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MASTER AGREEMENT

BETWEEN THE

COSHOCTON CITY EDUCATION ASSOCIATION/OEA/NEA

AND THE

COSHOCTON CITY BOARD OF EDUCATION

July 1, 2023 to June 30, 2026

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ARTICLE 1
PROFESSIONAL AGREEMENT

SECTION I: RECOGNITION

The Coshocton City Board of Education, hereinafter "Employer" or "Board" hereby recognizes the Coshocton City Education Association OEA/NEA-Local, hereinafter the "Association"/"Union" as the sole and exclusive bargaining representative for the purpose of and as defined in Chapter 4117 Ohio Revised Code, for all professional, non-supervisory personnel (as certified by the State Employment Relations Board). The Union recognizes that the Superintendent, Assistant Superintendent, Principals and other administrative personnel as defined in Chapter 4117 Ohio Revised Code are excluded from the bargaining unit. The employer recognizes that the Union representation will include any newly created position unless employment into the position is governed by Section 3319.02 of the Ohio Revised Code.

The Association recognizes the Board as the duly elected body charged by law with the authority and responsibility to establish the education and other policies of the school district and retains unto itself all the legal authority vested in it by law except to the extent that authority is specifically limited by a specific provision of this contract.

Recognition of the Union shall continue in full force and effect until such time as a challenging employee organization is successful in gaining exclusive representative status in strict adherence to the provisions of Ohio Revised Code 4117.05 and 4117.07.

Definitions:

1. Coshocton City Board of Education - hereinafter the Coshocton City Board of Education shall be referred to as the Board.

2. Coshocton City Education Association - hereinafter the Coshocton City Education Association shall be referred to as the Association.

SECTION II: NEGOTIATIONS PROCEDURES

A. Directing Requests

Requests in writing for commencing negotiations meetings from the Association shall be made directly to the Superintendent and the Board. Requests by the Board will be made to the President of the Association.

Negotiations shall begin no later than ninety (90) days prior to the expiration of the contract. Either the Association or the Board may initiate negotiations in keeping with provisions in this Contract. The Association and/or the Board of Education's request shall include:

1. A list of the specific items for negotiations.

2. The names, addresses and telephone numbers of the members of the negotiating team.

3. The spokesperson of the negotiating team.

Upon receiving such request, the Board and/or Association shall respond by providing to the initiating party the same information listed above in numbers 1 through 3 in this Section II, A.

B. Meetings

1. Within fifteen (15) days after receipt of a request to negotiate, the parties shall arrange for a mutually agreed upon date to commence negotiations.

2. Negotiation meetings shall be closed to the public.

3. Negotiation meetings shall be held in the Board office at 1207 Cambridge Road or another location by mutual agreement.

4. Negotiation sessions shall be scheduled at mutually agreed upon times with minimal interference to the school day.

5. Meetings shall be held for no longer than two (2) hours unless an extension is mutually agreed upon.

C. Scope of Negotiation

Representatives will negotiate in an effort to reach agreement with respect to all matters pertaining to wages, hours or terms and other conditions of employment and the continuation, modification or deletion of an existing provision of the contract.

D. Negotiations Team

Each party may have up to five (5) negotiations representatives. Neither party in any negotiations shall have any control over the election of the negotiation representatives of the other party.

E. Use of Consultants

One consultant and/or one observer for each party may attend the negotiation sessions at the expense of the inviting party.

F. Power of Authority

While no final agreement shall be executed without ratification by the Association and adoption by the Board, the parties mutually pledge that their representatives will be clothed with all necessary power and authority to make proposals, consider proposals, and make concessions in the course of negotiation.

G. Caucus

The spokesperson of either group may recess his/her group for independent caucus at any time. Each caucus will not exceed sixty (60) minutes, unless mutually agreed upon.

H. News Release

While negotiations are in process neither party will make any news release prior to Disagreement. Thereafter any release prepared shall have a copy given to the other party.

I. Interim Reports

Interim reports of progress may be made to the Association by its representatives and to the Board by its representatives.

J. Censor

No reprisals of any kind will be taken by the Board or Association against any person because of his/her participation in the negotiations procedure.

K. Information Exchange

Both parties agree to provide to the other requested information. At any time prior to and during negotiations, either party may request from the other such information as necessary to develop full and complete negotiations proposals. Such information shall be provided within ten (10) working days.

L. Agreements

After both negotiation teams have reached tentative agreement on all items, the Association shall then have ten (10) days to ratify the agreement. The Board, after receiving written evidence of the Association's ratification shall act upon the agreement as soon as possible, and not later than the next regular meeting of the Board.

M. Disagreement

Thirty (30) days prior to the expiration date of this Agreement, the parties will notify the Federal Mediation and Conciliation Service (FMCS) of such negotiations. From that point (30 days prior), should an impasse occur, either party shall have the right to request the assistance of FMCS. In the event that agreement is not reached by the expiration date of this agreement, then the Association shall have the right to proceed in accordance with Section 4117.14D(2) and Section 4117.18(c) of the Ohio Revised Code.

N. Right of Choice

Both parties, the Board and the Association, have the right to choose the Negotiation Format. If both sides mutually agree to use a different format such as Interest Based Bargaining or any other agreed upon format, any item(s) A through M under Section II, Negotiations Procedures of Article I may be modified, amended, or excluded to the agreement of both sides. If the chosen negotiating format fails to reach final contract agreement, then the negotiating procedure will revert to the guidelines as established in this contract under Section II: Negotiations Procedures of Article I, Items A-M.

ARTICLE 2
GRIEVANCE PROCEDURE

SECTION I: PURPOSE AND OBJECTIVES

The primary purpose of this procedure shall be to obtain at the lowest administrative level and in the shortest period of time, equitable solutions to grievances, which may arise from time to time. Both the Board and the Association agree that grievance proceedings shall be handled in a confidential manner.

SECTION II: DEFINITION

A grievance is an alleged violation, misinterpretation or misapplication of the negotiated Agreement.

SECTION III: GENERAL PROVISIONS

A. An individual grievance shall be initiated by the teacher so aggrieved. Should a teacher not wish to grieve an alleged violation, that shall not prohibit another teacher from grieving a like issue in the future.

B. A group grievance may be initiated by the Association on an alleged violation that affects two (2) or more teachers in a like manner. The Association may grieve an alleged violation of any right granted the Association in the master agreement.

C. A grievance that advances beyond the informal step shall be reduced to writing and include: (a) the alleged violation; (b) relief sought; (c) date of initiating procedure.

D. The Association shall be available to assist any teacher in preparing the proper and complete information necessary to expedite the procedure. No grievance shall be submitted to arbitration without the consent of the Association.

E. Counsel of choice may be used by all or any party involved in the grievance procedure through Level IV. Once the grievance is submitted to arbitration, the Association shall select counsel to be involved. No adjustments to a grievance at any level shall be contrary to the collective bargaining agreement. The Association must be notified of any grievance filed and has the right to be present at any level at which the grievance could be adjusted.

F. Time limits given shall be considered as maximum, unless otherwise extended by mutual agreement by the parties involved.

G. Failure of the aggrieved to proceed within the specified time limits to the next level of the procedure shall mean the grievance has been resolved by the recommendations stated in the previous level.

H. Failure of the administration to respond in the time limit stated shall mean the grievance goes to the next level. (Except in situations of an emergency nature, the stated time limits may be extended by mutual consent).

I. A grievance may be initiated at Level III when it has been determined by the building principal that the subject is not within his/her realm of responsibility or control (See Section IV: Procedure).

J. Resolution of a grievance at any level shall apply to the stated grievance and shall in no way infringe on the statutory obligations or other policies of the Board.

K. Nothing contained in this procedure shall be construed as limiting the individual rights of a teacher, having a complaint or problem, to discuss the matter informally with members of the administration through normal channels of communication.

L. A teacher shall have the option of pursuing a contract violation through the grievance procedure or may utilize an alternative legal option for pursuing the alleged contract violation. However, it is understood that the teacher may challenge the alleged contract violation in only one legal form.

M. A day shall be defined as a day on which the Board office is open for business.

N. No reprisal shall be made against any party involved in the use of this grievance procedure.

O. A grievance may be withdrawn at any level without prejudice or record.

P. No record, document, or communication concerning a grievance shall be placed in the personnel file of any participants involved in the procedure herein described.

SECTION IV: PROCEDURE3

Level I – Informal

A grievance should be discussed informally with the grievant's immediate supervisor or principal. Other administrators who have knowledge of the matter may be invited to the discussion.

Level II – Administration

A copy of the written grievance shall be submitted within twenty (20) days after the grievant knew or reasonably should have known of the event or condition upon which it is based. A meeting shall be mutually agreed upon between the aggrieved and the administrator within five (5) days of the receipt of the written grievance by the immediate supervisor or principal. Either the aggrieved or the administrator may have present such people who may provide information related to the grievance. Discussion at the meeting shall be confined to the issues as stated in the grievance and the relief sought.

Within five (5) days of the conclusion of the meeting, the administrator shall provide the aggrieved with a written response stating his/her position and resolution of the grievance.

Level III – Superintendent

If the aggrieved is not satisfied with the suggestion for resolution received in Level II, he/she may within five (5) days of receipt of such written response, submit his/her written grievance to the Superintendent and request a meeting to discuss the grievance.

A meeting date shall be mutually agreed upon between the aggrieved and the Superintendent within five (5) days of the written request. The meeting shall be conducted in a manner as stated in Level II.

Within five (5) days of the meeting, the Superintendent shall provide the aggrieved with a written response stating his/her position and resolution of the grievance.

Level IV - Board of Education

If the aggrieved is not satisfied with the suggestion for resolution received in Level III, he/she may within five (5) days of receipt of such written response, submit his/her written grievance to the Board of Education and request a meeting to discuss the grievance. The meeting date shall be set within five (5) days of the request, not to exceed the next regular meeting date. The meeting shall be conducted in executive session in a manner as stated in Level II. Within five (5) days of the meeting, the Board shall provide the aggrieved with a written response stating their position and resolution of the grievance. The Board President and the Association President may waive Level IV by written mutual consent executed within the time limits for setting the meeting date. The grievant may then advance the grievance to Level V - Arbitration.

Level V – Arbitration

If the grievant is not satisfied with the Board of Education's decision, he/she shall be allowed ten (10) days to file a written appeal with the Board. Arrangements shall be made between the Board and the Association to select an arbitrator within ten (10) days of receipt of the appeal. The Arbitrator shall be selected using the Voluntary Labor Arbitration rules of the American Arbitration Association.

Meetings shall be in private.

When possible, meetings shall not be held during school hours or times which interfere with the teachers' professional and contractual duties. If held during the work day, Article 13 shall govern released time.

Final resolution shall be rendered in writing as soon as possible by the Arbitrator and that decision shall be binding to both the Board and the grievant.

The Arbitrator shall have no power to add to, subtract from, disregard, alter or modify any terms of this Agreement, nor shall he/she make any decisions contrary to law. He/she shall not imply obligations and conditions binding upon the parties from this Agreement except as set forth herein. The Arbitrator may rule on procedure related to teacher evaluation but shall not substitute his/her judgment for that of the evaluation. The powers of the Arbitrator related to transfer and assignment of any teacher shall be limited to ruling on questions of procedure.

In the event that a case is submitted to an Arbitrator on which he/she has no power to rule, it shall be referred back to the parties without decision or recommendation on its merits. The cost of the Arbitrator shall be shared equally by both parties.

ARTICLE 3
ASSOCIATION RIGHTS AND RESPONSIBILITIES

A. The President of the Association or his/her designees shall have the right to visit all schools in the district for the purpose of carrying out Association business. Such visits shall be made only upon prior notification to the Superintendent and shall not conflict with their normal professional and contractual duties. The President and/or designee shall observe all policies and procedures of the Board and the Ohio Revised Code.

B. The Association shall assist in the social orientation of new teachers to the system. The Association shall address the new teachers during the 1 ½ hour luncheon period. In return, the Board shall furnish the names and addresses of new teachers no later than two (2) weeks prior to the opening of school. Such information shall be only for the use of the Association.

Any bargaining unit members hired after the start of the school year shall be provided an in-person meeting with the Association within fifteen (15) working days of the date of hire. Arrangements shall be made with the appropriate administrators.

The District shall provide the following bargaining unit member information, in an electronic format compatible with Microsoft Excel, to the Association President no later than September 30, January 30, and June 30 of each school year or upon request.

- Name
- Home address
- All phone numbers provided to the District
- Work email address
- Work site
- Grade level and/or assignment
- Date of hire
- Full time equivalent (FTE) status
- Employment Status (e.g. limited contact, continuing contract)
- Type of Credential (e.g. provisional, professional, permanent)

- An indication of whether the bargaining unit member is participating in payroll deduction of Association dues

C. The Association shall be provided bulletin board space in the teachers' lounge in each school for the posting of notices and other materials relating to Association activities. All Association notices and materials shall be confined to the bulletin board. The bulletin board space shall be identified with the name of the Association. The Association Building Representative has the responsibility of maintaining the bulletin board.

D. The Association Building Representative or his/her designee may use individual school office equipment and audio-visual equipment when such equipment is not otherwise in use, and prior arrangements have been made with the building principal. The Association will pay for materials, supplies used and any damages to equipment.

E. The Association shall be provided a place on the agenda to address the Board at regular school board meetings during the public participation period and will be granted extensions of the time limits if requested.

F. The Association may use the inter-school mail services so long as this service does not interfere with school business. The envelopes shall not exceed in size 10" x 13".

G. The Association will be provided with five (5) minutes at the beginning of the first Inservice Day to commute information to the Association members. In addition, the Association will have the right to call a meeting at the conclusion of the morning session during the 1 ½ hour lunch period.

The Association may request to the appropriate administrator time at each staff meeting at both the building and district levels to make announcements, not to exceed five (5) minutes.

H. The Association may use a school building for its official membership and executive committee meetings after school hours and at a time and place that does not interfere with the normal and other scheduled use of such buildings.

Arrangements shall be made with the Superintendent.

Building use shall be in keeping with building and administrative policies of the Board and the Ohio Revised Code.

No fees will be charged for such use unless custodial overtime or damage is incurred as a part of facility use.

Attendance at such meetings shall not interfere with the performance of the teacher's professional and contractual duties.

I. The District Policy Books will be available on the district website. Notification of changes to Policy Books will be sent within five (5) working days of processing completion by policy provider to those as follows:

1. The Association President
2. As deemed necessary by the Board

In accordance with the ruling of the Supreme Court of the United States of America, June 27, 2018, Fair Share Fee has been declared to be unconstitutional and therefore unenforceable. Should the Legislative Branch of the United State Government determine that Fair Share Fee is a viable option,

Article 3, J, Fair Share Fee from the 2015-2018 Negotiated Agreement shall immediately be reinstated to the current Negotiated Agreement between the Coshocton City Board of Education and the Coshocton City Education Association and any needed changes due to differences in law be negotiated within sixty (60) calendar days.

J. Association and Administration Meetings

The principal(s) shall meet once a month while school is in session with association building representatives to discuss matters of concern. The dates of these meetings shall be established in consultation between the principal(s) and the building representatives. Each party shall be responsible for ensuring the appropriate representatives are present for the issues presented.

At the request of the Association President and/or the Superintendent, the Association President and the Superintendent or their designees shall meet monthly to discuss matters of concern. The time and place shall be mutually agreed upon.

Each party shall present the other with a list of issues of concern at least one week prior to the meeting.

Meeting times shall be determined mutually and scheduled within collaborative time in each building whenever possible.

K. Association Membership

Association membership is annual with the membership year being September 1 through August 31. Once a member enrolls such membership shall be continuous thereafter for each subsequent membership year unless the individual cancels their membership.

Any individual who wishes to cancel their membership must notify the Association Treasurer, with a copy to the Association President, in writing between August 1 and August 31. A member may cancel their membership outside of the aforementioned cancellation period but shall be responsible for all remaining dues and assessments of the current membership year and by such cancellation acknowledges that he/she is forgoing any rights specifically reserved to members of the Association.

ARTICLE 4
LEAVE PROVISIONS

Part-time teachers will receive leave benefits proportionately equal to the ratio of their employment vs. full-time employment.

Misuse or falsification of any signed statement in the use of leave shall result in the employee having a day's pay deducted for each day of leave that was misused or for which the employee falsified a signed statement, and is also grounds for suspension or termination of employment under Section 3319.16 of the Ohio Revised Code.

SECTION I: SICK LEAVE

Bargaining unit members shall be authorized sick leave in keeping with provisions of the Ohio Revised Code and the Board policy as herein stated.

Bargaining unit members shall accrue sick leave at the rate of 1 ¼ days per month while under contract with the Board, for a maximum of fifteen (15) days per year.

A bargaining unit member newly hired to the district shall be credited accumulated sick leave to a maximum of two hundred fifty (250) days provided that his/her employment by the Board takes place within ten (10) years of the date of the last termination of public service by the employee.

Effective September 1, 2023, unused sick leave may be accumulated to a maximum of three hundred (300) days.
Upon beginning the duties of employment, bargaining unit members new to the district shall be granted five (5) days of sick leave, but the maximum annual accumulation shall be fifteen (15) days.

A. Use of Sick Leave

Bargaining unit members may use sick leave for absence due to illness, illness related to pregnancy, adoption, injury, and exposure to contagious diseases which could be communicated to other employees or to pupils, and to illness or death in the immediate family as follows:

1. For personal illness or injury, or exposure to contagious disease, the teacher may use accumulated sick leave.

2. For serious illness in the teacher's immediate family:

   a. Immediate family includes father, mother, brother, sister, wife, husband, children (step and foster), grandparents, in-law relatives, grandchildren, uncle, aunt**,** and domestic partner.

   b. Domestic Partners are defined as two adults who have chosen to share one another's lives in an intimate and committed relationship of mutual caring. The requirements to be domestic partners are:

      1. The two must live together;
      2. The two must agree to be jointly responsible for each other's basic living expenses during the Domestic Partnership;
      3. Neither person may be married or a member of another domestic partnership;
      4. The two must not be related in a way which would prevent them from being married to each other;
      5. Both must be over 18;
      6. Neither person had a different domestic partner in the previous six months (this requirement does not apply if the partner died);
      7. The two must sign a Declaration of Domestic Partnership with the Payroll/Human Resources Department (form to be mutually agreed upon by the Superintendent and CCEA).

