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AGREEMENT

BETWEEN

GREENEVIEW EDUCATION ASSOCIATION

AND

GREENEVIEW BOARD OF EDUCATION

August 1, 2025 to July 31, 2028

ARTICLE I
RECOGNITION

A.	Association Sole and Exclusive Bargaining Representative	1

ARTICLE II
NEGOTIATIONS PROCEDURES

A.	Notification	1
B.	Negotiation Meetings	1
C.	Negotiation Time	2
D.	Representation	3
E.	Information	3
F.	Press Releases	3
G.	Agreement	4
H.	Impasses Procedures	4

ARTICLE III
MANAGEMENT RIGHTS AND RESPONSIBILITIES

A.	Board Rights	6

ARTICLE IV
ASSOCIATION RIGHTS AND RESPONSIBILITIES

A.	Officers' Names to Superintendent/Board	6
B.	Board Meetings	7
C.	New Hires	7
D.	Use of School Buildings	7
E.	Bulletin Boards	8
F.	Placement of Materials in Mail Boxes	8
G.	Association Leave	8
H.	Board Policies	8
I.	Copy of Agreement	8
J.	Rights by Law	8
K.	Rights by Contract	8
L.	Curriculum Planning	8
M.	Forms	9
N.	Deadline for Payroll Deductions of Dues	9

ARTICLE V
GRIEVANCE PROCEDUDRE

A.	General Provisions	9
B.	Definition of Day	11
C.	Time Limits	11
D.	Non-Contractual Complaints	11
E.	Informal Level	11
F.	Step One	12
G.	Step Two	12
H.	Step Three	13
I.	Miscellaneous	14

ARTICLE VI
TEACHER RIGHTS AND RESPONSIBILITIES

A.	Labor/Management Relations Committee	15
B.	Personnel Files	16
C.	Public Complaints About Teachers	17
D.	Processing of Complaint	18
E.	Classroom Teaching	19
F.	Teacher Responsibilities	19
G.	Cooperating Teachers	20

ARTICLE VII
WORK DAY/WORK YEAR

A.	Planning-Conference Time	20
B.	In-Service Education	21
C.	Notification and Posting of Vacancies/Positions	21
D.	Work Day	22
E.	Work Year	22
F.	Kindergarten Teacher Record Day	22
G.	Mentor Program	23

ARTICLE VIII
REDUCTION IN FORCE

A.	RIF- Reduction in Force	23
B.	Process for Reduction in Force	23

ARTICLE IX
PROCESS OF NON-RENEWAL/TERMINATION OF CONTRACTS

A.	Process of Non-renewal of Regular Limited Contracts	26
B.	Termination of the Contract of a Teacher	27
C.	Non-Renewal of Supplemental Contracts	27

ARTICLE X
CONTINUING CONTRACTS

A.	Attaining a Continuing Contract	28
B.	Continuing Contract Eligibility	28
C.	Non-Awarding of Continuing Contract	28

ARTICLE XI
EVALUATION PROCEDURES

A.	Evaluation Process to be Used	28
B.	Evaluation Procedure to be Equally Applied	28
C.	Board to Adopt Evaluation Instrument	29

ARTICLE XII
HIRING OF RETIRED TEACHERS

A.	Credit for Prior Teaching Experience	29
B.	Employment or Re-employment of Retired Teachers	29

C. Teacher in the Bargaining Unit 30
D. Deemed New Employee 30
E. Conversion of Sick Leave to Severance 30
F. Rehired Teachers 30

ARTICLE XIII
ACADEMIC DISTRESS COMMISSION

A. Academic Distress Commission 30

ARTICLE XIV
LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE

A. Mission 31
B. Purpose 31
C. Duties 31
D. Operating Procedures 32
E. Appeals Process 33
F. Records and Files 34
G. Evaluation 34
H. Compensation 34

ARTICLE XV
LEAVES OF ABSENCE

A. Sick Leave 34
B. Sick Leave Bank 36
C. Personal Leave 38
D. Assault Leave 40
E. Family and Medical Leave 41
F. Military Duty 43
G. Jury Duty 43
H. Court Leave 44
I. Other 44
J. Teacher Attendance at Professional Meetings 44
K. Professional Growth Program 45
L. Unpaid Leaves of Absence 46

ARTICLE XVI
INSURANCE

A. Insurance Program 47
B. Hospitalization/Major Medical Insurance Benefits 47
C. Dental Insurance Benefits 48
D. Medical Insurance Contributions 48
E. Life Insurance Benefits 49
F. Vision Insurance 49
G. General Provisions 50

ARTICLE XVII
SALARY/COMPENSATION PROCEDURES

A. Salary Schedule 52
B. Definition of Year Credit 53

C. Other Wages 53
D. Reimbursement for Travel 54
E. Pay Procedures, Periods ad Deductions 54
F. Mid-Year Salary Adjustment 54
G. Salary Adjustments Due to Overpayment 54
H. Internal Substitution 55
I. Workers' Compensation 55
J. STRS Severance Retirement Pay 55
K. Attendance Incentive 56
L. Direct Deposit of Pay Checks 56
M. Supplemental Contracts 57

ARTICLE XVIII
EFFECTS OF CONTRACT

A. Complete Agreement 57
B. Non-Discrimination 57

ARTICLE XIX
DURATION AND IMPLEMENTATION

A. Duration 58
B. Base for Future Negotiations 58

Appendix A Salary Schedule Effective August 1, 2025 59

Appendix B Supplemental Salary Schedule Effective August 1, 2025 61

Appendix C Request for Personal Emergency Leave 67

Appendix D Memorandum for Sick Leave Bank Participation 68

Appendix E Employee Application for Sick Leave Bank 69

Appendix F Sick Leave Bank Payback Record 70

Appendix G Grievance Form 71

Appendix H Insurance Information 73

ARTICLE I

RECOGNITION

A. Association Sole and Exclusive Bargaining Representative

The Greeneview Local Board of Education (hereinafter referred to as the "BOARD") recognizes the Greeneview Education Association, an affiliate of the Ohio Education Association and the National Education Association, (hereinafter referred to as the "ASSOCIATION") as the sole and exclusive bargaining representative for all full-time and regular part-time certificated teachers of the District and for the purpose of negotiating wages, hours or terms and other conditions of employment. Substitutes who work less than one hundred and twenty (120) days, aides, supervisors, and/or administrators are specifically excluded from the bargaining unit. Supervisory staff is defined as those individuals who come within the definition of the term “supervisor” under O.R.C. Chapter 4117.

ARTICLE II

NEGOTIATIONS PROCEDURES

A. Notification

1. Notification of Negotiations by Either Party

If either of the parties’ desires to commence bargaining on salaries or other matters of mutual concern, it shall notify the other party in writing of its intent to bargain.

2. Date of Notification of Request

Notification for negotiations shall be no earlier than March 1 and no later than March 15th of the year in which the contract expires. Notification in writing from the ASSOCIATION shall be served on the Superintendent; and from the BOARD shall be served on the President of the ASSOCIATION.

B. Negotiation Meetings

1. Time Lines for First Bargaining Session

Within fifteen (15) days of written notification of intent to bargain, an initial meeting shall be held between the parties. All proposals shall be exchanged in writing by the ASSOCIATION and the BOARD at this first meeting. No new proposal shall be submitted by either party after the initial meeting unless by mutual agreement.

2. Submission of Original Proposals

Original proposals shall be written and in language suitable for inclusion in the final agreement.

3. Criteria for Scheduling Meetings

Meetings shall be scheduled with the least interruption of work schedules. All meetings, including impasse procedures, shall be in executive session (unless otherwise mutually agreed upon by both parties). Other rules for conducting negotiations procedures which are deemed necessary and not covered by this procedure shall be discussed and agreed upon at the first meeting.

C. Negotiation Time

1. Caucus

Either party may call for a caucus of reasonable length.

2. Length of Bargaining Sessions

Bargaining sessions shall last a maximum of three (3) hours unless extended by mutual agreement.

3. Time Limit for Bargaining

Items under negotiation must be resolved to the mutual satisfaction of both parties, within forty (40) days of the first scheduled meeting. However, if both parties agree to extensions of time for negotiations, more time may be granted. If no agreement is reached, impasse procedure outlined in this document shall be implemented.

4. Modification of Time Limits

Any time limits established under this Article may be modified by mutual agreement of parties.

5. Days Defined

a. During School Year

Days shall be defined as school days when school is in session.

b. During Summer Vacation

Days shall be defined as calendar days during the summer months when school is not in regular session.

c. Vacation Days

Vacations and holidays shall not be counted as a school day regardless what time of the year they occur.

D. Representation

1. Number of Each Team

Each team shall limit its representation to no less than three (3) but no more than five (5) members unless otherwise agreed upon at the first meeting. Each team shall designate one (1) chief spokesperson who shall be responsible for signing any tentative agreement.

2. Right to Request Consultants

Either party may call upon consultants at the expense of the requesting party. Such consultants may be used in the negotiating meetings as team members, or for the purpose of providing information pertinent to negotiations.

3. Admittance of Observers

The BOARD and the ASSOCIATION may admit two (2) observers to these sessions. All observers shall adhere to all rules of protocol adopted at the first negotiations meeting contained within this AGREEMENT; shall maintain the executive session nature of meetings; and shall not participate in discussions at the bargaining table.

E. Information

1. Time Lines for Request

The parties agree during negotiations to provide each other, upon reasonable requests within a reasonable time, regularly and routinely prepared information for development and evaluation of proposals. Access to such information in such form as it exists constitutes compliance with this provision, and neither party is obligated to develop data for information not in existence or to re-work, re-draft, summarize, compute or otherwise develop data or information in other than its existing form.

F. Press Releases

1. Criteria for Releases Made by Either Party

During any phase of negotiations, including the impasse procedure, there will be no press releases of information to the media unless agreed upon by both parties. In such instance that releases are agreed upon, said releases shall be in writing and both parties shall approve of the release prior to its dissemination.

2. Releases Made by Both Parties

Both parties may issue progress reports to their members in order to keep their members informed.

G. Agreement

1. Ratification Process

When final agreement is reached through negotiations, the outcome shall be reduced to writing and submitted to the ASSOCIATION for ratification. Within fifteen (15) days from the date of the tentative agreement, the ASSOCIATION shall vote on said Agreement and notify the Superintendent of its action. The BOARD shall take action upon the tentative agreement no later than fifteen (15) days from receipt of the ASSOCIATION's action or at the next regular BOARD meeting, whichever comes first. Upon official adoption by the BOARD, the AGREEMENT shall be signed by the parties.

2. Posting of the Agreement

After the AGREEMENT is signed by both parties, it shall be posted to the Employee Self Service System (ESS). The ASSOCIATION shall be responsible for the notifying all teachers when the AGREEMENT is posted.

H. Impasse Procedures

1. Processes to be Followed

The following impasse procedures may be used in the event the parties cannot reach agreement prior to the expiration of the current AGREEMENT.

2. Federal Mediation

If agreement is not reached within the specified time limits as contained within this Article, or the parties mutually agree that impasse has been reached prior to the end of the forty (40) day period, either party may request the services of the Federal Mediation and Conciliation Services (FMCS) or another mutually agreed upon mediator or mediation service for the purpose of mediating an agreement.

3. American Arbitration Association

In the event no agreement is reached within three (3) mediation sessions or twenty-one (21) days after the assignment of the mediator, whichever comes later, the parties shall jointly petition the American Arbitration Association (AAA) for a list of arbitrators.

a. Meeting and Authority of Arbitrator:

The arbitrator shall meet with the parties in an effort to determine issues of fact. The arbitrator shall have no authority to bind the parties to any settlement. After listening to the fact, the arbitrator shall write out recommendations. Said written recommendations shall be submitted in writing to the parties no later than thirty (30) days after the hearing is closed unless an extension of time has been mutually agreed upon.

The cost of the arbitrator's services shall be shared equally by the ASSOCIATION and the BOARD. All expenses incurred by representatives of the parties shall be the responsibility of the party incurring the expense.

4. Voting Process of Arbitrator

a. Action by Association

Upon receipt of the recommendations, the ASSOCIATION shall vote on the recommendations no later than ten (10) days from the date of receipt. The ASSOCIATION shall notify the Superintendent in writing no less than twenty-four (24) hours from the date of the ASSOCIATION's decision to either accept or reject the decision.

b. Action by Board

Within ten (10) days from the day the ASSOCIATION notifies the Superintendent of its decision of the arbitrator's recommendations, the Superintendent shall notify the ASSOCIATION in writing of the BOARD's decision to either accept or reject the recommendations of the arbitrator.

(1) Right of Association to Strike

In the event this procedure does not give rise to an agreement between the parties, then the ASSOCIATION shall have the right to withhold its services in accordance to the rules and regulations of the State Employment Relations Board (SERB).

(2) Voting on Arbitrator's Recommendations

The recommendations of the arbitrator shall be voted on in its entirety. Neither party shall have the right to pick and choose parts of the report and reject others.

ARTICLE III

MANAGEMENT RIGHTS AND RESPONSIBILITIES

A. Board Rights

The BOARD shall have the right and responsibility to:

1. Determine matters of inherent managerial policy which include, but are not limited to, areas of discretion or policy such as the functions and programs of the public employer, standards of services, its overall budget, utilization of technology and organization structure.

2. Direct, supervise, evaluate, or hire teachers.

3. Maintain and improve the efficiency and effectiveness of governmental operations.

4. Determine the overall methods, process and means of personnel by which governmental operations are to be conducted.

5. Suspend, discipline, demote or lay off, transfer, assign, schedule, promote, or retain teachers (renew or non-renew the contracts of teachers).

6. Determine the adequacy of the work force.

7. Determine the overall mission of the employer as a unit of government.

8. Effectively manage the work force.

9. Take action to carry out the mission of the public employer as a governmental unit.

10. Terminate contracts for just cause.

ARTICLE IV

ASSOCIATION RIGHTS AND RESPONSIBILITIES

A. Officers' Names to Superintendent/Board

The ASSOCIATION shall give the names of its officers to the Superintendent and to the BOARD President on or before June 1 of each year.

B. Board Meetings

1. Right to Address Board

The ASSOCIATION, through a designated representative, shall have the right to speak to any issue open for public discussion at all regularly scheduled or special meetings of the BOARD.

2. Right to Board Agenda

The President of the ASSOCIATION, the designated representative, and all building representatives shall be provided with a copy of agendas for each regular BOARD meeting. Agendas will be sent electronically to the President and anyone the ASSOCIATION requests.

3. Notice of Board Meetings

The President of the ASSOCIATION, and/or designated representative shall be provided with advance notice of all regular and special BOARD meetings.

4. Board Information Presented to Association President

The ASSOCIATION President shall receive a copy of all non-confidential materials sent to the BOARD members regarding any and all BOARD meetings.

C. New Hires

With the authorization of the individual teacher, upon request from the ASSOCIATION, the BOARD shall provide to the ASSOCIATION with directory information of all newly employed members of the recognized bargaining unit as early as possible.

D. Use of School Buildings

The ASSOCIATION, or any committee thereof, shall have the right to use school building facilities during non-school hours without charge for meetings held during custodians scheduled work time so long as such meetings do not interfere with previously scheduled building activities. The ASSOCIATION shall make arrangements with the Superintendent and/or building principal(s) for such use at least twenty-four (24) hours prior to any proposed meeting(s). By mutual agreement between the ASSOCIATION and the Superintendent and/or building principal(s), this twenty-four (24) notice requirement may be waived. The ASSOCIATION shall use the building according to regulations established by the BOARD and according to O.R.C. 3313.79 with no rental charge except reimbursement to the BOARD for custodial overtime wages.

E. Bulletin Boards

The ASSOCIATION shall have the right to use the faculty lounge bulletin boards for official ASSOCIATION announcements.

F. Placement of Materials in Mail Boxes

The ASSOCIATION may use the inter-mail system of the School District. Any teacher may request in writing that ASSOCIATION communications not be placed in his/her mail box.

G. Association Leave

The BOARD shall grant the ASSOCIATION President or his/her designee up to eight (8) days per school year of ASSOCIATION leave to conduct ASSOCIATION business. The cost of the first substitute teacher's day shall be paid by the BOARD with all remaining days paid by the ASSOCIATION.

H. Board Policies

All teachers shall have the access to updated BOARD policies and regulations on the School District website. A link will also be posted in ESS.

I. Copy of Agreement

The administration shall provide each teacher with a copy of this AGREEMENT upon initial employment.

J. Rights by Law

All teachers shall have all rights provided them by the Ohio Revised Code and the constitutions of the State of Ohio and the United States except as otherwise provided herein.

K. Rights by Contract

All teachers shall have all rights provided to them by the written terms of this negotiated AGREEMENT.

L. Curriculum Planning

Teachers shall have the right to participate in the planning of curriculum within the Greeneview School System. The teachers recognize the sole and exclusive responsibility of the BOARD to approve and implement courses of study and curriculum and the organization of such.

M. Forms

Grievance forms shall be readily available in each building's administrative office and in each faculty lounge. It shall be the responsibility of the ASSOCIATION building representatives to maintain the supply of such forms in the faculty lounges. All other pertinent, employment-related forms shall be available from office personnel in each building administrative office. In addition, each ASSOCIATION building representative shall receive one (1) copy of the performance appraisal form(s) used in the School District.

N. Deadline for Payroll Deductions of Dues

Teachers may authorize payroll deductions by October 1 of each year for GEA, WOEA, OEA and NEA dues to be deducted in twenty (20) equal payments, commencing the first (1st) pay of October. (In the event schools do not open at the scheduled time, the time will be extended proportionately.) If for any reason the BOARD fails to make a deduction for any teacher as above provided, it shall make that deduction from the teacher's next pay in which such deduction is normally deducted after the error has been called to its attention (in writing) by the teacher. The ASSOCIATION agrees to hold the BOARD and its designees harmless for any and all errors arising out of the dues deduction procedures. The ASSOCIATION agrees to assume full responsibility for correcting any and all errors arising out of the dues deduction process.

1. Authority of Board to Make Deductions

The Board Treasurer is authorized to make deductions and salary adjustments in accordance with the prescribed duties of the office and upon receipt of the proper authorization forms for County-Wide Credit Union, tax sheltered annuities, contributions to political organizations, United Way, providing seven (7) or more teachers sign up for the ARTICLE IV deduction. County-Wide Credit Union and approved tax-sheltered forms shall be available in the Board Treasurer's office.

ARTICLE V

GRIEVANCE PROCEDURE

A. General Provisions

1. Primary Purpose of Procedure

The primary purpose of the grievance procedure shall be to obtain, at the lowest administrative level possible, solution to grievances which may arise.

2. Definition of Grievance

A grievance is defined as a complaint limited to an alleged violation, misapplication, or misinterpretation of the written provisions of the negotiated AGREEMENT between the ASSOCIATION and the BOARD.

3. Definition of Grievant

A grievant is a teacher or group of teachers, alleging a violation, misapplication or misinterpretation of a written provision of this negotiated AGREEMENT. A group grievance shall have arisen out of the same circumstances affecting each member of said group. Each member of a group grievance shall sign the grievance report form.

4. Distribution of Copy of Group Grievance

A decision on a group grievance applies to all teachers in the group, and each shall be given a copy of the decision.

5. Withdrawal of Grievance

A teacher may withdraw, without prejudice, in writing, from a group grievance any time before a decision is rendered; however, he/she then waives any right to initiate the same or a substantially similar grievance.

6. Number of Representatives at Hearing

No more than two (2) parties to the grievances shall represent the group at hearings conducted for the resolution of a group grievance. However, this does not preclude members of the group being called as witnesses.

7. Withdrawal Prior to Step One

Any individual grievance may be withdrawn, without prejudice or record, by the grievant at any time prior to the written decision in Step One.

8. Failure to Timely Process

a. Failure by Grievant

The failure of a grievant to appeal any decision to the next step within the time set forth for such appeal shall constitute a waiver of the right to further appeal, and a final disposition of the grievance shall be made on the basis of the last decision given.

b. Failure by Administration

The failure of the supervisory staff to communicate the decision on a grievance within the specified time frame shall automatically entitle the grievant to advance the grievance to the next level, without prejudice, but within the time limits established for such advancement.

