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TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT

MASTER AGREEMENT

BETWEEN

TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT BOARD OF EDUCATION

AND

CHAPTER #672 OHIO ASSOCIATION OF PUBLIC SCHOOL EMPLOYEES

EFFECTIVE

JULY 1, 2025

THROUGH

JUNE 30, 2028

NOTICE OF NON-DISCRIMINATION

THE TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER. NO PERSON WHETHER STUDENT, EMPLOYEE OR APPLICANT FOR EMPLOYMENT SHALL, ON THE BASIS OF RACE, SEX, COLOR, NATIONAL ORIGIN, AGE, OR HANDICAP, BE DENIED THE BENEFITS OF OR ACCESS TO, OR BE SUBJECTED TO DISCRIMINATION, UNDER ANY EDUCATIONAL PROGRAM, ACTIVITY, PRACTICE, JOB OR POSITION.

OAPSE CONTRACT

JULY 1, 2025- JUNE 30, 2028

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PREAMBLE

The Twin Valley Board of Education, hereinafter referred to as the "Board," and the Ohio Association of Public School Employees/AFSCME, AFL-CIO on behalf of Chapter #672, referred to as the "Association," do hereby agree that the welfare of the children of the Twin Valley Community Local School District is paramount in the operation of the schools and will be promoted by both parties. The parties, therefore, enter into this Agreement as hereinafter set forth, based on their respective obligations and liabilities.

Because of the above, it is understood and agreed that:

A. The Board of Education, by law, has the final responsibility for establishing policy in the School District.

B. The Superintendent and his staff and the Treasurer have the responsibility for implementing the policies established by the Board.

C. The Board and the Association subscribe to the principle that differences shall be resolved through negotiations and/or grievance procedure without interruption to the school program.

This Agreement supersedes any and all previous agreements between the parties hereto and is a final and complete agreement of all negotiated items that are in effect throughout the term of said Agreement. In addition, neither the Board, nor the Association shall be obligated to negotiate on any item for the life of this Agreement, except as may be provided in this Agreement.

ARTICLE 1
MANAGEMENT RIGHTS

The Board, by mutual agreement with the Association, commits itself to such Association recognition and other conditions of employment as incorporated in the Agreement; and the Board, on behalf of the electors of the District, retains and reserves unto itself the ultimate responsibilities for proper management of the School District conferred upon and vested in it by the Revised Code of Ohio and Constitution of the State of Ohio and the United States, including the responsibility for and the right:

A. To maintain executive management and administrative control of the school system and its properties and facilities, and the professional activities of its employees as related to the conduct of school affairs.

B. To hire all employees and, subject to the provisions of law, to determine their qualifications, and the conditions for their continued employment, or their dismissal or demotion for just cause; and to promote, and transfer all such employees.

C. To delegate authority through recognized administrative channels according to current Board policy.

D. To determine job schedules, the hours of employment, and the duties, responsibilities and assignments of employees with respect thereto, and the terms and conditions of employment.

The exercise of the foregoing powers, rights, authorities, duties and responsibilities by the Board, the adoption of policies, rules, regulations and practices in furtherance thereof, and the use of judgment and discretion in connection therewith shall be limited only by the specific and express terms of this Agreement and then only to the extent such specific and express terms thereof are in conformance with the Constitution and laws of the State of Ohio and the Constitution and laws of the United States.

ARTICLE 2
ASSOCIATION RIGHTS

The Association shall have the following rights:

A. Advance copy of Board agendas.

B. Copy of official minutes of Board meetings, upon request.

C. Use of designated bulletin boards.

D. A copy of job postings shall be sent to the Chapter President.

E. The President of the local or designee will be allowed three (3) days with pay to attend the annual OAPSE Conference.

F. Any bargaining unit employee wishing to attend an OAPSE Chapter meeting during regular working hours on second shift, may request permission from the Maintenance Supervisor to do so, providing the time spent in the meeting is made up during the same shift the meeting takes place. The Maintenance Supervisor will not arbitrarily withhold such permission, but will grant the request for up to one (1) hour, so long as there is no disruption to school operations.

G. The Association President or their designee shall be permitted to speak with newly hired employees for a period of no more than fifteen (15) minutes to discuss membership and benefits. The meeting will take place on paid time, in private, and in the new employee's first week of work, or at the next most reasonable opportunity.

H. Bargaining unit employees shall be permitted to vote on the annual school calendar created by the Superintendent.

ARTICLE 3
EMPLOYEE RIGHTS

At any time an employee is to be given discipline, such employee shall be notified of his/her right of representation and be afforded the right to a hearing before an appropriate administrator. Discipline, as used herein, shall be defined as a reprimand, position reduction, suspension and/or dismissal.

ARTICLE 4
RECOGNITION

A. Recognition

The Ohio Association of Public School Employees, Chapter #672, is hereby recognized as the sole and exclusive bargaining unit herein defined.

B. Unit Defined

The bargaining unit shall consist of employees assigned to the classifications listed below:

Bus Driver
Custodian
Maintenance
Educational Aide
Educational Aide – Special Education
Educational Aide – Media Center
Educational Aide – Technology Assistant
Food Service Worker
Secretary
Media Center Coordinator

C. Exclusions

All employees whose classification is not listed under B. above, shall be excluded from the bargaining unit.

1. Those classifications which, on the effective date of this Agreement, are represented by other established bargaining units.

2. Temporary, seasonal and part-time employees other than regular part-time employees. For the purposes of this Section, a part-time employee is defined as an employee who is scheduled to work less than 120 work days.

3. Confidential, management and supervisory employees.

4. Secretary to the Superintendent, Assistant Treasurer and Secretary to the Treasurer.

D. Dues Authorization

Each employee covered by this Agreement may join or not join the Association, without reprisal from the Board or the Association.

If there is a change in the law during the term of this Agreement so that it is lawful to require Association membership or require the payment of a fair share fee, the parties agree to

reopen this Paragraph and negotiate these requirements.

The Association will provide the Treasurer with dues deduction authorizations from each employee who is a member of the Association. Dues for Association members will be withheld by the Treasurer of the Board for twenty-four (24) pays as authorized in writing by the employee. The deduction period will be from September through August each year. The dues deductions shall be sent directly to OAPSE's State Office in Columbus once each month with a list of all members for whom deductions were made.

The Association agrees to indemnify and save the Board harmless against any and all claims that may arise out of or by reason of action taken by the Board in reliance upon any authorization for dues deducted and/or submission to the Association.

E. P.E.O.P.L.E. Checkoff.

The Board agrees to deduct payments voluntarily authorized by individual employees to "The Public Employees Organized to Promote Legislative Equality (P.E.O.P.L.E.) Fund." Such authorization must be executed by the employee and may be revoked by the employee at any time by giving written notice to both the Board and the Association. The Board agrees to remit any deductions made pursuant to this Section promptly to the Association, together with an itemized statement showing the name of each employee from whose pay such deductions have been made and the amount deducted during the period covered by the remittance.

ARTICLE 5
NON-DISCRIMINATION

A. The parties hereto agree that neither the Board nor the Association shall discriminate against any employee covered hereunder because of his/her membership or non-membership in the Association or his/her activities herein prescribed.

B. The Board, the Association and each employee will cooperate fully with all applicable laws forbidding discrimination on account of race, color, creed, religion, sex or political affiliation.

ARTICLE 6
CONSISTENCY WITH LAW

A. This Agreement is subject to all existing and applicable state or federal laws and Board policies, provided that should any change be made in any state or federal laws or Board policies which would be applicable and contrary to any provision contained herein, such provisions herein contained shall automatically be terminated and the remainder of this Agreement shall remain in full force and effect. The parties shall thereafter seek to agree upon substitute provision which are in conformity with acceptable law.

B. Should any provision or portion thereof of this Agreement be held unlawful and unenforceable by any court, legislative or administrative tribunal of competent jurisdiction,

then such decision or legislation shall apply only to that specific provision or portion thereof. The parties will meet in a committee to discuss the abrogated provision and its impact on the Agreement. The remainder of the agreement shall remain in full force and effect.

ARTICLE 7
NEGOTIATIONS

A. In the last year of this Agreement, the parties will decide whether to engage in interest-based bargaining or traditional negotiations. Absent mutual agreement, the parties will engage in traditional negotiations.

B. Release Time for Negotiations Meetings

If the Board, or its designated representative, desires to set a negotiating meeting during working hours, all members of the negotiating team normally employed during those hours shall be paid for those hours at the regular rate. All meetings after the normal working hours would not be thusly affected.

C. Impasse

1. In the event an impasse results between the parties during their collective bargaining negotiations, the parties shall seek the services of the Federal Mediation and Conciliation Service or another mediation service to assist the parties to resolve the impasse. The parties agree that they will use a free service before selecting a paid service, if possible. The parties will equally share the costs of the mediator. The use of such mediation shall be the mutually agreed dispute resolution procedure, and shall be the exclusive impasse remedy used by the parties, instead of the factfinding process contained in Ohio Rev. Code §4117.14 and under Ohio Administrative Code Rule 4117-9-05.

2. Nothing contained herein shall restrict the rights of the Association as set forth in Ohio Rev. Code §4117.14(D)(2), provided such rights are exercised after the declaration of impasse and the parties subsequently requesting mediation assistance.

ARTICLE 8
GRIEVANCE PROCEDURE

A. Definition

A grievance is defined as a complaint by an employee, employees or the Association involving the interpretation, application or alleged violation of this agreement; provided, however:

1. Where specific administrative agency relief of a quasi-judicial nature is provided for by the statutes of the State of Ohio or the United States for review or redress of a specific matter (such as Workers' Compensation, Unemployment Compensation,

EEOC, Civil Rights Commission), such matter may not be made the subject of a grievance and may not be processed as such.

2. All discipline, including suspension and termination, shall be subject to the procedures outlined in this Article. However, discipline in the form of a verbal or written warning may be the subject of a grievance, but cannot be arbitrated. This Article shall supersede and replace the provisions of the Ohio Revised Code Section 3319.081 (A), (B), and (C).

It is the intent of the parties to equitably resolve grievances at the lowest possible administrative level and to encourage as informal and confidential an atmosphere as is possible in the resolution of grievances.

B. Procedure

All employees will make an earnest and honest effort to settle differences and disputes with their immediate supervisor without filing a grievance. In the event that an agreement cannot be reached, then the following steps shall be taken with respect to any grievance. Any grievance not initiated or taken to the next step within the time limits specified herein will be considered to be resolved. Any answer to a grievance that has not been timely filed shall permit the Employee or Association to appeal the grievance to the next higher step in the grievance process. Time limits for invoking the next higher step in the grievance procedure shall commence on the date the grievance answer is due. Grievances will be settled at the earliest possible step of the procedure. A grievance may be processed at Step 3 provided it is not within the authority of the immediate supervisor. Grievances will be processed in the following manner:

STEP I - INFORMAL PROCEDURE

The employee or Association who feels that he/she has been aggrieved may present the alleged grievance to the immediate supervisor. The grievance shall be submitted orally within fifteen (15) working days following the events or circumstances giving rise to the grievance having occurred, or within fifteen (15) working days of when the events or circumstances should have become known to the employee. The oral response of the supervisor shall be given within five (5) working days of the submission of the grievance at this step. If the grievance is not satisfactorily adjusted informally, the grievance may proceed to Step II.

STEP II - FORMAL PROCEDURE

An aggrieved employee may present directly or through the Association the grievance to the immediate supervisor in writing within five (5) working days following the reply at the informal step. The immediate supervisor shall schedule a hearing within five (5) working days. If the grievance is not satisfactorily adjusted in writing within seven (7) working days after the hearing of the grievance, the grievance shall proceed to Step III.