3. Sick leave may be granted in minimum units of one quarter (1/4) day**.** One quarter [1/4] day shall be one [1] to one hundred ten [110] minutes.

4. Adoption Leave

A bargaining unit member may use sick leave for adoption purposes. Upon application to the Superintendent, a maximum of eight (8) weeks of sick leave may be granted for adoption purposes in the event it is required by the adoption agency or the attending physician. The first ten (10) consecutive paid workdays of the eight (8) weeks will be Paid Child Care Leave (per section II of this article); the remainder of the leave will be using the employee's available sick leave. If the eight (8) weeks has been exhausted during the summer, the parent may take the ten (10) Paid Child Care Leave days within the first ten (10) days of the school

year as stated in section II of this article.

5. Maternity Leave: A bargaining unit member may use sick leave for maternity leave from the date of birth of her child. Leave will be granted for eleven (11) weeks. This will commence from the day after the birth of the child. The first ten (10) consecutive paid workdays of the eleven (11) weeks will be Paid Child Care Leave (per section II of this article); the remainder of the leave will be using the employee's available sick leave. If the eleven (11) weeks has been exhausted during the summer, the mother may take her ten (10) Paid Child Care Leave days within the first ten (10) days of the school year as stated in section II of this article**.**

6. Non-birth Parent Leave: A bargaining unit member, who is a non-birth parent, may use sick leave from the date of the birth of the child. Leave will be granted for four (4) weeks. This will commence from the date of birth of the child. The first ten (10) consecutive paid workdays of the four (4) weeks will be Paid Child Care Leave (per section II of this article); the remainder of the leave will be using the employee's available sick leave. If the four (4) weeks has been exhausted during the summer, the parent may take the ten (10) Paid Child Care Leave days within the first ten (10) days of the school year as stated in section II of this article.

7. Absence due to death in the family of a teacher shall not exceed five (5) working days unless approval of additional days is granted by the Superintendent. Sick leave as authorized under this section shall not exceed the number of accumulated and unused sick leave days to the credit of the teacher.

8. Teachers on a Board approved leave of absence or disability leave may elect to carry insurances and the insurance premiums shall be paid by said teacher at the group rates ten (10) days before the due date so long as the carrier agrees.

9. If any bargaining unit member exhausts his or her accumulated sick leave, and is not eligible for STRS disability, then the Board shall continue to pay all insurance premiums required by this contract for the employee until the contract year in which the employee exhausted his or her accumulated sick leave ends.

B. Procedure

The employee wishing to use sick leave shall complete a sick leave request before absence from duty, when possible. If not possible before absence from duty, the teacher shall complete the written sick leave request form within one day of returning to work from leave.

C. Application and Enforcement

The Superintendent shall be the "responsible administrative official" for the application and enforcement of these regulations and shall in all cases be guided by the policy and procedure herein set forth.

D. Worker's Compensation

If the absence of a teacher is due to an accident or injury to a teacher which is compensable under the rules governing Worker's Compensation, it shall be the duty of the teacher to apply for such compensation.

E. Sick Leave Bank

A sick leave bank shall be established for the purpose of providing additional sick leave to a member of the sick leave bank who will exhaust all of his/her accumulated sick leave for the remainder of the school year due to the catastrophic illness or injury of the employee or immediate family as defined in Section I-A (2).

1. Any bargaining unit member may become a member of the sick leave bank by donating up to a maximum of five (5) days of his/her accumulated sick leave on an annual basis. This sick leave donation will occur during the month of September. Any employee hired after October 1st shall have thirty (30) school days to donate to the sick leave bank.

2. Each member may withdraw from participation in the bank at any time, but the days they have donated are not refundable to them.

3. Only members of the sick leave bank are eligible to receive sick leave bank benefits.

4. Members of the sick leave bank are eligible to draw up to forty (40) days per school year from the bank if all of the individual's accumulated sick leave, personal leave and available sick leave advance have been exhausted. In the event of a member's prolonged catastrophic illness and the need arises for additional sick days, the member may apply to the sick leave committee for additional days in increments of ten (10) days not to exceed a total of ninety (90) days for the contracted school year. The committee shall convene to assess the need and grant or deny additional days.

5. Initial requests shall be presented to the Superintendent for approval. All appeals will be heard by a sick leave bank committee which will be comprised of two (2) representatives from CCEA and two (2) representatives from the administration. The committee shall have the authority to request from the employee additional information regarding their request. In the event of a tie, the OAPSE President will be added to the committee to help make a final determination. Decisions of the committee are not subject to the grievance procedure.

6. The Board shall remit the regular salary to the sick leave bank member for each donated sick leave day used.

7. The total number of days that can be in the bank at any one time is 350 days. However, if a new employee to the district wishes to join and the maximum number of days has already been met, the employee will be permitted to donate one (1) day.

8. Any CCEA officer may request the balance at any time.

9. Should the bank be exhausted in any school year, a request will be made for additional donations.

10. In no case shall the sick leave bank prevent or prolong an employee from applying for and going on disability retirement. It may not be used after the employee has been approved for disability.

11. An employee who is using donated sick leave will not earn additional sick leave.

12. Donated sick leave days may not be used for severance purposes.

SECTION II: CHILD CARE LEAVE

When a teacher requests leave under this section, they shall notify the principal and Superintendent sixty (60) calendar days prior to the expected date of leave, if possible, or when possible, thirty (30) calendar days prior to the expected date of commencement of leave. Such notification shall be as prescribed by the Board. Bargaining unit members shall notify the Board of their expected date of return as soon as is practical following a birth or adoption.

Child Care leave shall be paid for ten (10) consecutive workdays and shall be available for both parents, from the date of the birth or adoption. For a summer birth or adoption, the childcare leave may begin at any time during the first ten (10) work days of the following school year.

For Child Care leave, FMLA shall run concurrently beginning with the birth date of the child or official adoption date of the child.

A member of the bargaining unit may request and will be granted up to one (1) year of unpaid Child Care Leave, except that up to two (2) years leave will be granted in the event it is required by an adoption agency and/or the child suffers from a serious illness or disability. When possible, such leave will commence and end coinciding with the beginning or ending of a semester as adapted to the school board calendar. During the term of the leave, the member may maintain his/her insurance benefits by paying the group rate to the treasurer. Every effort shall be made to effect restoration to the original or comparable position held at the time said teacher went on unpaid Child Care Leave.

In the event the employee wishes to purchase the time on leave pursuant to this provision for retirement purposes, the employee shall pay his/her share of the cost of the retirement purchased as well as one half (1/2) of the Board's share of the cost of purchasing the leave for retirement purposes. This paragraph applies to leaves approved after August 31, 1993.

SECTION III: PERSONAL LEAVE

The Board shall grant four (4) working days per year per teacher with pay for unrestricted personal leave, which days shall not be deducted from sick leave. For personal leave not used during the course of the school year, the employee will receive one (1) day's sick leave credit for each day not used (subject to maximum sick leave accumulation).

All arrangements for use of personal leave shall be made through the Superintendent's office in reasonable time to allow employment of substitutes. Three (3) days' notice shall be given to the Superintendent for requests of unrestricted personal leave. Periodic memos will be sent to all staff regarding statistics of personal leave usage. Personal leave may be used in one quarter (1/4) day increments. (One quarter [1/4] day shall be one [1] to one hundred ten [110] minutes.) Personal leave may not be used the day before or after a holiday, or vacation period, or the last day of school. These restrictions may be waived under certain extenuating circumstances as determined by the Superintendent.

SECTION IV: MEDICAL LEAVE

Medical leave of absence without pay may be granted upon proper application of a teacher who has exhausted his/her accumulated sick leave and is still unable to return to work. Medical leave shall only be granted upon the submission of a doctor's certificate indicating both the necessity for such leave and the reasonableness of anticipated return. A corroborative statement from a physician selected by the Superintendent (at Board expense) may be required.

Such leave will commence on the day that accumulated sick leave is exhausted and the teacher has no earnings due.

Medical leave may also be used for the immediate family as defined under sick leave.

Leaves shall be granted for one (1) year or less (semester) and upon recommendation of the Superintendent and Board approval, may be extended for an additional one (1) or two (2) semesters.

A teacher may be placed on an involuntary leave of absence by the Board in keeping with provisions of Section 3319.13 and 3319.16 and related sections of the Ohio Revised Code for mental and physical disabilities.

The Board shall continue to carry (the teacher) on payroll records for insurance purposes and the premium shall be paid by the teacher at the group rate providing the insurance carriers agree.
Every effort will be made to return the teacher to the original or comparable position held at the time said teacher went on medical leave.

Any additional unpaid leave in this section shall result in a salary adjustment as per Article 26, Section 1.

SECTION V: NON-USE COMPENSATION

Any bargaining unit member who does not use any sick leave and/or personal leave or days without pay during the school year shall be compensated $200. Any bargaining unit member who has used no more than one (1) day of sick leave and one (1) day of personal leave per school year and no days without pay shall be compensated $100.

SECTION VI: EDUCATIONAL AND/OR SABBATICAL LEAVE

The Board may grant an educational leave (without partial salary) or sabbatical leave (with partial salary) according to the following provisions:

A. Application for the leave must be made in writing to the Board by March 1st of the school year prior to the year of the leave.

B. A teacher shall have had five (5) continuous years of teaching in the system.

C. A written plan of professional growth and improvement must be submitted to the Superintendent with the request for leave.

D. No more than two (2) teachers may be on Sabbatical, or two (2) teachers on Educational Leave at one time in the district for a total of four (4) people.

E. A second leave may be granted after the completion of five (5) continuous years of teaching in the system after the original leave.

F. Teachers returning from Educational Leave must notify the Superintendent in writing before March 31 of their intention to return.

G. A teacher on sabbatical leave must return to the district for one (1) full school year or repay all or any part of the salary received.

H. The part salary shall be the difference between the regular salary and the cost of a replacement teacher.

I. Teachers returning to the district shall be placed in the same or equivalent position held prior to the leave and shall not receive the incremental experience step.

J. A teacher on leave may retain all insurance benefits by paying the premiums to the treasurer ten (10) days before the due date providing the insurance carriers agree.

SECTION VII: CIVIC LEAVE

A. Military Leave

Military leave shall comply with Ohio Revised Code Section 5923.05.

B. Jury Duty

The Board shall pay a teacher regular compensation when said teacher serves as a juror. Teachers will be excused upon request and will return to the Treasurer any remuneration (less expenses) received while serving in said capacity.

C. School Related Court Proceedings

Work missed due to job related court order shall be without loss of pay or penalty of personal leave. Any remuneration (less expenses) received from the Court shall be returned to the Treasurer. A copy of the Court Order shall be forwarded to the Treasurer.

SECTION VIII: PROFESSIONAL LEAVE

A. Professional meetings must be in an appropriate and/or related field and must have prior approval of the building principal and the Superintendent. Funds will be budgeted each school year on the basis of $125 per bargaining unit member in the building with travelling teachers being counted at their home school as determined by the administration. Annually by June 30, the Association President shall receive a list of all bargaining unit members who used professional leave and said list shall also include the actual cost of professional leave funds that was spent on each person, and the remaining balance of the budgeted funds. This balance will not carry over to subsequent years. Expense reimbursement will be limited to guidelines contained in paragraph D, unless the professional leave is at the request of the district administration, in which case all expenses will be paid by the district (tuition will be reimbursed as per Article 14).

B. Application for leave must be applied for at least ten (10) days in advance of the meeting.

C. Receipts must be attached to reimbursement forms for all expenditures. Conference funds from other sources will not be deducted from this allocation. The use of other funds by a bargaining unit member will not exclude him/her from participation in the use of this fund.

D. Bargaining unit members who use professional leave shall be reimbursed for expenses incurred. Expense reimbursement shall not exceed the following maximums:

1. Registration - Actual cost, not to cover membership and not to exceed $250.00 per teacher, per year, subject to the building budget.

2. Travel by motor vehicle - Actual cost, not to exceed the maximum rate permitted by the IRS in effect at the start of each contractual year. Teachers are encouraged to car pool and/or use school provided transportation (van), if available.

Expenses beyond these maximums are to be assumed by the individual teacher.

E. Professional meetings may be approved without reimbursement, but the Board shall provide a substitute.

F. Expenses incurred at meetings, tournaments, workshops, conferences or events for athletics will have reimbursement paid by the Athletic Department within the discretion and availability of athletic funds.

SECTION IX: ASSOCIATION LEAVE

The Association shall be granted five (5) days annual leave for representatives to attend professional business meetings. This leave is non-cumulative. The Board will pay the expense of the substitute. The Association will be responsible for the expense of the representative(s) at such meetings.

The Association president shall not be assigned duties during their term as president. Duties otherwise assigned to the president shall not be added to grade level personnel's normal rotation.

SECTION X: ASSAULT LEAVE

A teacher who is absent due to disability resulting from a physical assault upon said teacher, if the assault occurs while in required attendance at an official school function, or in carrying out duties directly related to the role and responsibility of the teacher, or in the course of said teacher's contracted employment during his/her regular work year, then up to twenty-five (25) days of assault leave will be granted. During such assault leave, said teacher shall be maintained on full pay basis. Eligibility will be based on a signed statement by the teacher within two (2) school days after the incident occurs, or later at the discretion of the Superintendent, which shall include but not be limited to the following:

A. Nature of the injury.

B. Date and time of the occurrence.

C. Identification of the individual or individuals causing the assault, if known.

D. Facts and circumstances surrounding the assault.

E. A certificate from a licensed physician describing the nature of the injury sustained causing absence.

F. A statement indicating a willingness to participate and cooperate with the Board if the Board decides to pursue legal action against the assailant(s).

Assault leave granted under this section shall not be charged against sick leave or personal leave. At the end of twenty-five (25) days, the Board may grant a maximum of ten (10) additional days of assault leave and the teacher may use sick leave or receive worker's compensation (if eligible) for the period of the physical disability.

SECTION XI: FAMILY AND MEDICAL LEAVE ACT

Members and the Board shall abide by the Family and Medical Leave Act of 1993 (FMLA). Eligible staff members may take up to twelve (12) work weeks of job-protected, unpaid leave for reasons under the law and outlined in Board Policy 3430.01.

Staff members are "eligible" if they have worked for the Board for at least twelve (12) months, and for at least 1,250 hours over the twelve (12) months prior to the leave request. All full-time instructional employees are deemed to meet the 1,250-hour requirement. The twelve (12) month period is defined as a

rolling twelve (12) month period measured forward from the date the staff member's first FMLA leave begins (i.e. the "leave year" is specific to each individual staff member).

The Board shall require the staff member to "substitute" (i.e. run concurrently) any of his/her earned or accrued paid sick leave for unpaid FMLA leave beginning on the eleventh (11^{th}) day of leave except in the case of a birth or adoption which will run from the date of the birth or adoption. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the District's normal leave policy. The staff member is entitled to unpaid FMLA leave if they do not meet the Board's conditions for taking paid leave. On occasion, The Board may waive any procedural requirements for the taking of any type of paid leave.

SECTION XII: GENERAL LEAVE PROVISIONS:

A. STRS Credit: In the event the employee wishes to purchase the time on leave pursuant to this provision for retirement purposes, the employee shall pay his/her share of the cost of the retirement purchased as well as one half (1/2) of the Board's share of the cost of purchasing the leave for retirement purposes.

B. Additional unpaid leave: Any additional unpaid leave in this section shall result in a salary adjustment as per Article 26, Section 1.

ARTICLE 5
VACANCIES

SECTION I: VOLUNTARY TRANSFER AND/OR ASSIGNMENT

A. Statutory authority for the assignment of teachers and other duties rests with the Superintendent, subject only to the following express limitations. In filling vacancies, teachers on layoff shall be given first consideration. If there are no teachers on layoff qualified to fill the vacancy, then the Board and the Superintendent agree that no teacher or lay person presently employed outside of the Coshocton City Schools will be employed until staff members who are (1) currently employed in the Coshocton City School District; (2) who have applied for the position in a timely manner as required by this Article; and (3) who are deemed by the Superintendent to meet all criteria established under Section I (B) of this Article have been given first consideration. Vacant positions and newly created positions shall be posted during the school calendar year by email. No bargaining unit position shall be filled until the posting and voluntary transfer provisions of this contract have been followed. Whenever a vacancy arises, or a new position is created, the Superintendent shall promptly post a notice via school email for no less than five (5) days that the Board office is open for business before the position is filled. In the event of an in-term vacancy, the Superintendent may fill the vacancy with a substitute teacher. The position will be posted at the time the in-term vacancy occurs. However, to minimize academic disruption, the position will not be filled until the end of the semester or the end of the school year. Additionally, teachers shall have the opportunity to request transfer of assignment and to receive notices of vacancies on the letter of intent filed in February. All summer communications shall be through personal email accounts if requested by employee through school email to Superintendent's designee. During the summer vacation, all job vacancies will be posted on the District website and communicated through email alerts. Responses in writing to the Superintendent must be received within four (4) days from the email notification. Email is an accepted written response but must be properly sent to the email addresses indicated on the posting notice. However, between August 1st and the first day of school**,** it will be unnecessary for the Board to follow posting procedures. For the purposes of this Article, vacancy includes all bargaining unit

positions (e.g., supplementals, teaching assignments, etc.). Notice of all vacancies shall be forwarded to the president of the Association on the day of posting by email.

B. In acting on a request for voluntary reassignment and/or transfer, the following criteria apply:

1. Certification/Licensure required by the State of Ohio.

2. If one or more applicants satisfy the criteria in number 1, consideration shall be given to the applicant with the greatest number of years of service in the school system.

SECTION II: INVOLUNTARY TRANSFER AND/OR REASSIGNMENT

A. When an involuntary transfer is required because no certified staff member desires reassignment, the Superintendent will identify those staff members who qualify for the involuntary transfer and/or reassignment using the following criteria in all cases:

1. Certification/licensure required by the State of Ohio.

2. If one or more applicants satisfy the criteria in number 1 above, the teacher with the least number of years of service in the school system will be reassigned and/or transferred.

C. An involuntary transfer or reassignment after August 1st to be effective during the current school year will be made only after a meeting between the teacher involved and the Superintendent and upon the agreement of the teacher. The teacher may at his/her option have a representative of his/her choice present at such meeting. Any reassignment made pursuant to this policy shall be done in the best interest of the school district using the criteria established in Section II: A, 1 and 2.