B. Definition of Day

Day shall be defined as set forth in Article VII D of this AGREEMENT.

C. Time Limits

The number of days indicated at each step is considered a maximum. The time limits specified, however, may be extended by written agreement of the parties in interest.

D. Non-Contractual Complaints

Nothing contained in this procedure shall be construed as limiting the individual right of a teacher having a complaint or problem to discuss the matter informally with the members of the administration through normal channels of communication. Discussions which take place at any meetings regarding this section shall not be matters which are considered to be grievable.

E. Informal Level

1. Time Limits

A teacher having a grievance shall first attempt to resolve it informally with his/her immediate supervisor within fifteen (15) days of the date the grievant knew or should have known of the event or condition upon which the grievance is based. In meeting with his/her supervisor, the grievant shall inform the supervisor that he/she wishes to discuss a complaint upon which a formal grievance may be filed.

2. Waiver of Grievance

Should the grievant not attempt to resolve the complaint informally within the fifteen (15) day time limit, the grievance shall be considered waived.

3. Reason for Procedure

The informal meeting and the grievance procedure are designed to facilitate solutions to problems and grievances at the lowest possible administrative level(s)

F. Step One

1. Time Limits

Within ten (10) school days after informal discussion of the alleged incident which is the subject of the grievance, the grievant will reduce the grievance to writing, on a form provided by the BOARD, and will present it to his/her immediate supervisor.

2. Completion of Grievance Form

The grievance form shall be dated and initialed by the immediate supervisor upon receipt.

3. Time Lines for Hearing

Within ten (10) school days after the grievance is submitted, the supervisor will discuss the grievance with the teacher involved and attempt to resolve it.

4. Representation at Step One

Discussions at this step and any further step shall be confined to the issues as written and stated on the Grievance Form and to the relief sought. The teacher may be accompanied at the meeting by an ASSOCIATION Grievance Chairman, ASSOCIATION Officer, or State Association Representative. No attorneys are to be present. The supervisor may be accompanied by another administrator.

5. Decision of Administrator

Within five (5) school days after this meeting, the supervisor will state his/her decision in writing on the grievance form and provide a copy to the grievant.

G. Step Two

1. Appeal to Step Two

If the grievant is not satisfied with the decision concerning his/her grievance made at Step One, the teacher may, within ten (10) school days of the receipt of his/her immediate supervisor's decision, submit the grievance to the Superintendent.

2. Time Lines for Hearing

The Superintendent shall schedule a hearing to be held within ten (10) school days of receipt of the grievance and shall notify the grievant of the time and place of such hearing.

3. Right of Representation of the Parties

The grievant may be accompanied by a person of his/her choice. The Superintendent and/or his designated administrative representative will conduct the hearing, and may be accompanied at the hearing by a non-lawyer consultant not normally in the employ of the BOARD.

a. Witnesses

Any individuals who have pertinent information to the grievance may be called to the hearing by the Superintendent so as to facilitate an informed disposition of the grievance.

b. Written Response of Superintendent

Within five (5) days after such hearing, the Superintendent shall notify the grievant of the decision in writing. Failure to respond within the time limits shall automatically entitle the grievant to advance the grievance to the next level.

H. Step Three

1. Appeal to Step Three Mediation-Arbitration

If the grievant is not satisfied with the disposition of the grievance at Step Three, the grievant may request a mediator to hear the grievance. The mediator shall be mutually agreed to by the parties. A hearing shall take place at a mutually agreed to time, however no later than twenty (20) days from the request for the service of the mediator. If either party is dissatisfied with the outcome of the mediation hearing, then either party shall have the right to request a hearing before an arbitrator. The request for arbitration shall be made within fifteen (15) days following the mediation session. The request for arbitration shall be by certified mail with a return receipt request to the Superintendent or to the President of the ASSOCIATION.

2. Statement of Grievance

Such request for arbitration of the grievance shall specify the act or condition upon which the grievance is based, the names and addresses of the parties, the contractual clause(s) alleged to have been misinterpreted or misapplied and the remedy sought.

3. Submission to American Arbitration Association

a. The parties shall mutually petition the American Arbitration Association (AAA) to provide both parties with a panel of arbitrators and an arbitrator shall be selected in accordance with the voluntary rules and regulations of the AAA; provided, however

b. The AAA shall have no authority to appoint any arbitrator not acceptable to both the ASSOCIATION and the BOARD. In the event an arbitrator cannot be selected from any list submitted by the AAA, AAA shall be required to submit a new list until an arbitrator mutually acceptable can be selected by the parties.

4. Arbitration Hearing

Once the arbitrator has been selected, he/she shall conduct a hearing on the grievance in accordance with the voluntary rules and regulations of the AAA.

5. Issuance of Written Decision

The arbitrator shall hold the necessary hearing promptly and issue the decision within such time as may be agreed upon. The decision shall be in writing and a copy sent to all parties present at the hearing.

6. Binding Arbitration

The decision of the arbitrator shall be binding concerning the grievant(s), the ASSOCIATION, and the Board.

7. Authority of Arbitrator

The arbitrator shall not have any power to alter, add to, or subtract from the terms of this AGREEMENT, nor to make any award which is inconsistent with the terms of this AGREEMENT or contrary to law.

8. Arbitrability Challenges

In cases where the arbitrability of an issue is questioned, the matter of arbitrability shall be ruled upon by the arbitrator prior to a ruling by the arbitrator on the merits of the issue. The cost for the services of the arbitrator will be borne equally by the BOARD and the ASSOCIATION.

9. Release of Grievant

In the event the arbitrator conducts a hearing during a grievant's regular work hours, the grievant will be permitted released time with pay to attend the hearing.

I. MISCELLANEOUS

1. Hearings to be in Closed Sessions

All hearing shall be conducted in closed sessions.

ARTICLE VI

TEACHER RIGHTS AND RESPONSIBILITIES

A. Labor/Management Relations Committee

1. District Labor-Management Relations Committee

The Superintendent and/or his designated representative and the ASSOCIATION agree to establish a Labor/Management Relations Committee for the purpose of conferring on issues of mutual concern. The Superintendent and each building principal will serve on the Committee; the Association President will designate one (1) member from each building to serve on the Committee. The Superintendent or his designee will chair the Committee the first semester and the Association President will chair during the second semester if an additional meeting is required.

a. Scheduled Meetings

The Committee will meet at least once each year, upon the agreement of the Superintendent and the Association President. Meetings will be scheduled by mutual agreement of the Superintendent and the Association President. Each request for a meeting shall stipulate an agenda of items to be discussed. All meetings shall be held on non-working, mutually agreed times and shall not exceed two (2) hours unless both parties agree to an extension. The first meeting should take place prior to October and the second meeting should take place in the month of May.

b. Purpose of Committee

The purpose of the Committee shall be to aid in communications between both parties. The procedures shall consist of informal discussions aimed at clarifying issues, answering questions, and conferring on matters such as calendars and evaluations. The 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 this Agreement.

c. Written Minutes to be Provided

After each meeting is held and agenda items have been discussed, written minutes of the meeting shall be provided to the Association President, the Board President, the Superintendent and each building principal. The Association secretary shall provide minutes of the meeting.

2. Building Level Labor-Management Committees

a. Composition of Committee

The parties agree to the establishment of building level Labor-Management Committees composed of one (1) Association member designated by the ASSOCIATION and one (1) Administrator appointed by the building principal.

b. Purpose of the Committee

The purpose of this committee shall be to facilitate discussions on matters of concern to either the Administration or the ASSOCIATION which are of significance to the staff at a building as opposed to the staff in the School District.

c. Committee Meetings

This Committee shall meet at the request of either the ASSOCIATION representatives or the Administration representatives but no more often that one (1) time each month except by mutual agreement.

3. Notification of Teachers and Administrators on the Labor-Management Committees

The ASSOCIATION shall advise the Superintendent, in writing, of the names of the individuals designated as representatives on this Committee for each building. The Superintendent shall notify the ASSOCIATION, in writing, of the names of the individuals designated to serve on this Committee for each building.

4. Agreement cannot be Changed by Committees

The parties shall not have the right to change any provision of the AGREEMENT between the parties.

B. <u>Personnel Files</u>

1. One Personnel File to be Maintained by Superintendent

There will be established and maintained one (1) official personnel file for each teacher of the School District. Such personnel files will be maintained in the office of Superintendent. However, all economic records will be held in the office of the Board Treasurer.

2. Files Are Public Records

Such personnel files are public records.

3. To be Accessible to Public

They shall be made available for inspection to the general public at reasonable times during business hours.

4. Copies to Public

Copies must be supplied at cost to any member of the public seeking copies of any material contained in the personnel file.

5. Notice to Employee When Public Reviews File

Bargaining unit members will be notified when a member of the public reviews the file.

6. Effects of Changes in Teacher's Employment Status

Changes in a teacher's status of employment or condition relating thereto shall be made a part of his/her personnel record.

7. Appeals of Contested Materials

If and when a teacher and the Superintendent agree that there is adequate evidence that certain material in said teacher's official file is irrelevant, inappropriate, or false, such material will either be corrected or removed from the file.

8. Right to Attach Rebuttal to Questionable Material

If a teacher feels that any material included in his/her file is derogatory to his/her conduct, service, or character, he/she shall have the right to respond to it in writing and have a copy of said statement attached to the material in the official file.

9. Signature and Date of Review by Persons Other Than Administrative Staff

Any person other than administrative staff or designee must date and sign a form in order to review any personnel files, to the extent consistent with the Public Records Act of Ohio.

C. <u>Public Complaints About Teachers</u>

1. Meetings to be Held at Mutually Agreed to Time

All meetings involving this procedure shall be scheduled at a time when the employee's representative can be present.

2. Definition of Complaint

A complaint shall be defined as any verbal or written expression, resentment or dissatisfaction against an employee by any person while the employee is performing his/her duties for the Board.

D. Processing of Complaint

Any complaint regarding a teacher shall be processed in the following manner:

1. Complaint to be Directed to Principal

The complaint will be directed by the building principal to the teacher most immediately involved. If the complaint is of such a nature that the building principal does not believe that he/she need become immediately involved in the situation, the principal may direct the teacher to attempt to resolve the complaint with the complainant.

2. Complaint May Be Appealed from Section 1

Any complaint unresolved from Section 1 may be submitted at the request of the teacher or complainant, either orally or in writing, to the building principal who shall attempt to resolve the matter to the satisfaction of all parties concerned. The teacher may have a representative of his/her choosing present at any or all such meeting(s).

3. Process to Superintendent Level

Any complaint unresolved at Section 2 shall be forwarded by the building principal to the Superintendent.

4. Superintendent to Confer with All Parties

Upon receipt of the complaint, the Superintendent shall confer with all parties. The teacher may have a representative of his/her choosing present at any or all such meeting(s).

5. Right to Meet with Board

After receipt of the findings and recommendation of the Superintendent and before action is taken thereon, the Board shall afford the parties an opportunity to meet with the Board. The teacher may choose to have a representative of his/her choosing present at the meeting. Copies of any action taken by the Board shall be forwarded to all parties.

6. Administrator/Supervisor Notes

Nothing in this section shall be interpreted to preclude any administrator/supervisor from maintaining a file on any teacher. However, before any material from such a file is placed in the "official" file, the procedures of Section **B 8** shall be applicable.

E. Classroom Teaching

Classroom teaching shall be performed only by those employees who are hired to perform those duties. Periodically, this policy will have to be suspended. Reasons for these suspensions shall be as follows:

1. Emergencies.

2. Non-availability of a certificated teacher.

3. If a building administrator wishes to teach class or take the place of an absent employee.

4. Other reasons mutually agreed to by the parties.
This provision has no applicability to supplemental contract positions.

F. Teacher Responsibilities

Teachers are expected to:

1. Adhere to policies, rules and regulations as established by the BOARD or Administration or this AGREEMENT.

2. Follow the curriculum as outlined and adopted.

3. Cooperate with School District Administration in efforts to improve the instructional and guidance activities.

4. Maintain order, discipline and attention of pupils.

5. Cooperate with health department officials and with school health policies.

6. Attend all teachers' meetings on local and District levels for which the Board has provided released time.

7. Be in regular attendance when possible in the classroom in the interest of consistent instruction.

8. Arrange for make-up work and a time for such work when pupils have been absent. Teachers may require a twenty-four (24) notice to provide make-up work requested by parents. Teachers will not be required to (but may) provide advance work requested by a parent for excused absences.

9. Participate in parent-teacher conferences in order to promote better community and pupil understanding. Conferences will not be scheduled during scheduled instructional time unless extraordinary circumstances so require, as determined by the Building Principal.

10. Secure approval of Principal for use of supplementary texts on a classroom basis.

11. Utilize School District communication systems or any other system, pre-approved by the Administration, to communicate with students, parents and the Administration.

G. Cooperating Teachers

Post-secondary institutions may provide remuneration to the District when teachers take on the responsibilities of a "cooperating teacher" for post-secondary students to complete their training and education to become licensed as a teacher. In the event this occurs, the District will pay such remuneration to the Cooperating Teacher. Such payment will constitute salary, and will be subject to customary and recurrent payroll deductions.

ARTICLE VII

WORK DAY/WORK YEAR

A. Planning-Conference Time

1. Duty Free Lunch Period

Each teacher shall be scheduled for one thirty (30) consecutive minute duty-free lunch period per day.

2. Planning and Conference Time

In addition, all teachers shall be normally provided with a minimum of two hundred (200) minutes of planning-conference time per week. It is recognized that because of special scheduling problems, the above provision cannot always be reached at all times in the elementary buildings, but over the course of the year each teacher should average at least two hundred (200) minutes per week.

3. Alternative Use of Conference Time

It is understood that such planning-conference time may be used by the individual teacher for:

a. Planning related to their educational responsibilities;
b. For parent-teacher conferences;

c. For meeting and conferences with other teachers, department chairperson, and/or administrators.

B. In-Service Education

1. In-Service Days

A minimum of two (2) in-service days will be included in each school year calendar.

2. Non-Student Day

On these in-service days, classes for students will not be in session.

3. Days to be Developed by Teachers and Administrators

The two (2) in-service days will be District-developed by teachers and Administration, with the recommendations given to the Superintendent, or his designee.

C. Notification and Posting of Vacancies/Positions

1. Positions to be Posted

Announcement of vacancies and newly created positions shall be posted to all staff through email, and each vacancy will be announced one time via a district notification system (i.e., Parent Square, One Call).

2. Summer Announcements

Announcements for vacancies which may become available during the summer months will be posted to all staff through email as soon as possible after they occur. Each vacancy will also be announced one time via a district notification system (i.e., Parent Square, One Call).

3. Board Right to Determine Qualifications

The Board reserves the right to make the determination of the best qualified individuals available for filling or not filling any position(s) in the School District.

4. Rights of Bargaining Unit Members to be Considered for Positions

No vacancy shall be filled by a person from outside the District until all present qualified employees, who have applied for the vacancy, have been considered and interviewed.

5. Request for Transfer to Another Position

Any teacher desiring a transfer to another position whether or not a vacancy exists should submit a written request to the Superintendent by April 15. Such written requests shall be reviewed annually and kept on file for the entirety of the next school year. The right of assignment of all personnel shall rest with the Superintendent as per O.R.C. 3319.01

6. Criteria for Filling a Vacancy

The following shall be included in the criteria for the filling of a vacancy:

a. Type of certificate
b. Years taught in the vacant position
c. Job performance.
d. In the event there are two (2) or more equally qualified candidates, seniority will be the controlling factor.

D. Work Day

1. Extended for Parent-Teacher Conference

Normal working days for teachers will be no more than seven and one-half (7 1/2) hours per day. From time to time the normal work day may be extended by the Administration for parent-teacher conferences or scheduled school activities. Twenty-four (24) hour prior notice must be announced by the administration.

2. Regularly Scheduled Staff Meetings

The regularly scheduled staff meeting will not add more than approximately one (1) hour per month to an employee's regularly scheduled work day.

E. Work Year

The work year for each bargaining unit member shall not exceed one hundred and eighty-three (183) days, with the exception of those members who work more than the basic number of days. Any bargaining unit member who works more than the basic school year shall be paid his/her per diem rate, with the exception of those bargaining unit members whose additional days are paid at a rate different than the rate mentioned in this section.

F. Kindergarten Teacher Record Day

Any kindergarten teacher shall receive pay at the teacher rate for one day of extended service for orientation of children. The teacher shall be paid the number of hours worked on that day prorated at his/her per diem rate.

G. Mentor Program

1. The District will participate in the Resident Educator Program operated by the Ohio Department of Education.

2. Mentors for teachers in Year 1 of the Resident Educator program require a trained mentor and will receive a stipend of $500 annually, paid in two increments at the end of each semester. Mentors for teachers in Year 2 and Year 3 (same mentor in both years) will receive $500 each year, paid in two increments at the end of each semester. Mentors are permitted to mentor more than one resident educator and are paid per resident educator they are mentoring.

ARTICLE VIII

REDUCTION IN FORCE

A. RIF - Reduction In Force

If the BOARD determines that it is necessary to reduce the number of teachers for any of the reasons provided for in Section 3319.17 of the Ohio Revised Code or for financial reasons, the BOARD shall proceed with such reductions in the following manner.

B. Process for Reduction in Force

Reductions shall be made by suspending contracts based upon the Superintendent's recommendation. Those contracts to be suspended will be chosen as follows.

1. All Teachers Placed on Seniority List

All teachers will be placed on a seniority list for each teaching field for which they are properly certificated.

2. Continuing Contract Seniority List

Teachers serving under continuing contracts will be placed at the top of the list, in descending order of seniority.

3. Limited Contract Seniority List

Teachers serving under limited contracts will be placed on the list after continuing contract teachers, also in descending order of seniority.

4. Seniority Defined

a. Seniority will be defined as the length of continuous service as a certificated teacher under regular contract in this District.

b. Seniority will be defined as an administrator with tenure who may return to the bargaining unit with the same number of years as when he/she left the bargaining unit.

5. Board Approved Leaves of Absence Including Military Service

BOARD approved leaves of absence will not interrupt seniority, but time spent on such leave shall not count toward seniority, with the one exception of up to five (5) years seniority credit for military service as required by law.

6. Effects of Interrupted Service

Continuous service will not be interrupted by contract non-renewal or resignation provided that teacher is subsequently rehired within the same calendar year.

7. Cases of Ties in Length of Service

If two or more teachers have the same length of continuous service, seniority will be determined by:

a. The date of the BOARD meeting at which the teacher was hired, and then by

b. the date the teacher signed his/her initial employment contract, if shown on the contracts, and then

c. any remaining ties will be broken by lot.

8. Selection of Staff to be Reduced

Teachers on continuing contracts will be given preference over teachers on limited contracts. Teachers on limited contracts will be given preference over teachers who are on retire/rehire contracts. Recommended reductions in a teaching field will be based on the teacher's performance, as documented in the most recent evaluation. In the event the evaluations of two teachers are comparable, the least senior will be laid off. A teacher so affected may elect to displace a teacher who holds a lower position on a seniority list for another area of certification, so long as the evaluations of the two teachers are at least comparable. Any teacher eligible to displace another teacher with less seniority must exercise his/her right to do so at the time the teacher is notified he/she will be affected.

9. Notification to Affected Teachers

The names of teachers whose contracts are suspended in a reduction in force will be placed on a recall list for up to twenty-four (24) months from the date of the reduction. Retire/Rehire teachers who have been reduced as a result of B.8 are not eligible to be placed on the recall list. Teachers on the recall list will have the following rights:

a. No new teachers will be employed by the BOARD while there are teachers on the recall list who are licensed for the vacancy.

b. Teachers on the recall list will be recalled in the order in which they were reduced for vacancies in areas for which they are certificated.

c. If a vacancy occurs, the BOARD will send a certified announcement to the last known address of all teachers on the recall list who are qualified according to those provisions. It is the teacher's responsibility to keep the BOARD informed of his/her current address. All teachers are required to respond in writing to the District Office within seven (7) calendar days. Any teacher who fails to respond within the seven (7) calendar days, or who declines to accept the position, will forfeit all recall rights.

