 41 – Duration**

**DURATION OF AGREEMENT**

This Agreement shall remain in full force and effect from July 1, 2019 through June 30, 2022, subject to the reopener provisions set forth below.

IN WITNESS WHEREOF, the parties hereto have set their hands the first day of July, 2019

MILTON-UNION EXEMPTED VILLAGE  
SCHOOL DISTRICT  
BOARD OF EDUCATION

OHIO ASSOCIATION OF PUBLIC  
SCHOOL EMPLOYEES, AFSCME/  
AFL-CIO, LOCAL #172

By *Levi J. Parsons*  
BOE President

By *Ramona Grozman*  
President

By *Key Altonwago*  
Treasurer

By *Cheryl Hopkins*  
Committee Member

By *Buel Ritchy*  
Superintendent

By *Deborah Ward*  
Committee Member

By *J. Eckert*  
Field Representative

# **ADDENDUMS**

ADDENDUM A

2019-2020 WAGE SCHEDULE

1.025	FY20	FY20	FY20	FY20	FY20	FY20	FY20	FY20
STEP	BUS DRIVER	VAN DRIVER	HEAD COOK	CASHIER	COOK/ WORKER	LIBRARY CLERK	208-239 Day SEC. III	240-260 Day SEC. IV
1	\$ 17.31	\$ 17.31	\$ 13.64	\$ 12.98	\$ 11.93	\$ 12.85	\$ 13.78	\$ 14.78
2	\$ 17.72	\$ 17.72	\$ 13.96	\$ 13.28	\$ 12.22	\$ 13.16	\$ 14.10	\$ 15.09
3	\$ 18.11	\$ 18.11	\$ 14.27	\$ 13.57	\$ 12.48	\$ 13.45	\$ 14.41	\$ 15.32
4	\$ 18.54	\$ 18.54	\$ 14.61	\$ 13.90	\$ 12.78	\$ 13.77	\$ 14.75	\$ 15.62
5	\$ 18.94	\$ 18.94	\$ 14.92	\$ 14.20	\$ 13.05	\$ 14.06	\$ 15.07	\$ 15.84
6	\$ 19.32	\$ 19.32	\$ 15.22	\$ 14.48	\$ 13.31	\$ 14.34	\$ 15.38	\$ 16.10
7	\$ 19.77	\$ 19.77	\$ 15.58	\$ 14.82	\$ 13.62	\$ 14.68	\$ 15.73	\$ 16.39
8	\$ 19.97	\$ 19.97	\$ 15.73	\$ 14.97	\$ 13.76	\$ 14.82	\$ 15.89	\$ 16.62
9	\$ 19.97	\$ 19.97	\$ 15.73	\$ 14.97	\$ 13.76	\$ 14.82	\$ 15.89	\$ 16.91
12	\$ 20.18	\$ 20.18	\$ 15.91	\$ 15.13	\$ 13.91	\$ 14.99	\$ 16.06	\$ 17.09
15	\$ 20.23	\$ 20.23	\$ 15.94	\$ 15.16	\$ 13.94	\$ 15.02	\$ 16.09	\$ 17.27
18	\$ 20.28	\$ 20.28	\$ 15.98	\$ 15.20	\$ 13.98	\$ 15.06	\$ 16.14	\$ 17.31
20	\$ 20.39	\$ 20.39	\$ 16.06	\$ 15.28	\$ 14.05	\$ 15.14	\$ 16.23	\$ 17.35
25	\$ 20.49	\$ 20.49	\$ 16.14	\$ 15.35	\$ 14.12	\$ 15.21	\$ 16.31	\$ 17.45
30	\$ 20.78	\$ 20.78	\$ 16.37	\$ 15.57	\$ 14.32	\$ 15.43	\$ 16.53	\$ 17.53

	FY20	FY20	FY20
STEP	MAINT/ CUSTODIAN	CUSTODIAN	PLAYGRD AIDE
1	\$ 18.30	\$ 16.75	\$ 12.46
2	\$ 18.87	\$ 17.12	\$ 12.76
3	\$ 19.51	\$ 17.51	\$ 13.04
4	\$ 20.12	\$ 17.86	\$ 13.35
5	\$ 20.73	\$ 18.30	\$ 13.63
6	\$ 21.34	\$ 18.69	\$ 13.91
7	\$ 21.94	\$ 19.03	\$ 14.23
8	\$ 22.58	\$ 19.43	\$ 14.37
9	\$ 22.58	\$ 19.43	\$ 14.37
12	\$ 22.81	\$ 19.63	\$ 14.53
15	\$ 23.12	\$ 19.83	\$ 14.57
18	\$ 23.20	\$ 19.87	\$ 14.61
20	\$ 23.26	\$ 19.93	\$ 14.68
25	\$ 23.56	\$ 20.09	\$ 14.75
30	\$ 23.86	\$ 20.24	\$ 14.95

FIELD TRIPS: \$ 13.15

ADDENDUM B

2020-2021 WAGE SCHEDULE

1.025	FY21	FY21	FY21	FY21	FY21	FY21	FY21	FY21
STEP	BUS DRIVER	VAN DRIVER	HEAD COOK	CASHIER	COOK/ WORKER	LIBRARY CLERK	208-239 Day SEC. III	240-260 Day SEC. IV
1	\$ 17.75	\$ 17.75	\$ 13.98	\$ 13.30	\$ 12.23	\$ 13.17	\$ 14.12	\$ 15.15
2	\$ 18.17	\$ 18.17	\$ 14.31	\$ 13.62	\$ 12.52	\$ 13.49	\$ 14.46	\$ 15.47
3	\$ 18.56	\$ 18.56	\$ 14.62	\$ 13.91	\$ 12.80	\$ 13.78	\$ 14.77	\$ 15.71
4	\$ 19.01	\$ 19.01	\$ 14.97	\$ 14.25	\$ 13.10	\$ 14.11	\$ 15.12	\$ 16.01
5	\$ 19.42	\$ 19.42	\$ 15.30	\$ 14.55	\$ 13.37	\$ 14.41	\$ 15.44	\$ 16.23
6	\$ 19.80	\$ 19.80	\$ 15.60	\$ 14.85	\$ 13.65	\$ 14.70	\$ 15.76	\$ 16.51
7	\$ 20.27	\$ 20.27	\$ 15.97	\$ 15.19	\$ 13.96	\$ 15.04	\$ 16.13	\$ 16.80
8	\$ 20.47	\$ 20.47	\$ 16.13	\$ 15.34	\$ 14.10	\$ 15.19	\$ 16.28	\$ 17.03
9	\$ 20.47	\$ 20.47	\$ 16.13	\$ 15.34	\$ 14.10	\$ 15.19	\$ 16.28	\$ 17.34
12	\$ 20.69	\$ 20.69	\$ 16.31	\$ 15.51	\$ 14.26	\$ 15.36	\$ 16.46	\$ 17.51
15	\$ 20.74	\$ 20.74	\$ 16.34	\$ 15.54	\$ 14.29	\$ 15.39	\$ 16.49	\$ 17.70
18	\$ 20.79	\$ 20.79	\$ 16.38	\$ 15.58	\$ 14.33	\$ 15.43	\$ 16.55	\$ 17.75
20	\$ 20.90	\$ 20.90	\$ 16.46	\$ 15.66	\$ 14.40	\$ 15.52	\$ 16.63	\$ 17.79
25	\$ 21.00	\$ 21.00	\$ 16.55	\$ 15.74	\$ 14.48	\$ 15.59	\$ 16.72	\$ 17.88
30	\$ 21.30	\$ 21.30	\$ 16.78	\$ 15.96	\$ 14.68	\$ 15.81	\$ 16.95	\$ 17.97