ARTICLE 6
PROFESSIONAL CONCERNS

SECTION I: TEACHING CONDITIONS

A. When, in the judgment of a teacher and the principal, or the principal acting alone, a student requires the attention of a counselor, pupil personnel services employee, physician or other specialist, the principal will arrange as soon as possible for a conference among himself/herself, the teacher and the specialist to discuss the problem and to decide upon appropriate steps for its resolution.

B. All requests for custodial and/or maintenance services shall be made in writing to the Building Principal on work order forms available in each Building Office. Feedback on routing, status, and disposition will be returned to the teacher in a timely fashion. A monthly status report will be posted by the Principal in each building.

C. Physical force may be used by a teacher to protect himself/ herself or another teacher and/or student from possible injury, or, in an extraordinary case of breach of discipline, to restrain a disruptive pupil, provided the force used is reasonable under the circumstances. Teachers will immediately report all such instances as well as any cases of assault on themselves in connection with their employment, to their principal or immediate supervisor in writing, if requested, giving in detail the circumstances thereof.

D. Teachers employed under regular contract to perform duties shall be governed by, but not limited to, the following working conditions:

1. Each teacher shall have a daily, continuous, uninterrupted planning period of at least one class period at the middle and high schools and at least 40 minutes at the primary and intermediate school levels during the teacher day for instructional planning, evaluation and conference (common structured planning time may be used for such things as grade level meetings, TBT, in-service, professional development, etc.) Common time and regular planning periods shall not both be used within the same day. Teachers shall not be responsible for student supervision during their planning period.

2. Travel time during the school day shall not be considered lunch or conference time. Members of the teaching staff involved in travel from one building to another during the school day shall be reimbursed at the IRS rate in effect at the start of each contractual year. The Superintendent will review this in August and January. Travel to and from any building at the beginning or end of any school day shall not be considered as traveling teacher expense.

3. During five (5) days at the end of each quarterly grading period, common time/common structured planning time as referenced in (D)(1) of this article shall be uninterrupted teacher-directed planning time for the purpose of analyzing and recording required data. Two of these days shall fall prior to the day that grades are due.

E. Class size shall be as balanced as possible, and information summarizing class sizes shall be provided to the Association President on a monthly basis. The following objectives should be pursued:

1. Adequate instructional material shall be provided for all students including textbooks, consumable supplies, etc.

2. Teachers are to be provided necessary materials to instruct their respective classes and perform their duties of assignment.

3. No class shall exceed the number of desks or training stations available for the number of students assigned at any one time.

4. The Board shall make reasonable effort to adhere to the following enrollment goals in regard to class size:

   a. Kindergarten: 18-22 students
   b. Grades 1-3: 22-26 students
   c. Grades 4-6: 24-30 students
   d. Middle and Secondary: 24-30 students

5. Class size, appropriate placement of students, and enrollment distribution shall be a standing agenda item at monthly Association and Administration meetings pursuant to Article 3 (J).

6. Assignment of secondary and elementary departmentalized teachers should be so arranged that no one teacher has more than three (3) lesson preparations per day during any one semester. This does not pertain to self-contained classrooms or specials/related art classes.

7. In an emergency, if a teacher has four (4) lesson preparations, the teacher shall not be assigned extra duties.

8. Special classes shall not exceed the number of students as directed by Federal or State

regulations. Class size will be as balanced as possible within each special needs class.

9. Class size will be determined for the regular elementary classroom by the following criteria:

   a. Any students without special needs who are assigned to a teacher for the purpose of instruction, testing and assessment will be counted on the regular classroom teacher's roll.

   b. Any identified disabled student assigned to a class for two of the following subjects: language arts, social studies, science, or math in which the teacher shall be responsible for planning, instructing, assessing, and record keeping for the student will be counted on the regular classroom teacher's roll.

   c. Any special needs student who is assigned to a classroom only for homeroom, lunch, recess, art, music, and/or physical education shall not be counted on the regular classroom teacher's roll.

   d. It is the responsibility of the building principal to assign special needs students to specialists (art, music, and physical education teachers) and to duty teachers so that their class sizes or duty periods remain as balanced as possible after the inclusion of the special needs students.

F. All teachers shall be provided with a classroom which shall:

1. be clean
2. be free of outside distractions
3. have adequate facilities for the class size and conducive to successful learning

G. Children of non-resident bargaining unit members shall be admitted to the Coshocton Schools tuition free provided space and program are available as determined by the Superintendent and provided the child has not been a discipline or attendance problem in his/her school district of residence. In addition, if the child has special needs which would require an expenditure of money for that child in excess of the average expenditure per child expended by the Board on a district-wide basis, the employee will be responsible for the amount spent to educate his/her child in excess of the district's average expenditure per child.

Applications must be filed for each child by June 1 prior to the start of the school year of desired attendance. The application must be filed at the Superintendent's office. The Superintendent shall respond by June 30.

SECTION II: TEACHING ENVIRONMENT

A. All buildings, grounds, materials, and equipment are to be safe, clean, attractive as possible, adequate in quantity and quality, and be in as good operative and/or functional condition as can be provided within the district's financial capacity. The Board further recognizes that purchasing and maintenance programs should be pursued to ensure a good teaching environment.

B. A Building Safety Committee made up of the Principal, Secretary, Custodian, and Association Building Representative will meet monthly to hear concerns and review progress towards previous issues/concerns of unclean, unsafe, and unhealthy conditions within a building. The committee will recommend an action plan to the Principal regarding possible solutions. A summary of each meeting will be forwarded to the Superintendent.

C. All requests for custodial and/or maintenance services shall be made in writing to the Building Principal on work order forms available in each Building Office. Feedback on routing, status, and disposition will be returned to the teacher in a timely fashion. A monthly status report will be posted by the Principal in each building.

D. All teachers shall turn in a checklist to their building principal by April 1 indicating items that should be purchased, replaced, repaired, or in any way need attention.

The items will be prioritized by the principal and the complete checklist sent to the office of the Superintendent for action. This checklist will provide ample time for the building principals, Superintendent, and Board to attempt to make the necessary improvements before the following school year commences.

E. There will be provided in each educational center and/or building a room designated as the teachers' lounge.

F. The Board recognizes the need for storage, work area, and faculty restroom facilities and will make every attempt to provide these.

G. Each building will be provided with a phone for personal phone calls in a private environment in or near the teachers' lounge.

All teachers shall be provided a private environment to make professional phone calls in all buildings.

All long-distance phone calls will be approved by the building principal or his/her designee.

H. All teachers will, when possible, be provided with adequate parking space on school owned property and adequate parking lot supervision to prevent damage to vehicles driven to school.

SECTION III: LABOR MANAGEMENT COMMITTEE

A committee shall be established as an aid to communications between the parties. The membership of this committee shall be the Superintendent and a maximum of three (3) persons appointed by the Superintendent, plus the Coshocton City Education Association President and a maximum of three (3) persons appointed by the Coshocton City Education Association President. Additional persons may be invited by either party to the meeting to provide information if needed.

All meetings shall be held at a mutually convenient time and date no less than bi-monthly. Meetings may be called by either the Superintendent or the Association President. The party requesting the meeting shall inform the other party as to the reason for calling the meeting. The party requesting the meeting shall serve as Chairperson of the meeting.

The purpose of the meeting shall be to assist in the process of open communications between the parties. Its procedures shall consist of joint, informal discussion aimed at clarifying or addressing issues of concern to both parties. The open discussions held by this committee shall not be construed as negotiations nor as an official decision-making process. The discussions of this committee shall not result in modifications or additions to the Negotiated Agreement.

Upon the agreement of both parties, the Federal Mediation and Conciliation Service (FMCS) will be contacted to provide initial training and to assist in resolving remaining issues if needed.

ARTICLE 7
INDIVIDUAL RIGHTS

The Board agrees that all teachers are entitled to full rights of citizenship regardless of race, creed, sex, place of origin.

The Board agrees that teachers have the right to participate in professional and civic organizations for their personal benefit and interest, as long as it does not interfere with his/her contractual duties.

The Board further agrees that teachers have the right to exercise their constitutional rights or political involvement without fear of reprisal or discipline in any form as long as it does not interfere with his/her contractual duties.

The Board further agrees that the private and personal life of any teacher is not within the appropriate concern or attention of the Board as a condition of employment or renewed employment as long as it does not interfere with his/her teaching duties nor conflict with the statute of the State of Ohio Revised Code**,** including the required criminal background checks specified in HB 79 and HB 190. The Board further agrees that teachers may wear insignias, pins, or other identification of membership in the Association or other civic or professional organizations on school premises or place insignias on individual members' mailboxes.

The Association agrees that teachers shall abide by Board policies and the negotiated agreement in effect, and as provided in individual teachers' contracts, to the extent that his/her personal safety and the students' well-being will not be threatened or damaged.

The Association supports the Board's policy of a Drug Free/Alcohol Free Workplace as stated in the Policy Manual and the Administrative Guidelines.

ARTICLE 8
COMPLAINTS AGAINST PERSONNEL

When a complaint is made to the Board or any of its members or school administrators by a party concerning a teacher's conduct or other activities that relate to the teacher's employment duties, the teacher shall be informed of the stated concern by the appropriate administrator. The appropriate administrator and teacher shall attempt to resolve the concern with the complainant. No complaint shall be investigated unless the identity of the complaining party is provided to the teacher, as well as the nature of the complaint. If the complaint is deemed frivolous and not investigated by administration, the complaint is considered dismissed. Once so dismissed, the complaint shall not be recorded or otherwise considered in the future.

Should the person still not be satisfied and bring the concern to the Board, after hearing the complaint the Board shall refer the complaint to the Superintendent or appropriate administrator for investigation. The teacher shall be so informed and have the right to provide information concerning the issue to the appropriate administrator with rights of representation and due process. Should the issue come again before the Board, the teacher shall be so informed and have the right to provide the Board information concerning the issue, in executive session and with rights of representation. Any meeting with the Board pursuant to this procedure shall be in executive session. If there are any questions concerning the procedure, the teacher has due process rights under the grievance procedure.

If the Board or a member of the Board is contacted by a person with a complaint, the Board will advise the person to follow the provisions.

Only formal reprimands shall be placed in the teacher's personnel file and only after the above procedure has been followed.

However, complaints of suspected child abuse shall be reported as required by Ohio law.

ARTICLE 9
PERSONNEL FILES

The Board agrees to notify all teachers of any records being kept on said teacher. This notification will cover all personnel files, those kept by the principal, Superintendent or Board. Any information being added to said teacher's personnel file will require the notification of said teacher, except for regularly maintained business records and documents. If the teacher disputes the accuracy, relevance, timeliness or completeness of information on him/her maintained in said file, that teacher shall have the right to add rebuttal or request a hearing with the principal and/or Superintendent on any material in his/her file that he/she deems incorrect or incomplete. If the teacher still disputes the information placed in the file, he/she may request a hearing before the Board and/or request that the Board investigate the appropriateness of the material within a reasonable time of receiving the request. The Board will make a reasonable investigation to determine if the disputed information complies with the provision of the law. Any teacher in the Coshocton City Schools and his/her representative shall have free access to their personnel files with the exception of confidential materials sent to the Board by employment bureaus and/or letters of recommendation.

The files will be located in the Board office. The Superintendent or his designee is to be present while the teachers examine their file. A copy of the Professional Performance Appraisal will be in temporary custody of the principal. At the conclusion of the Professional Performance Appraisal Program, the copy will be forwarded to the Board office and all copies will be kept from year to year while the teacher is a teacher of the Coshocton City Schools.

Anonymous complaints shall not be placed in the personnel file of the teacher. At the written request of a bargaining unit member, written reprimands, matters of discipline or other negative materials shall be removed from the member's personnel file, three (3) years after being placed in the file, provided that no intervening incidents have occurred regarding such matters.

ARTICLE 10
DISMISSAL AND REPRIMAND PROCEDURES

SECTION I: TERMINATION OF CONTRACT

Termination of a teacher's contract shall be according to Section 3319.16 and related provisions of the Ohio Revised Code as constituted on January 1, 1996, and not subject to the grievance procedure.

SECTION II: NON-RENEWAL OF LIMITED CONTRACTS

A. Non-renewal of a limited contract shall be in accordance with the provisions of Section 3319.11 Ohio Revised Code, except that on appeal the issue will be whether the Board followed the evaluation timelines of Article 17 of the contract, not Section 3319.111, ORC.

B. Non-renewal of three-year limited contracts shall be due to a teacher's lack of ability, low degree of professional competency or other good and just cause as determined from formal evaluation by the

school administration.

C. The grievance procedure may be utilized to challenge the non-renewal of 3-year limited contracts on the basis of Section II-B. above, i.e., just cause.

This policy shall not be construed to limit any professional or legal rights of the Board or teacher involved in obtaining due process.

SECTION III: REPRIMAND PROCEDURE

A. When in the judgment of the Superintendent or an administrator a verbal or written reprimand is warranted, the reprimand shall be done within ten (10) working days of becoming aware of the occurrence. A single incident shall not warrant both a verbal and written reprimand.

B. The reprimand should not be in the presence of another person unless the health and safety of person or property is endangered. If a verbal reprimand is to be given, the administrator will maintain personal notes as to the date and reason of the actual verbal reprimand and clearly state words to that effect to the member. If that does not occur, then there is no reprimand. Verbal reprimands shall not be placed in the personnel file.

C. A written reprimand is to be given if the violation is of a serious nature or a repetitive nature. Prior to writing a reprimand, a hearing shall be held with the teacher and his/her representative. Both parties shall sign that the reprimand has been received. The reprimand shall be placed in the teacher's personnel file. A statement by the teacher may be attached to the reprimand within fifteen (15) working days after the hearing.

SECTION IV: REPRESENTATION

Bargaining unit members have the right to Association representation at every level in any reprimand, discipline or dismissal meeting.

ARTICLE 11
REDUCTION IN FORCE

In the event that a reduction of teaching personnel becomes necessary due to a decline in student enrollment, return to duty of regular teachers after leave of absence, suspension of schools, territorial changes, or lack of funds, the reduction will be in keeping with the provisions of this article. Reductions shall make reasonable effort to adhere to enrollment goals specified in Article 6 (E)(4).

A. Teachers who leave the system through retirement, resignation, non-renewal for performance reasons or for other causes will not be replaced by new teachers insofar as program needs and good educational practice make it possible to do.

B. Additional reductions will be achieved in accordance with the suspension of contract procedures set forth in Section 3319.17 Ohio Revised Code. Contracts will be suspended by areas of certification/licensure as determined by the Board. When this procedure is followed for a reduction in force and contracts are suspended, preference will be given first to teachers who have continuing contracts over those holding limited contracts, and second to teachers with comparable evaluations who have greater length of continuous service. Teachers whose contracts are suspended will have the right of restoration of service in the order of length of continuous service if and when teaching positions become vacant or are created for which any such teachers are certified.

C. 1. Notification

A meeting shall be held between the representatives of the Association and representatives of the Board to review reasons necessary for a RIF. A formalized list indicating the positions to be abolished within each area of certification shall be prepared by the administration and provided to the Association at this meeting.

2. Having made the determination that a reduction in force is to be recommended to the Board under this Article, the Superintendent shall inform the Association President of the decision at least fourteen (14) calendar days prior to the Board meeting at which action will be taken on the reduction.

D. 1. Length of Continuous Service

Bargaining unit members with longer continuous certified/licensed service, under regular contract, in the Coshocton City School System, will be retained in preference to those with less continuous employment certificated/licensed to teach in the same field, provided they have comparable evaluations as follows:

a. Under OTES 2.0, employees shall receive a final holistic rating of "ineffective", "developing", "skilled" or "accomplished".

b. There shall be four (4) categories of comparable evaluations (Category 1, Category 2, Category 3 and Category 4) in which employees shall be placed based upon their final holistic rating.

1) Employees will be placed in Category 1, Category 2, Category 3, or Category 4 based on the final holistic rating they receive for their three (3) most recent evaluations.

a) Employees evaluated as "ineffective" for two (2) out of their last three (3) evaluations shall be placed in Category 4.

b) Employees evaluated as "developing" for two (2) out of their last three (3) evaluations shall be placed in Category 3.

c) Employees evaluated as "skilled" for two (2) out of their last three (3) evaluations shall be placed in Category 2.

d) Employees evaluated as "accomplished" for two (2) out of their last three (3) evaluations shall be placed in Category 1.

e) Employees who receive a different final holistic rating in each of their last three (3) evaluations shall be placed in the middle category -- i.e. an employee who received a rating in Categories 3, 1 and 2 respectively in their last three (3) evaluations shall be place in the category in the middle which is two (2).

f) An employee who earns a final "ineffective" rating within the three (3) years cannot be placed higher than Category 2.

g) Employees shall then be separated on a Length of Continuous Service list as follows:
   1. First by contract status (Continuing vs. Limited).
   2. Next by areas of certification/licensure.
   3. Next by evaluation Categories 1 through 4.

4. And finally, by dates of hire within the four (4) Categories beginning with the oldest date in descending order to the most recent date of Board hire.

h) The District shall provide by September 30th via e-mail to the Coshocton City Education Association President a *length of continuous service* list of all bargaining unit members which shows their contract status, placement in Categories 1 through 4, and their dates of Board hire. Refer to Article 12 Section 4, Length of Continuous Service List.

2. Length of Continuous Service Defined for Comparative Evaluation (as defined in D.1.b.3.g.4 above)

Length of continuous service shall be defined as length of continuous years of certificated/licensed service with the Board in a bargaining unit position from the most recent date of hire.

Date of hire shall be the date the Board votes to employ the teacher.

Full-time employees shall accrue one (1) year of length of continuous service for each year worked as determined by the minimal full-time standard as defined by this Contract.
Part-time employees shall accrue length of continuous service pro-rated against the minimal full-time standard as defined by this Contract.

No employee shall accrue more than one (1) year of length of continuous service in any work year.

3. Length of continuous service will not be interrupted nor increased by Board approved leaves of absence.

4. Where two or more teachers have the same employment length of continuous service, the following tie-breakers will be utilized:

a. The first tie-breaker shall be length of total certificated/licensed service to the district in a bargaining unit position.

b. The second tie-breaker shall be the date of the letter of intent to hire was signed by the bargaining unit member.

c. If a tie still exists, the tie shall be broken by a lottery.