10. A teacher on recall list will, upon acceptance of notification to resume active employment status, return to active employment status with the same seniority, accumulation of sick leave, and salary schedule placement as he/she enjoyed at the time of layoff.

11. Policy Only for Reduction in Force

The parties agree that these procedures apply only to the suspension of contracts under 3319.17 or for financial reasons. This article shall not require the BOARD to fill any vacancy, nor shall it interfere with any other lawful personnel procedures in the District.

ARTICLE IX

PROCESS OF NON-RENEWAL/TERMINATION OF CONTRACTS

A. Process of Non-renewal of Regular Limited Contracts

1. Non-Renewal and Appeal

If a teacher is on limited contract, the re-employment of such teacher will be at the discretion of the Board, except that the teacher shall have the due process rights under Ohio Revised Code 3319.11. A teacher whose contract is non-renewed can appeal such non-renewal pursuant to Ohio Revised Code 3319.11, but may not grieve such non-renewal under Article V of this Agreement.

2. Notice of Possible Non-Renewal of Contract.

Non-tenured teachers, who in the opinion of the teacher's administrative supervisor may face non-renewal of their contracts for reasons of teaching performance, shall have the benefit of the following procedure conducted by the teacher's administrative supervisor:

a. A conference with the teacher shall be held, during which the teacher must be advised of the cause for possible non-renewal.

b. The substance of this conference shall be confirmed in writing to the teacher within five (5) working days of the conference completion.

c. If the Board does not give the non-tenured teacher written notice on or before the 1st of June of its intention not to re-employ the teacher, the teacher is considered re-employed for the following school year.

3. Non-Renewal of Limited Contracts.

a. Any limited contract teacher shall be entitled to notice of the Superintendent's intention to recommend non-re-employment ten (10) working days before the Board meeting at which such recommendation is to be made. Such teacher shall be entitled to meet with the Superintendent or his/her designee to discuss the matter before the Board meeting and shall, upon request, be furnished the reasons in writing for the recommendation. (If incidents or conditions occur or arise during the month of May which cause a recommendation of non-re-employment, the teacher shall be notified immediately and given the reasons in writing if requested.)

b. The evaluation procedures adopted by the Board supersede Ohio Revised Code 3319.111.

c. The provisions of this procedure shall apply only to regular teaching contracts, and not to supplemental contracts.

B. Termination of the Contract of a Teacher

1. Termination of a Contract

The contract of a teacher may be terminated for any reason permitted by the Ohio Revised Code.

2. Procedures of a Termination

The procedures to be followed up to termination to terminate the contract of a teacher shall be those set forth in the applicable provisions of the Ohio Revised Code.

3. Appeals of a Termination of a Contract

A teacher whose contract is terminated can appeal such termination pursuant to Ohio Rev. Code 3319.16. Such termination shall not be grieved pursuant to the provisions of Article V of this Agreement.

C. Non-Renewal of Supplemental Contracts

1. Date of Notification

All supplemental contracts shall automatically be non-renewed upon the completion of the duty.

2. Clarification of Non-Renewal of Supplemental Contracts

No further notification than what is included in this contract need be given to the holder of a supplemental contract

3. Date of Posting

All supplemental contracts shall be posted within thirty (30) days of completion of the duty.

4. Process of Filling of Vacancies for Said Positions

Before awarding a supplemental contract to a non-certificated employee, qualified certificated employees will first be considered for the position.

ARTICLE X

CONTINUING CONTRACTS

A. Attaining a Continuing Contract

A teacher must apply to the principal in writing to the building principal by September 15 of the school year in which he or she becomes eligible for continuing contract status, so that evaluation procedures can be completed that year using the appropriate evaluation procedure. Attainment of continuing contract status must be by recommendation of the Superintendent to the Board of Education and cannot be obtained automatically, or by operation of law. Such evaluation will then become the basis upon which the Superintendent will make a recommendation to the Board of Education concerning contract status. This provision of the negotiated agreement supersedes the provisions of Ohio Rev. Code 3319.08 and 3319.11 related to the attainment of continuing contract status.

B. Continuing Contract Eligibility

Any licensed employee who meets the requirements of Ohio law for a continuing contract will be eligible to apply for a continuing contract. Such eligibility will only be available upon completion of the teacher's current contract.

C. Non-Awarding of Continuing Contract

According to Ohio Revised Code 3319.11

ARTICLE XI

EVALUATION PROCEDURES

A. Evaluation Process to be Used

The teacher shall be evaluated according to the Greeneview evaluation process, which supersedes the evaluation procedures set forth in Ohio Revised Code 3319.111.

B. Evaluation Procedure to be Equally Applied

The evaluation instrument will be consistent throughout the District for all comparable positions.

C. Board to Adopt Evaluation Instrument

It shall be the prerogative of the BOARD to adopt the evaluation instrument.

The evaluation procedures shall be at least equivalent to those set forth in Ohio Revised Code 3319.111.

ARTICLE XII

HIRING OF RETIRED TEACHERS

The following special conditions of employment shall be applicable to any teacher who is retired and collecting retirement benefits from the State Teachers Retirement System (Ohio), or a comparable teacher's retirement system, who is employed/re-employed by the BOARD.

A. Credit for Prior Teaching Experience

A teacher who has retired and who is collecting retirement benefits from the State Teachers Retirement System (Ohio) or a comparable teacher's retirement system in another State who is hired/rehired by the BOARD after such retirement shall receive credit for prior teaching experience to a maximum of ten (10) years of such teaching experience without regard to the length of time such retired teacher has been retired, notwithstanding any provision of this Agreement or any provision of the Ohio Revised code which may indicate or require the granting of a different amount of teaching experience credit.

B. Employment or Re-employment of Retired Teachers

Teachers who have retired and who are collecting retirement benefits from the STRS (Ohio) or a comparable teacher's retirement system may be employed/reemployed by the Board subject to the following special conditions:

1. For purposes of calculation seniority, the "retired" teacher shall be deemed a new teacher with no prior seniority credit at the time of employment or re-employment.

2. Employment/re-employment shall be on the basis of a one (1) year Limited Contract, which contract shall automatically terminate at its expiration. While there shall be no expectancy of reemployment at the expiration of any one (1) year limited contract issued pursuant to these special conditions, if such teacher is reemployed at the expiration of any one (1) year contract, such re-employment shall be on a one (1) year limited contract basis only, which shall automatically terminate at its expiration. A "retired" teacher who is employed/reemployed shall not be eligible for continuing contract status.

C. Teacher in the Bargaining Unit

A teacher who is employed pursuant to this Article shall be deemed a teacher in the bargaining unit covered by this Agreement and shall be eligible for all benefits (e.g. insurance, sick leave) available and provided to other teachers.

D. Deemed New Employee

A retired teacher who is employed/re-employed who has cashed in his/her sick leave at the time of retirement shall be deemed a new employee for purposes of accumulating sick leave and for all purposes where benefits or conditions are based on continuous service or seniority; provided, however, a retired teacher who is employed on successive one (1) year contracts shall be deemed continuously employed (e.g. no break in service from the date of such employment/re-employment following retirement).

E. Conversion of Sick Leave to Severance

A rehired teacher is not eligible to convert accrued unused sick leave to severance upon leaving employment with the district the second time.

F. Rehired teachers

A rehired teacher will be laid off ahead of other teachers on limited contract in the event of a reduction in force. Rehired teachers who are laid off will not have recall rights.

ARTICLE XIII

ACADEMIC DISTRESS COMMISSION

A. Academic Distress Commission

As required by ORC Section 3302.10(P), the parties incorporate into this contract the provisions of ORC Section 3302.10 regarding academic distress commissions. ORC Section 3302.10 will have no effect on any provision of this contract unless the District would meet requirements of state law for the Superintendent of Public Instruction to establish an academic distress commission for the District. Should the District enter into academic distress, the intent of the parties is to emerge from academic distress with this Agreement intact.

ARTICLE XIV

LOCAL PROFESSIONAL DEVELOPMENT COMMITTEE

A. Mission

The mission of the Local Professional Development Committee (LPDC) is to foster and encourage professional staff development and to insure a fair and equitable processing of certification/licensure.

B. Purpose

The LPDC is established for the following purposes:

1. Set standards for professional growth.
2. Accept and approve Individual Professional Development Plans (IPDP).
3. Monitor the educator's attainment of his/her IPDP.
4. Grant prior approval and final approval for professional development activities for certificate/ re-licensing credit.
5. Provide a link between individual educator needs for staff development and district plans for staff development activities.
6. Determine a recommendation regarding re-licensing.

C. Duties

1. Structure and Purpose: In accordance with ORC 3319.22, the LPDC is established to review and implement standards and requirements for professional educator certificates and licenses. The LPDC shall decide equivalent activities toward Continuing Education Units (CEU's*); develop a format for IPDP for district-wide use; establish a district-wide Entry-Year Program pursuant to Department of Education Rules and Regulations; implement appropriate training for all members; maintain confidentiality and to establish and implement an appeals procedure.

*Ten (10) contact hours= one (1) CEU.

2. LPDC Membership

a. The LPDC shall be comprised of five (5) members. Three (3) shall be teachers. Two (2) shall be administrators.

b. Teacher members shall be appointed per GEA Constitution and Bylaws. Administrative members shall be appointed by the Superintendent. **

c. The duties of the LPDC shall be:

(1) Foster a standard of continuous improvement within the district.

(2) Promote alignment of professional growth with individual, student, building, and district needs and goals.
(3) Emphasize student learning and achievement.
(4) Guide the development of IPDPs.
(5) Consider a broad range of approaches to professional development.
(6) Validate educator professional development by the approval and issuance of CEUs with the district.

d. Teacher members shall serve a term of two (2) years in a staggered rotation as per the GEA Constitution and Bylaws. The terms of the administrative members will be at the discretion of the Superintendent.

e. In the event there is a vacancy for a teacher member of the LPDC, a new member will be appointed per GEA Constitution and Bylaws to fulfill the vacant term. Administrative vacancies will be filled by appointment of the Superintendent.

**Instances where an administrator is seeking an approval of an educational plan the committee composition will change to three (3) administrators and two (2) teachers.

D. Operating Procedures

1. Members of the LPDC shall elect a chairperson. Additionally, the LPDC shall determine its operating procedures and schedule of meetings by consensus. Where consensus is not possible, a vote of the majority of the full membership of the committee shall be required for action.

2. A member who is not fulfilling his/her duties on the LPDC may be removed for just cause by a vote of a simple majority of all other members of the committee.

3. In accordance with ORC 3319.22 and the Department of Education Regulations, each educator who desires to fulfill license or certificate renewal requirements is responsible for the design of an IPDP subject to approval of the LPDC. The plan shall be based on the needs of the educator, the students, the school, and the District. The IPDP must be approved by the LPDC at least two (2) years prior to issuance of a certificate or license.

4. Educators will complete the IPDP on the prescribed form(s) and in the prescribed manner for the period of time remaining on any provisional or professional certificate(s) license(s). If the IPDP is reviewed by the LPDC and pre-approved, the educator may work toward completion of identified goals throughout the life of the IPDP. The educator should maintain a log of professional growth activities for his/her own review and for later post-approval by the LPDC prior to the time of renewal. The educator should seek approval for any change in the IPDP during its life prior to implementing the change. It is likewise the responsibility of the educator to maintain a personal record of all locally approved CEU's and university transcripts. Previously approved IPDPs of teachers new to the district will be honored by the LPDC.

E. Appeals Process

1. If the IPDP is rejected by the LPDC, the educator shall be given a copy of the IPDP review criteria with reasons for rejection clearly indicated. Educators may then submit a revised plan within thirty (30) days of the initial rejection notice, or submit additional documentary materials or explanation to justify the plan. Either the educator or the LPDC may request a conference to discuss any such concerns.

2. In the event the LPDC does not approve an educator's IPDP or does not approve the educator's professional development used for renewal of a certificatory or license, the educator should contact the LPDC Chairperson for direction concerning the initiation of an appeals process.

3. The appeals process shall include the following:

a. Rejection by the LPDC of the educator's IPDP and/or other professional development work applied to the renewal of a certificate or license.

b. The LPDC and/or educator should request reconsideration.

c. Following reconsideration, the LPDC again votes to approve or reject the revised proposal.

d. If the lack of approval still exists, the educator may request the formation of a three-person appeals panel which shall review and rule on the LPDC decision.

e. The panel shall consist of:

(1) The GEA President or his/her designee.
(2) The Superintendent of Schools.
(3) An educator, from the district, chosen by the educator filing the appeal.

f. If further appeal is necessary, the educator may appeal to the Ohio Department of Education as the administrative agency of the Ohio State Board of Education.

F. Records and Files

All records, files, and meeting minutes shall be kept in the Central Office.

G. Evaluation

At the end of each year the LPDC shall evaluate this section of the Agreement in order to revise as needed. Any recommended changes shall be forwarded to the GEA and Board's negotiating teams.

H. Compensation

Each teacher member of the LPDC shall receive 20.00 per hour. The chairperson shall receive 25.00 per hour. The secretary may receive additional compensated hours.

ARTICLE XV

LEAVES OF ABSENCE

A. Sick Leave

1. Fifteen Days Accumulation Per Year

Each contracted teacher shall be entitled to fifteen (15) days of sick leave with pay for each year of employment by the BOARD to be credited at the rate of one and one-fourth (1 ¼) days per month (O.R.C. 3319.141).

2. Use of Sick Leave

Sick leave shall be used for absences due to:

a. Personal illness.

b. Pregnancy/Childbirth. Use of sick leave for pregnancy and recovery from childbirth shall be confined to the actual period of disability.

c. Adoption. The use of sick leave for an adoption shall be limited to a maximum of five (5) days.

d. Injury

e. Exposure to contagious diseases which would be communicated to other teachers and children.

f. Illness, injury or death in the immediate family. (Immediate family is defined to mean: spouse, father, mother, sister, brother, child, grandparents, grandchildren, parents-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law or any other person residing as a dependent in the teacher's household.)

g. Medical, dental or eye appointments when such cannot be scheduled during non-working hours for employee or immediate family (Immediate family is defined to mean: spouse, father, mother, sister, brother, child, grandparents, grandchildren, parents-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law or any other person residing as a dependent in the teacher's household).

h. Sick leave may be granted for emergency situations not covered in the above listing at the discretion of the Superintendent.

3. Completion of Document Upon Return of Sick Leave

The teacher shall specify the reason the sick leave was used in the ESS System. If medical attention was required, the teacher shall state this on the sick leave form.

4. Maximum Number of Days of Accumulation

Sick leave is accumulative to a maximum of 280 days.

5. Transfer of Accumulated Sick Leave

A teacher who has accumulated sick leave within the past ten (10) years in another public-school district in Ohio shall be credited with the unused balance of his/her accumulated sick leave up to a maximum of days allowable in section 4. as long as the teacher presents a properly certified record of such accumulated sick leave days to the BOARD Treasurer.

6. Total Accumulation Not to Fall Below Maximum Accumulation

Total accumulation of sick leave for teachers with the maximum accumulation allowable in section 4 shall not fall below the total at the beginning of the year unless the teacher is absent more than fifteen (15) days.

7. Falsification of Sick Leave Use

The BOARD may request a signed statement from the teacher's physician to justify the use of sick leave if they miss more than three (3) consecutive days or if observable patterns of leave are noted. Falsification of the sick leave statement constitutes just cause for the termination of a teacher's contract pursuant to Ohio Revised Code Section 3319.16.

8. Exhaustion of Sick Leave

Teachers who exhaust all sick leave they have earned or have had credited to their account as an advance or from the sick leave bank who remain sick and unable to report for work shall automatically, for up to thirty (30) days, be deemed on leave-without-pay status. During this thirty (30) day period, the teacher MUST apply for appropriate leave. Failure to apply for appropriate leave during this thirty (30) day period is grounds for termination of the teacher's contract for willful failure to return to work.

B. Sick Leave Bank

1. Purpose:

To donate additional days of sick leave to all employees who have used up all personal sick leave days.

2. Provisions of Eligibility:

a. All Greeneview Local School District certificated employees (including administrators and others excluded from the bargaining unit) shall be eligible to be members of the sick leave bank.

b. After the start of each school year, all new employees and employees not currently in the bank will receive a written notice of the open enrollment period which will provide an opportunity to enroll in the bank before October 1st. Initial membership will consist of two (2) non-refundable days of sick leave, to be deducted from the employee's sick leave accumulation and transferred to the S.L.B. prior to October 1. Each employee will receive a notice of receipt indicating his/her participation in the program.

c. Employees may join by October 1 of each year. Membership shall be continuous unless canceled, in writing, to the Treasurer's Office during the period of September 1 through October 1. No annual contribution of sick days will be required to maintain membership in the S.L.B. If an employee cancels their membership at any time and wishes to rejoin at a later date, two (2) days will again be required to reestablish membership.

d. If fifteen (15) participants are not enrolled by the initial enrollment deadline of October 1, the bank will not be established for that school year. Upon request, the ASSOCIATION President shall be informed of the total number of participants in the S.L.B. each year at the close of the enrollment period as well as the current balance of days in the bank at that time.

3. Operational Procedures

a. Loans will be limited to participating certificated employees for use only in cases of the certificated employee's own, or a member of the employee's immediate family, personal illness, injury or non-elective surgery occurring under unusual, severe or emergency conditions as determined by the S.L.B. Board.

b. Applications for loans from the Sick Leave Bank must be made on the certificated employee's Application for Sick Leave Bank Form. A Physician's Statement is required with each application in order to be considered for a loan.

c. A loan will be considered only after the certificated employee has used all of his/her accumulated sick leave days, has used all possible advances of sick leave days and is not eligible for disability leave under the Ohio State Teacher Retirement System.

4. Sick Leave Bank Board

The Sick Leave Loan Bank is to be regulated by a BOARD consisting of two (2) teachers to be selected by the ASSOCIATION, one of whom will be co-chairman and a permanent member, and two (2) administrators to be selected by the Superintendent, one of whom shall be co-chairman and a permanent member. The permanent employee and co-chairman shall be the ASSOCIATION President or their designee. A physician shall be asked to volunteer as an advisor of the S.L.B. Board. One (1) teacher and one (1) administrator shall be appointed to three (3) year terms.

5. Loan and Payback Procedures

a. The maximum number of days that a person may borrow from the bank is twenty (20) total days. The certificated employee SHALL NOT be required to repay these twenty (20) borrowed days. The S.L.B. Board may also consider loans for extreme situations affecting certificated employees who are enrolled in the S.L.B. Certificated employees may apply for up to an additional ten percent (10%) of the days available in the S.L.B. The certificated employee would be required to repay these additional days.

b. The participant who borrows additional days, over and above the twenty (20), from the S.L.B shall repay a maximum of six (6) days each year on the last paycheck of the month of the yearly anniversary date of the loan.

c. In the event the certificated employee is unable to accrue the total number of required days owed to the S.L.B. (6 days) at the end of each 12-month period, the BOARD will deduct the certificated employee's daily rate times the number of unaccrued days owed for that period.

6. Policy Procedures

a. In consideration of the benefits of participating in the S.L.B., each applicant for membership in the Bank and for benefits from the Bank shall, as a condition to such application, agree in writing as follows:

"I specifically acknowledge and agree that the granting of days from the S.L.B. shall be at the sole discretion of the S.L.B. Board. All decisions of the S.L.B. Board will be final and binding but not subject to grievance. I further agree to abide by such decision and to indemnify and hold harmless the Greeneview Local School District, the Greeneview Education Association, the S.L.B. Board, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of them with respect to a decision made by any of them concerning this application."

b. Application for the S.L.B. days must be made to the Treasurer.

c. The S.L.B. Board shall meet and render a decision within ten (10) days of receipt of request.

d. Unused requested days shall be returned to the S.L.B.

e. The S.L.B. will begin with two (2) days from each contributing employee. When the fund is depleted below forty (40) days, each participant will be assessed one (1) additional day. The S.L.B. Board shall be responsible for notifying certificated employees of each assessment period.

f. Extension of additional days may be applied for in the same manner as original application.

g. When a certificated employee donates days to the Bank, he/she agrees to the above stated rules for administration of the Bank and agrees to abide by the stated rules.

h. All decisions of the S.L.B. Board shall be final and binding, and not subject to the grievance/arbitration provisions of this AGREEMENT.

i. Guidelines will be reviewed annually by the Sick Leave Bank Board.