STEP III - SUPERINTENDENT

If the grievance is not resolved in Step II, the employee or the Association representative may, within ten (10) working days of receipt of the supervisor's answer, submit to the Superintendent, or his/her designated representative, the answer at Step II with the original grievance statement. The Superintendent, or his/her designated representative, shall schedule a hearing within five (5) working days. The Superintendent shall provide an answer within ten (10) working days after the hearing to the grievant and the Association representative.

STEP IV - ARBITRATION

If the Association is not satisfied with the disposition of the grievance at Step III, the parties shall jointly submit the issue to arbitration within ten (10) working days after receipt of the written notice to invoke arbitration. Notice to invoke Step IV shall be submitted to the Board within twenty (20) working days after receipt of the Step III answer.

The arbitrator shall be selected from a list submitted to both parties by the American Arbitration Association. Selection shall be in accordance with the voluntary rules and regulations of the AAA. The parties may, by mutual agreement, select an arbitrator without requesting a panel from AAA.

The Arbitrator shall have no power to alter, add to, or subtract from the terms of the agreement, nor to make any award which is inconsistent with the terms of this agreement or contrary to law. The decision of the Arbitrator shall be binding on the grievant(s), the Association and the Board.

The cost of the Arbitrator's services shall be shared equally by the Association and the Board. All expenses incurred by the representative of the parties shall be the responsibility of the party incurring the expense.

C. Waiver of Grievance. Any grievance which is not filed within fifteen (15) working days of its occurrence, not including the day of occurrence, after the employee has knowledge of the facts which give rise to the grievance, or with reasonable diligence should have acquired such knowledge, shall not be considered a grievance under this Agreement.

D. Extensions of Time. Upon the mutual agreement of the parties expressed in writing, the time limits set forth in this Article may be extended or the steps herein waived.

ARTICLE 9
PERSONNEL PRACTICES

A. Seniority

1. Seniority is defined as the right accruing to employees through length of continuous service from the date of employment as a regular employee.

2. Classification seniority is defined as the length of service as a regular employee in a given classification.

3. Employees shall have the right to advance to higher paying and new positions within their classification when vacancies occur in their position or classification, taking into consideration the qualifications to perform the work, and classification seniority.

4. The Treasurer of the Board shall maintain a listing of employees by classification including the name and date of employment of the employee. Such listing shall be available for viewing during the regular office hours of the District Office of the Twin Valley Community Local School District, and a copy of which shall be provided to the Association President upon request.

B. Job Posting and Bidding Procedure

1. All buildings owned and operated by the Board of the Twin Valley Community Local School District and staffed by school employees, shall have "Classified Positions open" posted in an open area accessible to all employees covered by the bargaining unit.

2. The employer shall send copies of "Classified Positions Open" by the United States Postal Service to the President of the Twin Valley Chapter #672 of the Ohio Association of Public School Employees on the date of or prior to the day of posting the position. The "Classified Positions Open" posting shall include the following:

   a. Job Title;
   b. Brief Description of the position and duties;
   c. Minimum qualifications required for the position;
   d. Number of hours per day and shift;
   e. Days per week and months per year;
   f. Salary Rate per hour;
   g. Deadline for filing request.

3. All "Classified Positions" shall be posted for a minimum of three (3) working days. Employees in that specific classification, i.e., bus driver, custodian, maintenance, educational aide, food service worker, secretary, shall submit, in person, their written request for the position to the administrator announcing the position within five (5) working days after the position has been posted for three (3) working days. During the summer months, postings will be emailed and employees will be notified by the District's automated phone notification system. If employees provide the Board with self-addressed stamped envelopes, such postings will be mailed to the employees.

4. When a "Classified Position" is announced as open, such position shall be awarded to the employee who has applied in accord with the time limit, is the most qualified, and has the most seniority in that classification (bus driver, custodian, maintenance, educational aide, food service worker, secretary, Media Center Coordinator). The

employee so awarded the position shall maintain the option of accepting or declining the position, and shall lose no rights in his/her present position or classification as the result of the decision. Should he/she decline to accept the position, it shall be awarded to the employee in that classification who has applied in accordance with the time limit and also possesses the necessary qualifications for the position. The position would then be open to the most qualified applicant.

5. When new positions are established by the Board, the announcement and the description of duties and the salary range of the position shall be posted for three (3) working days. Any employee of the District will have five (5) working days after the position has been posted for three (3) days to submit, in person, a written request for the position. In the case of a new classification, persons employed by the Board in compatible classifications, having the skills required for the position, will be given first consideration for the new position on the basis of qualifications and seniority.

6. Those employees transferred or promoted to a classification will be placed at the step that is nearest their current rate, but not less than. If the top step of the classification to which the employee is being transferred or promoted is less than the employee's current rate of pay, the employee will be paid at the top step.

7. The District Office, within ten (10) days of hire, shall provide the name, position, classification, home address and phone number of the new hire to the Association President.

C. Building Closing, Job Abolishment, and Reduction in Force

1. In the event that a school building is closed permanently or the Board by action in official session declares the abolishment of a position, or it becomes necessary to reduce the number of classified employees due to lack of funds, employees who are laid off may exercise seniority to displace less senior employees in any classification in which they have worked.

2. Employees will be recalled in the reverse order in which they were laid off. An employee who is laid off will have recall rights for a period of two years from the date of layoff. A laid off employee will be recalled by seniority to fill a vacancy in any classification in which the employee has seniority.

3. If an employee is notified of recall to a vacancy from which they were laid off, or a job for which they have any classification seniority, he/she may decline the first offered vacancy allowing the Superintendent to offer the vacancy to the next person on the recall list. The person declining the vacancy would retain his/her position on the recall list. If the employee rejects the offer of recall to a second offered vacancy, the employee's name will be removed from the recall list, and the employee will have no further right to recall.

ARTICLE 10
VACATIONS

A. Vacation

1. Each full-time non-teaching school employee, including full-time hourly rate and per diem employees, after service of one calendar year with the Board, shall be entitled, during each year thereafter, while continuing in the employ of such Board, to vacation leaves with full pay for a minimum of two (2) calendar weeks, excluding legal holidays. Employees continuing in the employ of said Board for five (5) or more years of service shall be entitled to vacation leave with full pay for a minimum of three (3) calendar weeks, excluding legal holidays. Employees continuing in the employ of said Board for fifteen (15) or more years of service shall be entitled to vacation leave with full pay for a minimum of four (4) calendar weeks, excluding legal holidays. Employees continuing in the employ of said Board for twenty (20) or more years of service shall be entitled to vacation leave with full pay for a minimum of five (5) calendar weeks, excluding legal holidays.

2. A full-time non-teaching employee is a person who is in service for not less than eleven (11) months in each calendar year. (ORC 3319.084)

3. Up to one (1) week of vacation leave can be carried over to the next anniversary year. Vacation leave in excess of one (1) week can only be carried over by written permission from the Superintendent. Such a request shall be presented in writing and state the reason for said request.

4. Vacation schedules for the various buildings shall be developed by the immediate supervisor(s) in consultation with those affected, and presented to the Superintendent or his/her designate for approval.

5. Personal leave days shall not be applied to those days immediately preceding or succeeding a scheduled vacation. A doctor's excuse will be required in order to use sick leave on a day immediately preceding or succeeding a scheduled vacation.

6. In case of the death of a non-teaching school employee, the unused vacation leave to the credit of such employee, not to exceed the leave accrued to his/her credit for two (2) years immediately preceding his/her last anniversary date, and the prorated portion of his/her earned but unused vacation leave for the current year, shall be paid to the surviving spouse or other beneficiary.

7. Eligibility for vacations is computed from the anniversary date of hire. Employees may take vacation any time after this anniversary date except when school is in session or when school is in session by mutual agreement. Mutual agreement means that when school is in session, an employee may make a written request for his/her vacation. Approval of the immediate supervisor, the Superintendent, and the availability of a substitute must precede the employee's vacation if school is to be in session. Vacation shall be granted two (2) weeks prior to school opening and two (2)

weeks after school closes only with the approval of the Superintendent.

8. A person employed, other than as an elected official, in any other state political subdivision earning vacation credits currently, is entitled to have his/her prior service with these employers counted for the purpose of computing the amount of his/her service leave.

9. Employees may be advanced at least one (1) week of vacation after six (6) months of service during the first calendar year of full time employment.

ARTICLE 11
HOLIDAYS

A. Scheduled Holidays

The Board agrees to provide all employees in the bargaining unit the following paid holidays:

New Year's Day	Thanksgiving Day
Martin Luther King Day	Friday after Thanksgiving Day
Good Friday	Christmas Eve Day
Memorial Day	Christmas Day
Labor Day	

In addition, Juneteenth will be a holiday for both 11-month and 12-month employees and the Fourth of July will be a holiday for 12-month employees.

B. Holiday Eligibility

Except as otherwise provided in this Section, an employee must be on a paid status on the working day immediately preceding and succeeding the holiday to be paid for the holiday. If Memorial Day or Juneteenth does not fall during the employee's time of employment, the employee must be on a paid status on the last scheduled work day of the duty calendar. A doctor's excuse will be required in order to use sick leave on a day immediately preceding or succeeding a holiday. Personal leave shall not be applied to those days immediately preceding or succeeding an extended holiday as set forth in Article 14, Paragraph B. If an employee is required to work on a holiday set forth above, that employee shall receive their regular rate of pay for all hours worked in addition to holiday pay.

ARTICLE 12
JURY DUTY

An employee required to serve on a jury before a court empowered by law to require such service shall be excused from duty without loss of pay or sick leave for the time required for such service, provided, however:

A. Such paid leave shall not exceed thirty-five (35) days each contract years.

B. All fees received for jury duty while on such excused leave shall be turned over to the Board upon payment to the employee by the court.

C. Whenever possible, an advance notice of such leave is given to the appropriate supervisor not less than forty-eight (48) hours prior to commencement of such leave.

Voluntary jurors shall not be covered by the no loss of pay or sick leave provisions contained herein.

Employees are expected to be at work during their normal duty hours if they have been excused from serving as a juror on any given day.

ARTICLE 13
CALAMITY DAYS

A. For the first five (5) days that schools are closed due to calamity reasons, employees shall be paid but not required to report to work with the exception of maintenance (as required), who will be paid their regular rate of pay for hours worked in addition to calamity pay.

B. For days 6, 7 and 8 that schools are open for e-days, employees will be paid their regular rate of pay in addition to calamity pay if required to report to work by the Superintendent or designee. It is anticipated that maintenance and custodians will be required to work, and other staff will be on call and may be called in as needed. If called in to work, such staff may request a vacation or personal day.

C. Days 9 and beyond when schools are closed may be made up. The Board shall have authority to schedule employees to make up lost days beginning with day 9 without additional compensation provided employees were compensated for those lost days.

D. Delayed start or early release or otherwise shortened day due to weather or other related emergencies:

Employees are not required to report for work at their regular time. Employees' start time will be determined by adding the amount of time of the delay to the employees' regular start time (with the exception of maintenance, custodians, and food service personnel). Secretaries will be on call, and may be called in as needed.

The delay or early release by the Superintendent on account of weather or other emergency conditions shall not result in a loss of pay.

ARTICLE 14
PERSONAL LEAVE

At the beginning of each school year, every employee shall be credited with three (3) days of unrestricted personal leave. Such leave shall be subjected to the following provisions:

A. Personal leave may be used for any purpose at the discretion of the employee

B. A personal leave day cannot be taken one school day immediately preceding or following extended vacations during the school year (Thanksgiving, Christmas, President's Day and Spring Break). Personal leave may be granted before or after these vacations if prior approval is granted by the supervisor.

C. Personal leave may not be taken after May 1 through the end of the school year, unless granted by the supervisor for extenuating circumstances.

D. Personal leave may be taken in one-half (1/2) day increments. Use of one-third (1/3) days may be used by bus drivers with a mid-day route.