E. Restoration

1. All teachers laid off, except those non-renewed for performance reasons, shall be offered re-employment in reverse order of reduction should openings occur for which they have the necessary certification/licensure.

2. Laid off teachers shall remain on the Length of Continuous Service list for a period of twenty-six (26) months beginning June 1st of the year of the layoff.

3. Notice of recall shall be by registered mail to the last address given to the Board by the teacher.

The teacher is obligated to keep the district Superintendent advised in writing of a telephone

number and mailing address where he/she can be reached.

The teacher must respond within fourteen (14) calendar days of receipt of notification of recall to work.

4. A laid off teacher on the recall list who refuses a full-time assignment for which he/she is qualified shall waive all future recall rights.

5. In absence of law to the contrary, teaching field shall refer to certification/licensure area.

6. The teacher will return to the same contract status.

ARTICLE 12
PERSONNEL

SECTION I: TEACHER CERTIFICATION/LICENSURE

The Superintendent shall not assign a teacher to a position for which the teacher does not hold a valid**,** current teaching certificate/license.

SECTION II: ADMISSIONS

Each bargaining unit member and his/her guest shall have free general admission to all regular school-related and sponsored functions held at home.

SECTION III: SUMMER EMPLOYMENT

The Board agrees that first consideration will be given to employing certified/licensed teachers presently employed and who have past and continuous summer school teaching experience. No teacher or lay person presently employed outside of the Coshocton City Schools will be employed in the summer school programs until open positions are posted and offered to all qualified staff members currently employed in the Coshocton City School District.

SECTION IV: LENGTH OF CONTINUOUS SERVICE LIST

An updated length of continuous service list shall be provided to the Association each year. The length of continuous service list shall show the names of all members of the bargaining unit separated by continuing and limited contracts, with the date of hire, and placement in OTES evaluation category 1-4. The length of continuous service list will be provided to the Association President by September 30 of each school year. Refer to Article 11, Reduction in Force.

ARTICLE 13
RELEASE TIME

The Coshocton City Board of Education shall grant release time for the following reasons:

A. Grievances

The President of the Association and/or the Grievance Chairperson, and the grievant shall be given

release time to attend grievance hearings at each step of the grievance procedure. This time shall include travel time to and from buildings. The administration shall establish the date, time and location of the hearings. (Not to include days school is not in session unless by mutual agreement.)

B. Arbitration and Court Hearings

All professional personnel required to appear at an arbitration or court hearing dealing with school business shall be granted release time for the length of the hearing. If a substitute, beyond those specified in Section A, is employed, the cost shall be paid by the loser.

C. The President of the Association shall be permitted to transact Association business on school property during his/her lunch, before or after his/her school day, and during his/her planning and conference period. If the President does not have a planning and conference period, the President will negotiate an equivalent time with the Superintendent. Association business will be conducted at such time that does not interfere with the contractual duties of any member.

ARTICLE 14
ACADEMIC TUITION PLAN

The Board, recognizing the possible benefits to be derived by the students and the community from teachers furthering their education in their fields of endeavor, hereby agrees to an academic tuition plan with the following stipulations:

A. Any teacher who is employed by the Board and is fully qualified by certification/licensure for the position he/she now holds, may apply.

B. The post baccalaureate and/or graduate study must be in appropriate and/or related fields of study and be from an accredited college or university. If there is any question as to whether the course meets these requirements, a ruling by the Superintendent shall be sought.

C. Applications must be approved prior to taking course work. The online application is located on the district website. Within five (5) working days of the time/date stamp, the bargaining unit member will be informed whether or not there are sufficient funds available for tuition reimbursement. If the fund is depleted during a school year, applicants who did not receive reimbursements due to fund depletion shall be reimbursed prior to the reimbursement of new applicants subject to fund availability during the life of this contract.

D. Compensation will be not less than fifty percent (50%) of an individual's tuition cost for the period.

E. There will be a limit of twelve (12) semester hours completed per reimbursed applicant per school year (September 1 through August 31) that may be claimed for reimbursement. Course work eligible for reimbursement must be completed during the life of this contract.

F. The fund for tuition reimbursement shall be $35,000 (thirty-five thousand dollars) per school year. Any unused funds shall be rolled over and allotted for the succeeding school year until the expiration of this contract.

a. Payment will be made upon submission of evidence verifying that the work was successfully completed (C or better and/or Pass if Pass/Fail), and a statement showing the cost of courses taken. A person will not be reimbursed for the same course more than once.

b. Satisfactory evidence will consist of the following: grade report or transcript, and a copy of a cancelled check, credit card receipt or receipt from the registrar.

G. A teacher will not receive reimbursement for courses taken which are being reimbursed by another agency.

G. Any bargaining unit member receiving reimbursement by the Board for tuition costs must agree to remain employed by the Board, if the Board so desires, for the following year. If the employee does not agree to remain in the Board's employment or does not in fact remain in the Board's employment after the Board has expressed its desire to have him/her do so, then the employee must reimburse the Board for any and all tuition reimbursements received in the previous year.

I. The Association shall receive written notice of the remaining tuition reimbursement fund balance by June 30th of each year. During the final year of the Master Agreement, if the tuition reimbursement fund balance reaches $10,000 (ten thousand dollars) or less, the Association will be notified immediately. In addition, on or near September 1st of each year of this contract, the Board will provide the Association with a listing of bargaining unit members who applied for and received compensation, and this listing will include the number of credit hours for which reimbursement for each member was made.

ARTICLE 15
SEVERANCE PAY

Any teacher in the Coshocton City Schools who has ten (10) or more years of service in the Ohio State Teachers Retirement System may elect, at the time of retirement from active service, to be paid in cash for a portion of his/her accrued unused sick leave credit in accordance with the following:

A. Teachers who qualify for severance pay but have less than ten (10) years of service in the Coshocton City Schools shall be eligible for payment of 25% of their unused sick leave up to a maximum of 160 days (40 days actual pay based upon their per diem rate at the time of retirement.)

B. Teachers who qualify for severance pay and have ten (10) or more years of service in the Coshocton City Schools shall be eligible for payment of 25% of their unused sick leave up to a maximum of 250 days (62.5 days actual pay based upon their per diem rate at the time of retirement.)

C. Such payment shall be based on the teacher's per diem rate of pay based upon the teacher's final base salary exclusive of any remuneration received through a supplemental contract at the time of retirement from active service. A one-time lump payment shall be made by the Treasurer of the Board, 1207 Cambridge Road, Coshocton, Ohio by September 30 following the teacher's effective retirement date or upon written request payment can be deferred to after January 1st but no later than January 30th of the following calendar year, and after the teacher has been entered on the retirement rolls of either the State Teacher's Retirement System of Ohio, or the School Employees Retirement System of Ohio, and shall be considered to eliminate all sick leave credit accrued by the teacher at that time. The employee may request, in writing, to receive the lump sum severance payment deposited directly into a tax-sheltered annuity. This annuity must be established through payroll deduction with a Board approved provider no less than three (3) months prior to the member's end of service.

D. If a member of the bargaining unit dies while an employee of the Board and was eligible to retire and receive severance pay at the time of death, then in that event, the estate of the deceased employee shall receive severance pay in accordance with the provision.

E. During the life of the contract and at the Board's option, it may implement an Early Retirement Incentive Plan (ERIP) or other incentive plan as provided by Ohio law.

ARTICLE 16
INSURANCE

A. The Board agrees to furnish medical, prescription, and dental coverage for single and family subscribers and pay the premiums as follows**:** Bargaining unit members shall pay a 15% fixed employee's share of the total monthly premium.

1. The same hospitalization and major medical coverages is in effect September 1, 2001

2. Effective January 1, 2024, employees shall have the option to enroll in one of four (4) plans as below:

	Plan #1	Plan #2	Plan #3	Plan #4
Deductible	$250/$500	$500/$1000	$1000/$2000	$2000/$4000
Co-Ins Max	$350/$700	$500/$1000	$1000/$2000	$2000/$4000
Co-Ins percentage	10%	10%	20%	20%
Ded+Co-Ins Max	$600/$1200	$1000/$2000	$2000/$4000	$4000/$8000
Office Visit (primary/specialist)	$15/$15	$20/$40	$25/$50	Ded + co-ins
ER Co-pay	$50	$150	$150	Ded + co-ins

Those employees enrolling in Plan#4 (High Deductible) shall have the option to enroll in a Health Saving Account (HSA). The Board shall designate a provider for said accounts and assist employees in opening accounts. All Accounts shall be through the district designated bank. The Board shall contribute to the employee's HSA account no less than $2000 for a family plan and $1000 for a single plan divided into two deposits made concurrently with the first scheduled pays in September and February.

Beginning with the 2024-2025 school year, there shall be no initial enrollments to Plan #1.

3**.** Dental – UCR, calendar year maximum in Class I, II, III of $1,250 per person

B. The Board will provide each Certificated/Licensed employee with a twenty-five-thousand-dollar ($25,000) term life insurance policy.

C. There shall be an Insurance Committee to monitor usage and rates, hear insurance problems and concerns of the members, and to disseminate consumer and educational information to employees. The committee shall be made up of five (5) teachers appointed by the Association and five (5) administrative representatives (one may be a board member) appointed by the Superintendent. The Insurance Broker will act as an advisor, as needed. The Association may utilize an advisor of their choice, as needed. No advisor shall be permitted to vote. The Insurance Committee may recommend changes in the TPA (Third Party Administrator). The committee shall meet bimonthly or more often as scheduled by the committee with the first meeting being set jointly by the Superintendent and Association President or designees.

The Insurance Committee is empowered to recommend to the bargaining unit members and the

Board any appropriate revisions in the Insurance Program. Such recommendations would then be voted on by the Association and the Board before becoming part of the Insurance Program.

The Board shall deposit into the 024 fund the Dental Plan line-item deficit amount as of August 31, 2018. Beginning September 1, 2018, all increases in health plan premiums and new premium costs for the dental plan for employees shall begin as per Section A of this article.

Beginning September 1, 2018, if the total balance of the 024 fund drops below $600,000, the Insurance Committee and the bargaining team shall meet jointly to consider and recommend an appropriate rate increase if the range below is not adequate. If needed and approved, said changes shall be ratified though a Memorandum of Understanding (MOU). If the balance of the 024 fund rises above $2 million, there shall be premium holidays until such time deposits are needed to maintain $2 million. The CCEA president may change appointments to the Insurance Committee (such as negotiating team members or CCEA officers).

There shall be a jointly planned training for the entire insurance committee with the purpose of educating all members on the functions of the committee, the current plan, insurance financing, and how to proceed positively moving forward for the district. The committee will be retrained every three (3) years.

For 2023-2024, there shall be a 10% premium increase effective the first of the month following the ratification of contract.

For 2024-2025, there shall be a 5% to 10% premium increase effective July 1, 2024, on the total cost of the premium paid at the shared costs as above based on claim trends for the past two-year trend for the month ending April 30, 2024, as provided by the current broker.

For 2025-2026, there shall be a 5 % to 10% premium increase effective July 1, 2025, on the total cost of the premium paid at the shared costs as above based on claim trends for the past two-year trend for the month of April 30, 2025, as provided by the current broker.

D. The Board shall deposit on a monthly basis back into the Self-Funded Insurance Fund 100% of the interest earned from the investment of the monthly balance. The interest basis will be the current monthly StarOhio rate.

E. The schedule of benefits for both health and dental plans are attached as Appendix A.

ARTICLE 17
TEACHER EVALUATION

A. EVALUATION GUIDELINES

1. Coshocton City Schools' teachers will be evaluated in accordance with the Ohio Revised Code (ORC) 3319.111 and 3319.112 using the Ohio Teacher Evaluation System (OTES) model, and Ohio School Counselor Evaluation System (OSCES) model. All teachers will be required to participate in OTES training provided by the district.

2. Teacher observations shall take place when normal, scheduled instruction is generally expected to be taking place. An attempt to arrange a mutually agreed upon make-up date

will be scheduled if a previously scheduled observation cannot be accomplished. The final determination of a date will be the responsibility of the evaluator if a mutually agreed upon date cannot be reached.

3. The evaluation procedure is to be used for the improvement of instruction and learning with the teacher and evaluator working collaboratively in support of the teacher to achieve that goal. The teacher's signature/PIN entry will indicate completion of the OTES process and will not necessarily imply agreement.

4. A teacher on the OTES Teacher Improvement Plan who is concerned that a potential ineffective rating could result in a RIF or non-renewal, may request one additional observation by a different evaluator assigned by the Superintendent or designee, when requested before April 1. The requested formal observation will occur prior to May 1. Working together, both evaluators will assign a final holistic rating after the request for an additional observation has been honored.

5. A teacher with a final holistic rating of "Accomplished" shall develop a professional growth plan with their assigned evaluator, be evaluated every third year and choose their evaluator from the list of credentialed evaluators for Coshocton City Schools assigned to their building. In the final year of a teacher's limited contract, the teacher shall have a full evaluation regardless of final summative holistic rating.

6. A teacher with a final holistic rating of "Skilled" shall develop a professional growth plan with their assigned evaluator, be evaluated every second year and have input into their assigned evaluator from the list of credentialed evaluators for Coshocton City Schools assigned to their building. In the final year of a teacher's limited contract, the teacher shall have a full evaluation regardless of final summative holistic rating.

7. A teacher with a final holistic rating of "Developing" shall develop a professional growth plan with their assigned evaluator, be evaluated yearly and be assigned their evaluator from the list of credentialed evaluators for Coshocton City Schools assigned to their building.

8. A teacher with a final holistic rating of "Ineffective" shall be placed on a professional improvement plan developed by their assigned evaluator, be evaluated yearly and be assigned their evaluator from the list of credentialed evaluators for Coshocton City Schools assigned to their building.

9. A teacher not being fully evaluated must have one observation completed yearly and one conference with discussion of progress on the professional growth plan.

PROFESSIONAL GROWTH AND IMPROVEMENT PLANS

A. For improvement plans, a teacher may request a teacher mentor/coach, or another mutually agreed upon teacher of the District to facilitate and assist with the implementation of the improvement plan (e.g., exploring additional resources and supports).

B. The Board shall provide the allocation of financial resources to support professional development, accelerate growth and improvement, and provide support to poorly performing teachers.

C. A teacher in their first year of employment with the District shall have a professional growth plan.

D. Professional Growth Plans and Improvement Plans shall utilize ODE forms.

E. Improvement or Professional Growth Plans will have no more than two (2) measurable goals per Evaluation Cycle.

F. Improvement plans shall provide specific, evidence-based resources, and assistance to be provided.

G. Improvement plans shall have clearly articulated timelines and reviewed at least three times a year allowing adequate time for improvement.

EVALUATION TIMELINES

A. Schedule of Observations

1. The evaluator shall perform two (2) formal observations in a year in which the teacher is on an evaluation cycle. Each formal observation shall last a minimum of thirty (30) continuous minutes. There shall be at least three (3) weeks between formal observations. The first formal observation shall be completed no later than December 31. The second formal observation shall be completed no later than April 15.

2. The Board shall perform a minimum of three (3) formal observations during the evaluation cycle in any school year in which the Board may wish to declare its intention not to re-employ a teacher under Ohio Rev. Code § 3319.11. The observation schedule shall comply with (1) above and the third formal observation shall occur at least fifteen (15) working days following the second post-observation conference. The third formal observation shall be completed no later than April 15.

3. One (1) formal observation shall occur in a year in which a teacher is not on an evaluation cycle.

4. Teachers shall not receive a formal observation on a day before or after the following: the administration of standardized testing, a holiday, any school break of more than two (2) consecutive calendar days, or any leave of absence of more than three (3) days without the prior agreement of the teacher and administrator.

5. A teacher may request a formal observation at any time in addition to those required by this procedure.

6. All formal observations shall be announced.

B. Observation Conferences

1. A pre-observation conference shall occur between the evaluator and the teacher not less than three (3) working days prior to each formal observation. At the pre-observation conference, the teacher shall provide evidence for the work situation to be observed on the pre-observation form.

2. A post-observation conference shall be held after each formal observation. The post-observation conference shall take place not more than five (5) working days following the formal observation. Teachers shall be given the opportunity to provide evidence, which must be utilized to inform the evaluator's rating in all areas of the observation and shall include a discussion of the progress being made on the teacher's professional growth or improvement plan.

3. The evaluator shall provide the teacher with copies of all written documentation including but not limited to artifacts, evidence and any documents collected during formal observations and walkthroughs and utilized in determining ratings.

WALKTHROUGHS

A. A walkthrough is a formative assessment process that focuses on one (1), but not more than two (2), of the following components which results in brief written note(s) or a summary:

1. Evidence of planning;
2. Lesson delivery;
3. Differentiation;
4. Resources;
5. Classroom environment;
6. Student engagement;
7. Assessment;
8. Any other component of the Standards for Ohio Educators and rubrics approved for teacher evaluation.

B. The walkthrough shall be at least five (5) consecutive minutes, but not more than twenty (20) consecutive minutes in duration.

C. The teacher shall be provided a copy of the walkthrough form, including documents relative to the walkthrough, no later than three (3) work days following the walkthrough.

D. At the request of the teacher, a formal debriefing shall occur no later than three (3) work days after the walkthrough to discuss observations of the evaluator.

E. No more than four (4) walkthroughs shall be conducted in each evaluation cycle.

F. Walkthroughs shall not disrupt the learning environment in the classroom.

G. Teachers may request a walkthrough at any time.

FINALIZATION OF OBSERVATIONS/EVALUATION

A. Completion of Evaluation Cycle

1. Teachers shall be given physical copies of all information and documents obtained through the evaluation process.

2. The teacher shall have the right to make a written response and to have it attached prior to it being placed in the teacher's personnel file. A physical copy, signed by both parties, shall be provided to the teacher.

3. The final holistic rating shall be recorded and pinned by both evaluator and teacher within ten (10) days of the final conference. Pinning shall not be construed as evidence that the teacher agrees with the contents of the evaluation report.

B. Evaluation Committee

The Association and The Board agree to a joint OTES Evaluation Development Committee, hereinafter "committee", for the purpose of refining policies and procedures for the evaluation of certified employees using OTES.