C. Personal Leave

Each contracted teacher shall be entitled to three days of personal leave with pay each year of employment by the BOARD, which will be credited on July 1.

1. Reasons for Requesting Personal Leave

Personal leave may be requested for the purpose of conducting personal business which cannot be conducted during the regular working hours of the teacher. The building principal approves personal leave.

2. Excluded Reasons for Use of Personal Leave

Personal leave shall not be used for rest, recreation, vacation, seeking or engaging in gainful employment, or for leave which would otherwise be available through sick leave.

3. Considerations Related to Personal Leave Approval

a. Number of Teachers Able to Use Leave

No more than ten (10%) percent of the teachers in a building may be granted personal leave on the same day, unless the building principal has provided advance written authorization.

b. Exclusions for Use of Personal Leave

Personal leave may not be used:

(1) The day before or the day after a vacation or holiday.
(2) During the two (2) week period following the beginning of the school year.
(3) During the two (2) week period prior to the ending of the school year.

(**Note:** In case of a demonstrated emergency, or any other personal circumstances where leave is deemed fundamentally necessary, these rules may be waived by the Superintendent).

4. Request to be Completed on Forms

Requests for personal leave shall be made on the BOARD prescribed forms and shall be submitted to the building principal not later than two (2) calendar days prior to the requested date of use unless under emergency conditions such notice is not possible.

5. Leave Not to be Deduction of Salary

Personal leave used in accordance with this Article shall not result in a deduction in pay for the teacher.

6. Leave Not to be Accumulative

Personal leave shall not be accumulated from school year to school year. Any unused personal leave at June 30 will be converted to sick leave.

7. Leave May be Granted for Emergency Reasons

Personal leave may be granted for emergency situations not covered in the above listing at the discretion of the Superintendent.

8. Two (2) Days Granted Without Pay

Two (2) days per year shall be granted without pay to staff persons to conduct personal business. No reason need be given, but notification of intention to use one of these days shall be required twenty-four (24) hours in advance of the date.

D. Assault Leave

1. Leave to be Granted

Assault Leave (at no loss of pay) will be available to all teachers of the Greeneview Local School District subject to the following provisions:

a. Teacher Must Be Unable to Perform Duties

The teacher must be unable to physically perform his/her contracted duties because of a physical injury caused by an unprovoked, unjustified physical attack on said individual while he/she was performing his/her contracted duties with the BOARD.

b. Information to be Included on Appropriate Form

A request for assault leave shall be made on the appropriate form which shall include the following information:

(1) The nature of the injury.
(2) The date, time and place of the occurrence.
(3) Identification of the individual or individuals causing the assault (if known).
(4) Facts and circumstances surrounding the assault.
(5) A certificate from a licensed physician describing the nature of the physical disability and its probable duration.

2. Form to be Returned to Superintendent

The form shall be returned to the Superintendent as soon after the occurrence as is possible and practical. No assault leave may be approved prior to receipt of the written, completed application form.

3. Request for Examination May Be Requested

The teacher, if requested by the Superintendent, shall consent to an examination at BOARD's expense by a BOARD-designated physician at a reasonable time and place.

4. BOARD to Determine Applicant's Eligibility for Leave

The BOARD shall be responsible for determining the applicant's eligibility for assault leave. Such determination shall be based upon the information evidenced by the request form, and the physician's or physician's certification(s) of the need for such assault leave.

5. Teacher to Cooperate in Pursuing Legal Action

The teacher shall agree to cooperate fully in pursuing any legal or police action by the BOARD on behalf of the teacher and/or the BOARD.

6. Maximum Number of Days

Assault leave will be limited to a maximum of fifteen (15) working days per school year and not chargeable to sick leave or personal leave.

a. Superintendent Right to Extend Leave

The Superintendent shall approve additional days upon receipt of additional certification from the physician stating that the initiating condition for assault leave continues to exist.

7. Rights of Teacher After Exhaustion of Leave

a. If the teacher remains unable to perform his/her contracted duties, he/she may apply for:

(1) Sick leave
(2) Workers' compensation (if eligible)
(3) An unpaid leave of absence
(4) Disability retirement.

8. Leave is Not Accumulative

Assault leave days are non-accumulative from one school year to the next.

E. Family and Medical Leave

1. Family and medical leaves of absence without pay are available to teachers who are temporarily unable to work due to:

   a. Birth of a son or daughter, and to care for the newborn child (such leave must be taken within one (1) year of the birth of the child);

   b. Placement of a son or daughter with the teacher for adoption or foster care, and to care for the newly placed child (such leave must be taken within one (1) year of the placement of the child);

c. The need to care for a spouse, son, daughter or parent of the teacher with a serious health condition; and

d. A serious health condition of the teacher that makes the teacher unable to perform one or more of the essential functions of his/her job.

2. Length of Leave. No more than twelve weeks of leave will be granted under this Article in any twelve-month period. Newborn or placement leaves are not available beyond twelve months from the date of birth or placement.

3. Eligibility for Leave. Any teacher employed by the Board for at least one year, who works at least 25 hours per week, with at least 1,250 hours worked during the year prior to the onset of the leave of absence, is eligible for Family and Medical Leave pursuant to this Article.

4. Notice, Requests for Leave and Certification. Where the necessity for a leave is foreseeable, the teacher must give notice by requesting leave, in writing, at least 30 days prior to the onset of the leave. If the birth, placement or medical treatment requires leave to begin in less than 30 days, the teacher must give such notice as is practicable.

   Where family care leave or teacher disability leave is foreseeable, based on planned medical treatment, the teacher shall make a reasonable effort to schedule the treatment so as not to unduly disrupt the education process, subject to approval of the health care provider as to scheduling.

5. Health Care Provider Certification. Family care leave and teacher disability leave must be supported by a health care provider certification indicating the date the serious health condition commenced, its probable duration, appropriate medical facts regarding the condition, and, for family care leave, a statement that the teacher is needed to care for the family member and estimate time needed for such care, or for teacher disability leave, a statement that the teacher is unable to perform the essential functions of his/her position. Requests for intermittent or reduced schedule family care or teacher disability leave must be further supported by medical certification as to the necessity and expected duration of the leave, and for planned medical treatments, the dates and duration of each treatment.

6. Second Provider Medical Opinion. The Board may require a second opinion of a health care provider of its own choosing, and at its own expense, concerning the above described certifications. In the event the second opinion disagrees with the opinion of the teacher's or family member's treating physician, the Board may either accept the treating physician's opinion or require a third opinion by a physician mutually selected by the Board and the teacher, with the third opinion controlling. The Board will pay for the third opinion if required. The Board may require periodic updates as to the status of the medical condition.

7. Benefits During Leave. Teachers covered by hospitalization insurance under this Agreement at the onset of a leave may continue to participate in the insurance during the leave on the same terms and conditions that would have applied had no leave been taken. Premium co-pays, are due on the first day of the month. No other employment benefits accrue during an unpaid leave under this Article. Sick leave benefits do not accrue. Vacation benefits will be accrued pro-rata for the portion of the year worked. No sick leave, holiday, jury or witness duty benefits will be paid if such occur during a leave under this Article.

8. Concurrent Leave. FMLA leave runs concurrently with other leaves of absence under this Agreement.

9. Pay Status while on FMLA leave. If the reason for FMLA leave is a reason for paid sick leave pursuant to Paragraph A of this Article, then such leave is paid. Otherwise, FMLA leave is unpaid.

10. Return from Leave. The Board shall return the teacher taking a leave under this Article to the same or comparable position he/she occupied prior to the leave. If a teacher takes a leave which is to terminate within the time of three (3) weeks before the end of a school term, and the leave is of more than five (5) weeks duration, the BOARD may require the teacher to remain on leave for the remainder of the term, under the same conditions as are required by this Article even if all twelve (12) weeks required by law have been used.

F. Military Duty

1. Leave Shall Be Granted

All teachers who are members of the Ohio National Guard, the Ohio Defense Corps, the Ohio Naval Militia or members of other reserve components of the Armed Forces of the United States shall be granted a leave of absence from their respective teaching assignments for such time as they are in military service or field training or active duty for a period of time not to exceed thirty (30) days in any one (1) calendar year.

2. Rate of Compensation

The rate of compensation shall be the difference between the teacher's regular compensation and the remuneration received by him/her for such military service.

G. Jury Duty

When it becomes necessary for a teacher to accept jury duty, the teacher shall be paid the difference between his/her jury duty pay and his/her regular salary for the number of days involved.

H. Court Leave

In such cases where a teacher is subpoenaed to appear in court for cases which they are not parties, such personnel shall be paid the difference between witness fee and the regular salary for the period of absence.

I. Other

The Superintendent, at his/her discretion, may authorize absences for other justifiable (emergency) reasons. However, any payment for such leave shall be at the discretion of the Board.

1. Request to be in Writing

Requests for the above provided leaves must be submitted in writing on Board designated forms as soon as the teacher becomes aware that such leave may be necessary.

J. Teacher Attendance at Professional Meetings

1. Superintendent/Designee to Grant Such Leave

With the prior approval of the Superintendent/Designee, individual teachers may attend:

a. In-state professional conferences

b. Workshops or seminars designed to improve professional competence for a maximum of two (2) days.

c. Teachers who also have a Coaching Supplemental Contract can use their allowable Professional Days to attend workshops and conferences related to the sport they coach for the district.

2. Granting of Additional Days

Additional days may be considered. Such conferences, workshops or seminars should be related to the individual's current or pending teaching assignment. (These requirements may be waived at the discretion of the Superintendent.) Workshops, conferences, and trainings required by administration will not count toward the maximum of two (2) days referenced in 1.b. or the $500 referenced in J.6.

3. Application to be Made to Superintendent

Application for such professional leave must be made to the Superintendent in writing on Board-prescribed forms at least ten (10) school days in advance of such leave.

4. Expenses to be Approved in Advance

All claims for reimbursement of expenses approved in advance, supported by receipts, and submitted in writing to the Superintendent or his/her designee on forms provided by the Superintendent's office, shall be reimbursed.

5. Full or Partial Payments to be Granted by Superintendent

Full or partial reimbursements may be made at the discretion of the Superintendent, for such expenses incurred as registration fees (excluding membership dues, fees or assessments); necessary lodging, daily meals (excluding alcoholic beverages); actual and necessary mileage and various miscellaneous incurred costs. Under no circumstances will reimbursement be made for other gratuities.

6. Reimbursement for Personal Professional Development

Each teacher will be allocated Five Hundred Dollars ($500.00) per school year, for the duration of this AGREEMENT, for reimbursement of personal professional learning expenses and/or approved college course work. Guidelines for course work shall be those listed below under "Professional Growth Program."

K. Professional Growth Program

1. The Board shall maintain a Professional Growth program for appropriate additional study.

2. Teachers may elect to participate in the program by obtaining advance approval of the Superintendent who will base approval upon the appropriateness of the course work for which compensation is being requested.

3. During the school year, compensation shall be within thirty (30) days of proof of satisfactory completion and documentation of the cost of the approved course.

4. Satisfactory completion for reimbursement shall mean that the teacher receives at least a "B" in the course or pass in a course when pass/fail is the only grading method.

L. Unpaid Leaves of Absence

1. Leave Not to Exceed One (1) School Year

An unpaid leave of absence not to exceed one (1) school calendar year may be granted at the discretion of the Board for those teachers who have completed at least three (3) full years of service in the District.

Such leave can be taken for educational advancement of a full-time student schedule, educationally related travel or research, or personal illness after exhaustion of paid leave accrual.

2. Leave Request to be Completed on Appropriate Forms

With the exceptions of illness, disability and/or maternity-related leaves of absence, written application shall be made on Board prescribed forms to the Superintendent at least sixty (60) days prior to the requested commencement date of such leave.

3. Form to Include Reason for Leave

The applicant shall state the purpose of the leave, the period of time involved, and a signed statement regarding the need of said leave. The Board may, at its discretion, grant an extension to an individual on leave, if so requested.

4. Disability Leave to be For Two (2) Years

In case of illness or disability, the Board, in accordance with law, shall grant an unpaid leave of absence of up to two (2) years.

5. Time on Leave Not to Break Continuous Years of Service

Time spent on approved unpaid leaves of absence shall not break the continuous service of an individual on such leave.

6. Time Not to be Used for Salary Placement

However, time spent on such leave shall not be applied to salary schedule increments with the exception of the increment due to an individual who returns from leave and who worked at least one hundred and twenty (120) days in the year prior to commencing such leave.

7. Parental Leave

a. A teacher may be granted up to 1 year for child-care leave after one (1) year of service.

b. The purpose of such leave of absence shall be to provide the teacher with the opportunity to care for a newborn child or an adopted infant under (5) years of age.

c. The Board may grant an extension to an individual on leave, if so requested. The Board recognizes that the granting of unpaid child care leave does not preclude a pregnant teacher from also exercising his/her statutory rights to sick leave in accordance with the statutory law of Ohio when the teacher is ill or physically disabled due to pregnancy.

8. Placement after Return to Duty

Upon return to service in the District, the individual shall be restored his/her former position, if possible, or to one of comparable status. This provision shall not preclude the Superintendent's right or authority to direct and assign teachers as per O.R.C. 3319.01.

ARTICLE XVI

INSURANCE

A. Insurance Program

Employees shall be eligible to participate in a Board-approved health care plan. Beginning January 1, 2020 employees will be offered a high deductible health plan (HDHP) that will include a Health Savings Account (HSA).

HSA Contributions: Single coverage: the BOARD will make an annual contribution of $625 in the HSA. Additionally, the BOARD will make matching contributions up to $250 in all three years (FY23-FY25) if the staff member contributes a matching amount to the HSA.

For an employee with family or employee+kid's coverage, the BOARD will make an annual contribution of $1,250 in the HSA. Additionally, the BOARD will make matching contributions up to $500 in all three years (FY23-FY25) if the staff member contributes a matching amount to the HSA.

Board contributions to HSA accounts will be paid as follows: fifty percent (50%) with the first pay in January, and fifty percent (50%) with the first pay in August. The matching contributions will be paid at the same rate as the employee-elected deductions, until the maximum BOARD contribution has been met.

B. Hospitalization/Major Medical Insurance Benefits

Hospitalization/Major Medical Insurance benefits for teachers and dependents of teachers providing the benefits which are as more fully described in the EPC Schools Choice Plus H S A Plan– Greeneview Local Schools booklet.

1. The following insurance coverage and provisions apply to the HDHP:

Deductible:	
In Network	$2,000 single/$4,000 family
Out of Network	$4,000 single/$8,000 family
Coinsurance	0% after deductible is met
Out of Pocket:	
In Network*	$2000 single/$4000 family
Out of Network*	$5,000 single/$10,000 family

*Affordable Care Act dictates that the Out of Pocket includes the medical deductible and medical co-pays

C. Dental Insurance Benefits

Dental Expense Insurance for teachers and dependents of teachers as described in the Summary Plan Description Booklet issued by the Southwest Ohio EPC Dental Plan as this plan.

1. The foregoing Medical Benefits Program and Dental insurance shall be available for all teachers on the active working payroll who have made application for such insurance on or before the effective date of this agreement, who are regular teachers employed by the Board, who either: (1) work at least half-time, and work at least thirty-six (36) weeks per year; or (2) have an annual contract with the Board, and for whom coverage is in effect prior to the effective date of this Agreement.

2. The foregoing Medical Benefits Program and Dental insurance shall be available for all teachers who make application for such insurance and/or such teachers who are hired after the effective date of this AGREEMENT, for all such teachers who are regular teachers of the BOARD, who either: (1) work at least half-time and work at least thirty-six (36) weeks per year; or (2) have an annual contract with the BOARD and who complete the required application forms and have the same filed with the office of the Treasurer of the BOARD. Upon completion and filing of the required application forms, on or prior to the thirtieth (30th) day of employment on the active working payroll, coverage becomes effective on the date of hire or first day on active working payroll, whichever is the later date.

D. Medical Insurance Contributions

The foregoing Medical Benefits Program shall be provided to teachers employed on a full- time basis. Full-time teachers will contribute toward cost of insurance based on the following schedule:

1.

Board Monthly Contribution	Full-Time Teacher Monthly Contribution
Single or Family Plan	**Single or Family Plan**
80% of Monthly Premium Cost FY26 – FY28	20%of Monthly Premium Cost FY26 – FY28

2. The foregoing Dental Insurance Program shall be provided to teachers employed on a full-time basis with all premium cost for such dental insurance paid by the Board.

3. The foregoing medical insurance shall be provided to teachers employed on a less than full-time basis (less than thirty (30) hours per week), but employed under a regular contract by the Board with the Board's portion of the premium cost being determined based on the number of hours the teacher is under contract to perform service as a percentage of a full-time teaching contract, such percentage being applied against the actual amount of the premium cost. Such part-time teacher shall be responsible for the payment of all premium cost in excess of the Board's contribution toward such cost. Pro-rated medical insurance will be based on thirty (30) hours a week.

E. Life Insurance Benefits

The following Life Insurance Program shall be provided without cost to the teachers covered by this Agreement.

1. Life Insurance in the amount of $45,000 for all regular teachers who have an annual contract with the Board.

2. Accidental Death and Dismemberment Insurance in the amount of $45,000 for all regular teachers who have an annual contract with the Board.

3. The Life Insurance specified in Section E. shall be provided without cost to all teachers who are on the active working payroll on the effective date of this agreement, and who are regular teachers of the Board, who have an annual contract with the Board, and for whom coverage is in effect immediately prior to the effective date of this Agreement. The Life Insurance Program specified in Section E. shall also be provided without cost to all regular teachers and/or new teachers who are hired after the effective date of this Agreement, effective on the first day of the month following the date of this Agreement or the date they commence actual employment with the Board, whichever is the later date, for all regular teachers of the Board who have an annual contract with the Board.

F. Vision Insurance

Employees may participate in a Board-approved vision care plan. Employees who elect to participate will pay 100% of the premium cost for such coverage.

G. General Provisions

1. The foregoing insurances described in Sections B., C and E. shall be continued for any eligible teacher who pays the teacher's portion as set forth in Sections B. and D. during any period when such teacher is on the active working payroll, compensated sick leave, compensated leave of absence, Family and Medical Leave of Absence, non-compensated approved leave of absence of less than thirty (30) days, disability leave of absence of less than ninety (90) days, or for teachers working only during the regular school year and not working during the summer break period, until such teachers either resign their employment status or fail to return to active working status at the commencement of the next school year. Teachers on non-compensated approved leave of absence (except disability leave of absence) of over thirty (30) days' duration who desire to continue insurance coverage described above in Sections B, C. and E. past the period for which the Board has agreed to continue coverage for the teacher may do so by paying the full group premium for such insurance to the Treasurer of the Board on or before the seventeenth (17th) day of the month prior to any month such coverage is desired to be continued. Teachers on approved disability leave of absence over ninety (90) days' duration who desire to continue such insurance coverage past the period for which the Board has agreed to continue coverage for the teachers may do so by paying one-half (1/2) of the full group premium for such insurance to the Treasurer of the Board on or before the seventeenth (17th) day of the month prior to any month such coverage is desired to be continued for the remainder of the first year of the disability leave. In the event such part premium is timely paid by the teacher, the BOARD will be responsible for the remaining one-half (1/2) of the group premium for the remainder of the first year of the disability leave. In the event coverage is discontinued for any period, the teacher shall have the right to acquire insurance through the insurance carrier in accordance with its policies, and coverage cannot be reacquired through the Board until the teacher returns to active working status.

2. Unless a properly completed application form for any of the insurances described in Sections B, C and E is filed with the Treasurer of the BOARD within thirty (30) days of the date the teacher commences active working status, or returns to active working status from leave, whichever is applicable, coverage will not be available until the next open enrollment period.

3. In the event a teacher desires to change from one type of coverage to a different type of coverage (e.g., single to dependent), the teacher must file a new application with the Treasurer of the Board. For the changed coverage to be effective on the date of the change of marital status of the teacher, the new application must be on file with the Treasurer of the Board prior to twenty (20) days after the event.