E. A personal leave day shall not be approved for the first day of school, the last day of school, or an employee meeting day.

F. Unused personal leave will be rolled over to sick leave days at the end of the contract year.

G. Personal leave must be requested on the KIOSK at least three (3) school days in advance. Exception to this three (3) day limitation may be made at the discretion of the supervisor. Personal leave of an emergency nature may be made on shorter notice or by telephone to the immediate supervisor or Superintendent, if necessary. If by telephone, the request will be placed on the KIOSK when the employee returns.

H. If personal leave is not approved, the employee will be notified prior to the day of requested leave.

I. No more than two (2) employees per classification may be granted personal leave on the same day. In case of conflict, requests will be honored on a first come, first-serve basis. Exception of this two (2) member limitation may be made at the discretion of the supervisor.

ARTICLE 15
SICK LEAVE

A. It shall be the policy of the Twin Valley Board of Education to grant sick leave to its employees in accordance with the requirements of the Ohio Revised Code, §3319.141. The following rules and regulations shall apply:

1. Eligibility:

   (a) All employees shall be entitled to sick leave with the exceptions noted.

2. Sick Leave Days:

   (a) Each contracted employee shall be granted sick leave at the rate of one and one-quarter (1-1/4) days per month, fifteen (15) days maximum per year.

(b) Unused sick leave shall be cumulative up to a total of not more than two hundred twenty-one (221) days for noncertificated personnel.

(c) Employees new to the District may transfer accumulated sick leave from their last Ohio public agency in an amount not to exceed the total allowed by the Twin Valley Community Local School District. Transfer requests must be made on forms provided by the Treasurer.

(d) Employees new to the District, and who have not had the opportunity to accumulate or transfer sick leave, shall have available five (5) days of sick leave in advance. Additional days will be cumulative beginning with the fifth month of employment. Should such an employee leave before completing four (4) months, the amount of advancement not earned shall be deducted from the final pay settlement.

3. Use of Sick Leave:

(a) Personal Illness - An employee may be absent without loss of pay not to exceed the total number of accumulated days for personal illness.

(b) Illness in the immediate family –

(i) An employee may be absent without loss of pay for an illness of a member of the immediate family where the nature of the illness is such or the circumstances dictate that the employee is clearly needed by the ailing member of the family.

(ii) Sick leave shall be used in the event any member of the employee's household has a contagious disease which could be communicated to others.

(c) Pregnancy - Sick leave may be taken for incapacitation due to pregnancy and incapacitation subsequent to the birth of the child.

(i) The use of sick leave during this time shall be limited to that time when the employee is not able to effectively perform the task expected.

(ii) It is suggested that a reasonable use of sick leave would be that period beginning two (2) weeks prior to and until four (4) weeks after delivery. Any use of sick leave before or beyond that period shall be by the written verification of a physician indicating that the employee is unable to function as required by the contracted position.

(iii) An employee shall not be granted sick leave once maternity leave has been requested and approved.

B. For the purpose of this Section, and personal leave, the immediate family shall be defined as: parent, brother, sister, spouse, child, parent-in-law or member of the household who stands in the same relationship as the aforementioned.

C. Deaths

1. Employees shall be granted three (3) days but not more than five (5) days for deaths of members of the immediate family. The number of days allowed shall be at the discretion of the Superintendent.

2. One (1) day and not more than three (3) days shall be allowed for the deaths of grandparents, grandchildren, nieces and nephews, aunts and uncles, or sister or brother-in-law. The number of days allowed shall be at the discretion of the Superintendent.

3. A maximum of one (1) day shall be allowed for an employee to act as a pallbearer.

D. Miscellaneous

1. Application for sick leave must be made by the employee on the KIOSK within three (3) days after returning to work. Failure to apply shall result in a deduction for the time absent from work.

2. In the event of continued or prolonged absences for illness, the employee may be requested to furnish verification by a physician that the employee is unable to work.

3. Personal leave time shall not be used as a substitute for sick leave.

4. Evidence showing the continued abuse of sick leave privileges shall be considered as just cause for dismissal or nonrenewal of contract.

5. Partial days in one-fourth (1/4) day increments may be requested. Bus drivers assigned to mid-day routes may request partial days in one-third (1/3) day increments.

6. Employees will not be required to get their own substitutes when taking sick leave, except as otherwise required by their current job descriptions.

E. Sick Leave Bank. A Sick Leave Bank may be established to be used by bargaining unit members. Each bargaining unit member who wishes to do so may contribute up to a maximum of ten (10) sick leave days (10 times the number of hours regularly scheduled to work) per year. Unused hours remaining in the sick leave bank at the end of the year will be carried over into the next year.

1. A bargaining unit employee who has been employed by the Board for at least two (2) years, and who, or their immediate family, has a catastrophic illness or critical injury, and who has exhausted all accumulated paid leave as a result of the catastrophic

illness or critical injury, may be granted additional paid leave through the sick leave bank. The "catastrophic illness or critical injury" must be unusual, extraordinary, sudden, an unexpected manifestation of the forces of nature which cannot be prevented by human care, skill or foresight.

2. The Sick Leave Bank Committee will consist of two (2) representatives from the bargaining unit, and the Superintendent or his designee.

3. A bargaining unit employee requesting paid leave from the Sick Leave Bank shall make an application in writing to the Sick Leave Bank Committee, which will meet and make a determination on the application. The employee submitting the application must not have exhausted his/her sick leave through short term usage, but must have exhausted the sick leave as because of the catastrophic illness or critical injury. The application must include the following:

   (a) The nature of the catastrophic illness or critical injury;

   (b) Physician's diagnosis and prognosis of the catastrophic illness or critical injury;

   (c) Projected date of return to duty;

   (d) The applicant's sick leave balance at the time the catastrophic illness or critical injury occurred;

   (e) Any other pertinent information the applicant can submit to the Committee for its consideration.

4. A maximum of thirty (30) days (30 times the number of hours regularly scheduled to work) of paid leave may be granted to the applicant. The employee must re-apply for any paid leave beyond this amount. In no event will any employee be granted a total of more than sixty (60) days (60 times the number of hours regularly scheduled to work) of such paid leave.

5. All information and reports relating to applications will remain confidential.

6. Decisions made by the Sick Leave Bank Committee are not subject to the Grievance Procedure.

ARTICLE 16
UNPAID LEAVES OF ABSENCE

At the discretion of the Superintendent, an employee may be granted leave(s) of absence without pay for a period not to exceed six (6) work days per school year, subject to the following conditions:

A. An unpaid leave of absence must be requested on the KIOSK at least ten (10) work days in advance of the first day of the requested leave. An exception may be made in an emergency

situation.

B. A suitable substitute employee must be available to work in place of the regular employee during the period of the unpaid leave.

C. Requests for unpaid leaves of absence will be considered on a first come/first served basis. No employee will be granted an unpaid leave of absence if another employee within the same classification has previously been granted an unpaid leave of absence on the same day(s).

D. In accordance with O.R.C. 3319.13, upon the written request of a non-teaching school employee, the Board may grant a leave of absence for a period of not more than two (2) consecutive school years for educational, professional, or other purposes, and shall grant such leave where illness or other disability is the reason of the request.

Failure to report for duty following the expiration of a leave of absence, or failure to comply with the provisions of the leave, may be considered by the Board as voluntary resignation of the employee.

ARTICLE 17
FAMILY AND MEDICAL LEAVE

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

1. Birth of a son or daughter where the employee is needed to care for the newborn ["newborn leave"];

2. Placement of a son or daughter with the employee for adoption or foster care ["placement leave"];

3. The need to care for a spouse, son, daughter or parent of the employee with a serious health condition ["family care leave"];

4. Serious health conditions of the employee that make the employee unable to perform the essential functions of his/her job (with or without reasonable accommodation for the disability, if such is required) ["employee disability 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.

B. Eligibility for Leave. Any employee employed by the Board for at least one (1) 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.

C. Notice, Requests for Leave and Certification.

1. Where the necessity for a leave is foreseeable, the employee 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 employee must give such notice as is practicable.

2. Where family care leave or employee disability leave is foreseeable, based on planned medical treatment, the employee 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.

3. Family care leave and employee 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 employee is needed to care for the family member and estimated time needed for such care, or for employee disability leave, a statement that the employee is unable to perform the essential functions of his/her position. Requests for intermittent or reduced schedule family care or employee 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.

4. The Board reserves the right to 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 employee'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 employee, 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.

D. Benefits during Leave. Employees 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 a 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, or holiday benefits, will be paid if such occur during a leave under this Article.

E. Return to Work. Except for the exceptions contained in this paragraph, employees will be restored to the same or equivalent position as the one held when the leave commenced, or in another position for which the employee is fully qualified. Employees who fail to return to work may be required to reimburse the Board the amount of premium paid by the Board to continue the employee's participation in the group health plan, unless the reason for failure to return to work was continued disability of the family member or employee, or other circumstances beyond the control of the employee.

F. Intermittent or Reduced Schedule Leaves. Where there is medical necessity of intermittent or reduced schedule leave for family care leave or employee disability leave, such are available. However, if an employee seeks leave that would constitute at least 20 percent of the total number of working days during the school year or full year, the Board may require the employee to take leave in a block OR transfer to an available alternative position. The alternative position must be equivalent in pay, one for which the employee is qualified, and one which better accommodates the employee's wish to take leave on an intermittent basis. Employee on an intermittent leave or reduced leave schedule will have their salaries reduced to reflect the hours or days missed due to such leave.

G. Applicability of Other Paid Leave Benefits. Employees with accrued but unused vacation benefits must use such benefits first as part of any newborn leave, placement leave, family care leave and/or employee disability leave taken under this Article. Employees with accrued but unused sick leave benefits must use such benefits first (in conjunction with the aforementioned vacation benefits) as a part of any employee disability leave taken under this policy. However, where an employee disability is due to a compensable work-related injury or occupational disease, such benefits need only be used for those days on which no Workers' Compensation disability benefits are payable.

ARTICLE 18
SEVERANCE

A. The following shall be applicable to the conversion of accumulated and unused sick leave at the time of retirement.

B. Eligibility for Conversion

As used in this Article, any employee covered hereunder who:

1. Has been employed by the Board continuously for a period of at least five (5) years prior to the date of retirement and has ten (10) or more years of service in the public schools of Ohio;

2. Accrues sick leave pursuant to the provision of the Revised Code of Ohio;

3. Is eligible to receive a retirement pension benefit as a result of employment by the Board pursuant to the provisions of the Revised Code of Ohio;

4. Retires from the employ of the Board after the effective date of this Agreement; and

5. Makes application with the Treasurer within ninety (90) days from his/her last payroll date.

C. Conversion Factor

All sick leave accumulated by the employee covered hereunder up to a maximum of 55.25 conversion days shall be paid on the basis of one (1) day of severance pay for each four (4)

days of unused and accumulated sick leave. The maximum number of days paid as severance pay under this Article shall be 55.25 days. The severance amount will be paid into a tax-deferred account under the control of the employee.

D. Payment for sick leave on this basis shall be considered to eliminate all sick leave credit accrued by the employee at that time. Payment shall be based on the employee's rate of pay at the time of retirement. Such payment shall be made only once to any employee.

ARTICLE 19
INSURANCE

A. Hospitalization and Major Medical Insurance

1. Employees of the Board shall be eligible to participate in the Board-approved health care plan. Two options will be offered, a preferred provider organization (PPO) Plan, and a core plan that will include a Health Reimbursement Account (HRA). For employees who elect the core plan, the Board will pay $750 annually into the Health Reimbursement Account for an employee with single coverage, to a cap of $2,000, and $1,500 annually for an employee with family coverage, to a cap of $4,000.