1. Composition

a. The committee shall be comprised of up to six (6) members appointed by the Association President and up to six (6) members appointed by the Board's designee. In addition, each party may appoint up to one (1) ad hoc non-voting member to assist and/or attend committee meetings.

b. Committee members shall serve staggered terms of not more than three (3) years and may be reappointed at the end of their term.

c. Committee members should be representative of elementary, secondary and specialty area within the district.

2. Operational Procedures
   a. The committee shall select a chairperson from its members.

   b. Members of the committee will receive training as needed in the OTES model.

   c. The committee will establish by mutual agreement a meeting calendar and timeline for work completion.

   d. The chairperson will develop the committee agendas with input from committee members.

   e. At the initial committee meeting, the committee will develop the ground rules by which the committee will operate. These ground rules will be reviewed annually.

   f. At each committee meeting, the group will select an individual to act as the official recorder of the minutes for that meeting.

   g. Members of the committee may receive release time for committee work and training with the approval of the Superintendent.

   h. Minutes of meetings will be distributed to committee members, Association President and District Superintendent within five (5) workdays following meetings of the Committee.

   i. The Committee may establish sub-committees to assist with their work.

   j. The Superintendent, or his designee, and the Association President/designee will jointly appoint subcommittees.

   k. The committee may recommend contracting consultant(s) (examples are but not limited to educational consultants, software consultants, credentialing trainers, etc.) as it deems appropriate. Such recommendations must be authorized by the Superintendent before proceeding, and the cost, if any, shall be he responsibility of the Board.

   l. The Committee shall recommend OTES evaluation procedures to the Superintendent and the Association. This recommendation shall follow requirements for OTES, and ORC.

   m. The Committee shall evaluate vendor assessments from the State-approved list and provide recommendations regarding whether to implement the vendor assessment as a HQSD to the Superintendent and the Association President. When utilizing

vendor assessments to construct HQSD, related teaching, student, and other educational materials shall be purchased, and affected staff shall be trained on utilization of the assessment program.

3. Committee Authority
   a. The Evaluation Committee is responsible for joint development of the procedures for OTES teacher evaluation.

ARTICLE 18
REQUISITION OF SUPPLIES

All teachers will requisition materials/supplies through the approved processes. If approved by the Board, teachers will be permitted to purchase supplies from local merchants in the amount of the requisition approved. Requisition of materials and supplies will be uniform throughout the system. If a requisition is denied, the proper administrative official will state in writing that the requisition is denied within fifteen (15) days to the teacher involved.

Basic teacher supplies shall be provided by the Board. Basic supplies shall be those that are present in most classrooms including, but not limited to, tissues, dry erase markers, pens, pencils, stapler, staples, paper clips, cleaning wipes, paper, etc.

ARTICLE 19
COMMITTEES

The Board and the Association agree that teachers should participate in reviewing and amending current educational problems and make recommendations thereon. However, membership on all committees is voluntary. No teacher will be required to serve on committees.

ARTICLE 20
ACADEMIC FREEDOM

Teachers shall be guaranteed academic freedom. Such freedom shall be exercised within the bounds of general standards of professional responsibility according to Code of Ethics as prescribed and adopted by the N.E.A. and shall not prohibit consultation and direction by Board representatives.

CODE OF ETHICS OF THE EDUCATION PROFESSION
Adopted by the NEA Representative Assembly, July 1975

PREAMBLE

The educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal educational opportunity for all. The educator accepts the responsibility to adhere to the highest ethical standards.

The educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents and the members of the community

provides the incentive to attain and maintain the highest possible degree of ethical conduct. The Code of Ethics of the Education Profession indicates the aspiration of all educators and provides standards by which to judge conduct. The remedies specified by the NEA and/or its affiliates for the violation of any provision of this Code shall be exclusive, and no such provision shall be enforceable in any form other than one specifically designated by the NEA or its affiliates.

PRINCIPLE I:
COMMITMENT TO THE STUDENT

The educator strives to help each student realize his or her potential as a worthy and effective member of society. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.

2. Shall not unreasonably deny the student access to varying points of view.

3. Shall not deliberately suppress or distort subject matter relevant to the students' progress.

4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety.

5. Shall not intentionally expose the student to embarrassment or disparagement.

6. Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation unfairly:

    a. Exclude any student from participation in any program;
    b. Deny benefits to any students;
    c. Grant any advantage to any student.

7. Shall not use professional relationships with students for private advantage.

8. Shall not disclose information about students obtained in the course of professional service, unless disclosure serves a compelling professional purpose or is required by law.

PRINCIPLE II:
COMMITMENT TO THE PROFESSION

The education profession is vested by the public with a trust and responsibility requiring the highest ideals of professional service. In the belief that the quality of the services of the education profession directly influences the nation and its citizens, the educator shall exert every effort to raise professional standards, to promote a climate that encourages the exercise of professional judgment, to achieve conditions which attract persons worthy of the trust to careers in education, and to assist in preventing the practice of the profession by unqualified persons.

In fulfillment of the obligation to the profession, the educator -

1. Shall not, in an application for a professional position, deliberately make a false statement or fail to disclose a material fact related to competency and qualifications.

2. Shall not misrepresent his/her professional qualifications.

3. Shall not assist entry into the profession of a person known to be unqualified in respect to character, education, or other relevant attribute.

4. Shall not knowingly make a false statement concerning the qualifications of a candidate for a professional position.

5. Shall not assist a non-educator in the unauthorized practice of teaching.

6. Shall not disclose information about colleagues obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law.

7. Shall not knowingly make false or malicious statements about a colleague.

8. Shall not accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or actions.

ARTICLE 21
NON-TEACHING DUTIES

The Board and the Association acknowledge that a teacher's primary responsibility is to teach, and that his/her energies should, to the extent possible, be utilized to this end. Therefore, they agree as follows:

Every effort will be made by the Board within financial constraints to eliminate or reduce the following duties:

A. Non-professional assignments, including but not limited to milk distribution and supervision of playgrounds, cafeterias, corridors, sidewalks, buses, study halls, and restroom duties.

B. Collecting money from students.

C. The above duties will be rotated among bargaining unit members in the building.

ARTICLE 22
AFTER SCHOOL MEETINGS

Teachers shall be required to attend the following meetings beyond the 7 hour and 20-minute day:

A. Periodic staff in-service meetings may be called by the Superintendent during the school year.

B. A total of nine building meetings involving the entire staff may be called by the principal during any school year, one (1) time per month**.** Additional meetings may be called with voluntary attendance.

C. Teachers shall be required to attend the first parent-teacher organization meeting and "Open House", which shall be held on the same day, except as excused by the principal. Attendance at other parent teacher organization meetings is encouraged.

D. No building meeting shall extend more than one hour in length. (Committees are excluded.)

ARTICLE 23
INSERVICE

As part of the 182 1/2 days, one "inservice" day is to be planned by the Association inservice committee working with representatives from the Administration. The Superintendent must give prior approval to the program. Expenses for consultants for this day shall be at the expense of the Board. The Association shall provide coffee and rolls for the teachers.

All inservice days shall include a planning period of at least 40 minutes as per Article 6.

Blended learning days shall include the teacher's regular prep period. When blended learning days are combined with trainings the prep period may be scheduled at an alternative time. Alternative times shall not include first or last periods of the day. Blended learning days shall include at least one-half (1/2) hour for staff to connect with students.

ARTICLE 24
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE

PURPOSE

The purpose of the Local Professional Development Committee (LPDC) is to oversee and review professional development plans for credential renewal.

MISSION

The mission of the LPDC shall be to set policy and review professional development goals for certification and license renewal for the Coshocton City School educators.

Professional development plays a critical role in enhancing and vitalizing education in the Coshocton City School District. Professional development shall focus on experiences which expand and enrich the classroom, building, and district. These experiences shall be directly related to emerging student performances.

A. Purpose

The purpose of this committee is to review the coursework and other professional activities proposed and completed by educators within the district to determine if the requirements for renewal of certificates or licenses have been met.

B. Committee Composition and Selection

1. The committee will be comprised of five (5) members as follows: two (2) teachers from grades K-6, two (2) teachers from grades 7-12**,** and one (1) administrator.

2. The committee will have two alternates as follows: one (1) teacher and one (1) administrator.

3. The teacher members and alternates will be appointed by the CCEA President. Staff will be notified of these positions as they become available through CCEA minutes. The Administrative members and alternates will be selected through procedures developed by the Superintendent.

4. In the event of an in-term vacancy, the committee member or alternate will be replaced in accordance with B.3. of this Article.

5. All CCLPDC members and alternates will be designated by June 30 and will begin their term on July 1 of the appropriate year.

C. Term of Office for Committee Members

1. The term of office for members serving on the committee will be three years.
2. A term will end on June 30 of the appropriate year.

D. Term of Office for Alternates

1. The term of office for alternate members will be three years.
2. A term will end on June 30 of the appropriate year.

E. Financial Compensation and Reimbursement

1. CCLPDC members shall be paid one thousand dollars ($1,000) for the first fifty (50) hours of work outside their regular contracted time. Additional hours will be paid at a rate of twenty dollars ($20) per hour. All compensation will include appropriate retirement benefits.

2. The said stipend in E.1. of this Article will be paid at the completion of each year in a separate check no later than June 30 of the same year.

3. The alternate will receive a stipend of twenty dollars ($20) per hour for work outside of their regular contracted time.

4. Any CCLPDC member who does not complete his/her term will be paid twenty dollars ($20) per hour for work outside their regular contracted time.

F. Chairperson

The committee chairperson will be determined by a majority vote of the committee members during the first meeting after July 1 each year. The chairperson shall receive an additional stipend of $200.00.

G. Decision-Making

Decisions will be made by a majority vote of the committee members present.

H. Meetings

The committee will hold regularly scheduled monthly meetings from September through May. An organizational meeting will be held each year in July or August. Before September 10 each year, the committee shall establish and publish their meetings schedule. The committee may meet more frequently as deemed necessary to complete their work. The chairperson will appoint a recorder to keep minutes of the meetings.

I. Responsibilities

1. As indicated in statute and in standards, CCLPDC is responsible for reviewing and approving Individual Professional Development Plans and the associated coursework and other professional development activities that educators wish to utilize for the purpose of certificate or license renewal.

2. Verification of full-time teacher experience remains the responsibility of the Superintendent.

The authorized signature of the Superintendent, or official designee, on the renewal application form verifies that the employment information given by the educator on the application is true and correct.

3. Upon determination that all requirements for renewal have been met, the application form signed by the Superintendent (if required), the verification worksheet signed by the CCLPDC, and the proper fee paid by the applicant should be forwarded by the applicant to the Ohio Department of Education for issuance of the certificate or license.
4. Applicants will be notified of the CCLPDC's decision by April 30.

5. The Intent to Appeal Form must be on file with the CCLPDC within thirty (30) days of the CCLPDC's decision.

J. Grandfather Clause

1. The committee will not deny credit for any coursework (semester or quarter hours), CEU's, or time-in-service accumulated which satisfies the requirements under the 1987 standards for certificate renewals or upgrades.

2. CEU's completed prior to July 1, 1998, are Ohio Department of Education approved.

3. Professional development activities after July 1, 1998, must meet the requirements of the CCLPDC.

K. Appeals Procedure

1. Reconsideration

After filing an Intent to Appeal Form, the educator will meet with the CCLPDC in person to discuss the IPDP.

2. Appeals Committee

If the CCLPDC and educator cannot come to an agreement, the decision will be reviewed by the Appeals Committee.

3. The decision of the Appeals Committee will be final.

L. Appeals Committee

1. The committee will be comprised of five members as follows:

a. three teachers
b. one district administrator
c. one licensed educator selected by the appealing educator

2. The teacher members and district administrator members will be selected in accordance with B.3. of this Article.

3. In the event of a conflict of interest, the committee member will be replaced during the appeal of that decision in accordance with B.3. of this Article.

4. Appeals Committee Members will receive a twenty-dollar ($20) stipend per decision

reviewed. The stipend will be paid in a separate check no later than September 1.

5. All Appeals Committee members will be designated by June 30 and will be available to rule on an appealed decision beginning July 1 of the appropriate year. Members for the CCLPDC will serve a one-year term ending on June 30.

6. The Appeals Committee will elect a chairperson who will designate a recorder.

M. Conflict of Interest/Change of Status

1. CCLPDC and Appeals Committee members may not participate as a decision-maker for items presented by themselves or an immediate family member.

2. No current CCLPDC member can be on the Appeals Committee. If an alternate was involved in the decision under appeal, he/she may not be a member of the Appeals Committee during the appeal of that decision.

3. Any CCLPDC teacher member or teacher alternate who accepts an administrative position will immediately vacate his/her seat on the committee as a teacher member.

4. Any CCLPDC administrative member or administrative alternate who accepts a teacher position will immediately vacate his/her seat on the committee as an administrative member.

5. Any CCLPDC member or alternate who leaves the employment of the district will vacate his/her seat on the committee no later than his/her last working day.

N. Maintenance of Records

The chairperson will be responsible for the maintenance of the records.

O. Equipment and Facilities

The Board of Education will provide supplies, materials, equipment and facilities to carry out the work of the CCLPDC.

P. Amendments

These by-laws may be amended, modified, or supplemented in any respect not prohibited by law under the following procedures: The amendment, modification, or supplement shall be approved by 2/3 vote of the CCEA Executive Committee and the Superintendent. Any amendment, modification, or supplement shall thereupon become binding upon all members. The Board of Education would then be given a copy of said amendment within thirty (30) days following adoption.

Q. Removal of CCLPDC Members

Any CCLPDC member who is deemed not fulfilling his or her professional responsibilities by the other four (4) CCLPDC members will be removed from the committee.

R. Reciprocity

The CCLPDC will accept the IPDP of educators hired by the Coshocton City Schools.

ARTICLE 25
CONTRACTS

The Board shall provide each teacher individually written contracts in keeping with the provisions of the Ohio Revised Code and Board adopted policies. The provisions of such written contracts shall be enumerated in the sub-section of the policy.

A. Any agreement to act as supervisor for extra-curricular activities, for which additional compensation is to be paid, shall be by supplemental contract.

B. Any teacher presently under contract will have the same teaching assignment for the following year unless notified in writing prior to August 10 of a change in assignment.

Persons involved in any changes in assignment will be consulted before changes are made on his/her contract.

C. In consideration of the services rendered by the teacher, the Board agrees to pay said teacher a base annual salary as prescribed by the salary schedule of the school district, according to degree and years' experience, whether existing or hereafter adopted. The initial compensation to be paid under a contract shall be according to the existing salary schedule.

D. Teachers shall be employed pursuant to a school calendar requiring a total of not more than 182 1/2 days. Teachers new to the district may be required to attend a two (2) day, or its equivalent time, inservice orientation. Days missed due to calamity circumstances shall be made up in accordance to options agreed upon between the Board and Association.

E. In performing his/her professional duties, the teacher agrees to abide by and maintain the applicable laws and existing rules and regulations of the Board.

F. Each teacher before signing a contract shall have been notified as required by Section 3307.21 of the Revised Code as to his/her duties and obligations pertaining to the State Teachers Retirement System as a condition of his/her employment.

G. The President and Treasurer of the Board, by affixing their signatures to a contract, represent that all necessary implementing resolutions have been adopted by the Board and that a copy of the Board's existing rules and regulations affecting the performance of professional duties have been made available to the teacher.

H. Teachers who have obtained continuing contract status in other Ohio school districts prior to their employment at Coshocton will be offered either a one (1) or two (2) year contract upon employment by Coshocton. Upon successful completion of two years of teaching in the district and if re-employed by the Board said teacher shall receive a continuing contract.

I. Teachers who have not obtained tenure in another Ohio school district will be offered a one (1) year probationary contract upon initial employment. Upon completion of this contract the teacher will be eligible for another one (1) year probationary contract. After the successful completion of the second one (1) year probationary contract, the teacher will be eligible for a two (2) year limited contract. Following the successful completion of the first two (2) year limited contract, subsequent contracts shall be either three (3) year limited contracts or the teacher who qualifies for tenure may be awarded a continuing contract. If, at any time, it is determined through the regular evaluation procedures that a teacher's performance of his/her professional responsibilities has deteriorated below acceptable levels, that teacher may be awarded a one (1) year probationary contract with recommendations for improvement. Satisfactory improvement as determined by the regular evaluation procedure shall be

cause to return the teacher to the next appropriate contract in the limited contract sequence.

J. All teachers hired may be granted ten (10) years' experience on the salary schedule which is in effect at the time their contract begins pursuant to the Ohio Revised Code. The Board and the Superintendent may grant additional years of experience as deemed necessary. Years of experience credit will be granted for the following: Private school teaching experience in chartered schools; L.D. tutoring; out-of-state experience in accredited schools; foreign teaching experience in accredited military schools or as an exchange teacher. Public and private college or university experience may be granted by the Board and administration.

A year of experience shall be defined as one hundred twenty (120) days or its equivalent as defined in the Ohio Revised Code.

K. Prior to official Board action, the building principal will inform the teacher of his/her recommendations as to length of contracts.

ARTICLE 26
SALARY

SECTION I

The salary schedule shall contain the following divisions: Non-degree, ND; Baccalaureate, BA; Baccalaureate plus fifteen (15) hours, BA + 15; Masters, MA; Masters plus fifteen (15) graduate hours, MA + 15; Masters plus thirty (30) graduate hours, MA + 30; and the Masters plus forty-five (45) graduate hours, MA + 45.

Three (3) quarter hours of college credit shall equal two (2) semester hours of college credit. Experience steps shall begin with 0 and move on consecutively through 13, then step 18, then step 27, then step 33.

Salary payments shall be made in twenty--four (24), more or less, equal payments. Payday shall be on the 15th and 30th of the month. If a payday occurs on a weekend or holiday, the payday will be the preceding business day. The first pay of each school year will occur on September 15th. The Treasurer will adjust a teacher's salary for the year, due to additional college training, (including graduate credits earned towards National Board Certification through American Council on Education), if verified by official transcript by September 15 and/or January 15. Beginning the first pay of the 2021-22 school year, September 15, 2021, anyone who is currently receiving their check via direct deposit and all new employees hired after August 31, 2021, will receive their pay via direct deposit. Anyone who currently receives a paper check as of August 31, 2021, can maintain their paper checks. For paydays during which school is not in session on Friday, the payment will be provided the Thursday prior. If school is cancelled on a Friday payday due to emergency conditions, the checks will be available at the office of the Treasurer from 10:00 a.m. to 2:00 p.m. unless otherwise announced.