	FY21	FY21	FY21
STEP	MAINT/ CUSTODIAN	CUSTODIAN	PLAYGRD AIDE
1	\$ 18.75	\$ 17.17	\$ 12.78
2	\$ 19.34	\$ 17.55	\$ 13.08
3	\$ 19.99	\$ 17.94	\$ 13.36
4	\$ 20.62	\$ 18.30	\$ 13.68
5	\$ 21.24	\$ 18.75	\$ 13.97
6	\$ 21.87	\$ 19.15	\$ 14.26
7	\$ 22.48	\$ 19.51	\$ 14.58
8	\$ 23.15	\$ 19.92	\$ 14.73
9	\$ 23.15	\$ 19.92	\$ 14.73
12	\$ 23.38	\$ 20.12	\$ 14.90
15	\$ 23.70	\$ 20.33	\$ 14.93
18	\$ 23.78	\$ 20.37	\$ 14.97
20	\$ 23.84	\$ 20.42	\$ 15.04
25	\$ 24.15	\$ 20.59	\$ 15.12
30	\$ 24.46	\$ 20.75	\$ 15.33

FIELD TRIPS: \$ 13.15



ADDENDUM C

2021-2022 WAGE SCHEDULE

If the health care insurance carrier premium increase for 2022 is greater than or equal to 14%, then the salary base increase will be 2.25%.

1.0225	FY22	FY22	FY22	FY22	FY22	FY22	FY22	FY22
STEP	BUS DRIVER	VAN DRIVER	HEAD COOK	CASHIER	COOK/ WORKER	LIBRARY CLERK	208-239 Day SEC. III	240-260 Day SEC. IV
1	\$ 18.14	\$ 18.14	\$ 14.30	\$ 13.60	\$ 12.50	\$ 13.47	\$ 14.44	\$ 15.49
2	\$ 18.57	\$ 18.57	\$ 14.63	\$ 13.92	\$ 12.81	\$ 13.79	\$ 14.78	\$ 15.81
3	\$ 18.98	\$ 18.98	\$ 14.95	\$ 14.22	\$ 13.08	\$ 14.09	\$ 15.10	\$ 16.06
4	\$ 19.43	\$ 19.43	\$ 15.31	\$ 14.57	\$ 13.40	\$ 14.43	\$ 15.46	\$ 16.37
5	\$ 19.85	\$ 19.85	\$ 15.64	\$ 14.88	\$ 13.68	\$ 14.74	\$ 15.79	\$ 16.60
6	\$ 20.25	\$ 20.25	\$ 15.96	\$ 15.18	\$ 13.95	\$ 15.03	\$ 16.11	\$ 16.88
7	\$ 20.72	\$ 20.72	\$ 16.33	\$ 15.53	\$ 14.28	\$ 15.38	\$ 16.49	\$ 17.18
8	\$ 20.93	\$ 20.93	\$ 16.49	\$ 15.68	\$ 14.42	\$ 15.53	\$ 16.65	\$ 17.41
9	\$ 20.93	\$ 20.93	\$ 16.49	\$ 15.68	\$ 14.42	\$ 15.53	\$ 16.65	\$ 17.73
12	\$ 21.15	\$ 21.15	\$ 16.67	\$ 15.86	\$ 14.58	\$ 15.71	\$ 16.83	\$ 17.91
15	\$ 21.21	\$ 21.21	\$ 16.70	\$ 15.89	\$ 14.61	\$ 15.74	\$ 16.87	\$ 18.10
18	\$ 21.26	\$ 21.26	\$ 16.75	\$ 15.93	\$ 14.65	\$ 15.78	\$ 16.92	\$ 18.14
20	\$ 21.37	\$ 21.37	\$ 16.83	\$ 16.02	\$ 14.73	\$ 15.87	\$ 17.01	\$ 18.19
25	\$ 21.47	\$ 21.47	\$ 16.92	\$ 16.09	\$ 14.80	\$ 15.94	\$ 17.09	\$ 18.28
30	\$ 21.78	\$ 21.78	\$ 17.16	\$ 16.32	\$ 15.01	\$ 16.17	\$ 17.33	\$ 18.37

	FY22	FY22	FY22
STEP	MAINT/ CUSTODIAN	CUSTODIAN	PLAYGRD AIDE
1	\$ 19.18	\$ 17.55	\$ 13.06
2	\$ 19.78	\$ 17.94	\$ 13.37
3	\$ 20.44	\$ 18.35	\$ 13.66
4	\$ 21.09	\$ 18.71	\$ 13.99
5	\$ 21.72	\$ 19.18	\$ 14.29
6	\$ 22.37	\$ 19.58	\$ 14.58
7	\$ 22.99	\$ 19.95	\$ 14.91
8	\$ 23.67	\$ 20.37	\$ 15.06
9	\$ 23.67	\$ 20.37	\$ 15.06
12	\$ 23.90	\$ 20.57	\$ 15.23
15	\$ 24.23	\$ 20.79	\$ 15.27
18	\$ 24.31	\$ 20.83	\$ 15.31
20	\$ 24.38	\$ 20.88	\$ 15.38
25	\$ 24.70	\$ 21.06	\$ 15.46
30	\$ 25.01	\$ 21.22	\$ 15.67

FIELD TRIPS: \$ 13.45

ADDENDUM C

2021-2022 WAGE SCHEDULE

If the health care insurance carrier premium increase for 2022 is between 7.01% and 13.99%, then the salary base increase will be 2.5%

1.025	FY22	FY22	FY22	FY22	FY22	FY22	FY22	FY22	FY22
STEP	BUS DRIVER	VAN DRIVER	HEAD COOK	CASHIER	COOK/ WORKER	LIBRARY CLERK	208-239 Day SEC. III	240-260 Day SEC. IV	
1	\$ 18.19	\$ 18.19	\$ 14.33	\$ 13.63	\$ 12.54	\$ 13.50	\$ 14.47	\$ 15.53	
2	\$ 18.62	\$ 18.62	\$ 14.67	\$ 13.96	\$ 12.84	\$ 13.83	\$ 14.82	\$ 15.85	
3	\$ 19.03	\$ 19.03	\$ 14.99	\$ 14.26	\$ 13.12	\$ 14.13	\$ 15.14	\$ 16.10	
4	\$ 19.48	\$ 19.48	\$ 15.35	\$ 14.60	\$ 13.43	\$ 14.46	\$ 15.50	\$ 16.41	
5	\$ 19.90	\$ 19.90	\$ 15.68	\$ 14.91	\$ 13.71	\$ 14.77	\$ 15.83	\$ 16.64	
6	\$ 20.30	\$ 20.30	\$ 15.99	\$ 15.22	\$ 13.99	\$ 15.07	\$ 16.16	\$ 16.92	
7	\$ 20.77	\$ 20.77	\$ 16.37	\$ 15.57	\$ 14.31	\$ 15.42	\$ 16.53	\$ 17.22	
8	\$ 20.98	\$ 20.98	\$ 16.53	\$ 15.72	\$ 14.45	\$ 15.57	\$ 16.69	\$ 17.46	
9	\$ 20.98	\$ 20.98	\$ 16.53	\$ 15.72	\$ 14.45	\$ 15.57	\$ 16.69	\$ 17.77	
12	\$ 21.20	\$ 21.20	\$ 16.71	\$ 15.89	\$ 14.61	\$ 15.74	\$ 16.87	\$ 17.95	
15	\$ 21.26	\$ 21.26	\$ 16.75	\$ 15.93	\$ 14.65	\$ 15.78	\$ 16.91	\$ 18.15	
18	\$ 21.31	\$ 21.31	\$ 16.79	\$ 15.97	\$ 14.69	\$ 15.82	\$ 16.96	\$ 18.19	
20	\$ 21.42	\$ 21.42	\$ 16.87	\$ 16.06	\$ 14.76	\$ 15.91	\$ 17.05	\$ 18.23	
25	\$ 21.53	\$ 21.53	\$ 16.96	\$ 16.13	\$ 14.84	\$ 15.98	\$ 17.13	\$ 18.33	
30	\$ 21.83	\$ 21.83	\$ 17.20	\$ 16.36	\$ 15.04	\$ 16.21	\$ 17.37	\$ 18.41	