   (a) For the life of this Agreement, the Board shall pay 80% of the premium of the core plan for individual coverage per month, and 80% of the premium for the core plan for family coverage per month. If both husband and wife are employed in the school district, they shall be covered under one family policy only, and the Board shall pay 80% of the cost of the core plan for such family coverage.

   (b) For the life of this Agreement, the Board shall pay 65% of the premium for the PPO plan for individual or family coverage, and the employee will pay 35%.

   (c) If both husband and wife are employed in the school district, they shall be covered under one family policy only.

   (d) Employees must work at least twenty (20) hours or more per week to be entitled to these premium payments.

2. If both spouses are employed by the Board, they shall be covered under one family policy only.

B. Dental Insurance

1. Employees of the Board shall be eligible to participate in the Board-approved dental insurance plan.

2. During the life of this Agreement, the Board shall pay eighty (80%) of the cost of the single or family premiums of dental insurance for enrolling employees working

twenty (20) hours or more per week, and agreeing to the employee's share paid via the Board's payroll deduction plan.

3. If both spouses are employed by the Board, they shall be covered under one family policy only.

4. Payroll Deduction:

   (a) Employee contributions shall be deducted once per month as authorized by an enrollment card and payroll deduction authorization.

   (b) The amount of the employee contribution is the difference between the contribution by the Board and the rate set annually by the health insurance provider for the Twin Valley Community Local School District group.

5. The current dental plan is set forth on Addendum #5.

C. Life Insurance

The Board will provide a $30,000 term life insurance policy for each employee.

D. Miscellaneous

1. New employees may enroll in the group insurance programs within thirty (30) days of their initial employment with the Board. Employees who attempt to enroll in such programs after they have been employed for thirty (30) days will be provided coverage only upon approval of the insurance carrier.

2. Cash will not be paid to an employee in lieu of participation in the group insurance programs.

3. Employees who work less than twenty hours per week are not eligible for Health and Major Medical and Dental Insurance, but are eligible for Life Insurance.

4. The Board has the absolute right to change the carrier for any of the insurance programs contained herein, provided that such coverage and service shall be comparable to that as specified in the insurance policies herein. Summary of Benefits (attached as Addendum #4).

   If the Board is considering changing carriers, the Association President shall be notified fifteen (15) days in advance of Board action. Notice shall include a copy of the current contract as well as any proposed contracts. The Association will, upon request, have its designated representatives meet within ten (10) days of receipt of the contracts cited above to discuss the contract changes.

E. IRS 125 Plan

The benefits provided to employees by Section 125 of the Revenue Act of 1978 shall be made available to all employees. An amount may be set aside under Section 125 of the Internal Revenue Code to cover the amount paid for eligible expenses, which include:

Part A:	Insurance premiums
Part B:	Medical spending account
Part C:	Dependent care account

ARTICLE 20
SALARY SCHEDULES

A. Initial Salary Schedule Placement

1. If there is a vacancy in the maintenance classification, the Board will have the discretion to pay the new employee at up to Step 10 of the Wage Schedule.

2. Bus drivers who have a current Class B or higher Commercial Drivers' License (CDL) with school bus and passenger endorsements, and who otherwise met the requirements of the Ohio Department of Education for On-Vehicle Transportation staff, will be placed on the salary schedule at the time of hire in accordance with their prior experience as a bus driver, up to a maximum of ten (10) years of experience.

3. If there is a vacancy in any of the classifications of Secretary, Educational Aide (including Special Education, Media Center and Technology Assistant), Food Service Employee, or Custodian, the Board will have the discretion to pay the new employee at up to Step 5 of the Wage Schedule based on prior verified experience.

B. Salary Notice

Each year employees will receive a form which will list the number of scheduled working days, the number of paid holidays and the amount of vacation time, attached to the contract or salary notice. This form will be for the information of the employee, not a contractual statement.

C. Rental Payments

Employees working when buildings are rented out shall receive their appropriate rate of pay.

D. Wage rates for employees covered hereunder shall be as set forth in Addendum #1 attached hereto and made a part hereof. Each salary scale will be developed so that there is a uniform percentage increase from step to step.

E. The work week shall commence at 12:01 a.m. on Sunday and end at 12:00 midnight on Saturday.

F. Employees shall be paid their regular rate of pay for required attendance at job-related meetings.

G. Employees who are regularly assigned to work a shift which begins at and after 2:00 p.m. will receive a shift differential of $.60 per hour, and employees who are regularly assigned to work a shift which begins at and after 10:00 p.m. will receive a shift differential of $.60 per hour. If the employee is required to work before or after the regularly scheduled shift to which shift differential applies, the employee shall continue to receive the shift differential.

H. BCII and FBI Check. The Board will pay the cost of an employee's BCII and FBI check on the following schedule: Bus drivers once every six (6) years; educational aides once every four (4) years; and all other employees once every five (5) years.

I. If an error in excess of $100 is made in calculating payroll, a check will be issued to the employee within three business days of discovering the error. If the error is the employee's fault, then payment will be made the next pay period.

J. Employees will receive their paychecks by electronic transfer to a bank of their choice.

K. Employees shall be paid in twenty-four (24) installments on the 5th and 20th of each month. If a pay day falls on a Saturday, Sunday or holiday, paychecks will be issued on the immediately preceding business day. (Employees who regularly work less than five (5) hours per day may choose not to stretch their pay.)

ARTICLE 21
OVERTIME

A. Overtime

1. One and one-half (1-1/2) times the employee's regular straight time rate shall be paid for all hours physically worked in excess of forty (40) in one week. If a holiday or calamity day occurs in a week, the hours the employee is regularly scheduled to work shall count as hours physically worked.

2. Employees who are called in to work, or who report for work and the overtime opportunity has been canceled, will be provided with a minimum of two (2) hours of pay at their regular straight time rate unless Paragraph A.1. of this Article applies.

3. Custodians who are willing to work overtime will sign up at the beginning of the year. Overtime opportunities will be offered to those who sign up in a continuous seniority rotation.

ARTICLE 22
TRANSPORTATION

A. Field Trips

1. The first three (3) hours of a trip shall be paid at the driver's regular hourly rate of pay. Hours beyond three (3) shall be paid at the bus driver base rate. All trips shall be at a minimum of three (3) hours' pay.

2. Week day field trips with a departure time of 4:00 P.M. or later, weekend field trips and other week day field trips that do not conflict with the drivers' regular runs shall, as far as practical, be continuously rotated among all requesting regular drivers. Every attempt will be made to schedule week day field trips so as not to conflict with regular routes.

3. Week day field trips that conflict with the regular drivers' regular runs shall, as far as practical, be rotated among substitutes.

4. Assignment of Field Trips. Drivers wishing to drive extracurricular field trips shall have their names placed on a list for that purpose. Drivers will sign the appropriate field trip list at the beginning of each sport season (Fall, Winter, Spring, Summer). Drivers will be assigned field trips by continuous seniority list rotation. There is to be only one rotating seniority list used to assign drivers to trips. This list will be displayed in the transportation office for all drivers to view.

   Drivers who are available for early trip departures that do not conflict with their regular route during the week, will be assigned those early field trips first during the rotation list. Once the rotation has been fulfilled, on the next rotation round if within the same week, the early drivers can then be placed on the trip that coincides with where they land in rotation if they have not been assigned to a second trip within the same week.

   If a driver is not able to take a trip once assigned, it is to be returned back to the Supervisor within twelve (12) hours of the trip, unless a driver has called off sick, in which case the trip would return to the seniority rotation. The Supervisor will then reassign the trip to the next available driver on the rotation list There will be no trading of trips among drivers other than same day trips among drivers who are already assigned to drive trips that day.

   Trip sheets will be handed out monthly. Monthly trip sheets will be handed out one week prior to the start of that month's trips. Trips added after monthly trip sheets have been handed out will be assigned to the next available driver on the continuous seniority rotation list.

B. Regular Routes

Morning (A.M.) hours shall be calculated from thirty (30) minutes prior to departing the school building and the last student release time plus fifteen (15) minutes to allow for post trip inspection, fueling, general sweeping, trash removal, and paperwork as necessary. Afternoon (P.M.) hours shall be calculated from five (5) minutes after the scheduled return time to the school building to allow for a post trip inspection. If circumstances require (i.e., substitute driver, bus change, etc.), thirty (30) minutes shall be authorized prior to the dismissal time to perform the required pre-trip inspection.

C. Mid-Day Routes (if applicable)

Mid-day hours shall be calculated from five (5) minutes prior to dismissal time and five (5) minutes after scheduled return time to the school building to allow for a post trip inspection. If circumstances require (i.e. substitute driver, bus change, etc.), thirty (30) minutes shall be authorized prior to the dismissal time to perform the required pre-trip inspection.

D. Career Technical College Routes (CTC)

Morning (A.M.) hours shall be calculated from thirty (30) minutes prior to scheduled MVCTC bus release time at the school building and fifteen (15) minutes after the scheduled return time to the school building to allow for a post trip inspection, fueling, general sweeping, trash removal, and paperwork as necessary. Afternoon (P.M.) hours shall be calculated five (5) minutes prior to scheduled departure time at the school building and five (5) minutes after scheduled return time to the building to allow for a post trip inspection. If circumstances require (i.e., substitute driver, bus change, etc.), thirty (30) minutes shall be authorized prior to the dismissal tie to perform the required pre-trip inspection. Additional hours shall be reported on those days when schools are not in session or the elementary schools have an early dismissal which CTC buses cannot meet.

E. Emergency Situations

When a driver is required to assist another driver due to mechanical failure, or to make an extra run in an emergency, any hours shall be reported over and above the regularly scheduled hours for reimbursement at the hourly rate of pay.

F. Forty Hour Limit

Any driver who has reached or exceeded forty (40) hours in a work week, including all regularly assigned route hours for that week, will not be eligible for extra trips.

G. Advanced Driver's Course

1. Drivers who completed the Advanced Driver's Course and/or complete the requirements for the Red Cross First Aid Certificate shall receive an additional

twenty-five cents ($.25) per hour. Provided the advanced driver's course or Red Cross First Aid course is updated at least every five (5) years.

2. The designated On-Board Instructor shall receive an additional twenty-five cents ($.25) per hour for all hours worked. In addition, the designated On-Board Instructor shall receive a $150 stipend for each new driver who completes their certification.

H. Vehicle Washing

When Board owned vehicles require washing, including end of year, the Board will provide for washing or will pay the employee the hourly rate for time spent washing the vehicle. Buses must be washed at least monthly but no more often than twice a month at Board expense.

I. Spare Buses

Drivers shall not be held responsible for spare buses' condition (i.e. gas, oil, antifreeze) but are still responsible for the pre-trip of the bus they are driving. These buses shall be in operable condition for emergencies.

J. Commercial Driver License

Drivers must maintain a commercial driver license as a condition of continued employment. The Board will reimburse employees for the difference between the cost of the renewal of a commercial driver license, and the cost of the renewal of a regular driver license. In addition, employees will be paid their regular rate of pay for hours worked during recertification of the commercial driver license.

K. State Mandated Meetings

Drivers will be paid at their regular rate of pay for State mandated meetings. This will not include meetings required to reinstate a lapsed commercial driver license, except that the Superintendent may authorize payment for an employee who is off work due to illness or injury, which prevents the employee from timely renewal of the commercial driver's license.

L. Required Training Through Public SchoolWorks

Drivers will be paid at their regular hourly rate for hours actually spent in training through Public SchoolWorks.

M. Drivers shall maintain their routes from year to year unless awarded a new route when a route is vacated.

N. When a driver is absent and a substitute cannot be located, a driver may be asked to drive the open route so long as it does not affect a field trip the driver is scheduled to drive.

ARTICLE 23
FOOD SERVICE

A. Food service employees who are scheduled to work prior to the opening of school or after the closing of school shall be paid their regular rate of pay.