4. All Insurance Subject to Benefits Listed

Medical benefits and/or all insurance provided pursuant to this Agreement shall be subject to the conditions set forth in any benefits and/or insurance contract secured by the Board; provided, however, if the Board elects to change carriers, any new medical benefits program and/or insurance coverage secured shall be substantially the same as those in effect at the time this agreement is entered into; and provided further in the event any provider changes its benefits and/or insurance contract during the term of this Agreement, such changes, if made applicable to all other comparably situated employers covered by such contract, may be made applicable to the teachers covered by this Agreement.

5. Effective Date of Resignation of a Teacher

For purposes of this Article, the effective date of resignation of any teacher shall be either: (1) the day prior to the commencement of the next school teaching year, or (2) the effective date of resignation as submitted on the teacher's resignation notification, whichever date shall occur first.

6. Both spouses are Employees

When both spouses are employees of the Board, they shall be enrolled in either one (1) family plan or two (2) single plans.

7. Section 125 Plan

The Board shall adopt and maintain in full force a Section 125 Plan and defray all setup costs associated with such Plan. Pursuant to the provisions of the Section 125 Plan adopted by the Board, teachers shall be able to pay their portion of any insurance premiums payable under this Article, medical expenses, and/or dependent care expenses, with "before tax" dollars. A copy of the Section 125 Plan adopted by the Board will be given to the Association. Each teacher will be furnished with a Summary Plan Description of this Plan. Each new teacher must arrange to have this Section 125 Plan explained at the commencement of employment.

ARTICLE XVII

SALARY/COMPENSATION PROCEDURES

A. Salary Schedule

1. Placement on Schedule

A base salary increase of 3.00 percent will be implemented for all unit members for the 2025-2026 contract year. A base salary increase of 3.00 percent will be implemented for all unit members for the 2026-2027 contract year. Negotiations will be re-opened for the 2027-2028 contract year for base salary only.

For the purpose of applying the salary schedule, each teacher shall be placed in one of the salary classes indicated below. The placement in the appropriate column is to be in accordance with the following requirements:

a. **Class I** - Teachers with Bachelor's degree with an institution recognized by the Department of Education, State of Ohio.

b. **Class II**- Teachers who have earned additional Bachelor's level credit for a total of 150 hours.

c. **Class III** - Teachers with a Master's degree.

d. **Class IV** - Teachers with a Master's degree and who have earned fifteen (15) additional semester hours of graduate degree work earned after the date of receiving the Master's degree. Such work shall be limited to areas of current certification and/or subject matter area related to the teaching assignment or other work approved by the Superintendent.

e. **Class V** - Teachers with a Master's degree and thirty (30) additional semester hours of graduate degree approved course work earned after the date of receiving the Master's. Such work shall be limited to areas of current certification and/or subject matter/area or other work approved by the Superintendent.

f. **Class VI** - Teachers with a Master's degree and forty-five (45) additional semester hours of graduate degree approved course work earned after the date of receiving the Master's degree, after being placed on column VI, shall be placed on this column. Such work shall be limited to areas of current certification and/or subject matter/area or other work approved by the Superintendent. MA + 45 will be phased out. All course work must be completed by May 31, 2026. An official transcript must be received by June 30, 2026 in order to be grandfathered into Class V on the salary schedule.

g. A lifetime maximum of eight semester hours earned after the Master Degree is received may be undergraduate hours if approved by the LPDC.

2. Credit from Other Experience

a. Credit from Other Schools

Full credit shall be granted for all experience in elementary and secondary public and non-public schools either within or outside the State of Ohio up to a maximum of fifteen (15) years at the discretion of the Superintendent. (O.R.C. 3317.13). Full credit shall be granted for teaching experience in chartered non-public school located in Ohio when such teaching was done as a certified teacher. (Included in the ten-year maximum above.)

b. Credit for Comparable Experience

Full or partial credit as recommended by the Superintendent and approved by the Board shall be granted up to ten (10) years maximum for job related comparable experience in the teacher's area of certification/licensure.

c. Teachers who taught in the District before becoming an administrator in the District, and then return to teaching, shall be credited with all years of employment with the District for purposes of placement on the salary schedule.

d. Military Credit

Full credit shall be granted for each year of military service in the armed forces of the United States up to a maximum of five (5) years, (O.R.C. 3317.13), included in the ten (10) year maximum.

B. Definition of Year Credit

A year of teaching will be considered to be any school year of at least one hundred twenty (120) days under a teacher's contract (O.R.C. 3317.13).

C. Other Wages

1. Home Instruction teachers will be paid at the rate of twenty-five ($25.00) per hour.

2. Alternative School teachers will be paid at the rate of twenty-five ($25.00) per hour.

3. Summer School teachers shall be paid at the rate of twenty-five ($25.00) per hour.

4. Saturday Alternative Program teachers will be paid Twenty Dollars ($20.00) per hour.

D. Reimbursement for Travel

Teachers who are required to travel in line with their teaching responsibilities will be reimbursed at the IRS rate of reimbursement for each year of the contract. The adjustment for the IRS rate shall be at the beginning of the fiscal year only.

E. Pay Procedures, Periods and Deductions

1. Method of Pay

The payment of teacher salaries shall be distributed over the twelve (12) calendar months on the basis of twenty-four (24) periods, on the 10th and 25th of each month, commencing at the beginning of September each school year. If payday falls on a Saturday, pay will be made on Friday and if payday falls on a Sunday, pay will be made on Monday.

2. Daily Rate Determined

The daily rate of pay of each teacher shall be determined by dividing his/her annual contract salary by the number of days in that person's contracted calendar.

F. Mid-Year Salary Adjustment

1. Additional Hours Prior to September 1

If the course work is completed prior to September 1 and transcripts are submitted to the Board Treasurer's office prior to November 1, then any required movement on the salary schedule will be made retroactive to the first pay in September of that same school year.

2. Hours Earned After September 1

If course work is completed after September 1 and transcripts are turned into the Board Treasurer's office prior to March 1, then the required movement on the salary schedule will be made retroactive to the first pay in January of that same school year.

G. Salary Adjustments Due to Overpayment

Any bargaining unit member who has been overpaid shall have his/her overpayment corrected by deducting the overpayment for a period not to exceed one calendar year unless the overpayment is in excess of one-year duration of overpayment. In the event the overpayment is for more than one year, the involved bargaining unit member, the Association and the representative of the bargaining unit member shall meet with the Board Treasurer in order to establish a method of repayment.

H. Internal Substitution

A teacher shall be responsible for student instruction during the regular class period. This does not include the teacher's lunch period and planning period. If a teacher is asked more than once in a school year to internally substitute in a class during his/her lunch or planning period for an absent teacher, he/she shall be compensated at the rate of Twenty-Five Dollars ($25.00) for the duration of this Agreement. This policy excludes teachers who have student teachers.

I. Workers' Compensation

All teachers are protected under State Workers' Compensation Act of Ohio in case of injury or death incurred in the course of and arising out of their employment. A teacher's application for this compensation must be filed by the attending physician within thirty (30) days of the injury.

1. Individuals Covered Under Workers' Compensation

Individuals covered under Workers' Compensation will retain all job security per seniority rights up to a maximum of one (1) year or the exhaustion of sick leave, whichever is greater.

J. STRS Severance Retirement Pay

Any teacher who has no less than ten (10) years of service in the District who actually retires and is eligible for retirement benefits under STRS upon the date of separation from his/her employment may use his/her unused, accumulated sick leave for severance pay in the following manner and under the following guidelines:

1. Total Days Per Year

Calculation for the severance benefit shall be twenty-nine percent (29%) of the unused, accumulated sick leave not to exceed the allowable accumulation of days in Article XV A section 4.

2. Severance to be Paid on Per Diem Rate

Severance pay shall be made on a per diem rate at the time of actual retirement (contractual salary excluding supplemental contracts divided by the total number of days in the school calendar).

3. Payment to be Made in Lump Sum

Payment of severance pay shall be in a lump sum within ninety (90) days after the Board receives notice and written substantiation from the teacher that he/she has actually retired and is receiving retirement benefits from STRS or at a time mutually agreed upon. Such written substantiation must be made to the Board Treasurer within one hundred and twenty (120) days after the teacher actually retires.

4. Payment Made Only Once

Such payment shall be made only once to any teacher and shall eliminate all accumulated sick leave to the credit of such teacher.

5. Rights of Heirs

In the event of death, any teacher who has ten (10) years of service in the Greeneview Local School District shall be deemed to have retired on the date immediately preceding the date of death. Payment of the retirement pay shall be disbursed in accordance with the applicable laws of the State of Ohio. The qualified appointed Executor or Administrator of the teacher's estate shall make application for payment of these benefits.

K. Attendance Incentive

Any teacher who has not used any personal days for the school year shall have those unused personal days added to their sick leave balance. The attendance incentive plan shall be as follows:

1. Sick Leave, Personal Leave, and unpaid leave will be used to calculate an attendance percentage. Each teacher who meets the attendance goals for the completed work year shall receive an incentive payment.

2. The percent incentive will be based on the teacher's annual base contract amount.

Percent Attendance	Percent Incentive Payment
100%	1.5%
99-99.9%	1.25%
98-98.9%	1.0%
97-97.9%	0.75%
96-96.9%	0.5%

2. Benefit to be Received on Last Pay in June

Teachers shall receive the above payment with the last paycheck in June.

3. Early Retirement Incentive Plan

The Board shall study the feasibility of a two (2) year retirement incentive plan as set forth in the appropriate statutes controlling such benefit. It is at the sole discretion of the BOARD to implement such a plan.

L. Direct Deposit of Pay Checks

Participation in the direct deposit system shall be required of all teachers.

M. Supplemental Contracts

1. A supplemental contract will be awarded in sports where there are enough participants to enter an OHSAA event as a recognized team, according to OHSAA bylaws or at the discretion of the District.

2. If a team does not have enough participants to enter an OHSAA event as a recognized team, student-athletes may participate as individuals representing Greeneview Schools, but the supplemental contract may not be awarded to the coach.

3. Assistant positions will be awarded based on need and safety considerations at the discretion of the District.

ARTICLE XVIII

EFFECTS OF CONTRACT

A. Complete Agreement

1. Acknowledgment of Parties

The parties acknowledge that during the negotiations which resulted in this AGREEMENT, each had the unlimited right and opportunity to make demands and proposals on any subject within the scope of bargaining. The understandings and agreement arrived at by the parties after the exercise of the right and opportunity are set forth herein, and the parties agree that this AGREEMENT constitutes the entire contract between them and settles all demands and issues on all matters within the scope of bargaining.

2. Prior Negotiated Agreements Not Binding on Parties

All prior negotiated agreements not contained herein, and all prior practices, rules, or regulations not contained herein shall not be binding upon the parties to this AGREEMENT.

B. Non-Discrimination

No teacher will be discriminated against for reasons of race, creed, color, national origin, sex, marital status, handicap or membership or non-membership in the Greeneview Education Association, all as in accordance with and as limited by applicable law.

ARTICLE XIX

DURATION AND IMPLEMENTATION

A. Duration

This Agreement on language and insurance benefits shall be effective from 12:01 a.m. August 1, 2022 and shall continue in full force and effect until 12:00 a.m. July 31, 2025 and from year to year thereafter, unless either the Board or the Association serves written notice on the other of its intention to either terminate, amend, or modify this Agreement as required by Article 2, Section C. of this Agreement. Any agreement or amendment supplemental hereto shall not be binding on either party unless executed in writing by the parties hereto.

B. Base for Future Negotiations

This AGREEMENT shall be the base from which future negotiations shall proceed. If any items in this AGREEMENT are not changed through future negotiations, it shall be carried forward, automatically, in writing, to each future Agreement.

Christopher Bailey, President
Greeneview Board of Education

Paul Thompson, GEA President
Association Negotiator

Sam Hook
Association Negotiator

Matthew Moody
Association Negotiator

Sabrina Woodruff, Superintendent
Board of Education Negotiator

Alicia Manor
Association Negotiator

Inga Fisher, Treasurer
Board of Education Negotiator

Base (3.00% increase on base from FY25)	$42,839

2025-2026

FY26 GREENEVIEW LSD CERTIFICATED SALARY SCHEDULE

Step	Bachelors		150 Hours		Masters		Masters + 15		Masters + 30		Masters + 45	
	Index	Salary	Index	Salary	Index	Salary	Index	Salary	Index	Salary	Index	Salary
0	1.00000	$ 42,839	1.07500	46,052	1.15000	$ 49,265	1.20000	$ 51,406	1.25000	$ 53,548	1.30000	$ 55,690
1	1.02000	$ 43,696	1.09500	46,908	1.17000	$ 50,121	1.22000	$ 52,263	1.27000	$ 54,405	1.32000	$ 56,547
2	1.04040	$ 44,569	1.11540	47,782	1.19040	$ 50,995	1.24040	$ 53,137	1.29040	$ 55,279	1.34040	$ 57,421
3	1.06121	$ 45,461	1.13621	48,674	1.21121	$ 51,887	1.26121	$ 54,029	1.31121	$ 56,171	1.36121	$ 58,313
4	1.08243	$ 46,370	1.15743	49,583	1.23243	$ 52,796	1.28243	$ 54,938	1.33243	$ 57,080	1.38243	$ 59,222
5	1.10408	$ 47,297	1.17908	50,510	1.25408	$ 53,723	1.30408	$ 55,865	1.35408	$ 58,007	1.40408	$ 60,149
6	1.12616	$ 48,243	1.20116	51,456	1.27616	$ 54,669	1.32616	$ 56,811	1.37616	$ 58,953	1.42616	$ 61,095
7	1.14869	$ 49,208	1.22369	52,421	1.29869	$ 55,634	1.34869	$ 57,776	1.39869	$ 59,918	1.44869	$ 62,060
8	1.17740	$ 50,438	1.25240	53,651	1.32740	$ 56,864	1.37740	$ 59,006	1.42740	$ 61,148	1.47740	$ 63,290
9	1.20684	$ 51,699	1.28184	54,912	1.35684	$ 58,125	1.40684	$ 60,267	1.45684	$ 62,409	1.50684	$ 64,551
10	1.23701	$ 52,992	1.31201	56,205	1.38701	$ 59,418	1.43701	$ 61,560	1.48701	$ 63,702	1.53701	$ 65,844
11	1.26793	$ 54,317	1.34293	57,529	1.41793	$ 60,742	1.46793	$ 62,884	1.51793	$ 65,026	1.56793	$ 67,168
12	1.29963	$ 55,674	1.37463	58,887	1.44963	$ 62,100	1.49963	$ 64,242	1.54963	$ 66,384	1.59963	$ 68,526
13	1.33212	$ 57,066	1.40712	60,279	1.48212	$ 63,492	1.53212	$ 65,634	1.58212	$ 67,776	1.63212	$ 69,918
14	1.36543	$ 58,493	1.44043	61,706	1.51543	$ 64,919	1.56543	$ 67,061	1.61543	$ 69,203	1.66543	$ 71,345
15	1.39800	$ 59,889	1.47300	63,101	1.54800	$ 66,314	1.59800	$ 68,456	1.64800	$ 70,598	1.69800	$ 72,740
16	1.42950	$ 61,238	1.50450	64,451	1.57950	$ 67,664	1.62950	$ 69,806	1.67950	$ 71,948	1.72950	$ 74,090
17	1.45960	$ 62,527	1.53460	65,740	1.60960	$ 68,953	1.65960	$ 71,095	1.70960	$ 73,237	1.75960	$ 75,379
18	1.49010	$ 63,834	1.56510	67,047	1.64010	$ 70,260	1.69010	$ 72,402	1.74010	$ 74,544	1.79010	$ 76,686
19	1.52010	$ 65,119	1.59510	68,332	1.67010	$ 71,545	1.72010	$ 73,687	1.77010	$ 75,829	1.82010	$ 77,971
20	1.54990	$ 66,396	1.62490	69,609	1.69990	$ 72,822	1.74990	$ 74,963	1.79990	$ 77,105	1.84990	$ 79,247
21	1.57940	$ 67,659	1.65440	70,872	1.72940	$ 74,085	1.77940	$ 76,227	1.82940	$ 78,369	1.87940	$ 80,511
22	1.60800	$ 68,885	1.68300	72,098	1.75800	$ 75,310	1.80800	$ 77,452	1.85800	$ 79,594	1.90800	$ 81,736
23	1.63600	$ 70,084	1.71100	73,297	1.78600	$ 76,510	1.83600	$ 78,652	1.88600	$ 80,794	1.93600	$ 82,936
24	1.66350	$ 71,262	1.73850	74,475	1.81350	$ 77,688	1.86350	$ 79,830	1.91350	$ 81,972	1.96350	$ 84,114
25	1.69050	$ 72,419	1.76550	75,632	1.84050	$ 78,845	1.89050	$ 80,987	1.94050	$ 83,129	1.99050	$ 85,270
26	1.71700	$ 73,554	1.79200	76,767	1.86700	$ 79,980	1.91700	$ 82,122	1.96700	$ 84,264	2.01700	$ 86,406
27	1.74300	$ 74,668	1.81800	77,881	1.89300	$ 81,094	1.94300	$ 83,236	1.99300	$ 85,378	2.04300	$ 87,520
28	1.76800	$ 75,739	1.84300	78,952	1.91800	$ 82,165	1.96800	$ 84,307	2.01800	$ 86,449	2.06800	$ 88,590
29	1.79200	$ 76,767	1.86700	79,980	1.94200	$ 83,193	1.99200	$ 85,335	2.04200	$ 87,477	2.09200	$ 89,619
30	1.81500	$ 77,752	1.89000	80,965	1.96500	$ 84,178	2.01500	$ 86,320	2.06500	$ 88,462	2.11500	$ 90,604
31	1.83450	$ 78,588	1.90950	81,801	1.98450	$ 85,013	2.03450	$ 87,155	2.08450	$ 89,297	2.13450	$ 91,439
32	1.85300	$ 79,380	1.92800	82,593	2.00300	$ 85,806	2.05300	$ 87,948	2.10300	$ 90,090	2.15300	$ 92,232
33	1.87000	$ 80,108	1.94500	83,321	2.02000	$ 86,534	2.07000	$ 88,676	2.12000	$ 90,818	2.17000	$ 92,960
34	1.88600	$ 80,794	1.96100	84,007	2.03600	$ 87,220	2.08600	$ 89,362	2.14400	$ 91,846	2.18600	$ 93,645
35	1.90100	$ 81,436	1.97600	84,649	2.05100	$ 87,862	2.10100	$ 90,004	2.15900	$ 92,489	2.20600	$ 94,502