	FY22	FY22	FY22
STEP	MAINT/ CUSTODIAN	CUSTODIAN	PLAYGRD AIDE
1	\$ 19.22	\$ 17.60	\$ 13.09
2	\$ 19.83	\$ 17.98	\$ 13.41
3	\$ 20.49	\$ 18.39	\$ 13.70
4	\$ 21.14	\$ 18.76	\$ 14.02
5	\$ 21.77	\$ 19.22	\$ 14.32
6	\$ 22.42	\$ 19.63	\$ 14.61
7	\$ 23.05	\$ 20.00	\$ 14.95
8	\$ 23.72	\$ 20.42	\$ 15.10
9	\$ 23.72	\$ 20.42	\$ 15.10
12	\$ 23.96	\$ 20.62	\$ 15.27
15	\$ 24.29	\$ 20.84	\$ 15.30
18	\$ 24.37	\$ 20.88	\$ 15.35
20	\$ 24.43	\$ 20.93	\$ 15.42
25	\$ 24.76	\$ 21.11	\$ 15.50
30	\$ 25.07	\$ 21.27	\$ 15.71

FIELD TRIPS: \$ 13.48

ADDENDUM C

2021-2022 WAGE SCHEDULE

If the health care insurance carrier premium increase for 2022 is less than or equal to 7%, then the salary base increase will be 2.75%.

1.0275	FY22	FY22	FY22	FY22	FY22	FY22	FY22	FY22	FY22
STEP	BUS DRIVER	VAN DRIVER	HEAD COOK	CASHIER	COOK/ WORKER	LIBRARY CLERK	208-239 Day SEC. III	240-260 Day SEC. IV	
1	\$ 18.23	\$ 18.23	\$ 14.37	\$ 13.67	\$ 12.57	\$ 13.54	\$ 14.51	\$ 15.67	
2	\$ 18.66	\$ 18.66	\$ 14.70	\$ 13.99	\$ 12.87	\$ 13.86	\$ 14.85	\$ 15.89	
3	\$ 19.08	\$ 19.08	\$ 15.03	\$ 14.29	\$ 13.15	\$ 14.16	\$ 15.18	\$ 16.14	
4	\$ 19.53	\$ 19.53	\$ 15.38	\$ 14.64	\$ 13.46	\$ 14.50	\$ 15.53	\$ 16.45	
5	\$ 19.95	\$ 19.95	\$ 15.72	\$ 14.95	\$ 13.74	\$ 14.81	\$ 15.87	\$ 16.68	
6	\$ 20.35	\$ 20.35	\$ 16.03	\$ 15.25	\$ 14.02	\$ 15.10	\$ 16.19	\$ 16.96	
7	\$ 20.82	\$ 20.82	\$ 16.41	\$ 15.61	\$ 14.35	\$ 15.46	\$ 16.57	\$ 17.26	
8	\$ 21.03	\$ 21.03	\$ 16.57	\$ 15.76	\$ 14.49	\$ 15.61	\$ 16.73	\$ 17.50	
9	\$ 21.03	\$ 21.03	\$ 16.57	\$ 15.76	\$ 14.49	\$ 15.61	\$ 16.73	\$ 17.81	
12	\$ 21.26	\$ 21.26	\$ 16.75	\$ 15.93	\$ 14.65	\$ 15.78	\$ 16.92	\$ 18.00	
15	\$ 21.31	\$ 21.31	\$ 16.79	\$ 15.97	\$ 14.68	\$ 15.81	\$ 16.95	\$ 18.19	
18	\$ 21.36	\$ 21.36	\$ 16.83	\$ 16.01	\$ 14.72	\$ 15.86	\$ 17.00	\$ 18.23	
20	\$ 21.47	\$ 21.47	\$ 16.92	\$ 16.10	\$ 14.80	\$ 15.94	\$ 17.09	\$ 18.28	
25	\$ 21.58	\$ 21.58	\$ 17.00	\$ 16.17	\$ 14.88	\$ 16.02	\$ 17.18	\$ 18.37	
30	\$ 21.88	\$ 21.88	\$ 17.24	\$ 16.40	\$ 15.08	\$ 16.26	\$ 17.41	\$ 18.46	

	FY22	FY22	FY22
STEP	MAINT/ CUSTODIAN	CUSTODIAN	PLAYGRD AIDE
1	\$ 19.27	\$ 17.64	\$ 13.13
2	\$ 19.87	\$ 18.03	\$ 13.44
3	\$ 20.54	\$ 18.44	\$ 13.73
4	\$ 21.19	\$ 18.81	\$ 14.06
5	\$ 21.83	\$ 19.27	\$ 14.36
6	\$ 22.48	\$ 19.68	\$ 14.65
7	\$ 23.10	\$ 20.05	\$ 14.98
8	\$ 23.78	\$ 20.47	\$ 15.13
9	\$ 23.78	\$ 20.47	\$ 15.13
12	\$ 24.02	\$ 20.67	\$ 15.31
15	\$ 24.35	\$ 20.89	\$ 15.34
18	\$ 24.43	\$ 20.93	\$ 15.38
20	\$ 24.49	\$ 20.99	\$ 15.46
25	\$ 24.82	\$ 21.16	\$ 15.53
30	\$ 25.13	\$ 21.32	\$ 15.75

FIELD TRIPS: \$ 13.51

ADDENDUM D

MILTON-UNION EXEMPTED VILLAGE SCHOOLS

Application for Use of Sick Leave  
(used only if employee does NOT have access to a computer)

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Complete ALL Requested Information:

- \_\_\_\_\_ 1. Personal illness
- \_\_\_\_\_ 2. Personal injury
- \_\_\_\_\_ 3. Illness or injury in employee's immediate family (employee's brother, sister, parent, spouse, child, **grandchild**, father-in-law, mother-in-law or any dependent living in the employee's household);

Name	Relationship
------	--------------

- \_\_\_\_\_ 4. Death of family relative or friend
- \_\_\_\_\_ 5. Birth of grandchild
- \_\_\_\_\_ 6. Hospitalization of grandchild, son-in-law or daughter-in-law

Name	Relationship
------	--------------

- \_\_\_\_\_ 7. Any extenuating circumstances with Superintendent Approval

I hereby request \_\_\_\_\_ days of sick leave for the following dates:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

If medical attention was required, complete the following:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Consulted: \_\_\_\_\_



YOUR BENEFITS

Benefit Summary

Milton-Union Exempted Village Schools PPO Medical Plan 7EM-M

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Annual Deductible</b>		
Individual Deductible	\$200 per year	\$400 per year
Family Deductible	\$600 per year	\$1200 per year
• Member Copayments do not accumulate towards the Deductible		
<b>Out-of-Pocket Maximum</b>		
Individual Out-of-Pocket Maximum	\$1500 per year	\$3000 per year
Family Out-of-Pocket Maximum	\$3000 per year	\$6000 per year
• Member Copayments Co-insurance and deductible do accumulate towards the Out-of-Pocket Maximum.		
<b>Benefit Plan Co-insurance – The Amount the Plan Pays</b>		
	90% after Deductible has been met for most services	70% after Deductible has been met for most services
<b>Lifetime Maximum Benefit</b>		
The maximum amount the Plan will pay during the entire period of time you are enrolled under the Plan	Unlimited	Unlimited
<b>Prescription Drug Benefits</b>		
• Prescription drug benefits are shown under separate cover.		
<b>Information of Pre-service Notification</b>		
*Pre-service Notification is required for certain services.		
**Pre-service Notification is required for Equipment in excess of \$1,000.		
<b>Information on Benefit Limits</b>		
• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.		
• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.		
• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.		

BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Ambulance Services – Emergency and Non-Emergency</b>		
	* 90%	* 90% after Network Deductible has been met
<b>Dental Services – Accident Only</b>		
	* 80%	* 80% after Network Deductible has been met
<b>Durable Medical Equipment (DME)</b>		
Benefits are limited as follows: Benefits are limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years.	80%	** 50% after Deductible has been met

<b>BENEFITS</b>		
<b>Types of Coverage</b>	<b>Network Benefits</b>	<b>Non-Network Benefits</b>
<b>Emergency Health Services – Outpatient</b>	100% after you pay a \$50 Copayment per visit	* 70% after Deductible has been met
<b>Home Health Care</b> Benefits are limited as follows: 60 visits per year	90% after Deductible has been met	* 70% after Deductible has been met
<b>Hospice Care</b>	90% after Deductible has been met	* 70% after Deductible has been met
<b>Hospital – Inpatient Stay</b>	100% after you pay a \$250 Copayment per visit	* 70% after Deductible has been met
<b>Lab, X-Ray and Diagnostics - Outpatient</b> For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.	100% after Deductible has been met	70% after Deductible has been met Pre-Service Notification is required for sleep studies
<b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI and Nuclear Medicine - Outpatient</b>	90% after Deductible has been met	70% after Deductible has been met Pre-Service Notification is required
<b>Mental Health and Substance Abuse Services – Inpatient and Intermediate</b>	* 100% after \$250 copayment per visit	* 70% after Deductible has been met
<b>Mental Health and Substance Abuse Services – Outpatient</b>	* 100% after you pay a \$10 Copayment per visit	* 70% after Deductible has been met
<b>Ostomy Supplies</b>	80% after Deductible has been met	50% after Deductible has been met
<b>Physician Fees for Surgical and Medical Services</b>	90% after Deductible has been met	70% after Deductible has been met
<b>Physician's Office Services – Sickness and Injury</b>		
Primary Physician Office Visit	100% after you pay a \$10 Copayment per visit	70% after Deductible has been met
Specialist Physician Office Visit	100% after you pay a \$10 Copayment per visit	70% after Deductible has been met
<b>Pregnancy – Maternity Services</b>	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary	
	For services provided in the Physician's Office, a Copayment will only apply to the initial office visit.	Pre-service Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
<b>Preventive Care Services</b> Covered Health Services include but are not limited to:		Non-Network Benefits are not available
Primary Physician Office Visit	100%	
Specialist Physician Office Visit	100%	
Lab, X-Ray or other preventive tests	100%	
<b>Prosthetic Devices</b>	80% after Deductible has been met	60% after Deductible has been met Pre-Service Notification is required for Prosthetic Device in excess of \$1000
<b>Reconstructive Procedures</b>	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary	
		Pre-service Notification is required for certain services.
<b>Rehabilitation Services – Outpatient Therapy and Chiropractic Treatment</b> Benefits are limited as follows: Network and Non-Network benefits are limited to a combined total of 50 visits per calendar year for any combination of the following: Chiropractic treatment Physical therapy Occupational therapy Speech therapy Pulmonary rehabilitation Cardiac rehabilitation	100% after you pay a \$10 Copayment per visit Benefits for Habilitative Services are provided under and as part of Rehabilitation Services-Outpatient Therapy and Manipulative Treatment and are subject to the limits as stated under Rehab Services	* 70% after Deductible has been met

BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
Post-Cochlear implant aural therapy Vision therapy		
<b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b>		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	90% after Deductible has been met	70% after Deductible has been met
<b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>		
Benefits are limited as follows: 300 days per year. Facility Services are limited to 120 days per incident.	90% after Deductible has been met	*70% after Deductible has been met
<b>Surgery – Outpatient</b>		
	90% after Deductible has been met	70% after Deductible has been met
<b>Therapeutic Services</b>		
	90% after Deductible has been met	70% after Deductible has been met
<b>Transplantation Services</b>		
	* 80%	* Non-Network Benefits are not available
	<i>For Network Benefits, services must be received at a Designated Facility.</i>	
<b>Urgent Care Center Services</b>		
	100% after you pay a \$35 Copayment per visit	70% after Deductible has been met
<b>Vision Examinations</b>		
Benefits are limited as follows: 1 exam every year	100% after you pay a \$10 Copayment per visit	Non-Network Benefits are not available

MEDICAL EXCLUSIONS
It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.
<b>Alternative Treatments</b>
Acupressure; aromatherapy; hypnosis; massage therapy; rolling (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Chiropractic Treatment and osteopathic care for which Benefits are provided as described in the SPD.
<b>Dental</b>
Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate.
<b>Devices, Appliances and Prosthetics</b>
Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part. Examples include foot orthotics, cranial banding and some types of braces, including over-the-counter orthotic braces. The following items are excluded, even if prescribed by a Physician: blood pressure cuff/monitor; enuresis alarm; home coagulation testing equipment; non-wearable external defibrillator; trusses; ultrasonic nebulizers; and ventricular assist devices. Devices and computers to assist in communication and speech except for speech aid prosthetics and tracheo-esophageal voice prosthetics. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.
<b>Drugs</b>
The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by UnitedHealthcare), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are required in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.
<b>Experimental or Investigational or Unproven Services</b>
Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.
<b>Foot Care</b>
Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debriding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports
<b>Medical Supplies and Equipment</b>
Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: elastic stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to: <ul style="list-style-type: none"> <li>• Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.</li> <li>• Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.</li> <li>• Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.</li> </ul> Tubings, nasal cannulas, connectors and masks, [except when used with Durable Medical Equipment as described under Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance cleans, adhesive, adhesive remover or other items that are not specifically identified in the SPD
<b>Mental Health / Substance Abuse</b>
Inpatient, intermediate or outpatient care services that were not pre-authorized by the Mental Health/Substance Abuse (MH/SA) Administrator; Services performed in connection with conditions not classified in the



current edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders*.

Mental Health Services and Substance Abuse Services that extend beyond the period necessary for short-term evaluation, diagnosis, treatment, or crisis intervention. Mental Health Services as treatment for insomnia and other sleep disorders, neurological disorders and other disorders with a known physical basis. Treatment for conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal) and other Mental illnesses that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practice, as reasonably determined by the Mental Health/Substance Abuse Administrator. Services utilizing methadone, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclozodine, or their equivalents as maintenance treatment for drug addiction. Treatment provided in connection with involuntary commitments, police detentions and other similar arrangements, unless authorized by the Mental Health/Substance Abuse Administrator. Residential treatment services. Routine use of psychological testing without specific authorization; pastoral counseling. Services or supplies for the diagnosis or treatment of Mental illness, alcoholism or substance abuse disorders that, in the reasonable judgment of the Mental Health/Substance Abuse Administrator, typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective, or are not consistent with:

- Prevailing national standards of clinical practice for the treatment of such conditions.
- Prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome.
- The Mental Health/Substance Abuse Administrator's level of care guidelines as modified from time to time.