B. Extra duty assignments will be offered to a charge cook first, and other food service employees, as required, on a seniority rotating basis. When a food service employee fills in for a Charge Cook or Head Cashier for at least a full shift, they shall receive the hourly stipend for that position.

C. Food service employees with contract of fewer than five and one-half (5-1/2) hours a day are receiving extra hours of work during the regularly scheduled work day. Since food service employees with contracts for working the regularly scheduled work day (usually employees with greater seniority) are excluded from any such extra duty assignments, an imbalance in the opportunity for extra hours has evolved. In an effort to correct this inequity and better meet the needs of the clientele served, as well as the food service staff as a whole, the following procedures will be implemented for events that are scheduled outside the time frame of the regularly scheduled work day:

1. When one (1) person is needed, the head cook will be offered the extra duty assignment. If the head cook declines, the assignment will be offered to the assistant cooks by seniority, on a rotating basis, starting with the most senior for each extra duty assignment.

2. When two (2) or more people are needed the procedure in Paragraph C.1. above will be followed. Assistant cooks will then be offered any more available extra duty assignments for the event by seniority on a rotating basis, starting with the most senior for each extra duty assignment. If any decline the assignment, cashier/servers will then be offered any other available extra duty assignments for the event on a rotating basis.

D. Food service employees who are regularly scheduled to work at least four (4) but less than five (5) hours per day will receive one (1) 15-minute paid break included within the 5-hour work day. Food service employees regularly scheduled to work at least five (5) hours a day will receive a 30-minute paid lunch break included within the regularly scheduled day. The only exception to an employee taking a 30 minute duty-free lunch each day will be if an employee is asked to work by his/her immediate supervisor, a building principal, or the Superintendent. If asked to work by some other individual, the employee may respond to the request only with permission of the employee's immediate supervisor, a building principal, or the Superintendent. When an employee works any part of his/her thirty (30) minute, duty-free lunch, the full thirty (30) minutes shall count as hours worked for that workweek. The administrative personnel that authorizes the time sheet of the employee shall note on the time sheet along with the employee, and both shall initial that the employee worked during his her thirty (30) minute, duty-free lunch.

E. The charge cook will be on a contract of seven and one-half (7-1/2) hours a day.

F. Required Training Through Public SchoolWorks

Food service employees will be paid at their regular hourly rate for hours actually spent in training through Public SchoolWorks.

G. Each year of this Agreement, the Board will reimburse Food Service employees up to $150 for the purchase of safety, slip resistant shoes approved by the Supervisor. Shoes will be required to be worn.

ARTICLE 24
CUSTODIAL/MAINTENANCE

A. Custodians and maintenance employees will be scheduled to work a period of eight (8) consecutive hours each day, which includes a 30-minute paid lunch, and two (2) 15-minute paid breaks. Lunch and break periods will be scheduled. The only exception to an employee taking a 30 minute duty-free lunch each day will be if an employee is asked to work by his/her immediate supervisor, a building principal, or the Superintendent. If asked to work by some other individual, the employee may respond to the request only with permission of the employee's immediate supervisor, a building principal, or the Superintendent. When an employee works any part of his/her thirty (30) minute, duty-free lunch, the full thirty (30) minutes shall count toward the employee's forty (40) hours of work for that workweek. The administrative personnel that authorizes the time sheet of the employee shall note on the time sheet along with the employee, and both shall initial that the employee worked during his her thirty (30) minute, duty-free lunch.

B. Each year of this Agreement, the Board will reimburse maintenance/mechanic employees up to $300 for steel-toed safety shoes. The Board will provide maintenance/mechanic employees a three hundred dollars ($300) uniform allowance annually, paid in the first pay in July.

C. A maintenance employee who meets the qualifications to drive a school bus will be paid on the bus driver salary schedule. A maintenance employee who drives field trips during the regularly scheduled work day will be paid on the bus driver salary schedule.

D. Each year of this Agreement, the Board will reimburse Custodial employees up to $150 for safety, slip resistant shoes. Shoes will be required to be worn.

ARTICLE 25
SECRETARIES AND AIDES

A. Secretaries scheduled to work a period of eight (8) consecutive hours shall receive a 30-minute paid lunch as a part of the eight (8) hours. The only exception to an employee taking a 30 minute duty-free lunch each day will be if an employee is asked to work by his/her immediate supervisor, a building principal, or the Superintendent. If asked to work by some other individual, the employee may respond to the request only with permission of the

employee's immediate supervisor, a building principal, or the Superintendent. When an employee works any part of his/her thirty (30) minute, duty-free lunch, the full thirty (30) minutes shall count toward the employee's forty (40) hours of work for that workweek. The administrative personnel that authorizes the time sheet of the employee shall note on the time sheet along with the employee, and both shall initial that the employee worked during his her thirty (30) minute, duty-free lunch.

B. The work day for educational aides will consist of seven and one-half (7-1/2) hours, as scheduled by the Superintendent or designee, including a 30-minute paid lunch. The only exception to an employee taking a 30 minute duty-free lunch each day will be if an employee is asked to work by his/her immediate supervisor, a building principal, or the Superintendent. If asked to work by some other individual, the employee may respond to the request only with permission of the employee's immediate supervisor, a building principal, or the Superintendent. When an employee works any part of his/her thirty (30) minute, duty-free lunch, the full thirty (30) minutes shall count toward the employee's hours worked for that workweek. The administrative personnel that authorizes the time sheet of the employee shall note on the time sheet along with the employee, and both shall initial that the employee worked during his her thirty (30) minute, duty-free lunch.

C. Required Training Through Public SchoolWorks

Educational aides who are unable to complete training through Public SchoolWorks during their regularly scheduled hours of work will be paid at their regular hourly rate for hours actually spent in training.

D. Educational Aides will have two (2) designated professional development days added to their annual calendar for training purposes. Resource Room Aides will be paid on the Education Aide-RR salary schedule.

F. Building secretaries will work the following days:

High School Secretary shall work three (3) weeks before school begins and three (3) weeks after school is out.

Middle School/Elementary School Secretary will begin work on August 1st (or the first Monday of August if the 1st falls on the weekend) and will work two (2) weeks after school is out.

The Office Aide will work as needed up to ten (10) days prior to the start of school.

All secretaries will work an eight (8) hour day.

ARTICLE 26
MILEAGE REIMBURSEMENT

When employees use their own vehicles to attend out of District in-service meetings, or in the performance of their jobs, with prior approval of the Superintendent, they shall be reimbursed for mileage at the current IRS rate.

ARTICLE 27
ADMISSION TO SCHOOL EVENTS

Employees covered hereunder shall be given free admission to school events on the same basis as free admission is provided to teachers.

ARTICLE 28
SERS PICK-UP UTILIZING THE EARNINGS REDUCTION METHOD

The Board shall designate each employee's mandatory contributions to the State Employees Retirement System of Ohio as "picked up" by the Board as contemplated by Internal Revenue Service Revenue Rulings 77-464 and 81-36, although they shall continue to be designated as employee contributions as permitted by Attorney General Opinion 82097, in order that the amount of the employee's income reported by the Board as subject to federal and Ohio income tax shall be the employee's total gross income reduced by the then-current percentage amount of the employee's mandatory State Employees Retirement System contribution which has been designated as "picked-up" by the Board, and that the amount designated as "picked-up" by the Board shall be included in computing final average earnings, provided that no employee's total earnings is increased by such "pick-up," nor is the Board's total contribution to the State Employees Retirement System increased thereby.

A. The pick up percentage shall apply uniformly to all members of the bargaining unit as a condition of employment. The pick up shall apply to all compensation thereafter.

B. The parties agree that should the rules and regulations of the IRS, or retirement system change making this procedure unworkable, the parties agree to return, without penalty, to the former method of employee/employer contributions.

C. Payment for sick leave, personal leave and severance, including unemployment and worker's compensation, shall be based on the employee's daily gross pay prior to reduction as basis (e.g., gross pay divided by the number of days scheduled to work).

D. Such earnings reduction shall not result in any earnings which may be less than any minimum earnings required under the State law. Should the reduction calculation result in an earning that is less than any minimum required under State law, a pro rata reduction shall result with the employee contributing that portion which falls below such minimum as may be required by State law.

E. The Board will pay two percent (2%) of the employee's required contribution to the School Employees Retirement System of Ohio in addition to the Board's required contribution under Ohio law.

ARTICLE 29
ATTENDANCE INCENTIVE PLAN

A. Each classified employee, eligible to be a member of the bargaining unit, will be granted an "Attendance Bonus Account" at the beginning of each contractual year (July 1 through June 30). The following sums will be available in the Account:

1. $275 for 9 and 10 month employees

2. $350 for 11 and 12 month employees

B. Employee absences will be charged to the Account in the following manner:

1. A sum equal to one-fourth of the Account Fund will be deducted for each sick leave day used for illness in the immediate family, doctor's appointments, and dental appointments. This will amount to $68.75 for 9 and 10 month employees, and $87.50 for 11 and 12 month employees. Four such leave days will exhaust the Attendance Bonus Account.

2. A sum equal to one-fifth of the Account Fund will be deducted for each other day of personal sick leave used. This will amount to $55.00 for 9 and 10 month employees, and $70.00 for 11 and 12 month employees. Five such leave days will exhaust the Attendance Bonus Account.

3. For purpose of the Attendance Incentive Plan, employee accounts will not be deducted for attendance at funerals of spouse, parents, parents-in-law, children, brothers, or sisters, but time will be charged against sick leave.

4. Each "leave without pay" day (deduct or dock day) will count as a sick day for Attendance Incentive purpose.

C. At the end of the contract year, a calculation of leave deductions will be made. Money left in the employees "Attendance Bonus Account" will be paid to the employee in July.

ARTICLE 30
NO STRIKE/LOCKOUT

A. It is agreed that during the term of this Agreement, there will be no lockout on the part of the Board nor any strike, stoppage, slowdown or other interruption of work for any cause whatsoever by the employees or the Association.

B. The Association agrees that it will not encourage, sanction or approve any strike, stoppage, slowdown, or other interruption of work during the term of this Agreement and the

Association will actively discourage and publicly denounce any strike, stoppage, slowdown or other interruption of work in violation of this Article.

C. In the event the Association or other employee organization engages in any picketing, strike, work stoppage, or other interruption of work, it is expressly understood that the employees covered hereunder shall continue to work during any such activity as a condition of continued employment, without exception, and upon the request of the Superintendent or the Board.

ARTICLE 31
PROGRESSIVE DISCIPLINE

A. The Board may discipline employees for just cause. Forms of disciplinary action may include:

1. Documented verbal warning
2. Written warning
3. 3-Day Suspension Without Pay
4. 5-Day Suspension Without Pay
5. Termination

B. The Board will follow principles of progressive discipline, whenever appropriate. The parties recognize, however, that certain employee misconduct may be severe enough to justify deviating from progressive disciplinary principles.

C. A predisciplinary hearing will be conducted prior to the issuance of discipline. The employee shall receive advance written notice of all charges of misconduct as well as the hearing date and time at least forty-eight (48) hours in advance of the hearing. The employee will be informed of the right to Association representation in the written notice. Association representation for purposes of this Article means the OAPSE Field Representative, or if the OAPSE Field Representative is not available at the time scheduled for the predisciplinary hearing, a designated member of the bargaining unit. Suspension and terminations may be processed through the grievance procedure beginning at Step III. Discipline less than suspension or termination can be processed through the grievance procedure, but not arbitrated.

ARTICLE 32
PERSONNEL FILES

A. A personnel file of each employee shall be maintained in the office of the board of education. This shall be the only official file of recorded information of employees maintained by the Board and administration.

B. Individual employees shall have access to their personnel files upon request. Requests of employees to have access to personnel files shall be handled by the Superintendent or the Treasurer of the Board. The employee shall have the right to have a copy of any information in the file at his/her expense. Personal per copy charges shall be uniform for all employees at ten cents (10¢) per copy.