Base (3.00% increase on base from FY26)	$44,124

2026-2027

FY27 GREENEVIEW LSD CERTIFICATED SALARY SCHEDULE

Step	Bachelors		150 Hours		Masters		Masters + 15		Masters + 30		Masters + 45	
	Index	Salary	Index	Salary	Index	Salary	Index	Salary	Index	Salary	Index	Salary
0	1.00000	$ 44,124	1.07500	47,433	1.15000	$ 50,742	1.20000	$ 52,949	1.25000	$ 55,155	1.30000	$ 57,361
1	1.02000	$ 45,006	1.09500	48,316	1.17000	$ 51,625	1.22000	$ 53,831	1.27000	$ 56,037	1.32000	$ 58,244
2	1.04040	$ 45,906	1.11540	49,216	1.19040	$ 52,525	1.24040	$ 54,731	1.29040	$ 56,937	1.34040	$ 59,144
3	1.06121	$ 46,825	1.13621	50,134	1.21121	$ 53,443	1.26121	$ 55,649	1.31121	$ 57,856	1.36121	$ 60,062
4	1.08243	$ 47,761	1.15743	51,070	1.23243	$ 54,380	1.28243	$ 56,586	1.33243	$ 58,792	1.38243	$ 60,998
5	1.10408	$ 48,716	1.17908	52,026	1.25408	$ 55,335	1.30408	$ 57,541	1.35408	$ 59,747	1.40408	$ 61,953
6	1.12616	$ 49,691	1.20116	53,000	1.27616	$ 56,309	1.32616	$ 58,515	1.37616	$ 60,722	1.42616	$ 62,928
7	1.14869	$ 50,685	1.22369	53,994	1.29869	$ 57,303	1.34869	$ 59,509	1.39869	$ 61,716	1.44869	$ 63,922
8	1.17740	$ 51,951	1.25240	55,261	1.32740	$ 58,570	1.37740	$ 60,776	1.42740	$ 62,982	1.47740	$ 65,189
9	1.20684	$ 53,250	1.28184	56,560	1.35684	$ 59,869	1.40684	$ 62,075	1.45684	$ 64,281	1.50684	$ 66,488
10	1.23701	$ 54,582	1.31201	57,891	1.38701	$ 61,200	1.43701	$ 63,406	1.48701	$ 65,613	1.53701	$ 67,819
11	1.26793	$ 55,946	1.34293	59,255	1.41793	$ 62,565	1.46793	$ 64,771	1.51793	$ 66,977	1.56793	$ 69,183
12	1.29963	$ 57,345	1.37463	60,654	1.44963	$ 63,963	1.49963	$ 66,170	1.54963	$ 68,376	1.59963	$ 70,582
13	1.33212	$ 58,778	1.40712	62,088	1.48212	$ 65,397	1.53212	$ 67,603	1.58212	$ 69,809	1.63212	$ 72,015
14	1.36543	$ 60,248	1.44043	63,557	1.51543	$ 66,867	1.56543	$ 69,073	1.61543	$ 71,279	1.66543	$ 73,485
15	1.39800	$ 61,685	1.47300	64,994	1.54800	$ 68,304	1.59800	$ 70,510	1.64800	$ 72,716	1.69800	$ 74,922
16	1.42950	$ 63,075	1.50450	66,384	1.57950	$ 69,694	1.62950	$ 71,900	1.67950	$ 74,106	1.72950	$ 76,312
17	1.45960	$ 64,403	1.53460	67,713	1.60960	$ 71,022	1.65960	$ 73,228	1.70960	$ 75,434	1.75960	$ 77,640
18	1.49010	$ 65,749	1.56510	69,058	1.64010	$ 72,368	1.69010	$ 74,574	1.74010	$ 76,780	1.79010	$ 78,986
19	1.52010	$ 67,073	1.59510	70,382	1.67010	$ 73,691	1.72010	$ 75,898	1.77010	$ 78,104	1.82010	$ 80,310
20	1.54990	$ 68,388	1.62490	71,697	1.69990	$ 75,006	1.74990	$ 77,212	1.79990	$ 79,419	1.84990	$ 81,625
21	1.57940	$ 69,689	1.65440	72,999	1.72940	$ 76,308	1.77940	$ 78,514	1.82940	$ 80,720	1.87940	$ 82,926
22	1.60800	$ 70,951	1.68300	74,261	1.75800	$ 77,570	1.80800	$ 79,776	1.85800	$ 81,982	1.90800	$ 84,188
23	1.63600	$ 72,187	1.71100	75,496	1.78600	$ 78,805	1.83600	$ 81,011	1.88600	$ 83,218	1.93600	$ 85,424
24	1.66350	$ 73,400	1.73850	76,709	1.81350	$ 80,019	1.86350	$ 82,225	1.91350	$ 84,431	1.96350	$ 86,637
25	1.69050	$ 74,591	1.76550	77,901	1.84050	$ 81,210	1.89050	$ 83,416	1.94050	$ 85,622	1.99050	$ 87,829
26	1.71700	$ 75,761	1.79200	79,070	1.86700	$ 82,379	1.91700	$ 84,586	1.96700	$ 86,792	2.01700	$ 88,998
27	1.74300	$ 76,908	1.81800	80,217	1.89300	$ 83,527	1.94300	$ 85,733	1.99300	$ 87,939	2.04300	$ 90,145
28	1.76800	$ 78,011	1.84300	81,320	1.91800	$ 84,630	1.96800	$ 86,836	2.01800	$ 89,042	2.06800	$ 91,248
29	1.79200	$ 79,070	1.86700	82,379	1.94200	$ 85,689	1.99200	$ 87,895	2.04200	$ 90,101	2.09200	$ 92,307
30	1.81500	$ 80,085	1.89000	83,394	1.96500	$ 86,703	2.01500	$ 88,910	2.06500	$ 91,116	2.11500	$ 93,322
31	1.83450	$ 80,945	1.90950	84,255	1.98450	$ 87,564	2.03450	$ 89,770	2.08450	$ 91,976	2.13450	$ 94,182
32	1.85300	$ 81,762	1.92800	85,071	2.00300	$ 88,380	2.05300	$ 90,586	2.10300	$ 92,793	2.15300	$ 94,999
33	1.87000	$ 82,512	1.94500	85,821	2.02000	$ 89,130	2.07000	$ 91,336	2.12000	$ 93,543	2.17000	$ 95,749
34	1.88600	$ 83,218	1.96100	86,527	2.03600	$ 89,836	2.08600	$ 92,042	2.14400	$ 94,602	2.18600	$ 96,455
35	1.90100	$ 83,880	1.97600	87,189	2.05100	$ 90,498	2.10100	$ 92,704	2.15900	$ 95,263	2.20600	$ 97,337

APPENDIX B

SUPPLEMENTAL SALARY SCHEDULE

Base (3.00% increase from FY25)				
$42,839		2025-2026		
FY 26 GREENEVIEW LSD SUPPLEMENTAL SALARY SCHEDULE				
TIER		POSITION TITLE		AMOUNT
TIER 1		Varsity Football Coach		$4,841
TIER 1		Varsity Boys Basketball Coach		$4,841
TIER 1		Varsity Girls Basketball Coach		$4,841
TIER 1		Marching Band Director		$4,841
TIER 2		Varsity Boys Soccer Coach		$3,984
TIER 2		Varsity Girls Soccer Coach		$3,984
TIER 2		Varsity Boys & Girls Wrestling Coach		$3,984
TIER 3		Varsity Volleyball Coach		$3,770
TIER 3		Varsity Boys & Girls Track Coach		$3,770
TIER 4		High School Football Assistant Coach (4)		$2,913
TIER 4		7th Grade Football Coach or 8th Grade Assistant		$2,913
TIER 4		8th Grade Football Coach		$2,913
TIER 4		JV Boys Basketball Coach or Varsity Assistant		$2,913
TIER 4		JV Girls Basketball Coach or Varsity Assistant		$2,913
TIER 4		Varsity Baseball Coach		$2,913
TIER 4		Varsity Softball Coach		$2,913
TIER 5		Spring Production/Musical Director		$2,699
TIER 5		District Printing Advisor		$2,699
TIER 6		Varsity Boys Tennis Coach		$2,270
TIER 6		Varsity Girls Tennis Coach		$2,270
TIER 6		Varsity Boys Golf Coach		$2,270
TIER 6		Varsity Girls Golf Coach		$2,270
TIER 6		Varsity Boys & Girls Bowling Coach		$2,270
TIER 6		Varsity Boys & Girls Swim Coach		$2,270
TIER 6		Boys Soccer Assistant Coach		$2,270
TIER 6		Girls Soccer Assistant Coach		$2,270
TIER 6		JV Volleyball Coach or Varsity Assistant Coach		$2,270
TIER 6		High School Wrestling Assistant Coach (3)		$2,270
TIER 6		High School Track Assistant Coach (3)		$2,270
TIER 6		Middle School Boys & Girls Track Coach		$2,270

TIER	POSITION TITLE	AMOUNT
TIER 7	High School & Middle School Cross Country Coach	$2,142
TIER 7	Varsity Football Cheer Coach	$2,142
TIER 7	Varsity Basketball Cheer Coach	$2,142
TIER 7	JV Baseball Coach or Varsity Assistant Coach (1)	$2,142
TIER 7	JV Softball Coach or Varsity Assistant Coach (1)	$2,142
TIER 7	9th Grade Boys Basketball Coach or Varsity Assistant Coach (1)	$2,142
TIER 7	9th Grade Girls Basketball Coach or Varsity Assistant Coach (1)	$2,142
TIER 7	Middle School Football Assistant Coach (2)	$2,142
TIER 7	Assistand Band Director (if more than 20 mem.)	$2,142
TIER 7	Colorguard Director	$2,142
TIER 8	7th Grade Volleyball Coach or 8th Grade Assistant Coach	$2,056
TIER 8	8th Grade Volleyball Coach	$2,056
TIER 8	8th Grade Boys Basketball Coach	$2,056
TIER 8	8th Grade Girls Basetball Coach	$2,056
TIER 8	7th Grade Boys Basketball Coach or 8th Grade Assistant	$2,056
TIER 8	7th Grade Girls Basketball Coach or 8th Grade Assistant	$2,056
TIER 8	Middle School Wrestling Coach	$2,056
TIER 8	Fall Play Director	$2,056
TIER 9	Fall Site Coordinator	$1,842
TIER 9	Winter Site Coordinator	$1,842
TIER 9	Spring Site Coordinator	$1,842
TIER 9	Fall Strength Coach	$1,842
TIER 9	Winter Strength Coach	$1,842
TIER 9	Spring Strength Coach	$1,842
TIER 9	Summer Strength Coach	$1,842
TIER 10	High School & Middle School Cross Country Assistant Coach	$1,628
TIER 10	JV Bowling Coach or Varsity Assistant Coach	$1,628
TIER 10	Boys Golf Assistant Coach	$1,628
TIER 10	Girls Golf Assistant Coach	$1,628
TIER 10	Swim Assistant Coach	$1,628
TIER 10	Girls Tennis Assistant Coach	$1,628
TIER 10	Boys Tennis Assistant Coach	$1,628
TIER 10	High School Student Council	$1,628
TIER 10	JV Basketball Cheer Coach or Varsity Assistant Coach	$1,628
TIER 10	National Honor Society	$1,628
TIER 10	High School Robotics	$1,628
TIER 10	Quick Recall Advisor	$1,628
TIER 10	Pep Band Director	$1,628
TIER 10	Fall Play/Spring Musical Stage Assistant	$1,628

TIER	POSITION TITLE	AMOUNT
TIER 10	Music Dept Admin Asst.	$1,628
TIER 10	Middle School Wrestling Assistant Coach	$1,628
TIER 10	Middle School Track Assistant Coach (2)	$1,628
TIER 10	Middle School Fall Cheer Coach	$1,628
TIER 10	Middle School Winter Cheer Coach	$1,628
TIER 10	Middle School Student Council	$1,628
TIER 11	Senior Class	$1,414
TIER 11	Junior Class	$1,414
TIER 11	High School Yearbook	$1,414
TIER 11	Service Club	$1,414
TIER 11	Concert Choir Director	$1,414
TIER 11	Concert Band Director	$1,414
TIER 11	Sensations Show Choir Director	$1,414
TIER 11	Elementary Music Director	$1,414
TIER 11	Middle School Yearbook	$1,414
TIER 11	Middle School Power of the Pen	$1,414
TIER 12	Sophomore Class	$557
TIER 12	Freshman Class	$557
TIER 12	Middle School Athletic Assistant	$557
TIER 12	Quick Recall Assistant Advisor	$557
Monitors		
	AM/PM Detention	$20.00/hour
	Instructional Monitor (Tutor, Home Instruction, etc.)	$25.00/hour
	Parking Lot Monitor	$15.00/hour
	Saturday School Monitor	$20.00/hour
	Extended Days	
	Librarian up to 10 days at the per diem rate	
	Guidance Counselor up to 12 days at the per diem rate	

Base (3.0% increase from FY26)				
$44,124		2026-2027		
		FY 27 GREENEVIEW LSD SUPPLEMENTAL SALARY SCHEDULE		
TIER		POSITION TITLE		AMOUNT
TIER 1		Varsity Football Coach		$4,986
TIER 1		Varsity Boys Basketball Coach		$4,986
TIER 1		Varsity Girls Basketball Coach		$4,986
TIER 1		Marching Band Director		$4,986
TIER 2		Varsity Boys Soccer Coach		$4,104
TIER 2		Varsity Girls Soccer Coach		$4,104
TIER 2		Varsity Boys & Girls Wrestling Coach		$4,104
TIER 3		Varsity Volleyball Coach		$3,883
TIER 3		Varsity Boys & Girls Track Coach		$3,883
TIER 4		High School Football Assistant Coach (4)		$3,000
TIER 4		7th Grade Football Coach or 8th Grade Assistant		$3,000
TIER 4		8th Grade Football Coach		$3,000
TIER 4		JV Boys Basketball Coach or Varsity Assistant		$3,000
TIER 4		JV Girls Basketball Coach or Varsity Assistant		$3,000
TIER 4		Varsity Baseball Coach		$3,000
TIER 4		Varsity Softball Coach		$3,000
TIER 5		Spring Production/Musical Director		$2,780
TIER 5		District Printing Advisor		$2,780
TIER 6		Varsity Boys Tennis Coach		$2,339
TIER 6		Varsity Girls Tennis Coach		$2,339
TIER 6		Varsity Boys Golf Coach		$2,339
TIER 6		Varsity Girls Golf Coach		$2,339
TIER 6		Varsity Boys & Girls Bowling Coach		$2,339
TIER 6		Varsity Boys & Girls Swim Coach		$2,339
TIER 6		Boys Soccer Assistant Coach		$2,339
TIER 6		Girls Soccer Assistant Coach		$2,339
TIER 6		JV Volleyball Coach or Varsity Assistant Coach		$2,339
TIER 6		High School Wrestling Assistant Coach (3)		$2,339
TIER 6		High School Track Assistant Coach (3)		$2,339
TIER 6		Middle School Boys & Girls Track Coach		$2,339

TIER	POSITION TITLE	AMOUNT
TIER 7	High School & Middle School Cross Country Coach	$2,206
TIER 7	Varsity Football Cheer Coach	$2,206
TIER 7	Varsity Basketball Cheer Coach	$2,206
TIER 7	JV Baseball Coach or Varsity Assistant Coach (1)	$2,206
TIER 7	JV Softball Coach or Varsity Assistant Coach (1)	$2,206
TIER 7	9th Grade Boys Basketball Coach or Varsity Assistant Coach (1)	$2,206
TIER 7	9th Grade Girls Basketball Coach or Varsity Assistant Coach (1)	$2,206
TIER 7	Middle School Football Assistant Coach (2)	$2,206
TIER 7	Assistand Band Director (if more than 20 mem.)	$2,206
TIER 7	Colorguard Director	$2,206
TIER 8	7th Grade Volleyball Coach or 8th Grade Assistant Coach	$2,118
TIER 8	8th Grade Volleyball Coach	$2,118
TIER 8	8th Grade Boys Basketball Coach	$2,118
TIER 8	8th Grade Girls Basetball Coach	$2,118
TIER 8	7th Grade Boys Basketball Coach or 8th Grade Assistant	$2,118
TIER 8	7th Grade Girls Basketball Coach or 8th Grade Assistant	$2,118
TIER 8	Middle School Wrestling Coach	$2,118
TIER 8	Fall Play Director	$2,118
TIER 9	Fall Site Coordinator	$1,897
TIER 9	Winter Site Coordinator	$1,897
TIER 9	Spring Site Coordinator	$1,897
TIER 9	Fall Strength Coach	$1,897
TIER 9	Winter Strength Coach	$1,897
TIER 9	Spring Strength Coach	$1,897
TIER 9	Summer Strength Coach	$1,897
TIER 10	High School & Middle School Cross Country Assistant Coach	$1,677
TIER 10	JV Bowling Coach or Varsity Assistant Coach	$1,677
TIER 10	Boys Golf Assistant Coach	$1,677
TIER 10	Girls Golf Assistant Coach	$1,677
TIER 10	Swim Assistant Coach	$1,677
TIER 10	Girls Tennis Assistant Coach	$1,677
TIER 10	Boys Tennis Assistant Coach	$1,677
TIER 10	High School Student Council	$1,677
TIER 10	JV Basketball Cheer Coach or Varsity Assistant Coach	$1,677
TIER 10	National Honor Society	$1,677
TIER 10	High School Robotics	$1,677
TIER 10	Quick Recall Advisor	$1,677
TIER 10	Pep Band Director	$1,677
TIER 10	Fall Play/Spring Musical Stage Assistant	$1,677

TIER	POSITION TITLE	AMOUNT
TIER 10	Music Dept Admin Asst.	$1,677
TIER 10	Middle School Wrestling Assistant Coach	$1,677
TIER 10	Middle School Track Assistant Coach (2)	$1,677
TIER 10	Middle School Fall Cheer Coach	$1,677
TIER 10	Middle School Winter Cheer Coach	$1,677
TIER 10	Middle School Student Council	$1,677
TIER 11	Senior Class	$1,456
TIER 11	Junior Class	$1,456
TIER 11	High School Yearbook	$1,456
TIER 11	Service Club	$1,456
TIER 11	Concert Choir Director	$1,456
TIER 11	Concert Band Director	$1,456
TIER 11	Sensations Show Choir Director	$1,456
TIER 11	Elementary Music Director	$1,456
TIER 11	Middle School Yearbook	$1,456
TIER 11	Middle School Power of the Pen	$1,456
TIER 12	Sophomore Class	$574
TIER 12	Freshman Class	$574
TIER 12	Middle School Athletic Assistant	$574
TIER 12	Quick Recall Assistant Advisor	$574
	Monitors	
	AM/PM Detention	$20.00/hour
	Instructional Monitor (Tutor, Home Instruction, etc.)	$25.00/hour
	Parking Lot Monitor	$15.00/hour
	Saturday School Monitor	$20.00/hour
	Extended Days	
	Librarian up to 10 days at the per diem rate	
	Guidance Counselor up to 12 days at the per diem rate	

Appendix C

GREENEVIEW LOCAL SCHOOLS
REQUEST FOR PERSONAL EMERGENCY LEAVE

All requests for personal emergency leave must be submitted and approved by the Building Principal at least two (2) calendar days prior to the requested leave date.

Employee Name: _____ Requested Leave Date: _____

Building: _____ Current Job Assignment: _____

Number of personal emergency leave days approved or used this year: _____

I certify that I have requested personal emergency leave for the reason cited in Article 9.03, and if approved, will use it according to the negotiated Agreement. I understand that paid personal emergency leave will not be used for rest, recreation, vacation, or for seeking or engaging in gainful employment or for leave which would otherwise be available through sick leave.

_____ _____
Applicant's Signature Date

This personal emergency leave request is _____ approved _____ not approved.

_____ _____
Building Principal's Signature Date

GREENEVIEW LOCAL SCHOOL DISTRICT
4 S. Charleston Road
Jamestown, Ohio 45335

MEMORANDUM

To: Certified Employee
From: Superintendent
Subject: Sick Leave Bank

_____ I wish to participate in the Sick Leave Bank. I understand that upon initial enrollment two (2) days sick leave will be deducted from my accumulated total and that I may be assessed at a later time for one (1) additional day should the fund deplete below forty (40) days. I also understand that I am eligible to benefit from the S.L.B. if and when there is a need and the proper procedures set forth are followed. Membership shall be continuous unless cancelled in writing to the Treasurer's office during the period of September 1 through October 1.

_____ I do not wish to participate in the S.L.B. and fully understand that I will not be eligible for any benefits derived from this Bank.

A. In consideration of the benefits of participating in the S.L.B., each Applicant for membership in the Bank and for benefits from the Bank shall, as a condition to such application, agree in writing as follows:

   "I specifically acknowledge and agree that the granting of days from the S.L.B. shall be at the sole discretion of the S.L.B. Board. All decisions of the S.L.B. will be final and binding and not subject to grievance. I further agree to abide by such decisions and to indemnify and hold harmless the Greeneview Local School District and the Greeneview Education Association, the S.L.B. Board, and all of their agents for any loss they may sustain as a result of any claim or legal proceedings I may bring against any of them with respect to a decision made by them concerning this application."

B. When an employee makes a donation to the Bank, he/she agreed to the above-stated rules for administration of the Bank and agrees to abide by the stated rules.

This form must be returned to the Superintendent prior to October 1.