The Mental Health/Substance Abuse Administrator may consult with professional clinical consultants, peer review committees or other appropriate sources for recommendations and information regarding whether a service or supply meets any of these criteria.

## MEDICAL EXCLUSIONS Continued

### Nutrition

Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Nutritional Counseling in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – Infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an Inpatient Stay, and other dietary and electrolyte supplements; and health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.

### Personal Care, Comfort or Convenience

Television; telephone; beauty/barber service; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis, saunas and whirlpools; ergonomically correct chairs, non-Hospital beds, comfort beds, mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players.

### Physical Appearance

Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Breast reduction except as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity. Wigs regardless of the reason for the hair loss, except for temporary loss of hair resulting from treatment of a malignancy.

### Procedures and Treatments

Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Chiropractic treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Chiropractic treatment (the therapeutic application of chiropractic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, including oral appliances; surface electromyography; Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; craniosacral therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery except as required for direct treatment of acute traumatic injury, dislocation, tumors or cancer. Diagnosis or treatment of the jawbones, including Orthognathic surgery, and jaw alignment, except as a treatment of obstructive sleep apnea. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Treatment of tobacco dependency. Chelation therapy, except to treat heavy metal poisoning.

### Providers

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography. Foreign language and sign language interpreters.

### Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide); and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.

### Services Provided under Another Plan

Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

### Transplants

Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).

### Travel

Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion.

### Types of Care

Multi-disciplinary pain management programs provided on an inpatient basis. Custodial care; domiciliary care. Private duty nursing. Respite care; rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

### Vision and Hearing

Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Inlacs corneal implants). Purchase cost and associated fitting and testing charges for hearing aids, Bone Anchor Hearing Aids (BAHA) and all other hearing assistive devices. Eye exercise therapy. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.

### All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service – see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of career, education, school, sports or camp, travel, employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. Health services received as a result of war or any act of war, whether

declared or undeclared or caused during service in the armed forces of any country. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactively disorder; TBI; or dyslexia

# Addendum to the Medical Benefit Summary for Self-Funded Groups

**Milton Union PPO**

These Benefits are available to you in addition to the benefits located on the Benefit Summary.

## ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Mental Health Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	90% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	70% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Neurobiological Disorders – Autism Spectrum Disorder Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	90% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	70% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Substance Use Disorder Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	90% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	70% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Virtual Visits</b>		
Network Benefits are available only when services are delivered through a Designated Virtual Visit Network Provider. Find a Designated Virtual Visit Network Provider Group at <a href="http://myuhc.com">myuhc.com</a> or by calling Customer Care at the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.	100% after you pay a \$10 Copayment per visit. Deductible does not apply.	Non-Network Benefits are not available.

**This replaces the Mental Health exclusion section on the Benefit Summary:**

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatments for R & T code conditions as listed within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep-wake disorders, feeding disorders, binge eating disorders, sexual dysfunction, communication disorders, motor disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilic disorder. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Motor disorders and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Intellectual disabilities as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Autism spectrum disorder as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits for autism spectrum disorder as a primary diagnosis are described under Neurobiological Disorders - Autism Spectrum Disorder Services in Section 1 of the COC. Mental Health Services as a treatment for other conditions that may be a focus of clinical attention as listed in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
- Not otherwise excluded in Section 2 of the COC.

**This replaces the Neurobiological Disorders-Autism Spectrum Disorder exclusion section on the Benefit Summary:**

Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. Intellectual disability as the primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor disorders and communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and which are not a part of Autism Spectrum Disorder. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilic disorder. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorder.

Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
- Not otherwise excluded in Section 2 of the COC.

**This replaces the Substance Use Disorders exclusion section on the Benefit Summary:**

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Substance-induced sexual dysfunction disorders and substance-induced sleep disorders. Gambling disorders. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
  - Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
  - Not otherwise excluded in Section 2 of the COC.
-

# Here's an overview of your CVS Caremark benefits.

## Milton Union PPO 1/1/2019

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance, please call 1-800-863-5488.

	<b>Short-Term Medicines</b> CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	<b>Long-Term Medicines</b> CVS Caremark Mail Service or CVS Pharmacy locations (up to a 90-day supply)
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>\$10</b> for a generic medicine	<b>\$20</b> for a generic medicine
<b>Preferred Brand-Name Medicines</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>25% (\$15 min / \$35 max)</b> for a preferred brand-name medicine	<b>17% (\$30 min / \$70 max)</b> for a preferred brand-name medicine
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>\$45</b> for a non-preferred brand-name medicine	<b>\$90</b> for a non-preferred brand-name medicine
<b>Refill Limit</b>	<b>None</b>	<b>None</b>
<b>Annual Deductible</b>	<b>None</b>	
<b>Maximum Out-of-Pocket</b>	<b>\$3,000 per individual / \$6,000 per family</b>	
<b>Out-of-Network Claims</b>	Prescriptions filled at Out-of-Network pharmacies will be reimbursed at the network level; member is responsible for any difference in cost between network and non-network cost.	
<b>Prior Authorization</b>	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit <a href="http://www.caremark.com">www.caremark.com</a> for verification of prior authorization requirements.	
<b>Specialty Medicines</b>	Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.	

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Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

**Benefit Summary  
ASO Choice Plus  
Milton Union Exempted Village Schools H.S.A. Medical Plan 7AT**

United HealthCare Services, Inc. and EPC Schools want to help you take control and make the most of your health care benefits. That's why we provide convenient services to get your health care questions answered quickly and accurately:

- **myuhc.com**® - Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**PLAN HIGHLIGHTS**

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Annual Deductible – Combined Medical and Pharmacy</b>		
Single Coverage Deductible	\$2000 per year	\$4000 per year
Family Coverage Deductible	\$4000 per year	\$8000 per year
<ul style="list-style-type: none"> <li>• No one in the family is eligible for benefits until the family coverage deductible is met.</li> </ul>		
<b>Out-of-Pocket Maximum – Combined Medical and Pharmacy</b>		
Single Coverage Out-of-Pocket Maximum	\$2000 per year	\$5000 per year
Family Coverage Out-of-Pocket Maximum	\$4000 per year	\$10000 per year
<ul style="list-style-type: none"> <li>• The Out-of-Pocket Maximum includes the Annual Deductible.</li> <li>• If more than one person in a family is covered under the Policy, the single coverage Out-of-Pocket Maximum stated above does not apply.</li> </ul>		
<b>Benefit Plan Coinsurance – The Amount the Plan Pays</b>		
	100% after Deductible has been met	80% after Deductible has been met
<b>Lifetime Maximum Benefit</b>		
There is no dollar limit to the amount the Plan will pay for essential Benefits during the entire period you are enrolled in this Plan.	No Lifetime Maximum Benefit	No Lifetime Maximum Benefit
<b>Prescription Drug Benefits</b>		
<ul style="list-style-type: none"> <li>• Prescription drug benefits are shown under separate cover. Benefits are not payable for Prescriptions until the Deductible above has been met.</li> </ul>		
<b>Information of Pre-service Notification</b>		
*Pre-service Notification is required for certain services.		
**Pre-service Notification is required for Equipment in excess of \$1,000.		
<b>Information on Benefit Limits</b>		
<ul style="list-style-type: none"> <li>• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.</li> <li>• All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.</li> <li>• When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.</li> </ul>		