C. Use of personnel files of the employee shall be limited to the superintendent, Treasurer, Board Members, building principal(s) and supervisor(s).

D. A copy of material being placed in the personnel file of an employee shall be given to the employee prior to its placement in the file. All materials placed in the personnel file of employees shall include the following:

1. A dated stamp of the date the item was placed in the file.

2. Initials of the employee in whose file the entry is being made and the initials of the administrator placing information in the file.

E. Statements or comments on any entry by either the employee or administrators stated above may be attached to documents entered into the personnel files of employees. No anonymous material shall be made a matter of record.

F. Information in an employee's personnel file may be removed upon mutual agreement of the employee and the administrator making the entry.

ARTICLE 33
ACADEMIC DISTRESS COMMISSION

As required by ORC Section 3302.10(P), the parties incorporate into this contract the provisions of ORC 3302.10 regarding academic distress commissions. ORC Section 3302.10 will have no effect on any provision of tis 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 34
DURATION OF AGREEMENT

This Agreement, subject to adoption by the Board, shall be effective as of July 1, 2025 and shall remain in effect through June 30, 2028 and for yearly periods from year to year thereafter, unless either party shall give the other written notice of its intention to terminate this agreement not more than ninety (90) days and not less than sixty (60) days prior to the expiration date of June 30, 2028 or the end of any yearly extension period.

IN WITNESS WHEREOF, the parties hereto have set their hands this 30th day of June, 2025.

TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT BOARD OF EDUCATION	OHIO ASSOCIATION OF PUBLIC SCHOOL EMPLOYEES, CHAPTER #672
By Trisha Ulrich	By Misty Clayton
By Teralee Frederick	By Roxanne Turner
By Scott Gilley	By Dale E. Rankin
By	By Megan Mercer
By	By
By	By Aleesha Uyse

Addendum #1 - 2025-2026 Salary Schedules

Bus Driver			Custodian		
0	21.62		0	18.50	
	1.000			1.000	
1	21.94		1	18.78	
	1.015			1.015	
2	22.27		2	19.06	
	1.030			1.030	
3	22.59		3	19.33	
	1.045			1.045	
4	22.92		4	19.61	
	1.060			1.060	
5	23.24		5	19.89	
	1.075			1.075	
6	23.57		6	20.17	
	1.090			1.090	
7	23.89		7	20.44	
	1.105			1.105	
8	24.21		8	20.72	
	1.120			1.120	
9	24.54		9	21.00	
	1.135			1.135	
10	24.86		10	21.28	
	1.150			1.150	
11	25.19		11	21.55	
	1.165			1.165	
12	25.51		12	21.83	
	1.180			1.180	
13	25.84		13	22.11	
	1.195			1.195	
15	26.16		15	22.39	
	1.210			1.210	
20	26.48		20	22.66	
	1.225			1.225	
25	26.81		25	22.94	
	1.240			1.240	
			*Head custodian - $1.00 per hour.		

Addendum #1 - 2025-2026 Salary Schedules

Maintenance			Educational Aide		
0	19.32		0	15.20	
	1.000			1.000	
1	19.61		1	15.43	
	1.015			1.015	
2	19.90		2	15.66	
	1.030			1.030	
3	20.19		3	15.88	
	1.045			1.045	
4	20.48		4	16.11	
	1.060			1.060	
5	20.77		5	16.34	
	1.075			1.075	
6	21.06		6	16.57	
	1.090			1.090	
7	21.35		7	16.80	
	1.105			1.105	
8	21.64		8	17.02	
	1.120			1.120	
9	21.93		9	17.25	
	1.135			1.135	
10	22.22		10	17.48	
	1.150			1.150	
11	22.51		11	17.71	
	1.165			1.165	
12	22.80		12	17.94	
	1.180			1.180	
13	23.09		13	18.16	
	1.195			1.195	
15	23.38		15	18.39	
	1.210			1.210	
20	23.67		20	18.62	
	1.225			1.225	
25	23.96		25	18.85	
	1.240			1.240	

Addendum #1 - 2025-2026 Salary Schedules

Educational Aide-Special Ed.			Educational Aide- MC		
0	16.32		0	15.52	
	1.000			1.000	
1	16.56		1	15.75	
	1.015			1.015	
2	16.81		2	15.99	
	1.030			1.030	
3	17.05		3	16.22	
	1.045			1.045	
4	17.30		4	16.45	
	1.060			1.060	
5	17.54		5	16.68	
	1.075			1.075	
6	17.79		6	16.92	
	1.090			1.090	
7	18.03		7	17.15	
	1.105			1.105	
8	18.28		8	17.38	
	1.120			1.120	
9	18.52		9	17.62	
	1.135			1.135	
10	18.77		10	17.85	
	1.150			1.150	
11	19.01		11	18.08	
	1.165			1.165	
12	19.26		12	18.31	
	1.180			1.180	
13	19.50		13	18.55	
	1.195			1.195	
15	19.75		15	18.78	
	1.210			1.210	
20	19.99		20	19.01	
	1.225			1.225	
25	20.24		25	19.24	
	1.240			1.240	

Addendum #1 - 2025-2026 Salary Schedules

Educational Aide- RR			Food Service		
0	16.83		0	15.30	
	1.000			1.000	
1	17.08		1	15.53	
	1.015			1.015	
2	17.33		2	15.76	
	1.030			1.030	
3	17.59		3	15.99	
	1.045			1.045	
4	17.84		4	16.22	
	1.060			1.060	
5	18.09		5	16.45	
	1.075			1.075	
6	18.34		6	16.68	
	1.090			1.090	
7	18.60		7	16.91	
	1.105			1.105	
8	18.85		8	17.14	
	1.120			1.120	
9	19.10		9	17.37	
	1.135			1.135	
10	19.35		10	17.60	
	1.150			1.150	
11	19.61		11	17.82	
	1.165			1.165	
12	19.86		12	18.05	
	1.180			1.180	
13	20.11		13	18.28	
	1.195			1.195	
15	20.36		15	18.51	
	1.210			1.210	
20	20.62		20	18.74	
	1.225			1.225	
25	20.87		25	19.26	
	1.240			1.240	
			* Charge cook & Head cashier - $1.00 per hour		

Addendum #1 - 2025-2026 Salary Schedule

Secretary			Media Ctr Coor		
0	17.91		0	23.57	
	1.000			1.000	
1	18.18		1	23.92	
	1.015			1.015	
2	18.45		2	24.28	
	1.030			1.030	
3	18.72		3	24.63	
	1.045			1.045	
4	18.98		4	24.98	
	1.060			1.060	
5	19.25		5	25.34	
	1.075			1.075	
6	19.52		7	25.69	
	1.090			1.090	
7	19.79		10	27.11	
	1.105			1.150	
8	20.06		15	28.17	
	1.120			1.195	
9	20.33		20	28.52	
	1.135			1.210	
10	20.60		25	29.23	
	1.150			1.240	
11	20.87				
	1.165				
12	21.13				
	1.180				
13	21.40				
	1.195				
15	21.67				
	1.210				
20	21.94				
	1.225				
25	22.54				
	1.240				

Addendum #1 - 2026-2027 Salary Schedules					
On December 15, 2026, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Bus Driver			Custodian		
0	22.27		0	19.06	
	1.000			1.000	
1	22.60		1	19.35	
	1.015			1.015	
2	22.94		2	19.63	
	1.030			1.030	
3	23.27		3	19.92	
	1.045			1.045	
4	23.61		4	20.20	
	1.060			1.060	
5	23.94		5	20.49	
	1.075			1.075	
6	24.27		6	20.78	
	1.090			1.090	
7	24.61		7	21.06	
	1.105			1.105	
8	24.94		8	21.35	
	1.120			1.120	
9	25.28		9	21.63	
	1.135			1.135	
10	25.61		10	21.92	
	1.150			1.150	
11	25.94		11	22.20	
	1.165			1.165	
12	26.28		12	22.49	
	1.180			1.180	
13	26.61		13	22.78	
	1.195			1.195	
15	26.95		15	23.06	
	1.210			1.210	
20	27.28		20	23.35	
	1.225			1.225	
25	27.61		25	23.63	
	1.240			1.240	
			*Head custodian - $1.00 per hour.		

Addendum #1 - 2026-2027 Salary Schedules					
On December 15, 2026, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Maintenance			Educational Aide		
0	19.90		0	15.66	
	1.000			1.000	
1	20.20		1	15.89	
	1.015			1.015	
2	20.50		2	16.13	
	1.030			1.030	
3	20.80		3	16.36	
	1.045			1.045	
4	21.09		4	16.60	
	1.060			1.060	
5	21.39		5	16.83	
	1.075			1.075	
6	21.69		6	17.07	
	1.090			1.090	
7	21.99		7	17.30	
	1.105			1.105	
8	22.29		8	17.54	
	1.120			1.120	
9	22.59		9	17.77	
	1.135			1.135	
10	22.89		10	18.01	
	1.150			1.150	
11	23.18		11	18.24	
	1.165			1.165	
12	23.48		12	18.48	
	1.180			1.180	
13	23.78		13	18.71	
	1.195			1.195	
15	24.08		15	18.95	
	1.210			1.210	
20	24.38		20	19.18	
	1.225			1.225	
25	24.68		25	19.42	
	1.240			1.240	

Addendum #1 - 2026-2027 Salary Schedules					
On December 15, 2026, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Educational Aide-Special Ed.			Educational Aide- MC		
0	16.81		0	15.99	
	1.000			1.000	
1	17.06		1	16.23	
	1.015			1.015	
2	17.31		2	16.47	
	1.030			1.030	
3	17.57		3	16.71	
	1.045			1.045	
4	17.82		4	16.95	
	1.060			1.060	
5	18.07		5	17.19	
	1.075			1.075	
6	18.32		6	17.43	
	1.090			1.090	
7	18.58		7	17.67	
	1.105			1.105	
8	18.83		8	17.91	
	1.120			1.120	
9	19.08		9	18.15	
	1.135			1.135	
10	19.33		10	18.39	
	1.150			1.150	
11	19.58		11	18.63	
	1.165			1.165	
12	19.84		12	18.87	
	1.180			1.180	
13	20.09		13	19.11	
	1.195			1.195	
15	20.34		15	19.35	
	1.210			1.210	
20	20.59		20	19.59	
	1.225			1.225	
25	20.84		25	19.83	
	1.240			1.240	

Addendum #1 - 2026-2027 Salary Schedules					
On December 15, 2026, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Educational Aide- RR			Food Service		
0	17.33		0	15.76	
	1.000			1.000	
1	17.59		1	16.00	
	1.015			1.015	
2	17.85		2	16.23	
	1.030			1.030	
3	18.11		3	16.47	
	1.045			1.045	
4	18.37		4	16.71	
	1.060			1.060	
5	18.63		5	16.94	
	1.075			1.075	
6	18.89		6	17.18	
	1.090			1.090	
7	19.15		7	17.41	
	1.105			1.105	
8	19.41		8	17.65	
	1.120			1.120	
9	19.67		9	17.89	
	1.135			1.135	
10	19.93		10	18.12	
	1.150			1.150	
11	20.19		11	18.36	
	1.165			1.165	
12	20.45		12	18.60	
	1.180			1.180	
13	20.71		13	18.83	
	1.195			1.195	
15	20.97		15	19.07	
	1.210			1.210	
20	21.23		20	19.31	
	1.225			1.225	
25	21.49		25	19.84	
	1.240			1.240	
			* Charge cook & Head cashier - $1.00 per hour		