Name Date	Superintendent
Date	
School or Building	Receipt Verification

Appendix E

GREENEVIEW LOCAL SCHOOL DISTRICT
4 S. Charleston Road
Jamestown, Ohio 45335

EMPLOYEE APPLICATION FOR SICK LEAVE BANK

Name _____ Date _____

Address _____

Telephone Number _____

Number of Sick Days Used this School Year _____

Number of Sick Days Used for Current Illness _____

Employee's Reason for Request (be specific)_____

_____

_____

_____

_____

Estimate of Additional Days Needed _____

Name of Attending Physician _____

Address of Attending Physician _____

_____

Telephone Number of Attending Physician _____

Please submit request to Superintendent

Appendix F

GREENEVIEW LOCAL SCHOOL DISTRICT
4 S. Charleston Road
Jamestown, Ohio 45335

SICK LEAVE BANK PAYBACK RECORD

Employee _____Building_____ _____

Month/Year Borrowed _____Number of Days Borrowed _____

Year 1 **Year 2** **Year 3**

_____ Days Carried Over **_____ Days Carried Over**

Month	Days Accrued	Payback Day	Balance	Days Accrued	Payback Day	Balance	Days Accrued	Payback Day	Balance

	Year 1	Year 2	Year 3
Total Accrued			
Up to 6 Days Borrowed			
Total Carried Over to Next Ye			
Deduct Days			

Sick Leave Repayment Guidelines:

1. The five days borrowed from the Treasurer's Office must be repaid during the first four months.
2. A maximum of 6 of the borrowed days must be repaid each year on the last paycheck of the month of the yearly anniversary date of the loan.
3. In the event the employee is unable to accrue the total number of required days owed to the Sick Leave Bank (up to maximum of six) at the end of each of the 12-month period, the Board will deduct the employee's daily rate times the number of un-accrued days owed for that period.

Greeneview Education Association (GEA)
GRIEVANCE REPORT FORM

Grievance #_____

Name of Grievant(s):_____

Building:_____

Building Principal or Supervisor:_____

INFORMAL LEVEL

A. Date of occurrence of the event or condition upon which the Grievance is based_____

B. Date the informal discussion (concerning the Grievance) was held with Grievant(s) immediate supervisor_____

_____
Signature of Grievant or Assoc President Date

_____
Signature of Principal Date

Specification of the act or condition upon which the Grievance is based:

_____

_____

_____

The contractual section(s) and language alleged to have been misinterpreted, violated or misapplied:_____

_____

_____

Relief Sought:

_____

_____

_____

_____
Signature of Grievant Date

Step One

A. Date Submitted to Principal or Designee: _____

B. Disposition of Principal: _____

_____

_____
Signature of Principal/Supervisor Date

Step Two

A. Date Submitted to Superintendent or Designee: _____

B. Disposition of Superintendent or Designee: _____

_____

_____
Signature of Superintendent Date

Step Three– Arbitration

A. Date Request Received by Superintendent: _____

B. (***OPTIONAL***) Agreement on local third-party neutral to hear the dispute:

Date: _____

Name of Local Third Party: _____

Street Address: _____

City, State, Zip Code: _____

C. Request for Assistance of American Arbitration Association:

Date Submitted: _____

_____
Signature of Superintendent Date

YOUR BENEFITS
1/1/2025



Benefit Summary
ASO Choice Plus
Greeneview Local Schools H.S.A. Medical Plan **7AT**

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

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

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

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible – Combined Medical and Pharmacy		
Single Coverage Deductible Family Coverage Deductible	$2000 per year $4000 per year	$4000 per year $8000 per year
• No one in the family is eligible for benefits until the family coverage deductible is met.		
Out-of-Pocket Maximum – Combined Medical and Pharmacy		
Single Coverage Out-of-Pocket Maximum Family Coverage Out-of-Pocket Maximum	$2000 per year $4000 per year	$5000 per year $10000 per year
• The Out-of-Pocket Maximum includes the Annual Deductible and co-insurance • If more than one person in a family is covered under the Policy, the single coverage Out-of-Pocket Maximum stated above does not apply.		
Benefit Plan Coinsurance – The Amount the Plan Pays		
	100% after Deductible has been met	80% after Deductible has been met
Lifetime Maximum Benefit		
There is no dollar limit to the amount the Plan will pay for essential Benefits during the entire period you are enrolled in this Plan.	No Lifetime Maximum Benefit	No Lifetime Maximum Benefit
Prescription Drug Benefits		
• Prescription drug benefits are shown under separate cover. Benefits are not payable for Prescriptions until the Deductible above has been met.		
Information of Pre-service Notification		
**Pre-service Notification is required for certain services.* ***Pre-service Notification is required for Equipment in excess of $1,000.*		
Information on Benefit Limits		
• The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis. • All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description. • When Benefit limits apply, the limit refers to any combination of Network and Non-Network Benefits unless specifically stated in the Benefit category.		

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

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BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
Hospice Care		

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BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
	100% after Deductible has been met	* 60% after Deductible has been met
Hospital – Inpatient Stay		
	100% after Deductible has been met	* 60% after Deductible has been met
Lab, X-Ray and Diagnostics - Outpatient		
For Preventive Lab, X-Ray and Diagnostics, refer to the Preventive Care Services category.	100% after Deductible has been met	60% after Deductible has been met Pre-Service Notification is required for sleep studies
Lab, X-Ray and Major Diagnostics – CT, PET, MRI, MRA and Nuclear Medicine - Outpatient		
	100% after Deductible has been met	60% after Deductible has been met Pre-Service Notification is required
Mental Health Services		
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 60% after Deductible has been met
Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders		
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 60% after Deductible has been met
Pharmaceutical Products - Outpatient		
This includes medications administered in an outpatient setting, in the Physician's Office or in a Covered Person's home.	100% after Deductible has been met	60% after Deductible has been met
Physician Fees for Surgical and Medical Services		
	100% after Deductible has been met	60% after Deductible has been met
Physician's Office Services – Sickness and Injury		
Primary Physician Office Visit	100% after Deductible has been met	60% after Deductible has been met
Specialist Physician Office Visit	100% after Deductible has been met	60% after Deductible has been met
Pregnancy – Maternity Services		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary.	
		Pre-service Notification is required if inpatient stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
Preventive Care Services		
Covered Health Services include but are not limited to:		
Primary Physician Office Visit	100% Deductible does not apply.	60% after Deductible has been met
Specialist Physician Office Visit	100% Deductible does not apply.	60% after Deductible has been met
Lab, X-Ray or other preventive tests	100% Deductible does not apply.	60% after Deductible has been met
Prosthetic Devices'		
	100% after Deductible has been met	60% after Deductible has been met Pre-Service Notification is required for Prosthetic Devices in Excess of $1000
Reconstructive Procedures		
	Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.	
		Pre-service Notification is required.
Rehabilitation Services – Outpatient Therapy and Manipulative Treatment		
Benefits are limited as follows: Network and Non-Network benefits are limited to a combined total of 50 visits per calendar year for any combination of the following: Chiropractic treatment Physical therapy Occupational therapy Speech therapy Pulmonary rehabilitation Cardiac rehabilitation Post-Cochlear implant aural therapy Vision therapy	100% after Deductible has been met Benefits for Habilitative Services are provided under and as part of Rehabilitation Services-Outpatient Therapy and Manipulative Treatment and are subject to the limits as stated under Rehab Services.	* 60% after Deductible has been met
Scopic Procedures – Outpatient Diagnostic and Therapeutic		
Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy; Endoscopy For Preventive Scopic Procedures, refer to the Preventive Care Services category.	100% after Deductible has been met	60% after Deductible has been met
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
Benefits are limited as follows: 60 days per year	100% after Deductible has been met	* 60% after Deductible has been met
Substance Use Disorder Services		

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BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
	Inpatient: 100% after Deductible has been met Outpatient: 100% after Deductible has been met	* 60% after Deductible has been met

BENEFITS		
Types of Coverage	Network Benefits	Non-Network Benefits
Surgery – Outpatient		
	100% after Deductible has been met	60% after Deductible has been met
Transplantation Services		
	* 100% after Deductible has been met *For Network Benefits, services must be received at a Designated Facility.*	Not Covered
Urgent Care Center Services		
	100% after Deductible has been met	60% after Deductible has been met
Vision Examinations		
Benefits are limited as follows: 1 exam every year	100% after Deductible has been met	Non-Network Benefits are not available

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

MEDICAL EXCLUSIONS
It is recommended that you refer to your Evidence of Coverage for a more detailed description of the benefits and exclusions listed below.
Alternative Treatments
Acupuncture and kinesiology; hypnotherapy; massage therapy; rolfing; Vedanta; visual kinesiology; and, holistic dental, medicine and therapy and other non-traditional or alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to Manipulative Treatment and non-traditional outpatient care for which Benefits is provided as described in the SPD.
Dental
Dental care which includes dental X-rays, supplies and appliances and all associated expenses, including hospitalizations and anesthetics. This exclusion does not apply to dental care and x-rays for: X-rays, extractions and non-surgical treatment of oral infection required for the direct treatment of a medical condition for which Benefits are available under the Plan as described in the SPD. Dental care that is required to treat the effects of a medical condition, but which is not necessary to directly treat the medical condition, is excluded. Examples include treatment of dental caries resulting from dry mouth after radiation treatment or as a result of medication. Orthodontics, periodontal surgery or restorative treatment are also excluded. Diagnostic or treatment of or related to the teeth, jawbones or gums. Examples include extraction (including wisdom teeth), restoration, or replacement of teeth; medical or surgical treatment of dental conditions; and services to improve dental or clinical outcomes. This exclusion does not apply to accidental-related dental services for which Benefits are provided as described under Dental Services – Accident Only in the SPD. Dental implants, bone grafts and other implant-related procedures. This exclusion does not apply to accident-related dental services for which Benefits is provided as described under Dental Services – Accident Only in the SPD. Genioplasties (orthognathic). Congenital anomaly such as cleft lip or cleft palate.
Dentures, Appliances and Prosthetics
Dentures used specifically for activity items or to affect performance in sports-related activities. Orthotic appliances that straighten or reshape a body part, as described under Durable Medical Equipment (DME) in the SPD. Examples include flow orthotics, cranial banding, or any orthotic bodies available over the counter. The following items are excluded: Knee pressure cuff/monitory and wrist alarm; non-wearable external defibrillator vests; and ultraviolet nebulizers. Dentures and complete or partial in communication and speech except for speech generating devices not inserted esophageal. Implantable devices for which Benefits are provided as described under Durable Medical Equipment. Oral appliances for snoring. Repairing or replacement prosthetic devices when damaged due to misuse, malicious damage or gross neglect. Prosthetic devices. This exclusion does not apply to breast prosthesis, mastectomy bras and lymphedema stockings for which Benefits are provided as described under Reconstructive Procedures in the SPD.
Drugs
The exclusions listed below apply to all Medical prescription drugs and drugs administered in the Medical portion of the Facility charge. Refer to the Prescription Drug portion of the Plan in the SPD for coverage details and exclusions. Prescription drugs for injectable medications that are filled by a prescription order or refill. Self-injectable medications. This exclusion does not apply to medications which, due to their characteristics (as determined by United HealthCare Services, Inc.), must typically be administered and safely supervised by a qualified practitioner licensed to perform this function in an outpatient setting. Non-injectable medications given in a Physician's office. This exclusion does not apply to non-injectable medications that are received in an Emergency and consumed in the Physician's office. Over-the-counter drugs and treatments. Growth hormone therapy.
Experimental or Investigational or Unproven Services
Experimental or investigational or Unproven Services, unless the Plan has agreed to cover them as defined in the SPD. This exclusion applies even if expert internal or investigational Services or Unproven Services, treatments, therapies or pharmacological regimens are the only available treatment options for your condition. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described under Clinical Trials in the SPD.
Foot Care
Routine foot care, including the paring, trimming, shaving or cutting of corns and calluses. This exclusion does not apply to visits that are due to a systemic illness that results in severe foot problems and requires routine professional foot care and services to prevent amputation or other complications. Routine foot care for the prevention of disease, such as for individuals with diabetes. Cutting or trimming of corns or calluses. Nail trimming, cutting, or debriding. Hygiene and preventive maintenance foot care and other services that are performed when there is not a localized illness, injury or symptom involving the foot. Examples include cleaning and soaking the feet, applying skin creams to relieve minor skin tone. This exclusion does not apply to preventive foot care for Covered Persons who are at risk of neurologic or vascular disease arising from diseases such as diabetes. Treatment of flat feet. Shoes (standard or custom). Arch supports, shoe inserts and shoe pads.
Medical Supplies and Equipment
Prescribed or non-prescribed medical supplies and disposable supplies. Examples include compression stockings, size bandages, diabetic strips, and syringes, urinary catheters. This exclusion does not apply to: • Disposable supplies necessary for the effective use of Durable Medical Equipment for which Benefits are provided as described under Durable Medical Equipment in the SPD. • Diabetic supplies for which Benefits are provided as described under Diabetes Services in the SPD. • Ostomy bags and related supplies for which Benefits are provided as described under Ostomy Supplies in the SPD. Tubings, mask/cannula, connections and masks, except when used with Durable Medical Equipment as described under Durable Medical Equipment as described in the SPD. The repair and replacement of Durable Medical Equipment when damaged due to misuse, malicious breakage or gross neglect and accessories, filters, lubricants, tape, appliance cleaners, batteries and heating pads or other items that are not specifically identified in the SPD.
Mental Health - Substance Use Disorder
Services performed in connection with conditions not classified in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Services or supplies for the diagnosis or treatment of mental illness, alcoholism or substance use disorders that, in the reasonable judgment of the Mental Health Substance Use Disorder Administrator, are not part of the following: not consistent with generally accepted standards of medical practice for the treatment of such conditions; not consistent with standards backed by credible research soundly demonstrating that are the particular services will have a measurable and beneficial health outcome; and there is no considered experimental; not consistent with the Mental Health Substance Use Disorder Administrator's level of care guidelines or best practices; not fact-driven on a case-by-case clinical appropriate and considered ineffective for the patient's mental illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks. Mental Health Services as treatments for disorders listed within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental Health Services as treatment for a primary diagnosis of insomnia and other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a link on physical basis. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual) or for other disorders considered to be deficits or abnormality. Educational behavioral services with are focused on primarily building skills and capabilities in communication, social interaction or learning, tutor. Those services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor skills and primary communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Mental retardation as a primary diagnosis as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Methadone treatment as maintenance, LAAM, (14-hydroxydihydrocodeinone), or their equivalents for drug addiction. Inpatient behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders. Any treatments or other specialized services designed for Autism Spectrum Disorders that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and, therefore considered Experimental or Investigational or Unproven Services.
Nutrition
Nutritional or cosmetic therapy using high doses of vitamins and minerals, minerals or vitamins, and dietary/nutritional therapy. Nutritional counseling for dietary modification or specific diets, except as defined in the Plan's Medical Management. This Plan does not cover any kind. This does not include enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk unless it is given while the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU). Infant formula available over the counter is always excluded for diets and not weight, even obesity (including liquid diets), lower cholesterol and control diabetes; and vitamins and minerals; meals you can order from a menu, for an additional charge, during an inpatient stay; and a nutritionist and electrolyte supplements; and health education classes unless offered by United HealthCare Services Inc or its affiliates, including, but not limited to, asthma, smoking cessation, and weight control classes.
Personal Care, Comfort or Convenience
Take-home supplies or beauty items or services, guest services, luxury items and similar incidental services and supplies for personal comfort. Examples include air conditioners, air purifiers and filters, dehumidifiers and humidifiers; baby bassinets and bassinet changers; breast pumps; car seats; chairs; bath chairs; feeding chairs; potty chairs; chair lifts; saunas; electric scooters; exercise equipment and treadmills; home modifications to a room above a health need such as ramps, stair lifts, elevators, handrails or grab bars; hot tubs; jacuzzis; saunas and whirlpools; ergonomically correct chairs; non-hospital beds; comfort beds; mattresses; medical alert systems; motorized beds; music devices; personal computers; pillows; pool heaters; private duty nurses; safety devices; scooters; sitting equipment; vehicle modifications such as van lifts and raised roofs.
Physical Appearance
Cosmetic Procedures. See the definition in the SPD. Examples include pharmacological regimens, nutritional procedures or treatments; Scar revision; removal of tattoos; procedures such as dermabrasion, chemosurgery and other such destructive procedures; Skin abrasion procedures performed as a treatment for acne; treatment of hair loss; varicose vein treatment or if the procedure is performed cosmetic. Unsightly, odor or removal of the deposits considered undesirable, including fat accumulation under the male breast and nipple. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. Treatment for piercing/tattoo; hair removal or replacement by your urine and. Replacement of or existing breast implant if the existing breast implant was performed as a Cosmetic Procedure. Treatment of benign gynecomastia (abnormal breast enlargement in males). Physical conditioning programs such as athletic training, body-building exercise, fitness, flexibility, health club

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memberships and programs, spa treatments and direction or general amelioration. Weight loss programs whether or not they are undermedical supervision. Weight loss programs for medical reasons are also excluded, even if for morbid obesity. This regardless of the reason for a hair loss except for temporary loss of hair resulting from treatment of a malignancy.

MEDICAL EXCLUSIONS

Procedures and Treatment

Procedure or surgery to remove fat or tissue such as adenoidectomy, abdominoplasty, blepharoplasty, or mastectomy. Excision or elimination of hanging skin or any part of the body. Examples include plastic surgery procedures called abdominoplasty or abdominal panniculectomy, and brachioplasty. Medical and surgical treatment of excessive sweating (hyperhidrosis). Medical and surgical treatment for snoring, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve gross physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance preventive treatment. Speech therapy except as required for treatment of a speech impairment or speech dysfunction or as required from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Sex therapy to treat counseling, psychosexual or other sexual dysfunction disorders. Psychosurgery. Sex transformation operations or related services. Physical goal modalities and procedures which result in similar or redundant therapeutic effects when performed on the same body region during the same office or outpatient visit. Work-related injury services or treatment of a condition or illness due to aphysical or psychological stressor in the workplace, if Benefits are provided under a workers' compensation law or other similar law. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative medicine) with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore the joint motion, reduce pain and improve function. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography, Doppler analysis of motion analysis, computerized mandibulography or jaw tracking; combination therapy or instruction; occlusal adjustment; dental restoration; Upper and lower jaw (palate) surgery, orthognathic surgery and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute trauma or injury, dislocation, tumors, cancer or obstructive sleep apnea. Orthognathic surgery, a procedure to correct a jaw deformity or vertical and jaw alignment. Breast reduction except surgery as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity, even if for morbid obesity. Surgical treatment of obesity, unless there is a diagnosis of morbid obesity, as described under Obesity Surgery in the SPD. Standalone multidisciplinary pain relief prescription programs. These are programs that usually include health care providers specializing in pain management and may include a psychologist, social worker or other licensed or certified professional. The program usually includes a nurse psychologist support, behavior modification techniques and medication management and control. Chelation therapy, except to treat heavy metal poisoning.

Providers

Services performed by a provider who is a family member, lives in your home, brother, sister, parent or child. This includes any service the provider may perform on himself or herself. Services performed by a provider with your same legal residence. Services ordered or delivered by a Christian Science practitioner. Services performed by a nonlicensed provider or a provider who is operating outside of the scope of his/her license. Services provided in a free-standing or hospital-based ambulatory facility without an order written by a Physician or other provider. Services written by a Physician or other provider who is an employee or representative of a free-standing or hospital-based ambulatory facility, other than Physician or other provider who was actively involved in your medical care prior to ordering the service, and who was actively involved in your medical care after the service is rendered. This exclusion does not apply to emergency visits.

Reproduction

Health services and associated expenses for infertility treatments, including assisted reproductive technology, regardless of the reason for the treatment. This exclusion does not apply to services provided to treat or correct underlying causes of infertility. The following infertility treatment-related services: cryo-preservation and other forms of preservation of reproductive materials; long-term storage of reproductive materials such as sperm, eggs, embryos, ovarian tissue, and testicular tissue; donor services. Surrogate parenting, donor eggs or donor sperm and in vitro use. Storage and retrieval of all reproductive materials. Sex may include eggs, sperm, testicular tissue and ovarian tissue. The retrieval of oocytes by aspiration. Health services or associated expenses for elective surgical, non-surgical, or drug-induced Pregnancy termination. This exclusion does not apply to treatment of a moist Pregnancy, ectopic Pregnancy, a miscarriage, abortion (commonly known as a miscarriage). Services provided by a doula. A doula is a trained lay person who provides advice, emotional support and physical care to a mother before, during or shortly after childbirth to help her achieve the healthiest birth experience possible. Artificial reproduction treatments done for genetic or eugenic.