<b>BENEFITS</b>		
Types of Coverage	Network Benefits	Non-Network Benefits
<b>Ambulance Services – Emergency and Non-Emergency</b>		
	* 100% after Deductible has been met	* 100% after Network Deductible has been met
<b>Dental Services – Accident Only</b>		
	* 100% after Deductible has been met	* 100% after Network Deductible has been met
<b>Durable Medical Equipment (DME) <sup>1</sup></b>		
Benefits are limited as follows: Limited to a single purchase of a type of Durable Medical Equipment (including repair and replacement) every three years..	100% after Deductible has been met	** 80% after Deductible has been met
<b>Emergency Health Services - Outpatient</b>		
	100% after Deductible has been met	* 100% after Network Deductible has been met
<b>Home Health Care</b>		
Benefits are limited as follows: 60 visits per year	100% after Deductible has been met	* 80% after Deductible has been met

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<b>BENEFITS</b>		
Types of Coverage	Network Benefits	Non-Network Benefits
<b>Hospice Care</b>		

<b>BENEFITS</b>		
<b>Types of Coverage</b>	<b>Network Benefits</b>	<b>Non-Network Benefits</b>
	100% after Deductible has been met	* 80% after Deductible has been met
<b>Hospital – Inpatient Stay</b>		
	100% after Deductible has been met	* 80% after Deductible has been met
<b>Lab, X-Ray and Diagnostics - Outpatient</b>		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.	100% after Deductible has been met	80% after Deductible has been met
<b>Lab, X-Ray and Major Diagnostics – CT, PET, MRI, MRA and Nuclear Medicine - Outpatient</b>		
	100% after Deductible has been met	80% after Deductible has been met
<b>Mental Health Services</b>		
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 80% after Deductible has been met
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b>		
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 80% after Deductible has been met
<b>Pharmaceutical Products - Outpatient</b>		
This includes medications administered in an outpatient setting, in the Physician's Office or in a Covered Person's home.	100% after Deductible has been met	80% after Deductible has been met
<b>Physician Fees for Surgical and Medical Services</b>		
	100% after Deductible has been met	80% after Deductible has been met
<b>Physician's Office Services – Sickness and Injury</b>		
Primary Physician Office Visit	100% after Deductible has been met	80% after Deductible has been met
Specialist Physician Office Visit	100% after Deductible has been met	80% after Deductible has been met
<b>Pregnancy – Maternity Services</b>		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary.	<i>Pre-service Notification is required if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.</i>
<b>Preventive Care Services</b>		
Covered Health Services include but are not limited to:		
Primary Physician Office Visit	100% Deductible does not apply.	80% after Deductible has been met
Specialist Physician Office Visit	100% Deductible does not apply.	80% after Deductible has been met
Lab, X-Ray or other preventive tests	100% Deductible does not apply.	80% after Deductible has been met
<b>Prosthetic Devices</b>		
	100% after Deductible has been met	80% after Deductible has been met
<b>Reconstructive Procedures</b>		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	Pre-service Notification is required.
<b>Rehabilitation Services – Outpatient Therapy and Manipulative Treatment</b>		
Benefits are limited as follows: Network and Non-Network benefits are limited to a combined total of 50 visits per calendar year for any combination of the following: Chiropractic treatment Physical therapy Occupational therapy Speech therapy Pulmonary rehabilitation Cardiac rehabilitation Post-Cochlear implant aural therapy Vision therapy	100% after Deductible has been met	* 80% after Deductible has been met
<b>Scopic Procedures – Outpatient Diagnostic and Therapeutic</b>		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	100% after Deductible has been met	80% after Deductible has been met
<b>Skilled Nursing Facility / Inpatient Rehabilitation Facility Services</b>		
Benefits are limited as follows: 300 days per year. Facility Services are limited to 120 days per incident.	100% after Deductible has been met	* 80% after Deductible has been met
<b>Substance Use Disorder Services</b>		
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 80% after Deductible has been met

BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits

BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
<b>Surgery – Outpatient</b>	100% after Deductible has been met	80% after Deductible has been met
<b>Transplantation Services</b>	* 100% after Deductible has been met <i>For Network Benefits, services must be received at a Designated Facility.</i>	Not Covered
<b>Urgent Care Center Services</b>	100% after Deductible has been met	80% after Deductible has been met
<b>Vision Examinations</b>	100% after Deductible has been met	80% after Deductible has been met
Benefits are limited as follows: 1 exam every year	100% after Deductible has been met	Non-Network Benefits are not available

\* This benefit category contains services/devices that may be Essential or non-Essential Health Benefits as defined by the Patient Protection and Affordable Care Act depending upon the service or device delivered. A benefit review will take place once the dollar limit is exceeded. If the service/device is determined to be rehabilitative or habilitative in nature, it is an Essential Health Benefit and will be paid. If the benefit/device is determined to be non-essential, the maximum will have been met and the claim will not be paid.

**MEDICAL EXCLUSIONS**

It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

**Alternative Treatments**

Acupuncture; aromatherapy; hypnosis; massage therapy; rolfing (holistic tissue massage); art, music, dance, horseback therapy; and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-manipulative osteopathic care for which Benefits are provided as described in the SPD.

**Dental**

Dental care (which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthesia). This exclusion does not apply to dental care (oral examination, X-rays, extractions and non-surgical elimination of oral infection) required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but that is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Endodontics, periodontal surgery and restorative treatment are excluded. Diagnosis or treatment of or related to the teeth, jawbones or gums. Examples include: extraction (including wisdom teeth), restoration, and replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accidental Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental braces (orthodontics). Congenital Anomaly such as cleft lip or cleft palate.

**Devices, Appliances and Prosthetics**

Devices used specifically as safety items or to affect performance in sports-related activities. Orthotic appliances that straighten or re-shape a body part as described under Durable Medical Equipment (DME) in the SPD. Examples include foot orthotics, cranial banding, or any orthotic braces available over-the-counter. The following items are excluded; blood pressure cuff/monitor; enuresis alarm; non-wearable external defibrillator; trusses; and ultrasonic nebulizers. Devices and computers to assist in communication and speech except for speech generating devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.

**Drugs**

The exclusions listed below apply to the medical portion of the Plan only. Prescription Drug coverage is excluded under the medical plan because it is a separate benefit. Coverage may be available under the Prescription Drug portion of the Plan. See the SPD for coverage details and exclusions. Prescription drugs for outpatient use that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by United HealthCare Services, Inc.), must typically be administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting. Oral appliances for snoring. Repair and replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect and deodorants, filters, lubricants, tape, appliance cleans, adhesive, adhesive remover or other items that are not specifically identified in the SPD. Growth hormone therapy.

**Experimental or Investigational or Unproven Services**

Experimental or Investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.

**Foot Care**

Routine foot care. Examples include the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Covered Persons with diabetes for which Benefits are provided as described under Diabetes Services in the SPD or when needed for severe systemic disease. Cutting or removal of corns and calluses. Nail trimming, cutting, or debanding. Hygienic and preventive maintenance foot care; and other services that are performed when there is not a localized Sickness, Injury or symptom involving the foot. Examples include: cleaning and soaking the feet; applying skin creams in order to maintain skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurological or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom), lifts and wedges; shoe orthotics; shoe inserts and arch supports.