Addendum #1 - 2026-2027 Salary Schedule					
On December 15, 2026, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Secretary			Media Ctr Coor		
0	18.45		0	24.28	
	1.000			1.000	
1	18.73		1	24.64	
	1.015			1.015	
2	19.00		2	25.01	
	1.030			1.030	
3	19.28		3	25.37	
	1.045			1.045	
4	19.56		4	25.74	
	1.060			1.060	
5	19.83		5	26.10	
	1.075			1.075	
6	20.11		7	26.47	
	1.090			1.090	
7	20.39		10	27.92	
	1.105			1.150	
8	20.66		15	29.01	
	1.120			1.195	
9	20.94		20	29.38	
	1.135			1.210	
10	21.22		25	30.11	
	1.150			1.240	
11	21.49				
	1.165				
12	21.77				
	1.180				
13	22.05				
	1.195				
15	22.32				
	1.210				
20	22.60				
	1.225				
25	23.22				
	1.240				

Addendum #1 - 2027-2028 Salary Schedules					
On December 15, 2027, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Bus Driver			Custodian		
0	22.94		0	19.63	
	1.000			1.000	
1	23.28		1	19.92	
	1.015			1.015	
2	23.63		2	20.22	
	1.030			1.030	
3	23.97		3	20.51	
	1.045			1.045	
4	24.32		4	20.81	
	1.060			1.060	
5	24.66		5	21.10	
	1.075			1.075	
6	25.00		6	21.40	
	1.090			1.090	
7	25.35		7	21.69	
	1.105			1.105	
8	25.69		8	21.99	
	1.120			1.120	
9	26.04		9	22.28	
	1.135			1.135	
10	26.38		10	22.57	
	1.150			1.150	
11	26.73		11	22.87	
	1.165			1.165	
12	27.07		12	23.16	
	1.180			1.180	
13	27.41		13	23.46	
	1.195			1.195	
15	27.76		15	23.75	
	1.210			1.210	
20	28.10		20	24.05	
	1.225			1.225	
25	28.45		25	24.34	
	1.240			1.240	
			*Head custodian - $1.00 per hour.		

Addendum #1 - 2027-2028 Salary Schedules

On December 15, 2027, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.

Maintenance			Educational Aide		
0	20.50		0	16.13	
	1.000			1.000	
1	20.81		1	16.37	
	1.015			1.015	
2	21.12		2	16.61	
	1.030			1.030	
3	21.42		3	16.86	
	1.045			1.045	
4	21.73		4	17.10	
	1.060			1.060	
5	22.04		5	17.34	
	1.075			1.075	
6	22.35		6	17.58	
	1.090			1.090	
7	22.65		7	17.82	
	1.105			1.105	
8	22.96		8	18.07	
	1.120			1.120	
9	23.27		9	18.31	
	1.135			1.135	
10	23.58		10	18.55	
	1.150			1.150	
11	23.88		11	18.79	
	1.165			1.165	
12	24.19		12	19.03	
	1.180			1.180	
13	24.50		13	19.28	
	1.195			1.195	
15	24.81		15	19.52	
	1.210			1.210	
20	25.11		20	19.76	
	1.225			1.225	
25	25.42		25	20.00	
	1.240			1.240	

Addendum #1 - 2027-2028 Salary Schedules					
On December 15, 2027, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Educational Aide-Special Ed.			Educational Aide- MC		
0	17.31		0	16.47	
	1.000			1.000	
1	17.57		1	16.72	
	1.015			1.015	
2	17.83		2	16.96	
	1.030			1.030	
3	18.09		3	17.21	
	1.045			1.045	
4	18.35		4	17.46	
	1.060			1.060	
5	18.61		5	17.71	
	1.075			1.075	
6	18.87		6	17.95	
	1.090			1.090	
7	19.13		7	18.20	
	1.105			1.105	
8	19.39		8	18.45	
	1.120			1.120	
9	19.65		9	18.69	
	1.135			1.135	
10	19.91		10	18.94	
	1.150			1.150	
11	20.17		11	19.19	
	1.165			1.165	
12	20.43		12	19.43	
	1.180			1.180	
13	20.69		13	19.68	
	1.195			1.195	
15	20.95		15	19.93	
	1.210			1.210	
20	21.20		20	20.18	
	1.225			1.225	
25	21.46		25	20.42	
	1.240			1.240	

Addendum #1 - 2027-2028 Salary Schedules					
On December 15, 2027, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Educational Aide- RR			Food Service		
0	17.85		0	16.23	
	1.000			1.000	
1	18.12		1	16.47	
	1.015			1.015	
2	18.39		2	16.72	
	1.030			1.030	
3	18.65		3	16.96	
	1.045			1.045	
4	18.92		4	17.20	
	1.060			1.060	
5	19.19		5	17.45	
	1.075			1.075	
6	19.46		6	17.69	
	1.090			1.090	
7	19.72		7	17.93	
	1.105			1.105	
8	19.99		8	18.18	
	1.120			1.120	
9	20.26		9	18.42	
	1.135			1.135	
10	20.53		10	18.66	
	1.150			1.150	
11	20.80		11	18.91	
	1.165			1.165	
12	21.06		12	19.15	
	1.180			1.180	
13	21.33		13	19.39	
	1.195			1.195	
15	21.60		15	19.64	
	1.210			1.210	
20	21.87		20	19.88	
	1.225			1.225	
25	22.13		25	20.43	
	1.240			1.240	
			* Charge cook & Head cashier - $1.00 per hour		

Addendum #1 - 2027-2028 Salary Schedule					
On December 15, 2027, each bargaining unit member will receive a stipend of 2% of base salary, or $450, whichever is greater.					
Secretary			Media Ctr Coor		
0	19.00		0	25.01	
	1.000			1.000	
1	19.29		1	25.39	
	1.015			1.015	
2	19.57		2	25.76	
	1.030			1.030	
3	19.86		3	26.14	
	1.045			1.045	
4	20.14		4	26.51	
	1.060			1.060	
5	20.43		5	26.89	
	1.075			1.075	
6	20.71		7	27.26	
	1.090			1.090	
7	21.00		10	28.76	
	1.105			1.150	
8	21.28		15	29.89	
	1.120			1.195	
9	21.57		20	30.26	
	1.135			1.210	
10	21.85		25	31.01	
	1.150			1.240	
11	22.14				
	1.165				
12	22.42				
	1.180				
13	22.71				
	1.195				
15	22.99				
	1.210				
20	23.28				
	1.225				
25	23.91				
	1.240				

ADDENDUM #2

TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT
GRIEVANCE PROCEDURE FORM

Aggrieved Person, Persons, and/or Association_____

_____

Address _____ Phone_____

_____

School_____ Principal_____

Date Grievance Occurred_____ Date of Formal Filing_____

Person or Persons to Whom Grievance is Directed_____

_____ Initiated on Level_____

Statement of Grievance:

What part of the definition of grievance is violated? Set forth the language and source violated.

_____

Action Requested:

Have you discussed this with your immediate supervisor?

_____Yes _____No

If yes, what action has been taken so far?

_____
Grievant's Signature

_____
Administrator's Signature

ADDENDUM #3

TWIN VALLEY COMMUNITY LOCAL SCHOOL DISTRICT
GRIEVANCE DECISIONS

Level II (Formal) Decision_____

_____

_____

Date_____ Signature_____
Administrative Representative

_____
Grievant and/or Association Representative

Level III (Formal) Decision_____

_____

_____

Date_____ Signature_____
Administrative Representative

_____
Grievant and/or Association Representative

Level IV (Formal) Decision_____

_____

_____

Date_____ Signature_____
Administrative Representative

_____
Grievant and/or Association Representative

Where decision requires additional space, attach pages as necessary.

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, https://eoc.anthem.com/eocdps/aso. 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 (855) 255-9952 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$1,000/person or $2,000/family for In-Network Providers. $2,000/person or $4,000/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Deductible resets January 1.
Are there services covered before you meet your deductible?	Yes. Primary Care Specialist Visit Preventive Care and Vision for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$2,000/person or $4,000/family for In-Network Providers. $4,000/person or $8,000/family for Non-Network Providers. Prescription drugs have a separate limit of **$3,000** single/ **$6,000** family In-network & out-of-network combined.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Services deemed not medically necessary by Medical Management and/or Anthem, Non-Network Transplant Services, Premiums, balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Will you pay less if you use a network provider?	Yes, Blue Card PPO. See www.anthem.com or call (855) 255-9952 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		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$20/visit deductible does not apply	40% coinsurance	--------none--------
	Specialist visit	$20/visit deductible does not apply	40% coinsurance	--------none--------
	Preventive care/screening/ immunization	No charge	40% 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)	20% coinsurance	40% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.caremark.com.	Tier 1 - Typically Generic	Retail: $12 copay Mail-Order: $24 copay	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
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	Retail: $24 copay Mail-Order: $48 copay	Not covered	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	Retail: 50% ($40 Min/$50 Max copay) Mail-Order: $80 copay	Not covered	
	Tier 4 - Typically Preferred Specialty (brand and generic)	Retail: 30% coinsurance, deductible does not apply OR $0 with Prudent Rx Mail-Order: Not covered	Not covered	

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
				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 website listed for information on drugs not covered by your plan. Not all drugs are covered.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	--------none--------
	Physician/surgeon fees	20% coinsurance	40% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	$100/visit deductible does not apply	Covered as In-Network	Copay waived if admitted.
	Emergency medical transportation	20% coinsurance	Covered as In-Network	Non-emergency non-network Ambulance Services are limited to $50,000 per trip.
	Urgent care	$50/visit deductible does not apply	$50/visit deductible does not apply	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	60 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit No charge Other Outpatient No charge	Office Visit 40% coinsurance Other Outpatient 40% coinsurance	Office Visit --------none-------- Other Outpatient --------none--------
	Inpatient services	20% coinsurance	40% coinsurance	--------none--------
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	30 visits/benefit period for Out-of-Network Providers including private duty nursing.
	Rehabilitation services	$20/visit deductible does not apply	40% coinsurance	Costs may vary by site of service. *See Therapy Services section.
	Habilitation services	$20/visit deductible does not apply	40% coinsurance	
	Skilled nursing care	20% coinsurance	40% coinsurance	180 days/benefit period for skilled nursing services.
	Durable medical equipment	20% coinsurance	40% coinsurance	*See Durable Medical Equipment Section
	Hospice services	20% coinsurance	20% coinsurance	--------none--------
If your child needs dental or eye care	Children's eye exam	$20/visit deductible does not apply	40% coinsurance	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------none--------

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 (Adult)
- Dental care (Pediatric)
- Dental Check-up
- Glasses for a child
- Infertility treatment
- Long-term care
- Routine foot care
- Weight loss programs

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

- Chiropractic care 12 visits/benefit period
- Hearing aids 1 item/ear every 3 years
- Most coverage provided outside the United States. See www.bcbsglobalcore.com
- Private-duty nursing only covered in the home. 30 visits/benefit period for Out-of-Network Providers including home health care.
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov. Other

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

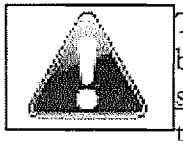
Does this plan provide Minimum Essential Coverage? Yes
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum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

Does this plan meet 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.

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 **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

About these Coverage Examples:



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

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

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

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

Total Example Cost	**$12,700**

In this example, Peg would pay:

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

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

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

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

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$900
Copayments	$600
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,520**

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

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

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

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,000
Copayments	$200
Coinsurance	$70
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,270**

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

Language Access Services:

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (855) 255-9952

Amharic (አማርኛ): ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (855) 255-9952 ይደውሉ።

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 255-9952.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 255-9952:

Bassa (Bàsɔ̀ɔ̀ Wùdù): Ǹ dyi dyi-diè-dɛ̀ bě bédɛ́ bá céè-dɛ̀ nìà kɛ dyí ní, ɔ mɔ̀ nì dyí-bɛ̀dɛ̀ìn-dɛ̀ bɛ́ m̀ ké gbo-kpá-kpá kè bɔ̌ kpɔ̄ dɛ́ m̀ bídí-wùdùǔn bó pídyi. Bé m̀ ké wudu-zììn-nyɔ̀ dɔ̀ gbo wùdù kɛ, dá (855) 255-9952.