Services Provided under Another Plan

Health services for which an employer or a state or federal program, except for Medicaid, is primarily responsible to pay or provide, or for which payment is made by or through a program or policy of group insurance coverage mandated by workers' compensation, no-fault automobile coverage or similar legislation, or for which payment is made by or through a program or policy of group insurance coverage mandated by workers' compensation, no-fault automobile coverage or similar legislation because you could elect it, or could have elected for you. Health services for treatment of military service-related disabilities, when you are legally entitled to other coverage and facilities are reasonably available to you. Health services while on active military duty.

Transplants

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

Travel

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

Types of Care

Work-hardening, pain management programs and services for an inpatient basis or acute pain for whatever duration for chronic pain, outpatient and work-only care without a physical component. Weight reduction programs, including treatment of obesity, except for surgical treatment of morbid obesity when there is a diagnosis of morbid obesity, as described under Obesity Surgery in the SPD. Hospice care services, except for services provided by a licensed hospice care program or hospice care agency for which Benefits are described under Hospice Care in the SPD. Respite care services. Private duty nursing services. Routine foot care, except when provided as a part of treatment for documented obstructive sleep apnea. Rehabilitation services and Manipulative Treatment to improve gross physical condition that are provided to reduce potential risk factors, where significant therapeutic improvement is not expected, including routine, long-term or maintenance preventive treatment. Speech therapy except as required for treatment of a speech impairment or speech dysfunction or as required from injury, stroke, cancer, Congenital Anomaly, or autism spectrum disorders. Sex therapy to treat counseling, psychosexual or other sexual dysfunction disorders. Psychosurgery. Sex transformation operations or related services. Physical goal modalities and procedures which result in similar or redundant therapeutic effects when performed on the same body region during the same office or outpatient visit. Work-related injury services or treatment of a condition or illness due to aphysical or psychological stressor in the workplace, if Benefits are provided under a workers' compensation law or other similar law. Manipulative treatment (the therapeutic application of chiropractic and osteopathic manipulative medicine) with or without ancillary physiologic treatment and/or rehabilitative methods rendered to restore the joint motion, reduce pain and improve function. Services for the evaluation and treatment of temporomandibular joint syndrome (TMJ), whether the services are considered to be dental in nature, the following services for the diagnosis and treatment of TMJ: surface electromyography, Doppler analysis of motion analysis, computerized mandibulography or jaw tracking; combination therapy or instruction; occlusal adjustment; dental restoration; Upper and lower jaw (palate) surgery, orthognathic surgery and jaw alignment. This exclusion does not apply to reconstructive jaw surgery required for Covered Persons because of a Congenital Anomaly, acute trauma or injury, dislocation, tumors, cancer or obstructive sleep apnea. Orthognathic surgery, a procedure to correct a jaw deformity or vertical and jaw alignment. Breast reduction except surgery as coverage is required by the Women's Health and Cancer Rights Act of 1998 for which Benefits are described under Reconstructive Procedures in the SPD. Non-surgical treatment of obesity, even if for morbid obesity. Surgical treatment of obesity, unless there is a diagnosis of morbid obesity, as described under Obesity Surgery in the SPD. Standalone multidisciplinary pain relief prescription programs. These are programs that usually include health care providers specializing in pain management and may include a psychologist, social worker or other licensed or certified professional. The program usually includes a nurse psychologist support, behavior modification techniques and medication management and control. Chelation therapy, except to treat heavy metal poisoning.

Vision

Purchase cost and associated fitting charge for eyeglasses and contact lenses. Implantable lenses used only to correct a refractive error (such as those termed "phakic" lenses). Purchase cost and associated fitting and reading charges for hearing aids. Bone Anchor Hearing Aids (BAHA) and all other hearing assistive devices. Bone anchored hearing aid devices when either of the following applies: for Covered Persons with craniofacial anomalies who as a normal outcome can not or will preclude the use of a wearable hearing aid or for Covered Persons with hearing loss of sufficient severity that it is not or is not expected to be adequately remedied by a wearable hearing aid. Eye exercise or vision therapy. Surgery and other related treatment that is intended to correct refractive errors for high freedom in readiness and configuration including, but not limited to, procedures such as radial keratotomy and radial keratectomy.

All Other Exclusions

Health services and supplies that do not meet the definition of a Covered Health Service. See the definition of Covered Health Services in the Glossary in the SPD. Physical examinations, screening services, testing, immunizations, immunizations or treatments of an insured solely for purposes of: education, school, sports or camp, travel, a license requirement, insurance, marriage or adoption; or as a result of incarceration; not related to judicial or administrative proceedings or proceedings or orders; conducted for purposes of medical research; required to obtain or maintain a license of any type. This exclusion does not apply to Covered Health Services provided during a clinical trial for which Benefits are provided as described in the SPD. Health services received as a result of injuries from any act of war, whether declared or undeclared during periods in the armed forces of a country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-work zone. Health services received after the date your coverage under the Plan ends. This applies to all health services, even if the health service is related to or was a medical condition that arose before the date you coverage under the Plan ended. Health services for which you have no legal responsibility to pay or for which a charge would not ordinarily be made in the absence of coverage under the Plan. Charges that exceed Eligible Expenses or any specified limitation in the SPD. Foreign language and sign language services. Health services billed to a non-Covered Health Service. When a service is not a Covered Health Service, all services related to that non-Covered Health Service are also excluded. This exclusion does not apply to services the Plan would otherwise determine to be Covered Health Services if they are to treat complications which arise from the non-Covered Health Service. For the purpose of this exclusion, a "complication" is an unexpected or unanticipated condition that is superimposed on an existing disease and that affects or modifies the course of the original disease or condition. Examples of a "complication" are bleeding or infection following a Cosmetic Procedure that results in hospitalization. Health services when a provider refuses to accept Annual Deductible or Coinsurance amounts. Acupuncture and other complementary services and complementary services for a complication. Charges for missed appointments, room or facility reservations, completion of claim forms, or record processing. Charges prohibited by Medicaid anti-kickback or self-referral statute. Drug testing tests that are not performed in connection with a Physician's office or health care facility, or not self-administered home diagnostic tests, including but not limited to HIV and pregnancy tests. Vision therapy when not denied in connection with behavioral health disorders, including but not limited to learning and reading disabilities, attention deficit hyperactivity disorder, TBI, and plasticity.

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UnitedHealthcare

Addendum to the Medical Benefit Summary for Self-Funded Groups

Choice Plus
High Deductible Health Plans 1/1/2025

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

ADDITIONAL CORE BENEFITS

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

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

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

This replaces the Neurobiological Disorders-Autism Spectrum Disorder exclusion section on the Benefit Summary:
Any treatments or other specialized services designed for Autism Spectrum Disorder that are not backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome and therefore considered Experimental or Investigational or Unproven Services. Intellectual disability as the primary diagnosis defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Tuition for or services that are school-based for children and adolescents under the Individuals with Disabilities Education Act. Learning, motor disorders and communication disorders as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association and which are not a part of Autism Spectrum Disorder. Treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders and paraphilic disorder. All unspecified disorders in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association. Intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorder.
Health services and supplies that do not meet the definition of a Covered Health Service – see the definition in Section 9 of the COC. Covered Health Services are those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

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

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

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

UnitedHealthcare®

Medical Benefit Summary Authorization Addendum for Self-Funded Groups Choice Plus

These Prior Authorization requirements shown here will change the Pre-Service Notification requirements indicated on your Benefit Summary.

Network Benefits	Non-Network Benefits
The following benefit requires [Pre-Service Notification][Prior Authorization] for Genetic Testing - BRCA.	
	• Physician's Office Services
The following benefits require [Pre-Service Notification][Prior Authorization] for certain services.	
• Ambulance Services – Non-Emergent Air • Clinical Trials	• Ambulance Services – Non-Emergent Air • [Clinical Trials] • Cochlear Implants] • [Congenital Heart Disease (CHD) Surgeries] • Home Health Care - Nutritional, Private Duty Nursing, Skilled Nursing • Hospice Care- Inpatient Stay • Hospital – Inpatient Stay • [Infertility Services] • Neurobiological Disorders – Mental Health Services for Autism Spectrum Disorders-Inpatient [and Outpatient] • Outpatient Diagnostic/Therapeutic Services – CT Scans, Pet Scans, MRI and Nuclear Medicine • Mental Health and Substance Abuse Services – Outpatient and] Inpatient • Reconstructive Procedures • Skilled Nursing Facility/Inpatient Rehabilitation • Substance Use Disorder Services-Inpatient [and Outpatient]] • Surgery for the treatment for Gender Dysphoria] • Surgery – Outpatient[Sleep Apnea] and Cardiac catheterization, diagnostic cardiac catheterization; cardiac electrophysiology implant, pacemaker insertion, implantable cardioverter defibrillators • Therapeutic Treatments – Outpatient[Dialysis and IV infusion,] [and radiation oncology,] [and intensity modulated radiation therapy,] [and MR-guided focused ultrasound]]
• Transplantation Services	• Transplantation Services
The following benefits require [Pre-Service Notification][Prior Authorization] for Sleep Studies.	
	• Outpatient Diagnostic Services – For lab and radiology/X-ray
The following benefit requires [Pre-Service Notification][Prior Authorization] if Inpatient Stay exceeds 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.	
	• Maternity Services
The following benefits require [Pre-Service Notification][Prior Authorization] for Equipment in excess of $1,000.	
	• [Diabetes Services] • Durable Medical Equipment

- Prosthetic Devices

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

SFEGYYYYY07PA UPDATED: 8/15/2016

Here's an overview of your CVS Caremark benefits.

Greeneview HDHP 1/1/2025

Your annual deductible is $2,000 for an individual or $4,000 for a family. **Until this deductible amount is met, you will pay 100% for your prescriptions.** If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-6485.

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

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654.
If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Member Rights and Responsibilities at www.caremark.com.

1471-WELL-HB_MONROE_AB_MDOP_3P PA-1218

Your privacy is important to us. CVS employees are trained regarding the appropriate way to handle your private health information.
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Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
  - Auxiliary aids and services
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator
PO BOX 6590, Lee's Summit, MO 64064-6590
Phone: 1-866-526-4075
TTY: 1-800-863-5488
Fax: 1-855-145-2135
Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights Coordinator is available to help you.

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 https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

105-39432A 120516

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 1-866-633-2446 or visit welcometouhc.com. 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 www.healthcare.gov/sbc-glossary/ or call 1-866-487-2365 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: **$2,000** Individual / **$4,000** Family Non-Network: **$4,000** Individual / **$8,000** Family Per calendar year.	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 (non-embedded). Deductible resets January 1.
Are there services covered before you meet your deductible?	Yes. Preventive care is covered 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 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?	Network: **$2,000** Individual / **$4,000** Family Non-Network: **$5,000** Individual / **$10,000** Family Per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover and penalties for failure to obtain prenotification for services.	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 myuhc.com or call **1-866-633-2446** for a list of network 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 **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay: Network Provider (You will pay the least)	What You Will Pay: Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) - 0% coinsurance by a Designated Virtual Network Provider. No virtual coverage out-of-network
	Specialist visit	0% coinsurance	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 needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	20% coinsurance	Prenotification is required out-of-network for certain services or benefit reduces to 50% of allowed amount.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	Prenotification is required out-of-network or benefit reduces to 50% of allowed amount.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com	Tier 1 – Your Lowest Cost Option	Retail: 0% coinsurance Mail-Order: 0% coinsurance	Not covered	Provider means pharmacy for purposes of this section. Retail: Up to a 30-day supply Mail-Order: Up to a 90-day supply You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by us. Certain drugs may have a Pre-Notification requirement or may result in a higher cost. If you use a non-network Pharmacy, you are responsible for any amount over the allowed amount. You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain prescribed drugs. Tier 1 Contraceptives covered at No Charge. See the website listed for information on drugs covered by your plan. Not all drugs are covered.
	Tier 2 – Your Mid-Range Cost Option	Retail: 0% coinsurance Mail-Order: 0% coinsurance	Not covered	
	Tier 3 – Your Mid-Range Cost Option	Retail: 0% coinsurance Mail-Order: 0% coinsurance	Not covered	
	Tier 4 – Your Highest Cost Option	Retail: 0% coinsurance Mail-Order: Not covered	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	Prenotification is required out-of-network for certain services or benefit reduces to 50% of allowed amount.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Physician/surgeon fees	0% coinsurance	20% coinsurance	None
If you need immediate medical attention	Emergency room care	0% coinsurance	*0% coinsurance	*Network deductible applies
	Emergency medical transportation	0% coinsurance	*0% coinsurance	*Network deductible applies
	Urgent care	0% coinsurance	20% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	Prenotification is required out-of-network or benefit reduces to 50% of allowed amount.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% coinsurance	20% coinsurance	Network Partial hospitalization/intensive outpatient treatment: 0% coinsurance Prenotification is required out-of-network for certain services or benefit reduces to 50% of allowed amount.
	Inpatient services	0% coinsurance	20% coinsurance	Prenotification is required out-of-network or benefit reduces to 50% of allowed amount.
If you are pregnant	Office visits	No Charge	20% coinsurance	Cost sharing does not apply for preventive services.
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	Depending on the type of service a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	Inpatient prenotification applies out-of-network if stay exceeds 48 hours (C-Section: 96 hours) or benefit reduces to 50% of allowed amount.
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance	Limited to 60 visits per calendar year. Prenotification is required out-of-network or benefit reduces to 50% of allowed amount.
	Rehabilitation services	0% coinsurance	20% coinsurance	Any combination of outpatient rehabilitation services is limited to 50 visits per calendar year. Prenotification required out-of-network for certain services or benefit reduces to 50% of allowed amount.
	Habilitative services	0% coinsurance	20% coinsurance	Services are provided under and limits are combined with Rehabilitation Services above. Prenotification required out-

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
				of-network for certain services or benefit reduces to 50% of allowed amount.
	Skilled nursing care	0% coinsurance	20% coinsurance	Limited to 60 days per calendar year (combined with inpatient rehabilitation). Prenotification is required out-of-network or benefit reduces to 50% of allowed amount.
	Durable medical equipment	0% coinsurance	20% coinsurance	Covers 1 per type of DME (including repair/replacement) every 3 years. Prenotification is required out-of-network for DME over $1,000 or no coverage.
	Hospice services	0% coinsurance	20% coinsurance	Prenotification is required out-of-network before admission for an Inpatient Stay in a hospice facility or benefit reduces to 50% of allowed amount.
If your child needs dental or eye care	Children's eye exam	0% coinsurance	Not Covered	Limited to 1 exam every year. No coverage out-of-network.
	Children's glasses	Not Covered	Not Covered	No coverage for Children's glasses.
	Children's dental check-up	Not Covered	Not Covered	No coverage for Children's Dental check-up.

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
- Bariatric surgery
- Cosmetic surgery
- Dental care
- Glasses
- Infertility treatment
- Long-term care
- Non-emergency care when travelling outside - the U.S.
- Private duty nursing
- Routine foot care – Except as covered for Diabetes
- Weight loss programs

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

- Chiropractic (Manipulative care) – 50 visits per calendar year
- Routine eye care (adult) - 1 exam per year
- Hearing aids - $2,500 per calendar year, limited to once per three years

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

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: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how 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: the Member Service number listed on the back of your ID card or myuhc.com or the Employee Benefits Security Administration at 1-866-444-3272 or dol.gov/ebsa/healthreform.

Additionally, a consumer assistance program may help you file your appeal. Contact dol.gov/ebsa/healthreform.

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

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-866-633-2446.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-633-2446.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-633-2446.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijgo holne' 1-866-633-2446.

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

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

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	$2,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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

Total Example Cost	**$12,800**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
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	$2,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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	**$7,400**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$2,000
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$30
The total Joe would pay is	**$2,030**

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

The plan's overall deductible	$2,000
Specialist coinsurance	0%
Hospital (facility) coinsurance	0%
Other coinsurance	0%

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	**$1,900**

In this example, Mia would pay:

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

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

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.
Online: UHC_Civil_Rights@uhc.com
Mail: Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.
If you need help with your complaint, please call the toll-free number listed within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.
Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the number contained within this Summary of Benefits and Coverage (SBC) , TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

DELTA DENTAL

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 5630-8140, 8149
Greeneview Local Schools

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to prosthetic appliances	80%	80%	80%
Major Services			
Major Restorative Services – crowns	60%	60%	60%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	60%	60%	60%
Orthodontic Services			
Orthodontic Services – braces	60%	60%	60%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference. Please refer to your Plan Certificate for more information on payment to Nonparticipating Dentists.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Benefits for bitewing X-rays are unlimited. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for permanent bicuspids and molars for people age 13 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth in any five-year period.
- Composite resin (white) restorations are payable on posterior teeth.

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- Metallic inlays are Covered Services.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any three-year period.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, and dental case management. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,500 per Member total per Benefit Year on all services except orthodontic services. $1,000 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

Deductible – $25 Deductible per Member total per Benefit Year limited to a maximum Deductible of $50 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

Deductible Carry Forward – Any expenses incurred by an eligible person for covered services during the last three months of a benefit year and applied to the Deductible for that benefit year will also be applied to the Deductible for the following Benefit Year.

Waiting Period – Coverage for eligible employees who are actively at work is effective on the date specified by the employer. Dependent(s) effective date: Eligible dependent(s) will become covered under the Plan on the later of the dates listed below, provided the employee has enrolled them in the Plan within thirty (30) days of meeting the Plan's eligibility requirements. The date the employee's coverage becomes effective. The date the dependent is acquired, provided any required contributions are made and the employee has applied for dependent coverage within thirty (30) days of the date acquired. Newborn children shall be covered from birth, regardless of confinement, provided the employee has applied for dependent coverage within thirty (30) days of birth. Coverage for a newly adopted child shall be effective on the date the child is placed for adoption, provided the employee has applied for dependent coverage within thirty (30) days of placement.

Eligible People – All regular employees as determined by the employer, shall be eligible to enroll for dental coverage under this plan. Greeneview Local Schools (8140) and Greeneview Local Schools COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985), enrollees (8149).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits generally will cease on the last day of the month in which the employee is terminated or a dependent loses eligibility.

A Look at your VSP Vision Coverage

With VSP and GREENEVIEW LOCAL SCHOOLS, your health comes first.

As a member, you'll get access to savings and personalized vision care from a VSP® network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over $3,000 in savings.

Provider choices you want.

vsp PREMIER edge

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.

eyeconic

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

01/01/2024

Create an account today.

Contact us at:
800.877.7195 or **vsp.com**

+ Coverage will, however, vary by different state laws.

VSP Guarantees member satisfaction from VSP providers only. Coverage information is subject to change in the event of a conflict between this information and your plan document's contract with VSP. The terms of the contract will prevail. Benefits are governed by the laws of the state of Washington. VSP Vision Care, Inc., or one of its subsidiaries, through which VSP does business. This service is not available directly from VSP in the states of [illegible] and Washington.

To learn about your privacy rights and how your personal information may be used, see our VSP Member Privacy Practices at **vsp.com**.

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102880 VSCH
Classification: Restricted

vsp vision care

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Every calendar year	$10
ESSENTIAL MEDICAL EYE CARE	• Retinal screening for members with diabetes • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP doctor for details. • Available as needed	$0 per screening $20 per exam
PRESCRIPTION GLASSES		$25
FRAME+	• $170 featured frame brands allowance • $150 frame allowance • 20% savings on the amount over your allowance • $150 Walmart+/Sam's Club+/Costco+ frame allowance • Every other calendar year	Included in Prescription Glasses
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Every calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	• Standard progressive lenses • Impact-resistant lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 40% on other lens enhancements • Every calendar year	$0 $0 $80 - $90 $120 - $160
CONTACTS (INSTEAD OF GLASSES)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year	Up to $60
EXTRA SAVINGS	**Routine Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor	

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.