Unpaid leave days will be deducted evenly over six (6) payrolls following the start of unpaid time. Those deductions will be in no less than full day increments. At the employee's request, the deductions may be taken in fewer payrolls. The employer will notify the employee if this deduction schedule will not adequately cover the unpaid time and there must be a cessation of pay or reduction over fewer payrolls.

The school year will be 182 ½ days and the Teacher's work day will be 7 hours and 20 minutes.

All additional meetings administration requires be held beyond the teacher's workday, excluding meetings set forth in article 22, shall be compensated at a rate of $25.00 per hour.

SECTION II: PAYROLL DEDUCTIONS

The Coshocton City Board of Education agrees to furnish the following deductions for individual teachers:

1. Professional Organizations as listed on O.E.A. Membership Form (deducted in twenty (20) more or less equal deductions)
2. Tax Sheltered Annuities
3. Washington National Insurance
4. American Family Life Assurance Co.
5. United Way
6. United States Savings Bonds, deductions of total amount or multiples of $9.375 must be taken (alternate $9.38 and $9.37)
7. Political Contributions
8. Kid's America and other fitness club memberships
9. CCEA Scholarship Fund

Paycheck direct deposits Cooper Energy Service Credit Union direct deposits shall remain the same as the 2022-2023 school year. Members receiving a paper check during that school year shall continue to do so unless otherwise requested by the member.

Individual requests and the completed authorization forms must be filed with the Treasurer before September 15th of each year; all deductions listed above will be deducted in equal increments.

SECTION III: EXTENDED SERVICE

Extended Service will be calculated by dividing the number of days in the contracts into the regular base salary and multiplying by the number of days of extended service. Extended service will be governed by the regulations of the State Department of Education and the Board in the following positions:

1.	H.S. Family Consumer Science	10 days
2.	H.S. School Counselor	20 days
3.	H.S. Instrumental Music	20 days
4.	H.S. Librarian	10 days
5.	H.S. Industrial Technology	5 days
6.	Elementary Librarian	10 days
7.	Elementary School Counselor	5 days
8.	Career-Based Intervention	15 days

As the above regular positions become open, extended service contracts will be determined by the Ohio Revised Code and the Board.

The Athletic Director shall be an administrator.

Game managers may be utilized when the AD is unavailable to cover a specific athletic event. Requests for a game manager shall be made in advance and approved by the building Principal and/or Athletic Director except in the case of an emergency situation. Compensation shall be $40.00 per event for those events up to three (3) hours. Compensation shall be $60.00 per event for those events longer than three (3) hours. As part of the game manager's duties, he/she shall submit the time sheet for said coverage within thirty (30) days of the season ending. First choice for coverage as a game manager shall be given to school employees (this shall begin at the end of the 2021 fall sports season). No more than five (5) employees will be approved for the year for this position.

SECTION IV: CERTIFIED LICENSED STAFF INDEX

Step	BA	BA15	MA	MA15	MA30	MA45	Non-Degree
0	1.0000	1.0405	1.0826	1.1265	1.1721	1.2196	0.9611
1	1.0405	1.0826	1.1265	1.1721	1.2196	1.2690	1.0000
2	1.0826	1.1265	1.1721	1.2196	1.2690	1.3204	1.0405
3	1.1265	1.1721	1.2196	1.2690	1.3204	1.3738	1.0826
4	1.1721	1.2196	1.2690	1.3204	1.3738	1.4295	1.1265
5	1.2196	1.2690	1.3204	1.3738	1.4295	1.4874	1.1721
6	1.2690	1.3204	1.3738	1.4295	1.4874	1.5476	1.2196
7	1.3204	1.3738	1.4295	1.4874	1.5476	1.6103	1.2690
8	1.3738	1.4295	1.4874	1.5476	1.6103	1.6755	1.3204
9	1.4295	1.4874	1.5476	1.6103	1.6755	1.7434	1.3738
10	1.4874	1.5476	1.6103	1.6755	1.7434	1.8140	
11	1.5476	1.6103	1.6755	1.7434	1.8140	1.8874	
12	1.6103	1.6755	1.7434	1.8140	1.8874	1.9639	
13	1.6755	1.7434	1.8140	1.8874	1.9639	2.0434	
14	1.6755	1.7434	1.8140	1.8874	1.9639	2.0434	
15	1.6755	1.7434	1.8140	1.8874	1.9639	2.0434	
16	1.6755	1.7434	1.8140	1.8874	1.9639	2.0434	
17	1.6755	1.7434	1.8140	1.8874	1.9639	2.0434	
18	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
19	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
20	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
21	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
22	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
23	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
24	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
25	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
26	1.7434	1.8140	1.8874	1.9639	2.0434	2.1262	
27	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
28	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
29	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
30	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
31	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
32	1.8140	1.8874	1.9639	2.0434	2.1262	2.2123	
33	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
34	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
35	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
36	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
37	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
38	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
39	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	
40	1.8846	1.9608	2.0404	2.1230	2.2090	2.2984	

COSHOCTON CITY SCHOOL DISTRICT

CCEA SALARY SCHEDULE 2023-2024SY

BASE SALARY

$ 40,117

Step	BA	BA15	MA	MA15	MA30	MA45
0	$ 40,117	$ 41,742	$ 43,431	$ 45,192	$ 47,021	$ 48,927
1	$ 41,742	$ 43,431	$ 45,192	$ 47,021	$ 48,927	$ 50,908
2	$ 43,431	$ 45,192	$ 47,021	$ 48,927	$ 50,908	$ 52,970
3	$ 45,192	$ 47,021	$ 48,927	$ 50,908	$ 52,970	$ 55,113
4	$ 47,021	$ 48,927	$ 50,908	$ 52,970	$ 55,113	$ 57,347
5	$ 48,927	$ 50,908	$ 52,970	$ 55,113	$ 57,347	$ 59,670
6	$ 50,908	$ 52,970	$ 55,113	$ 57,347	$ 59,670	$ 62,085
7	$ 52,970	$ 55,113	$ 57,347	$ 59,670	$ 62,085	$ 64,600
8	$ 55,113	$ 57,347	$ 59,670	$ 62,085	$ 64,600	$ 67,216
9	$ 57,347	$ 59,670	$ 62,085	$ 64,600	$ 67,216	$ 69,940
10	$ 59,670	$ 62,085	$ 64,600	$ 67,216	$ 69,940	$ 72,772
11	$ 62,085	$ 64,600	$ 67,216	$ 69,940	$ 72,772	$ 75,717
12	$ 64,600	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786
13	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975
14	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975
15	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975
16	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975
17	$ 67,216	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975
18	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
19	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
20	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
21	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
22	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
23	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
24	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
25	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
26	$ 69,940	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297
27	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
28	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
29	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
30	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
31	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
32	$ 72,772	$ 75,717	$ 78,786	$ 81,975	$ 85,297	$ 88,751
33	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
34	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
35	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
36	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
37	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
38	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
39	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205
40	$ 75,604	$ 78,661	$ 81,855	$ 85,168	$ 88,618	$ 92,205

COSHOCTON CITY SCHOOL DISTRICT
CCEA SALARY SCHEDULE 2024-2025 SY

BASE SALARY

$ 41,321

Step	BA	BA15	MA	MA15	MA30	MA45
0	$ 41,321	$ 42,995	$ 44,734	$ 46,548	$ 48,432	$ 50,395
1	$ 42,995	$ 44,734	$ 46,548	$ 48,432	$ 50,395	$ 52,436
2	$ 44,734	$ 46,548	$ 48,432	$ 50,395	$ 52,436	$ 54,560
3	$ 46,548	$ 48,432	$ 50,395	$ 52,436	$ 54,560	$ 56,767
4	$ 48,432	$ 50,395	$ 52,436	$ 54,560	$ 56,767	$ 59,068
5	$ 50,395	$ 52,436	$ 54,560	$ 56,767	$ 59,068	$ 61,461
6	$ 52,436	$ 54,560	$ 56,767	$ 59,068	$ 61,461	$ 63,948
7	$ 54,560	$ 56,767	$ 59,068	$ 61,461	$ 63,948	$ 66,539
8	$ 56,767	$ 59,068	$ 61,461	$ 63,948	$ 66,539	$ 69,233
9	$ 59,068	$ 61,461	$ 63,948	$ 66,539	$ 69,233	$ 72,039
10	$ 61,461	$ 63,948	$ 66,539	$ 69,233	$ 72,039	$ 74,956
11	$ 63,948	$ 66,539	$ 69,233	$ 72,039	$ 74,956	$ 77,989
12	$ 66,539	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150
13	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435
14	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435
15	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435
16	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435
17	$ 69,233	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435
18	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
19	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
20	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
21	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
22	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
23	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
24	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
25	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
26	$ 72,039	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857
27	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
28	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
29	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
30	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
31	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
32	$ 74,956	$ 77,989	$ 81,150	$ 84,435	$ 87,857	$ 91,414
33	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
34	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
35	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
36	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
37	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
38	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
39	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972
40	$ 77,874	$ 81,022	$ 84,311	$ 87,724	$ 91,278	$ 94,972

COSHOCTON CITY SCHOOL DISTRICT

CCEA SALARY SCHEDULE 2025-2026 SY

BASE SALARY
$ 42,561

Step	BA	BA15	MA	MA15	MA30	MA45
0	$ 42,561	$ 44,285	$ 46,077	$ 47,945	$ 49,886	$ 51,907
1	$ 44,285	$ 46,077	$ 47,945	$ 49,886	$ 51,907	$ 54,010
2	$ 46,077	$ 47,945	$ 49,886	$ 51,907	$ 54,010	$ 56,198
3	$ 47,945	$ 49,886	$ 51,907	$ 54,010	$ 56,198	$ 58,470
4	$ 49,886	$ 51,907	$ 54,010	$ 56,198	$ 58,470	$ 60,841
5	$ 51,907	$ 54,010	$ 56,198	$ 58,470	$ 60,841	$ 63,305
6	$ 54,010	$ 56,198	$ 58,470	$ 60,841	$ 63,305	$ 65,867
7	$ 56,198	$ 58,470	$ 60,841	$ 63,305	$ 65,867	$ 68,536
8	$ 58,470	$ 60,841	$ 63,305	$ 65,867	$ 68,536	$ 71,311
9	$ 60,841	$ 63,305	$ 65,867	$ 68,536	$ 71,311	$ 74,201
10	$ 63,305	$ 65,867	$ 68,536	$ 71,311	$ 74,201	$ 77,206
11	$ 65,867	$ 68,536	$ 71,311	$ 74,201	$ 77,206	$ 80,330
12	$ 68,536	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586
13	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969
14	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969
15	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969
16	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969
17	$ 71,311	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969
18	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
19	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
20	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
21	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
22	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
23	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
24	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
25	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
26	$ 74,201	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493
27	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
28	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
29	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
30	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
31	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
32	$ 77,206	$ 80,330	$ 83,586	$ 86,969	$ 90,493	$ 94,158
33	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
34	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
35	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
36	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
37	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
38	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
39	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822
40	$ 80,210	$ 83,454	$ 86,841	$ 90,357	$ 94,017	$ 97,822

SECTION V: CERTIFICATED/LICENSED STAFF SALARY

Salary shall be increased by five percent (5%) on the current-base for the 2023-2024 school year. Salary shall be increased by three (3%) in each of the 2024-2025 and 2025-2026 school years.

A stipend of $1,000 shall be paid on or prior to November 30, 2023, in a separate lump sum check.

SECTION VI: STRS PICK UP (WITH REDUCTION)

The Board of Education of the Coshocton City School District herewith agrees with the Coshocton City Education Association to pick up (assume and pay) contributions to the State Teachers Retirement System upon behalf of the employees in the bargaining unit on the following terms and conditions:

1. The amount to be picked-up and paid on behalf of each employee shall be fourteen percent (14%) of the employee's compensation. The employee's annual compensation shall be reduced by an amount equal to the amount picked-up by the Board.

2. The pick-up percentage shall apply uniformly to all members of the bargaining unit**,** including rehired retirees.

3. No employee covered by this provision shall have the option to elect a wage increase or other benefit in lieu of the employer pick-up.

4. The pick-up shall become effective August 1, 1985, and shall apply to all compensation including supplemental earnings thereafter.

SECTION VII: TUTORS

Tutors shall be compensated at the rate of thirty dollars ($30.00) per hour. If a Tutor works the equivalent of one-half (1/2) time or more, he/she shall be entitled to proportionate insurance benefits. Tutors shall be employed under one (1) year limited contracts and shall receive notice of employment for the following school year prior to the end of the current school year. Tutors will be compensated for no shows if time is spent in approved contact with students (i.e. proficiency intervention). In addition to the specified contact time, Tutors will be compensated for 1 (one) hour of planning time per week worked.

SECTION VIII: BACKGROUND CHECK FEE REIMBURSEMENTS

Beginning January 1, 2008, the Board of Education shall reimburse bargaining unit members for one hundred percent (100%) of the actual costs, not to exceed the lowest local available rate of the state and federal background checks required by the Ohio Revised Code, for licensure renewal. Such reimbursement shall be made within thirty (30) calendar days of the Board's receipt of evidence that the employee has paid for the background checks.

ARTICLE 27
SUPPLEMENTAL SALARY SCHEDULE

All supplementals and personal service contracts issued by the Board of Education for service to the school district shall be governed by the procedures set forth in ORC 3313.53. All supplementals and personal service contracts shall be posted as per Article 5 of the Master Agreement.

All supplementals will be in compliance with Title IX and the Equal Pay Act of 1964 as amended in 1972. Supplemental contracts shall be issued to each teacher so designated.

Supplemental contract duties are for duties in addition to general teaching responsibilities and generally are to be performed outside of the contracted workday.

All extra duty supplemental salaries will be increased by the same percentage as the base salary as it is increased, except those duties as listed below:

Building Level SYSOP

Level 1 $1000

Level 2 $2000

Level 3 $3000

District needs for this position will be reviewed annually prior to supplemental postings. The Superintendent/Designee will approve pay levels recommended by the District Technology Coordinator and building principals. Pay levels will be based on building needs, skill of the sysop, and in accordance with job descriptions.

Class Covering

The Board agrees to compensate teachers (when requested by the building principal or Superintendent's representative) for the additional duties of supervising study halls or classes or other assigned duties, for other certificated/licensed personnel at the rate of $20.00 per class period when such assignment takes the teacher's planning period.

When students are added to a classroom at CHS, for coverage reasons, the rate of payment shall be $25.00 per class period.

When a full class of students is put into another class for coverage reasons at CES, the rate of payment shall be $25.00 per quarter day, $50.00 per half day and $100.00 per full day. When students are dispersed from a classroom into multiple classes at CES for coverage reasons, the rate of pay for each teacher who is taking students shall be $12.50 per quarter day, $25.00 per half day and $50.00 per full day. In this situation, efforts will be made to evenly disperse students among the other teachers in the grade level.

Reasonable efforts will be made to only pull teachers from their planning periods and not pull Intervention Specialists.

Detention

The detention supervisor will be paid $25.00 per detention period.

Drivers Education

Driving $120.00 per student

Classroom Instruction $25.00 per hour

Afterschool or Saturday Alternative Discipline Program

The High School supervisor shall be paid $25.00 per hour.

The Elementary School supervisor shall be paid $25.00 per hour.

Home, Summer School and Other Instruction

Home instructors shall be paid $27.50 per hour.

Summer school instructors shall be paid $35.00 per hour.

Planetarium shows $40.00 per show per person (2 per show).

Pay for Apex or other online or credit-type courses shall be determined on an as-needed basis per the Superintendent's approval.

After School Intervention Programs shall be paid at $25.00 per hour.

In addition to regular building faculty meetings, required meetings outside of the contractual day or district initiatives called by the administrations shall be compensated at a rate of $25.00 per hour.

Section I: General

DC Trip Advisor paid at same level as Ski Club

Section II: Clubs

FCCLA increase pay to same level as Key Club

Section III: Publications

Elementary Yearbook increased to $1931 in first year and subsequent increases.

Section IV: Athletics

Make all 9th grade coaches assistant coaches.