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (855) 255-9952 -তে কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အခမဲ့အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန်း (855) 255-9952 သို့ ခေါ်ဆိုပါ။

Chinese (中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(855) 255-9952。

Dinka (Dinka): Na nɔŋ thiëëc në ke de yä thorë, ke yin nɔŋ loŋ bë yi kuony ku wɛr alëu bë gɛɛr yic yin ne thoŋ du ke cin wëu tääuë ke piny. Te kɔr yin ba jam wënë ran ye thok geryic, ke yin col (855) 255-9952.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (855) 255-9952.

Farsi (فارسي): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (855) 255-9952 تماس بگیرید.

Language Access Services:

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 255-9952.

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (855) 255-9952.

Greek (Ελληνικά) Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (855) 255-9952.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (855) 255-9952.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 255-9952.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको नि:शुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें(855) 255-9952 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (855) 255-9952.

Igbo (Igbo): Ọ bụr ụ na ị nwere ajụjụ ọ bụla gbasara akwụkwọ a, ị nwere ikike ịnweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (855) 255-9952.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (855) 255-9952.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (855) 255-9952.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 255-9952

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには (855) 255-9952 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅ(855) 255-9952 ។

Kirundi (Kirundi): Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (855) 255-9952.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(855) 255-9952 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໂອ້ລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ (855) 255-9952.

Navajo (Diné): Díí naaltsoos bikáʼígíí łahgo bínaʼídiłkidgo ná bohónéedzą́ dóó bee ahóótʼiʼ tʼáá ni nizaad kʼehjí bee nił hodoonih tʼáadoo bą́ą́h íílínígóó. Ataʼ halneʼígíí łaʼ bichʼįʼ hadeesdzih ninízingo kojį́ʼ hodiilnih (855) 255-9952.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (855) 255-9952

Oromo (Oromifaa): Sanadi kanaa wajiin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (855) 255-9952 bilbilla.

Pennsylvania Dutch (Deitsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Helfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (855) 255-9952 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 255-9952.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (855) 255-9952.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ (855) 255-9952 ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (855) 255-9952.

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 255-9952.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou ʻaia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (855) 255-9952.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (855) 255-9952.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 255-9952.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 255-9952.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (855) 255-9952 เพื่อพูดคุยกับล่าม

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (855) 255-9952.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مفت اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (855) 255-9952 پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 255-9952.

(Yiddish) (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהן קיין פרייז. צו רעדן צו אן איבערזעצער, רופט (855) 255-9952 .

Yoruba (Yorùbá): Tí o bá ní èyíkéyìí ìbèrè nípa àkọsílẹ̀ yìí, o ní ẹ̀tọ́ láti gba ìrànwọ́ àti ìwífún ní èdè rẹ lọ́fẹ̀ẹ́. Bá wa ògbùfọ̀ kan sọ̀rọ̀, pe (855) 255-9952.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

EPC- Southwestern Ohio Educational Purchasing Council: Twin Valley PPO Low

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, https://eoc.anthem.com/eocdps/aso. 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 (855) 255-9952 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$2,600/person or $5,200/family for In-Network Providers. $5,200/person or $10,400/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. Deductible resets January 1.
Are there services covered before you meet your deductible?	Yes. Preventive Care for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	$5,200/person or $10,400/family for In-Network Providers. $10,400/person or $20,800/family for Non-Network Providers.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Services deemed not medically necessary by Medical Management and/or Anthem, Premiums, balance-billing charges, health care this plan doesn't cover, and Non-Network Transplants.	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, Blue Card PPO. See www.anthem.com or call (855) 255-9952 for a list of network	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

	providers.	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		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	40% coinsurance	--------none--------
	Specialist visit	10% coinsurance	40% coinsurance	--------none--------
	Preventive care/screening/ immunization	No charge	40% 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)	10% coinsurance	40% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	40% coinsurance	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.caremark.com.	Tier 1 - Typically Generic	Retail: $10 copay Mail-Order: $20 copay	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
	Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs	Retail: $25 copay Mail-Order: $50 copay	Not Covered	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	Retail: $40 copay Mail-Order: $80 copay	Not Covered	
	Tier 4 - Typically Preferred Specialty (brand and generic)	Retail: 30% coinsurance, deductible does not apply OR $0 with PrudentRx Mail Order: Not Covered	Not Covered	

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
				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.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	40% coinsurance	--------none--------
	Physician/surgeon fees	10% coinsurance	40% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	10% coinsurance	Covered as In-Network	--------none--------
	Emergency medical transportation	10% coinsurance	Covered as In-Network	Non-emergency non-network Ambulance Services are limited to $50,000 per trip.
	Urgent care	10% coinsurance	40% coinsurance	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	40% coinsurance	60 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	10% coinsurance	40% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 10% coinsurance Other Outpatient 10% coinsurance	Office Visit 40% coinsurance Other Outpatient 40% coinsurance	Office Visit --------none-------- Other Outpatient --------none--------
	Inpatient services	10% coinsurance	40% coinsurance	--------none--------
If you are pregnant	Office visits	10% coinsurance	40% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	No charge	40% coinsurance	30 visits/benefit period for Non-Network Providers.
	Rehabilitation services	10% coinsurance	40% coinsurance	Costs may vary by site of service. *See Therapy Services section.
	Habilitation services	10% coinsurance	40% coinsurance	
	Skilled nursing care	10% coinsurance	40% coinsurance	180 days/benefit period for skilled nursing services.

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance	40% coinsurance	*See Durable Medical Equipment Section
	Hospice services	No charge	No charge	--------none--------
If your child needs dental or eye care	Children's eye exam	10% coinsurance	40% coinsurance	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------none--------

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 (Adult)
- Dental care (Pediatric)
- Dental Check-up
- Glasses for a child
- Infertility treatment
- Long-term care
- Routine foot care
- Weight loss programs

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

- Chiropractic care 12 visits/benefit period
- Hearing aids 1 item/ear every 3 years
- Most coverage provided outside the United States. See www.bcbsglobalcore.com
- Private-duty nursing 82 visits/benefit period Facility Setting only
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, 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.

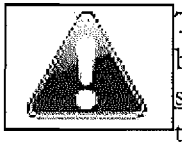
Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your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

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

* For more information about limitations and exceptions, see **plan** or policy document at https://eoc.anthem.com/eocdps/aso.

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	$2,600
Specialist *coinsurance*	10%
Hospital (facility) *coinsurance*	10%
Other *coinsurance*	10%

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

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,600
Copayments	$10
Coinsurance	$1,000
What isn't covered	
Limits or exclusions	$10
The total Peg would pay is	**$3,670**

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
The plan's overall deductible	$2,600
Specialist *coinsurance*	10%
Hospital (facility) *coinsurance*	10%
Other *coinsurance*	10%

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

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,900
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$2,420**

Mia's Simple Fracture (in-network emergency room visit and follow-up care)	
The plan's overall deductible	$2,600
Specialist *coinsurance*	10%
Hospital (facility) *coinsurance*	10%
Other *coinsurance*	10%

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

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,600
Copayments	$10
Coinsurance	$20
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,630**

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

Language Access Services:

(TTY/TDD: 711)

Albanian (Shqip): Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (855) 255-9952

Amharic (አማርኛ): ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (855) 255-9952 ይደውሉ።

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (855) 255-9952 .

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (855) 255-9952:

Bassa (Bǎsɔ̀ɔ̀ Wùdù): Mˋ dyi dyi-diè-dɛ̀ bě bédé bá céè-dɛ̀ nìà kɛ dyí ní, ɔ mɔ̀ nì dyí-bɛ̀dɛ̀ìn-dɛ̀ bé m̀ ké gbo-kpá-kpá kè bɔ̌ kpɔ̃ dé m̀ bídí-wùdùǔn bó pídyi. Bé m̀ ké wudu-zìì̀n-nyɔ̀ dɔ̀ gbo wùdù kɛ, dá (855) 255-9952.

Bengali (বাংলা): যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (855) 255-9952 -তে কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အခမဲ့အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုံ (855) 255-9952 သို့ ခေါ်ဆိုပါ။

Chinese (中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(855) 255-9952。

Dinka (Dinka): Na nɔŋ thiëëc në ke de yä thorë, ke yin nɔŋ loŋ bë yi kuony ku wɛr alëu bë gɛɛr yic yin ne thoŋ du ke cin wëu tääuë ke piny. Te kɔr yin ba jam wënë ran ye thok geryic, ke yin cɔl (855) 255-9952.

Dutch (Nederlands): Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (855) 255-9952.

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره تماس بگیرید. (855) 255-9952

Language Access Services:

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 255-9952.

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (855) 255-9952.

Greek (Ελληνικά) Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (855) 255-9952.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (855) 255-9952.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 255-9952.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें(855) 255-9952 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (855) 255-9952.

Igbo (Igbo): Ọ bụr ụ na ị nwere ajụjụ ọ bụla gbasara akwụkwọ a, ị nwere ikike ịnweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (855) 255-9952.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (855) 255-9952.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (855) 255-9952.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 255-9952

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには (855) 255-9952 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយអ្នកបកប្រែ សូមហៅ(855) 255-9952 ។

Kirundi (Kirundi): Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (855) 255-9952.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(855) 255-9952 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໂອ້ລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ (855) 255-9952.

Navajo (Diné): Díí naaltsoos bikáʼígíí łahgo bínaʼídiłkidgo ná bohónéedzą́ dóó bee ahóótʼiʼ tʼáá ni nizaad kʼehjí bee nił hodoonih tʼáadoo bą́ą́h ílínígóó. Ataʼ halneʼígíí łaʼ bichʼį́ʼ hadeesdzih ninízingo kojį́ʼ hodíilnih (855) 255-9952.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (855) 255-9952

Oromo (Oromifaa): Sanadi kanaa wajiin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (855) 255-9952 bilbilla.

Pennsylvania Dutch (Deitsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Helfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (855) 255-9952 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 255-9952.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (855) 255-9952.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ,(855) 255-9952 ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (855) 255-9952.

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 255-9952.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (855) 255-9952.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (855) 255-9952.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 255-9952.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 255-9952.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (855) 255-9952 เพื่อพูดคุยกับล่าม

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (855) 255-9952.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (855) 255-9952 پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 255-9952.

(Yiddish) (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהן קיין פרייז. צו רעדן צו אן איבערזעצער, רופט (855) 255-9952 .

Yoruba (Yorùbá): Tí o bá ní èyíkéyìí ìbèrè nípa àkọsílẹ̀ yìí, o ní ẹ̀tọ́ láti gba ìrànwọ́ àti ìwífún ní èdè rẹ lọ́fẹ̀ẹ́. Bá wa ògbùfọ̀ kan sọ̀rọ̀, pe (855) 255-9952.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 5630-8090, 8099
Twin Valley Community 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%
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	50%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	50%	50%	50%
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.

- 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.
- 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 – $1,000 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 – $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $100 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, 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 – Enrollees who are eligible for Benefits are covered on the first of the month following the date of hire.

Eligible People – All regularly scheduled to work employees of the Contractor, subject to the board contract who choose the dental plan (8090) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (8099).

Also eligible at your option are your legal spouse, your unmarried dependent children to the end of the calendar year in which they turn 19, and your dependent unmarried children to the end of the calendar year in which they turn 26 if a full-time student or eligible to be claimed by you as a dependent under the U.S. Internal Revenue Code during the current calendar year.

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 will cease on the last day of the month in which your employment is terminated.