**Medical Supplies and Equipment**

Prescribed or non-prescribed medical supplies and disposable supplies. Examples include: compression stockings, ace bandages, diabetic strips, and syringes; urinary catheters. This exclusion does not apply to:

- Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD.
- Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD.
- Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD.

Tubings, nasal cannulas, connectors and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and deodorants, filters, lubricants, tape, appliance cleans, adhesive, adhesive remover or other items that are not specifically identified in the SPD.

**Mental Health / Substance Use Disorder**

Services performed in connection with conditions not classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*. Services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health/Substance Use Disorder Administrator, are any of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental; not consistent with the Mental Health/Substance Use Disorder Administrator's level of care guidelines or best practices as modified from time to time; or not clinically appropriate, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for V-code conditions as listed within the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal) Educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning; tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*. Mental retardation as a primary diagnosis defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclozocine, or their equivalents for drug addiction. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services.

**Nutrition**

Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy. Nutritional counseling for either individuals or groups except as defined under Diabetes Services in the SPD. Food of any kind. Foods that are not covered include: enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded; foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes; oral vitamins and minerals; meals you can order from a menu, for an additional charge, during an inpatient stay, and other dietary and electrolyte supplements; and health education classes unless offered by United HealthCare Services, Inc. or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.

**Personal Care, Comfort or Convenience**

Television; telephone; beauty/barber services; guest service. Supplies, equipment and similar incidental services and supplies for personal comfort. Examples include: air conditioners, air purifiers and filters, dehumidifiers and humidifiers; batteries and battery chargers; breast pumps; car seats; chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners; electric scooters; exercise equipment and treadmills; home modifications to accommodate a health need such as ramps, swimming pools, elevators, handrails and stair glides; hot tubs; Jacuzzis, saunas and whirlpools; ergonomically correct chairs, non-Hospital beds, mattresses; medical alert systems; motorized beds; music devices; personal computers, pillows; power-operated vehicles; radios; saunas; strollers; safety equipment; vehicle modifications such as van lifts; and video players.

**Physical Appearance**

Cosmetic Procedures. See the definition in the SPD. Examples include: pharmacological regimens, nutritional procedures or treatments; Scar or tattoo removal or revision procedures (such as salabrasion, chemo-surgery and other such skin abrasion procedures); Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment of the lower extremities, when it is considered cosmetic; Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple; Treatment for skin wrinkles or any treatment to improve the appearance of the skin; Treatment for spider veins; Hair removal or replacement by any means. Replacement of an existing intact breast implant if the earlier breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, health club memberships and programs, spa treatments and diversion or general motivation. Weight loss programs whether or not they are under medical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity. Wigs regardless of the reason for the hair loss, except for temporary loss of hair resulting from treatment of a malignancy.



**MEDICAL EXCLUSIONS****Procedures and Treatments**

Procedure or surgery to remove fatty tissue such as panniculectomy, abdominoplasty, thighplasty, brachioplasty, or mastopexy. Excision or elimination of hanging skin on any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve general physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance/preventive treatment. Speech therapy except as required for treatment of a speech impediment or speech dysfunction that results from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Speech therapy to treat stuttering, stammering or other articulation disorders. Psychosurgery. Sex transformation operations and related services. Physiological modalities and procedures that result in similar or redundant therapeutic effects when performed on the same body region during the same visit or office encounter. Biofeedback. Manipulative treatment to treat a condition unrelated to spinal manipulation and ancillary physiologic treatment rendered to restore/improve motion, reduce pain and improve function, such as asthma or allergies. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative treatment with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore/improve motion, reduce pain and improve function). Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography, Doppler analysis; vibration analysis; computerized mandibular scan or jaw tracking; cranosacral therapy; orthodontics; occlusal adjustment; dental restorations. Upper and lower jawbone surgery, orthognathic surgery and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute traumatic injury, dislocation, tumors, cancer or obstructive sleep apnea. Orthognathic surgery (procedure to correct underbite or overbite) and jaw alignment. Breast reduction except surgery as coverage is required by the Women's Health and Cancer Right's Act of 1998 for which benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity even if for morbid obesity. Surgical treatment of obesity unless there is a diagnosis of morbid obesity as described under Obesity Surgery in the SPD. Stand-alone multi-disciplinary smoking cessation programs. These are programs that usually include health care providers specializing in smoking cessation and may include a psychologist, social worker or other licensed or certified professional. The programs usually include intensive psychological support, behavior modification techniques and medications to control cravings. Chelation therapy, except to treat heavy metal poisoning.

**Providers**

Services performed by a provider who is a family member by birth or marriage. Examples include a spouse, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided at a free-standing or Hospital-based diagnostic facility without an order written by a Physician or other provider. Services which are self-directed to a free-standing or Hospital-based diagnostic facility. Services ordered by a Physician or other provider who is an employee or representative of a free-standing or Hospital-based diagnostic facility, when that Physician or other provider has not been actively involved in your medical care prior to ordering the service, or is not actively involved in your medical care after the service is received. This exclusion does not apply to mammography.

**Reproduction**

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services required to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials, long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue, donor services. Surrogate parenting, donor eggs, donor sperm and host uterus. Storage and retrieval of all reproductive materials. Examples include eggs, sperm, testicular tissue and ovarian tissue. The reversal of voluntary sterilization. Health services and associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a molar Pregnancy, ectopic Pregnancy, or missed abortion (commonly known as a miscarriage). Services provided by a doula (labor aide); and parenting, prenatal or birthing classes. Artificial reproduction treatments done for genetic or eugenic.

**Services Provided under Another Plan**

Health services for which other coverage is available under another plan, except for Eligible Expenses payable as described in the SPD. Examples include coverage required by workers' compensation, no-fault auto insurance, or similar legislation. If coverage under workers' compensation, no-fault automobile coverage or similar legislation is optional for you because you could elect it, or could have it elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

**Transplants**

Health services for organ and tissue transplants, except as identified under Transplantation Services in the SPD unless United HealthCare Services, Inc. determines the transplant to be appropriate according to United HealthCare Services, Inc.'s transplant guidelines. Mechanical or animal organ transplants, except services related to the implant or removal of a circulatory assist device (a device that supports the heart while the patient waits for a suitable donor heart to become available); and donor costs for organ or tissue transplantation to another person (these costs may be payable through the recipient's benefit plan).

**Travel**

Health services provided in a foreign country, unless required as Emergency Health Services. Travel or transportation expenses, even if ordered by a Physician, except as identified under Travel and Lodging in the SPD. Additional travel expenses related to Covered Health Services received from a Designated Facility or Designated Physician may be reimbursed at the Plan's discretion. This exclusion does not apply to ambulance transportation for which Benefits are provided as described in the SPD.

**Types of Care**

Multi-disciplinary pain management programs provided on an inpatient basis for acute pain or for exacerbation of chronic pain. Custodial care; domiciliary care. Private Duty Nursing. Respite care. This exclusion does not apply to respite care that is part of an integrated hospice care program of services provided to a terminally ill person by a licensed hospice care agency for which Benefits are described under Hospice Care in the SPD. Rest cures; services of personal care attendants. Work hardening (individualized treatment programs designed to return a person to work or to prepare a person for specific work).

**Vision and Hearing**

Purchase cost and associated fitting charge for eye glasses and contact lenses. Implantable lenses used only to correct a refractive error (such as Inlacs corneal implants). Purchase cost and associated fitting and testing charges for hearing aids, Bone Anchor Hearing Aids (BAHA) and all other hearing assistive devices. Bone anchored hearing aids except when either of the following applies: for Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Eye exercise. Surgery and other related treatment that is intended to correct nearsightedness, farsightedness, presbyopia and astigmatism including, but not limited to, procedures such as laser and other refractive eye surgery and radial keratotomy.