COSHOCTON CITY SCHOOL DISTRICT
CCEA SUPPLEMENTAL PAY SCHEDULE
2024 THROUGH 2026

Supplementals

	SECTION		2023/2024 (FY24)			2024/2025 (FY25)			2025/2026 (FY26)		
			LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III
I.	GENERAL	AFTER SCHOOL INTERVENTION COORDINATOR-HS	$2,140	$2,487	$2,882	$2,204	$2,562	$2,968	$2,270	$2,639	$3,057
		AFTER SCHOOL INTERVENTION COORDINATOR-JH	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
		AFTER SCHOOL INTERVENTION COORDINATOR-ES	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
		CLASS ADVISOR-SENIOR	$2,191	$2,487	$2,882	$2,257	$2,562	$2,968	$2,325	$2,639	$3,057
		CLASS ADVISOR-JUNIOR	$2,191	$2,487	$2,882	$2,257	$2,562	$2,968	$2,325	$2,639	$3,057
		CLASS ADVISOR-SOPHOMORE	$372	$558	$741	$383	$575	$763	$394	$592	$786
		CLASS ADVISOR-FRESHMAN	$372	$558	$741	$383	$575	$763	$394	$592	$786
		QUIZ TEAM	$2,411	$2,600	$2,790	$2,483	$2,678	$2,874	$2,557	$2,758	$2,960
		RAP	$830	$922	$1,013	$855	$950	$1,043	$881	$979	$1,074
		SAFETY PATROL ADVISOR	$933	$1,104	$1,274	$961	$1,137	$1,312	$990	$1,171	$1,351
		PROM PROMISE	$558	$741	$925	$575	$763	$953	$592	$786	$982
		MEDIA RELATIONS (one position per building)	$558	$741	$925	$575	$763	$953	$592	$786	$982
		WASHINGTON DC TRIP ADVISOR(ADDED 2023/24)	$558	$741	$925	$575	$763	$953	$592	$786	$982
II.	CLUBS	ART CLUB ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
		ASTRO CLUB	$558	$741	$925	$575	$763	$953	$592	$786	$982
		BROADCASTING CLUB	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583
		CHESS CLUB	$558	$741	$925	$575	$763	$953	$592	$786	$982
		ERNIE'S CLUB (AKA SADD)	$558	$741	$925	$575	$763	$953	$592	$786	$982
		FCCLA. ADVISOR	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583
		GERMAN CLUB ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
		INDUSTRIAL ARTS CLUB ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
		INTERACT CLUB	$558	$741	$925	$575	$763	$953	$592	$786	$982
		SKI CLUB ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
		SPANISH CLUB ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
		KEY CLUB ADVISOR	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583
		VARSITY C' ADVISOR	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583

COSHOCTON CITY SCHOOL DISTRICT
CCEA SUPPLEMENTAL PAY SCHEDULE
2024 THROUGH 2026

Supplementals SECTION		2023/2024 (FY24)			2024/2025 (FY25)			2025/2026 (FY26)		
		LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III
MUSIC/ THEATER	BAND DIRECTOR	$4,771	$5,141	$5,513	$4,914	$5,295	$5,678	$5,061	$5,454	$5,848
	ASST. BAND DIRECTOR	$2,426	$2,610	$2,805	$2,499	$2,688	$2,889	$2,574	$2,769	$2,976
	COLOR GUARD COORDINATOR	$2,426	$2,610	$2,805	$2,499	$2,688	$2,889	$2,574	$2,769	$2,976
	PERCUSSION DIRECTOR	$2,426	$2,610	$2,805	$2,499	$2,688	$2,889	$2,574	$2,769	$2,976
	ELEMENTARY BAND	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583
	ELEMENTARY CHOIR	$1,116	$1,299	$1,492	$1,149	$1,338	$1,537	$1,183	$1,378	$1,583
	CHOIR DIRECTOR	$4,771	$5,141	$5,513	$4,914	$5,295	$5,678	$5,061	$5,454	$5,848
	CONTESTS MUSIC [7- 8]	$158	$158	$158	$163	$163	$163	$168	$168	$168
	THEATER DIRECTOR - (Each production as authorized)	$1,492	$1,724	$2,228	$1,537	$1,776	$2,295	$1,583	$1,829	$2,364
NHS	NATIONAL HONOR SOCIETY ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
	JUNIOR HIGH NATIONAL HONOR SOCIETY ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
SCIENCE	SCIENCE OLYMPIAD [7-8]	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
	SCIENCE OLYMPIAD [9-12]	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
	SCIENCE FAIR ADVISOR - ELEMENTARY	$558	$741	$925	$575	$763	$953	$592	$786	$982
STUDENT COUNCIL	STUDENT COUNCIL ADVISOR [9-12]	$2,140	$2,487	$2,882	$2,204	$2,562	$2,968	$2,270	$2,639	$3,057
	STUDENT COUNCIL ADVISOR [7-8]	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
	STUDENT COUNCIL ADVISOR- ELEMENTARY	$1,720	$1,990	$2,276	$1,772	$2,050	$2,344	$1,825	$2,112	$2,414
PUBLICATIONS	RED AND BLACK NEWSPAPER ADVISOR	$1,299	$1,492	$1,671	$1,338	$1,537	$1,721	$1,378	$1,583	$1,773
	JUNIOR HIGH NEWSPAPER ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
	ELEMENTARY NEWSPAPER ADVISOR	$558	$741	$925	$575	$763	$953	$592	$786	$982
	TOMAHAWK YEARBOOK ADVISOR	$3,337	$3,714	$4,086	$3,437	$3,825	$4,209	$3,540	$3,940	$4,335
	YEARBOOK ADVISOR [7-8]	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
	YEARBOOK ADVISOR [K-6]	$2,088	$2,395	$2,685	$2,151	$2,467	$2,766	$2,216	$2,541	$2,849

COSHOCTON CITY SCHOOL DISTRICT
CCEA SUPPLEMENTAL PAY SCHEDULE
2024 THROUGH 2026

Supplementals

	SECTION		2023/2024 (FY24)			2024/2025 (FY25)			2025/2026 (FY26)		
			LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III
III.	TEACHER LEADERSHIP	SPECIAL EDUCATION CES	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		SPECIAL EDUCATION CHS	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		ENGLISH LANGUAGE ARTS	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		MATHEMATICS	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		UNIFIED ARTS CES	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		UNIFIED ARTS CHS	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		SCIENCE	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		SOCIAL STUDIES	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065
		GRADE LEVEL LEADERS (K-12)	$1,514	$1,737	$1,947	$1,559	$1,789	$2,005	$1,606	$1,843	$2,065

COSHOCTON CITY SCHOOL DISTRICT
CCEA SUPPLEMENTAL PAY SCHEDULE
2024 THROUGH 2026

Supplementals

IV.

SECTION		2023/2024 (FY24)			2024/2025 (FY25)			2025/2026 (FY26)		
		LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III
ATHLETICS	***All years of experience earned coaching within a sport will count toward placement in the salary columns except for coaches moving to a head varsity coaching position. They will start at Level I.									
	***In the event there are not enough athletes for a 9th grade team, the 9th grade head coach may be assigned as an assistant reserve or varsity coach as applicable and as directed by the Athletic Director. (ADDED 2023-24)									
	***Other than the 9th grade teams referenced above, in the event there are not enough athletes to participate in a sport for a given season, the supplemental salary will not be paid.									
BASKETBALL	HEAD VARSITY BOYS BASKETBALL	$7,057	$7,426	$7,793	$7,269	$7,649	$8,027	$7,487	$7,878	$8,268
	ASSISTANT VARSITY BOYS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	RESERVE BOYS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	9th GRADE BOYS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	8th GRADE BOYS BASKETBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	7th GRADE BOYS BASKETBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	HEAD VARSITY GIRLS BASKETBALL	$7,057	$7,426	$7,793	$7,269	$7,649	$8,027	$7,487	$7,878	$8,268
	ASSISTANT VARSITY GIRLS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	RESERVE GIRLS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	9th GRADE GIRLS BASKETBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	8th GRADE GIRLS BASKETBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	7th GRADE GIRLS BASKETBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
BASEBALL	HEAD VARSITY BASEBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY BASEBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	RESERVE BOYS BASEBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	ASSISTANT RESERVE BOYS BASEBALL	$979	$1,223	$1,525	$1,008	$1,260	$1,571	$1,038	$1,298	$1,618
CHEER-LEADING	HEAD VARSITY CHEERLEADER ADVISOR	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY CHEERLEADER ADVISOR	$1,492	$1,861	$2,228	$1,537	$1,917	$2,295	$1,583	$1,975	$2,364
	CHEERLEADER ADVISOR [7-8]	$1,492	$1,861	$2,228	$1,537	$1,917	$2,295	$1,583	$1,975	$2,364

COSHOCTON CITY SCHOOL DISTRICT
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2024 THROUGH 2026

Supplementals

SECTION		2023/2024 (FY24)			2024/2025 (FY25)			2025/2026 (FY26)		
		LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III	LEVEL I	LEVEL II	LEVEL III
FOOTBALL	HEAD VARSITY FOOTBALL	$7,057	$7,426	$7,793	$7,269	$7,649	$8,027	$7,487	$7,878	$8,268
	ASST. VARSITY FOOTBALL [4 POSITIONS]	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	9TH GRADE FOOTBALL [2 POSITIONS]	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	8TH GRADE FOOTBALL [2 POSITIONS]	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	7TH GRADE FOOTBALL [2 POSITIONS]	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
GOLF	HEAD VARSITY GOLF	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
INTRAMURALS	INTRAMURALS	$1,492	$1,861	$2,228	$1,537	$1,917	$2,295	$1,583	$1,975	$2,364
SOCCER	HEAD VARSITY BOYS/GIRLS SOCCER	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY BOYS/GIRLS SOCCER	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
SOFTBALL	HEAD VARSITY SOFTBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY SOFTBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	RESERVE VARSITY SOFTBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	ASSISTANT RESERVE SOFTBALL	$979	$1,223	$1,525	$1,008	$1,260	$1,571	$1,038	$1,298	$1,618
SWIMMING	HEAD VARSITY SWIMMING	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY SWIMMING	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
TENNIS	HEAD VARSITY BOYS TENNIS	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
TRACK	HEAD VARSITY BOYS TRACK	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY BOYS TRACK	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	7TH & 8TH GRADE BOYS TRACK	$2,411	$2,600	$2,790	$2,483	$2,678	$2,874	$2,557	$2,758	$2,960
	HEAD VARSITY GIRLS TRACK	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY GIRLS TRACK	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	7TH & 8TH GRADE GIRLS TRACK	$2,411	$2,600	$2,790	$2,483	$2,678	$2,874	$2,557	$2,758	$2,960
VOLLEYBALL	HEAD VARSITY VOLLEYBALL	$3,336	$3,714	$4,086	$3,436	$3,825	$4,209	$3,539	$3,940	$4,335
	ASSISTANT VARSITY VOLLEYBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	RESERVE VARSITY ASSISTANT VOLLEYBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	9TH GRADE VOLLEYBALL	$2,600	$2,969	$3,336	$2,678	$3,058	$3,436	$2,758	$3,150	$3,539
	8TH GRADE VOLLEYBALL	$2,411	$2,600	$2,790	$2,483	$2,678	$2,874	$2,557	$2,758	$2,960
	7TH GRADE VOLLEYBALL	$2,411	$2,600	$2,790	$2,483	$2,678	$2,874	$2,557	$2,758	$2,960

ARTICLE 28
OHIO RESIDENT EDUCATOR PROGRAM

A. PURPOSE

The Resident Educator Program for beginning teachers will provide Ohio's newest educators with coaching, mentoring and guidance that are critical to improving their skills and knowledge and student achievement. The Resident Educator Program is administered and funded by the Coshocton City School District. The Resident Educator Program is conducted in accordance with the Administrative Regulations and Programs Standards adopted by ODE.

This program shall not replace the negotiated employee evaluation system.

B. DISTRICT OHIO RESIDENT EDUCATOR TEAM

1. Team Makeup

   a. District Administrator appointed by the Superintendent.

   b. Program Coordinator appointed by the Superintendent or District Administrator.

   c. Up to three Mentor Leaders may be selected, as needed, based on the recommendation of the Program Coordinator. These positions will be awarded through supplemental contract at the September board meeting.

   d. One high school administrator and one elementary administrator appointed by the District Administrator.

2. Team Responsibilities

   a. collaborate in the administration of the program, selection and assignment of Mentors;

   b. provide for the training of Mentor/Facilitators and Resident Educators;

   c. review the program's effectiveness;

   d. address/solve Mentor/Facilitator/Resident Educator concerns, issues, problems.

C. COMPENSATION

1. Release time shall be provided to the Mentor/Facilitator and/or Resident Educator as mutually agreed upon with the building principal. The maximum number of Resident Educators a Mentor may be assigned is three (3) per year.

2. In addition to the mutually agreed upon release time, each Mentor Leader will earn a stipend of $1500. A Mentor Leader also acting as a Mentor will earn both stipends.

3. Mentors shall receive a stipend of $1000 for their first Resident Educator. If a second Resident Educator is assigned, the Mentor shall receive an additional $750. If a third Resident Educator is assigned, the Mentor shall receive an additional $500.

4. A Facilitator shall receive a stipend of $1000. The Facilitator's role is to provide general guidance. A Facilitator may be assigned up to ten Resident Educators for the $1000 stipend.

5. The stipend is to be paid in June of that school year.

6. The District will pay all training fees required for Mentor/Facilitators to receive the mandatory ODE state mentor training.

7. Inactive Mentor/Facilitators shall not receive compensation.

D. RESIDENT EDUCATOR

1. The Resident Educator shall be provided release time not to exceed three (3) days per year for the purpose of observing classes, meetings with his/her Mentor/Facilitator, attending recommended workshops, assessment preparation, etc. The days may be used in quarter (1/4) day increments and shall be coordinated by the Building Principal/Immediate Supervisor.

2. An effort will be made by the Administration to assign an equitable workload/schedule to a Resident Educator.

E. PROTECTIONS

1. Other than a notation to the effect that a teacher served as a Mentor/Facilitator, the teacher's activities as a Mentor/Facilitator shall not be part of that staff member's evaluation.

2. In the event that the District does not comply with the Resident Educator Program the bargaining unit member who is participating in the program shall not be disciplined and/or adversely affected due to the action(s) and/or inaction(s) of the District.

3. Mentor/Facilitators shall not participate in the evaluation of their assigned Resident Educator.

4. Mentor/Facilitators shall not be requested or directed to make any recommendation regarding the continued employment of the teacher.

5. No Mentor/Facilitator shall be requested or directed to divulge information from the written documentation, or confidential Mentor/Facilitator/Resident Educator discussions.

6. All interaction, written or oral, between the Mentor/Facilitator and the Resident Educator shall be regarded with the same confidentiality as that represented by the attorney/client relationship. Any violation of this tenet by the Mentor/Facilitator shall constitute grounds for immediate removal from his/her role as Mentor/Facilitator.

7. At any time, either the Mentor/Facilitator or the Resident Educator may exercise the option to have a new Mentor/Facilitator assigned. The Mentor/Facilitator and the Resident Educator must operate in a trusting and comfortable relationship; therefore, no specifics shall be given as to the exercise of the option and no prejudice or evaluation is to be given such change.

8. All members of the Team, Mentor/Facilitators, and Resident Educators shall keep confidential all discussions, actions, materials and other information to the extent permitted by law. In an emergency, or matters required to be disclosed by law, the Mentor/Facilitator shall report to the District Administrator.

9. Mentor/Facilitators shall communicate directly with the Resident Educators and shall not discuss/report the performance of the Resident Educator with any administrator, assessor, or other teacher.

10. Resident Educators shall be provided all due process provisions allowed by the master agreement and ORC.

F. PROGRAM REVIEW/REVISIONS

1. ORE Leadership Team – The ORE Leadership Team may meet prior to the end of each school year to assess and evaluate the program. Recommendations may be submitted in the form of a written report to the Association and the Superintendent.

2. Association/Board - Association and Board representatives may meet to discuss the recommendations prior to the next school year.

3. Mentor/Facilitators - In addition to meeting for program evaluation purposes, Mentor/Facilitators may meet on a periodic basis for coordination purposes.

ARTICLE 29
EMPLOYMENT OF RETIRED TEACHERS

In recognition of the enactment of Senate Bill 144, which eased re-employment restrictions for State Teachers Retirement System (STRS) Retirees, the following terms and conditions relating to the employment of Retirees will prevail in the Coshocton City School District:

1. For purposes of this Article, a Retiree is an individual who has attained service retirement status with the STRS and is otherwise qualified by certification/licensure to be employed as a teacher in the State of Ohio.

2. Where a teaching vacancy exists, the Board may consider and employ a Retiree upon the recommendation of the Superintendent after the provisions of Article 5 of this Agreement have been met.

3. A Retiree shall be paid at a BA level and at Step 0 of the salary schedule, and so long as employed by the Board shall not advance on the salary schedule based either on years of service or additional training.

4. A Retiree shall receive a one-year limited contract which shall expire automatically at the end of the term. Continuation of employment of a Retiree through offering a new one-year limited contract which automatically expires shall be at the election of the Board and upon the recommendation of the Superintendent. The provisions of Article 10, Section II (Non-Renewal of Limited Contracts) of this Agreement shall not apply to Retirees. A Retiree is not eligible for a continuing contract regardless of years of employment with the Board.

5. A Retiree shall accumulate and may use sick leave in accordance with Article 4, Section I of this Agreement, but is not entitled to severance pay under Article 15 of this Agreement or under law upon the conclusion of employment as a Retiree.

6. Sick leave shall accrue at the rate of one and a quarter (1.25) days per month but shall not accumulate beyond the length of the one-year limited contract.

7. A Retiree shall be entitled to participate in all employee benefits provided to bargaining unit members.

8. A retiree employed by the Board shall be a member of the bargaining unit and shall be entitled to provisions of this Agreement except those explicitly stated. A Retiree shall not accumulate seniority in the bargaining unit and has no right to recall in the event of a reduction in force under Article 11 of this Agreement and/or Ohio Revised Code Section 3319.17.

9. A Retiree is eligible for any unfilled supplemental position after the first ten (10) days of the school year.

10. The Board and the Association expressly intend this Article to supersede the provisions of Ohio Revised Code Section 3317.13, 3317.14, 3313.53, 3319.11, 3319.111, 3319.141, and 3319.17, and all other applicable laws, and this Article of the Agreement will not be grievable under the grievance procedures or through any claim or action filed before the State Employment Relations Board (SERB) or any court of law.

ARTICLE 30
DURATION

SECTION I: DISTRIBUTION OF AGREEMENT

Copies of this agreement shall be reproduced and distributed by the Board to all teachers now and subsequently employed during the term of this agreement. Cost is to be borne by the Board.

SECTION II: WAIVER OF NEGOTIATIONS

The Board and the Association acknowledge that during negotiations resulting in this agreement, each party had the right and the opportunity to make demands and proposals with respect to any matter covered in the scope of negotiations and that this agreement was arrived at by the parties after the exercise of that right and opportunity.

SECTION III: CONTRARY TO LAW

If any provision of this agreement, or any agreement reached under its terms, conflicts with any federal or state law, now or hereafter enacted or issued, as determined by a court of competent jurisdiction, such provision, (only to the extent such provisions, application or agreement are in conflict with any federal or state law) application, or agreement shall be inoperative but the remaining provisions hereof shall remain in full force and effect, and the provisions in conflict will be re-negotiated to bring them into compliance.

SECTION IV: ENTIRE AGREEMENT

This agreement supersedes and cancels all previous agreements, verbal or written or based on alleged past practices between the Board and Association and constitutes the entire agreement between the parties. Any amendment or agreement supplemental hereto shall not be binding upon either party unless executed in writing by the parties hereto.

SECTION V: DURATION

This Agreement between the Coshocton City Board of Education and the Coshocton City Education Association has been properly ratified by both parties and will become effective July 1, 2023, and shall remain in effect through June 30, 2026.

BOARD OF EDUCATION

President

Superintendent

Treasurer

Date

COSHOCTON CITY EDUCATION ASSOCIATION

President

Date

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$250/single,$500/family Network $250/single,$500/family Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Coinsurance Limit: $350/single,$700/family Network $850/single,$1,700/family Non-Network Out-of-pocket Limit: $9,450/single,$18,900/family Network $1,100/single,$2,200/family Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Certain specialty drugs, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15 copay/visit	20% coinsurance	None
	Specialist visit	$15 copay/visit	20% coinsurance	None
	Preventive care/ screening/ immunization	No charge	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Diagnostic test (blood work)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at MedMutual.com/SBC	Generic copay - retail Tier 1	$5 (1 - 30 day supply); $10 (31 - 90 day supply)	See Plan Documents for Details	Covers up to a 90-day supply
	Generic copay - home delivery Tier 1	$10	See Plan Documents for Details	Covers up to a 90-day supply.
	Single source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
	Single source brand copay - home delivery Tier 2	$50	See Plan Documents for Details	Covers up to a 90-day supply.
	Multi source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
	Multi source brand copay - home delivery Tier 2	$50	See Plan Documents for Details	Covers up to a 90-day supply.
	Specialty drugs	Applicable drug tier copay applies or the max of any available manufacturer-funded copay assistance.	See Plan Documents for Details	Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	20% coinsurance	None
	Physician/surgeon fees (Outpatient)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
If you need immediate medical attention	Emergency room care	$50 copay/visit		None
	Emergency medical transportation	10% coinsurance	20% coinsurance	None
	Urgent care	$15 copay/visit	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	20% coinsurance	None
	Physician/ surgeon fee (inpatient)	10% coinsurance	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you are pregnant	Office visits	No charge	20% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	20% coinsurance	None
	Childbirth/delivery facility services	10% coinsurance	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	20% coinsurance	None
	Rehabilitation services (Physical Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Habilitation services (Occupational Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Habilitation services (Speech Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Skilled nursing care	10% coinsurance	20% coinsurance	(30 days per benefit period)
	Durable medical equipment	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Hospice services	10% coinsurance	20% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	None
	Children's glasses	Not Covered		Excluded Service
	Children's dental check-up	Not Covered		Excluded Service

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Excluded Services & Other Covered Services:

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

- Acupuncture
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Chiropractic Care
- Private-Duty Nursing
- Routine Eye Care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends.The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or cciio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

Does this plan provide Minimum Essential Coverage? Yes.

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

Does this plan meet Minimum Value Standards? Yes.

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

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

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$250
Specialist copay	$15
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	$250
Copayments	$0
Coinsurance	$350
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$660**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$250
Specialist copay	$15
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$400
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$420**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$250
Specialist copay	$15
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	$250
Copayments	$90
Coinsurance	$70
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$410**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Multi-Language Interpreter Services & Nondiscrimination Notice

MEDICAL MUTUAL®

This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Z8188-MCA R11/16

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator
Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900
Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  (800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$500/single,$1,000/family Network $1,000/single,$2,000/family Non-Network	Generally, you must pay all of the costs from providers up to the **deductible** amount before this **plan** begins to pay. If you have other family members on the **plan**, each family member must meet their own individual **deductible** until the total amount of **deductible** expenses paid by all family members meets the overall family **deductible.**
Are there services covered before you meet your deductible?	**Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.**	This **plan** covers some items and services even if you haven't yet met the **deductible** amount. But a **copayment** or **coinsurance** may apply. For example, this **plan** covers certain **preventive services** without **cost-sharing** and before you meet your **deductible**. See a list of covered **preventive services** at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet **deductibles** for specific services.
What is the out-of-pocket limit for this plan?	Coinsurance Limit: $500/single,$1,000/family Network $1,000/single,$2,000/family Non-Network Out-of-pocket Limit: $9,450/single,$18,900/family Network $2,000/single,$4,000/family Non-Network	The **out-of-pocket limit** is the most you could pay in a year for covered services. If you have other family members in this **plan**, they have to meet their own **out-of-pocket limits** until the overall family **out-of-pocket limit** has been met.
What is not included in the out-of-pocket limit?	Certain **specialty drugs**, **premiums**, balance-billed charges and health care this **plan** doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit.**

Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.



All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20 copay/visit	20% coinsurance	None
	Specialist visit	$40 copay/visit	20% coinsurance	None
	Preventive care/ screening/ immunization	No charge	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Diagnostic test (blood work)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at MedMutual.com/SBC	Generic copay - retail Tier 1	$5 (1 - 30 day supply); $10 (31 - 90 day supply)	See Plan Documents for Details	Covers up to a 90-day supply
	Generic copay - home delivery Tier 1	$10	See Plan Documents for Details	Covers up to a 90-day supply.
	Single source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
	Single source brand copay - home delivery Tier 2	$50	See Plan Documents for Details	Covers up to a 90-day supply.
	Multi source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
	Multi source brand copay - home delivery Tier 2	$50	See Plan Documents for Details	Covers up to a 90-day supply.
	Specialty drugs	Applicable drug tier copay applies or the max of any available manufacturer-funded copay assistance.	See Plan Documents for Details	Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	20% coinsurance	None
	Physician/surgeon fees (Outpatient)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
If you need immediate medical attention	Emergency room care	$150 copay/visit		None
	Emergency medical transportation	10% coinsurance	20% coinsurance	None
	Urgent care	$40 copay/visit	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	20% coinsurance	None
	Physician/ surgeon fee (inpatient)	10% coinsurance	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you are pregnant	Office visits	No charge	20% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	20% coinsurance	None
	Childbirth/delivery facility services	10% coinsurance	20% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	20% coinsurance	None
	Rehabilitation services (Physical Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Habilitation services (Occupational Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Habilitation services (Speech Therapy)	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Skilled nursing care	10% coinsurance	20% coinsurance	(30 days per benefit period)
	Durable medical equipment	No charge at Physician; No charge at Urgent Care; 10% coinsurance for all other places	20% coinsurance	None
	Hospice services	10% coinsurance	20% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	None
	Children's glasses	Not Covered		Excluded Service
	Children's dental check-up	Not Covered		Excluded Service

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Excluded Services & Other Covered Services:

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

- Acupuncture
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Chiropractic Care
- Private-Duty Nursing
- Routine Eye Care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends.The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or cciio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

Does this plan provide Minimum Essential Coverage? Yes.

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

Does this plan meet Minimum Value Standards? Yes.

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

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

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copay	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$500
Copayments	$0
Coinsurance	$500
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,060**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copay	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$520**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copay	$40
Hospital (facility) coinsurance	10%
Other coinsurance	10%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$500
Copayments	$200
Coinsurance	$40
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$740**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Multi-Language Interpreter Services & Nondiscrimination Notice

MEDICAL MUTUAL®

This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese
注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم 711).

Pennsylvania Dutch
Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo
Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese
注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

Dutch
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

Z818B-MCA R11/16

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

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- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

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Medical Mutual of Ohio
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Cleveland, OH 44115-1355
MZ: 01-10-1900
Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  (800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

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Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,000/single,$2,000/family Network $2,000/single,$4,000/family Non-Network	Generally, you must pay all of the costs from providers up to the **deductible** amount before this **plan** begins to pay. If you have other family members on the **plan**, each family member must meet their own individual **deductible** until the total amount of **deductible** expenses paid by all family members meets the overall family **deductible.**
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Coinsurance Limit: $1,000/single,$2,000/family Network $2,000/single,$4,000/family Non-Network Out-of-pocket Limit: $9,450/single,$18,900/family Network $4,000/single,$8,000/family Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Certain specialty drugs, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.



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	Specialist visit	$50 copay/visit	30% coinsurance	None
	Preventive care/ screening/ immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Diagnostic test (blood work)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at MedMutual.com/SBC	Generic copay - retail Tier 1	$5 (1 - 30 day supply); $10 (31 - 90 day supply)	See Plan Documents for Details	Covers up to a 90-day supply
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	Single source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
	Single source brand copay - home delivery Tier 2	$50	See Plan Documents for Details	Covers up to a 90-day supply.
	Multi source brand copay - retail Tier 2	$25 (1 - 30 day supply); $50 (31 - 90 day supply	See Plan Documents for Details	Covers up to a 90-day supply
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	Specialty drugs	Applicable drug tier copay applies or the max of any available manufacturer-funded copay assistance.	See Plan Documents for Details	Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	None
	Physician/surgeon fees (Outpatient)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
If you need immediate medical attention	Emergency room care	$150 copay/visit		None
	Emergency medical transportation	20% coinsurance	30% coinsurance	None
	Urgent care	$50 copay/visit	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	None
	Physician/ surgeon fee (inpatient)	20% coinsurance	30% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	None
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	None
	Rehabilitation services (Physical Therapy)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Habilitation services (Occupational Therapy)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Habilitation services (Speech Therapy)	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Skilled nursing care	20% coinsurance	30% coinsurance	(30 days per benefit period)
	Durable medical equipment	No charge at Physician; No charge at Urgent Care; 20% coinsurance for all other places	30% coinsurance	None
	Hospice services	20% coinsurance	30% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No charge	30% coinsurance	None
	Children's glasses	Not Covered		Excluded Service
	Children's dental check-up	Not Covered		Excluded Service

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Excluded Services & Other Covered Services:

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

- Acupuncture
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Chiropractic Care
- Private-Duty Nursing
- Routine Eye Care (Adult)

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Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

Does this plan provide Minimum Essential Coverage? Yes.

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

Does this plan meet Minimum Value Standards? Yes.

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

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

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1,000
Specialist copay	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$0
Coinsurance	$1,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,060**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1,000
Specialist copay	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	$0
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$520**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1,000
Specialist copay	$50
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	$900
Copayments	$300
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,200**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Multi-Language Interpreter Services & Nondiscrimination Notice

MEDICAL MUTUAL®

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Spanish
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese
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German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم 711).

Pennsylvania Dutch
Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French
ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo
Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíilnih 1-800-382-5729 (TTY: 711).

Oromo
XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese
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Dutch
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-382-5729 (TTY: 711).

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator
Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900
Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  (800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$2,000/single Network $4,000/single Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$4,000/single Network $8,000/single Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Certain specialty drugs, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	30% coinsurance	None
	Specialist visit	20% coinsurance	30% coinsurance	None
	Preventive care/ screening/ immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	20% coinsurance	30% coinsurance	None
	Diagnostic test (blood work)	20% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	None
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at MedMutual.com/SBC	Major Medical Drug Coverage /Rx	20% coinsurance	See Plan Documents for Details	Covers up to a 30 day supply (retail); 30 day supply (specialty drugs); 90 day supply (home delivery)
	Specialty drugs	20% coinsurance after deductible or the max of any available manufacturer-funded copay assistance	See Plan Documents for Details	Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	None
	Physician/surgeon fees (Outpatient)	20% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance		None
	Emergency medical transportation	20% coinsurance	30% coinsurance	None
	Urgent care	20% coinsurance	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	None
	Physician/ surgeon fee (inpatient)	20% coinsurance	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	None
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	(100 visits per benefit period)
	Rehabilitation services (Physical Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Habilitation services (Occupational Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Habilitation services (Speech Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Skilled nursing care	20% coinsurance	30% coinsurance	(30 days per benefit period)
	Durable medical equipment	20% coinsurance	30% coinsurance	None
	Hospice services	20% coinsurance	30% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No charge	30% coinsurance	None
	Children's glasses	Not Covered		Excluded Service
	Children's dental check-up	Not Covered		Excluded Service

Excluded Services & Other Covered Services:

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

- Acupuncture
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- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
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- Routine Foot Care
- Weight Loss Programs

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Does this plan meet Minimum Value Standards? Yes.

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

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

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Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$2,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$2,000
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$4,060**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$2,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$600
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,620**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$2,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$200
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,200**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

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注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-382-5729 (TTY: 711) まで、お電話にてご連絡ください。

Dutch
AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-382-5729 (TTY: 711).

Ukrainian
УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-382-5729 (телетайп: 711).

Romanian
ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-382-5729 (TTY: 711).

Tagalog
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ZB188-MCA R11/16

QUESTIONS ABOUT YOUR BENEFITS OR OTHER INQUIRIES ABOUT YOUR HEALTH INSURANCE SHOULD BE DIRECTED TO MEDICAL MUTUAL'S CUSTOMER CARE DEPARTMENT AT 1-800-382-5729.

Nondiscrimination Notice

Medical Mutual of Ohio complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex in its operation of health programs and activities. Medical Mutual does not exclude people or treat them differently because of race, color, national origin, age, disability or sex in its operation of health programs and activities.

- Medical Mutual provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, etc.).
- Medical Mutual provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services or if you believe Medical Mutual failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, with respect to your health care benefits or services, you can submit a written complaint to the person listed below. Please include as much detail as possible in your written complaint to allow us to effectively research and respond.

Civil Rights Coordinator
Medical Mutual of Ohio
2060 East Ninth Street
Cleveland, OH 44115-1355
MZ: 01-10-1900
Email: CivilRightsCoordinator@MedMutual.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- Electronically through the Office for Civil Rights Complaint Portal available at:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  (800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

Products marketed by Medical Mutual may be underwritten by one of its subsidiaries, such as Medical Health Insuring Corporation of Ohio or Consumers Life Insurance Company.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 800-540-2583. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800-540-2583 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$4,000/family Network $8,000/family Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Certain preventive care and all services with copayments are covered and paid by the plan before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$8,000/family Network $16,000/family Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Certain specialty drugs, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, See MedMutual.com/SBC or call 800-540-2583 for a list of participating providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

All coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. Services with copayments are covered before you meet your deductible, unless otherwise specified.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% coinsurance	30% coinsurance	None
	Specialist visit	20% coinsurance	30% coinsurance	None
	Preventive care/ screening/ immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray)	20% coinsurance	30% coinsurance	None
	Diagnostic test (blood work)	20% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	30% coinsurance	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at MedMutual.com/SBC	Major Medical Drug Coverage /Rx	20% coinsurance	See Plan Documents for Details	Covers up to a 30 day supply (retail); 30 day supply (specialty drugs); 90 day supply (home delivery)
	Specialty drugs	20% coinsurance after deductible or the max of any available manufacturer-funded copay assistance	See Plan Documents for Details	Covers up to a 30 day supply. Certain specialty drugs are considered non-essential health benefits and therefore do not apply to the out-of-pocket maximum. They will also be subject to higher cost-share.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	30% coinsurance	None
	Physician/surgeon fees (Outpatient)	20% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	20% coinsurance		None
	Emergency medical transportation	20% coinsurance	30% coinsurance	None
	Urgent care	20% coinsurance	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	30% coinsurance	None
	Physician/ surgeon fee (inpatient)	20% coinsurance	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Benefits paid based on corresponding medical benefits		None
	Inpatient services	Benefits paid based on corresponding medical benefits		None
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	None
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	None

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	30% coinsurance	(100 visits per benefit period)
	Rehabilitation services (Physical Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Habilitation services (Occupational Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Habilitation services (Speech Therapy)	20% coinsurance	30% coinsurance	(20 visits per benefit period)
	Skilled nursing care	20% coinsurance	30% coinsurance	(30 days per benefit period)
	Durable medical equipment	20% coinsurance	30% coinsurance	None
	Hospice services	20% coinsurance	30% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No charge	30% coinsurance	None
	Children's glasses	Not Covered		Excluded Service
	Children's dental check-up	Not Covered		Excluded Service

Excluded Services & Other Covered Services:

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

- Acupuncture
- Children's dental check-up
- Children's glasses
- Cosmetic Surgery
- Dental Care (Adult)
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Bariatric Surgery
- Chiropractic Care
- Private-Duty Nursing
- Routine Eye Care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends.The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 877-267-2323 x61565 or cciio.cms.gov. Other coverage options may be available to you, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit HealthCare.gov or call 800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact your plan at 800-540-2583.

Does this plan provide Minimum Essential Coverage? Yes.

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

Does this plan meet Minimum Value Standards? Yes.

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

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

The coverage example numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$4,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	$4,000
Copayments	$0
Coinsurance	$1,700
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$5,760**

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$4,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	$4,000
Copayments	$0
Coinsurance	$200
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$4,220**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$4,000
Specialist coinsurance	20%
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

Note: These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: 800-540-2583.

The plan would be responsible for the other costs of these EXAMPLE covered services.

[For more information about limitations and exceptions, see the plan or policy document at MedMutual.com/SBC.]

Multi-Language Interpreter Services & Nondiscrimination Notice

MEDICAL MUTUAL®

This document notifies individuals of how to seek assistance if they speak a language other than English.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-382-5729 (TTY: 711).

Chinese

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-382-5729 (TTY: 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-382-5729 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-382-5729 رقم هاتف الصم والبكم (711).

Pennsylvania Dutch

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-382-5729 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-382-5729 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-382-5729 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-382-5729 (TTY: 711).

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti' go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-800-382-5729 (TTY: 711).

Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-382-5729 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-382-5729 (TTY: 711)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-382-5729 (TTY: 711).

Japanese

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- Electronically through the Office for Civil Rights Complaint Portal available at:
  ocrportal.hhs.gov/ocr/portal/lobby.jsf
- By mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW Room 509F
  HHH Building
  Washington, DC 20201-0004
- By phone at:
  (800) 368-1019 (TDD: (800) 537-7697)
- Complaint forms are available at:
  hhs.gov/ocr/office/file/index.html

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DENTAL SCHEDULE OF BENEFITS

Benefit Period	Calendar year
Benefit Period Deductible	$25 single / $50 family
Maximum Benefit Payable per Covered Person per Benefit Period	$1,250
Dependent Age Limit	The end of the month of the 26th birthday

It is important that you understand how the Claims Administrator, Medical Mutual, calculates your responsibilities under this coverage. Please consult the "HOW CLAIMS ARE PAID" section for necessary information.

Type of Service	**Maximums and Limitations**
Initial and Periodic Oral Evaluations	Two examinations within a 12 month period
Prophylaxis	Two within a 12 month period
Topical Fluoride Applications	Two within a 12 month period
Dental Sealants[2]	For Eligible Dependent children under age 14
Space Maintainers	Two within a 12 month period
Crowns	One per tooth every five years per tooth
Inlays	One per tooth every five years per tooth
Onlays	Once every five years per tooth
Fixed Partial Dentures (Bridges)	Once every five years per unit Relining and rebasing is covered if done no less than 6 months after initial placement but not more than once in any 36-month period. One replacement of a temporary denture if a permanent denture is installed within 12 months of the installment of the temporary denture.

[2] Dental sealants are limited to eligible teeth free from decay or restorations on the occlusal surface.