**All Other Exclusions**

Health services and supplies that do not meet the definition of a Covered Health Service - see the definition of Covered Health Services in the Glossary in the SPD. Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments when: required solely for purposes of education, school, sports or camp, travel, career or employment, insurance, marriage or adoption; or as a result of incarceration; related to judicial or administrative proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described in the SPD. Health services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is required to treat a medical condition that arose before the date your coverage under the Plan ended. Health services for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services related to a non-Covered Health Service: When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services the Plan would otherwise determine to be Covered Health Services if they are to treat complications that arise from the non-Covered Health Service. For the purpose of this exclusion, a "complication" is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the prognosis of the original disease or condition. Examples of a "complication" are bleeding or infections, following a Cosmetic Procedure, that require hospitalization. Health services when a provider waives the Copay, Annual Deductible or Coinsurance amounts. Autopsies and other coroner services and transportation services for a corpse. Charges for: missed appointments; room or facility reservations; completion of claim forms; or record processing. Charges prohibited by federal anti-kickback or self-referral status. Diagnostic tests that are: delivered in other than a Physician's office or health care facility; and self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests, when rendered in connection with behavioral health disorders, including but not limited to: learning and reading disabilities; attention deficit/hyperactive disorder; TBI; or dyslexia.

# Addendum to the Medical Benefit Summary for Self-Funded Groups

**Choice Plus  
High Deductible Health Plans 1/1/19**

**These Benefits are available to you in addition to the benefits located on the Benefit Summary.**

## **ADDITIONAL CORE BENEFITS**

<b>Types of Coverage</b>	<b>Network Benefits</b>	<b>Non-Network Benefits</b>
<b>Mental Health Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	100% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	80% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Neurobiological Disorders – Autism Spectrum Disorder Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	100% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	80% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Substance Use Disorder Services</b>		
Partial Hospitalization/Intensive Outpatient Treatment:	100% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.	80% after Deductible has been met per session for Partial Hospitalization /Intensive Outpatient Treatment.  <i>Prior Authorization is required for certain services.</i>
<b>Virtual Visits</b>		
Network Benefits are available only when services are delivered through a Designated Virtual Visit Network Provider. Find a Designated Virtual Visit Network Provider Group at myuhc.com or by calling Customer Care at the telephone number on your ID card. Access to Virtual Visits and prescription services may not be available in all states or for all groups.	100% after Deductible has been met per visit.	Non-Network Benefits are not available.

**This replaces the Mental Health exclusion section on the Benefit Summary:**

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatments for R & T code conditions as listed within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep-wake disorders, feeding disorders, binge eating disorders, sexual dysfunction, communication disorders, motor disorders, neurological disorders and other disorders with a known physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilic disorder. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Motor disorders and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Intellectual disabilities as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Autism spectrum disorder as a primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Benefits for autism spectrum disorder as a primary diagnosis are described under Neurobiological Disorders - Autism Spectrum Disorder Services in Section 1 of the COC. Mental Health Services as a treatment for other conditions that may be a focus of clinical attention as listed in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
- Not otherwise excluded in Section 2 of the COC.

**This replaces the Neurobiological Disorders-Autism Spectrum Disorder exclusion section on the Benefit Summary:**

Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. Intellectual disability as the primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor disorders and communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and which are not a part of Autism Spectrum Disorder. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilic disorder. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorder.

Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
- Not otherwise excluded in Section 2 of the COC.

**This replaces the Substance Use Disorders exclusion section on the Benefit Summary:**

Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents. Educational services that are focused on primarily building skills and capabilities in communication, social interaction and learning. Substance-induced sexual dysfunction disorders and substance-induced sleep disorders. Gambling disorders. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
  - Described as a Covered Health Service in Section 1 of the COC and in the Schedule of Benefits.
  - Not otherwise excluded in Section 2 of the COC.
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This Benefit Summary Addendum is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary Addendum conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

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# Here's an overview of your CVS Caremark benefits.

## Milton Union HDHP 1/1/2019

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance, please call 1-800-863-5488.

	<b>Short-Term Medicines</b> CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	<b>Long-Term Medicines</b> CVS Caremark Mail Service or CVS Pharmacy locations (up to a 90-day supply)
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>\$0 (after deductible)</b> for a generic medicine	<b>\$0 (after deductible)</b> for a generic medicine
<b>Preferred Brand-Name Medicines</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>\$0 (after deductible)</b> for a preferred brand-name medicine	<b>\$0 (after deductible)</b> for a preferred brand-name medicine
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>\$0 (after deductible)</b> for a non-preferred brand-name medicine	<b>\$0 (after deductible)</b> for a non-preferred brand-name medicine
<b>Refill Limit</b>	<b>None</b>	<b>None</b>
<b>Annual Deductible</b>	<b>\$2,000 per individual / \$4,000 per family (combined with medical)</b>	
<b>Maximum Out-of-Pocket</b>	<b>\$2,000 per individual / \$4,000 per family (combined with medical)</b>	
<b>Out-of-Network Claims</b>	Prescriptions filled at Out-of-Network pharmacies will be reimbursed at 100% after the non-network deductible is met.	
<b>Prior Authorization</b>	Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit <a href="http://www.caremark.com">www.caremark.com</a> for verification of prior authorization requirements.	
<b>Specialty Medicines</b>	Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.	

7471-WKL-MCHOICE\_MOOP\_SP\_CUSTOM5-0917

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

ADDENDUM G

DENTAL INSURANCE

Schedule of Benefits

Calendar year deductible:     \$25 Single  
  \$75 Family

Co-insurance:     Preventive dentistry -     100%  
                          Basic Services         -     80%  
                          Major Services         -     50%  
                          Orthodontia             -     60%

Maximum calendar year benefit per person:     \$1500

Details and provisions of the coverage are contained in the individual certificates. If you are enrolled for dental coverage but do not have an individual certificate, contact the Central Office and a copy will be ordered for you.

## ADDENDUM H

### LIFE INSURANCE

#### Schedule of Benefits

Amount: \$30,000

Accidental Death and Dismemberment (AD&D), is an included benefit for all life amounts.

Life insurance coverage reduces according to age per the life insurance schedule **below**. The Board will not be required to self-insure benefits.

#### LIFE INSURANCE AGE REDUCTION SCHEDULE

**Basic and Accidental Death and Dismemberment Insurance coverage reduces to 65% when you reach age 70 and to 50% when you reach age 75.**

ADDENDUM I

**INSURANCE PREMIUMS: EMPLOYEE/BOARD SHARE  
AFTER EMPLOYEE CONTRIBUTION**

Each employee who is eligible for and elects to participate in the health insurance plan will contribute to the cost of such insurance by paying negotiated monthly percentage for single or family coverage. Part-time employees, who elect dental and/or life insurance, will contribute to the cost of such insurance each month pursuant to the following schedule.

HOURS REGULARLY SCHEDULED TO WORK PER DAY	EMPLOYEE PERCENT	BOARD PERCENT
6.00 or more	0	100
5.75	18	82
5.50	21	79
5.25	25	75
5.00	29	71
4.75	32	68
4.50	36	64
4.25	39	61
4.00	43	57
3.75	46	54
3.50	50	50
3.25	54	46
3.00	57	43
2.75	61	39
2.50	64	36
2.25	68	32
2.00	71	29
1.75	75	25
1.50	79	21
1.25	82	18
1.00	86	14