AGREEMENT

BETWEEN THE

OTTAWA AREA INTERMEDIATE SCHOOL DISTRICT

AND THE

CAREERLINE TECH CENTER TEACHERS' ASSOCIATION

JULY 1, 2018 - JUNE 30, 2023

TABLE OF CONTENTS

ARTICLE 1	Agreement	Page 1
ARTICLE 2	Definitions	Page 2
ARTICLE 3	Recognition	Page 3
ARTICLE 4	Teachers' Rights	Page 4
ARTICLE 5	Association Rights	Page 5
ARTICLE 6	District Rights	Page 6
ARTICLE 7	Working Hours	Page 8
ARTICLE 8	Staff Meetings	Page 9
ARTICLE 9	Teaching Conditions	Page 10
ARTICLE 10	Illness/Disability/Family Health Care	Page 11
ARTICLE 11	Child Care Leave	Page 13
ARTICLE 12	Funeral Leave	Page 14
ARTICLE 13	Personal Leave	Page 15
ARTICLE 14	Sabbatical Leave	Page 16
ARTICLE 15	Grievance Procedure	Page 17
ARTICLE 16	Payment of Tuition	Page 20
ARTICLE 17	Insurance Protection	Page 21
ARTICLE 18	Continuity of Operations	Page 23
ARTICLE 19	Conformity to Law	Page 24
ARTICLE 20	Waiver	Page 25
ARTICLE 21	Calendar	Page 26
ARTICLE 22	Compensation	Page 27
ARTICLE 23	Regular Part-Time Teachers	Page 30
ARTICLE 24	Emergency Financial Manager	Page 31
ARTICLE 25	Mentor Teachers	Page 32
ARTICLE 26	Vacancies and Transfers	Page 33
ARTICLE 27	Extra Duty Pay	Page 34
ARTICLE 28	Duration	Page 35
APPENDIX A	Health Insurance Options	
APPENDIX B	2018-2019 Calendar	

ARTICLE 1
AGREEMENT

This agreement is entered into this the 1st day of July, 2018, by and between the Ottawa Area Intermediate School District, Holland, Michigan, hereinafter called the "District", and the Careerline Tech Center Teachers' Association, hereinafter called the "Association".

ARTICLE 2

DEFINITIONS

Teacher":	Any bargaining unit member.
"District":	Ottawa Area Intermediate School District
"Careerline Tech Center Administrator":	Includes Building Director and other members of the Building Leadership Team, the composition of which is determined by the Building Director. Current Leadership Team includes the Building Director, Curriculum Associate, Student Management Associate and Student Support Associate.
"Director":	Building Director of the Careerline Tech Center
"Association":	Careerline Tech Center Teachers' Association

ARTICLE 3
RECOGNITION

The district hereby recognizes the Careerline Tech Center Teachers' Association as the exclusive bargaining representative for:

> All regular full-time and regular part-time (those under contract for a full school year on a one-half time basis or more) employees of the Ottawa Area Intermediate School District employed in its regular vocational education programs at its Careerline Tech Center in the following classifications (but only if such employees' positions require teacher certification or annual authorization and if their assignment is to service secondary [grades 11 and 12] students):
>
> Teachers or instructors, and student advocates; but excluding all administrators, supervisors, media specialists, aides, paraprofessionals, all other part-time employees, clerical or secretarial employees, confidential employees, custodial employees, temporary or casual or substitute employees, and all other employees.

ARTICLE 4

TEACHERS' RIGHTS

The Board and the Association agree to abide by Act 379 of the Public Acts of Michigan for 1965 and to all the amendments thereto and to all applicable laws and the statutes pertaining to teachers' rights and responsibilities. They further agree that they will not directly or indirectly discourage or deprive or coerce any teacher in the enjoyment of rights granted to him/her under the laws, including religious or political preferences or the lack thereof and the right to privacy or the personal life of a teacher, providing however that there is no adverse affect on job performance.

ARTICLE 5

ASSOCIATION RIGHTS

A. The Association and/or its representative shall have the right to use the Careerline Tech Center at reasonable hours for meetings, provided that advance approval has been obtained from the Superintendent or his designee at least forty-eight (48) hours prior to the scheduled meeting. No charge shall be made for the use of school rooms during school days from the hours 7:00 a.m. to 10:00 p.m. Outside of said hours, the District may also reasonably charge and be paid by the Association for: special custodial service when necessary, damages to District equipment, facilities, and other properties attributable to such use.

B. Duly authorized representatives of the Association shall be permitted to transact official Association business on school property before and after school hours, provided that such business shall not interfere with or interrupt normal school operations.

C. The Association shall have the privilege of using school facilities and equipment including typewriters, mimeographing machines, other duplicating equipment, calculating machines, and audio visual equipment at reasonable times (as approved by the Superintendent or his designee). The Association shall pay for the cost of all materials and supplies.

D. Copies of the Agreement will be available electronically. It will be the responsibility of the Association to see that its members each receive a copy of the Agreement.

E. The Association may request up to three general membership meetings per year to be held during non-student contact time subject to the approval of the Superintendent or his/her designee.

ARTICLE 6
DISTRICT RIGHTS

A. It is expressly agreed that all rights which ordinarily vest in and have been exercised by the District, except those which are clearly and expressly relinquished herein by the District, shall continue to vest exclusively and be exercised exclusively by the District without prior negotiations with the Association, as to the taking of action under such rights or with respect to the consequence of such action, during the terms of this Agreement. Such rights shall include by way of illustration and not by way of limitation, the right to:

1. Manage and control the school's business, the equipment and the operations and to direct the working forces and affairs of the Employer.
2. Continue its rights and past practice of assignment and direction of work to all of its personnel, determine the number of shifts and hours of work and starting times and scheduling of all the foregoing and the right to establish, modify or change any work or business hours or days, but not in conflict with the specific provisions of the Agreement.
3. The right to direct the working forces, including the right to hire, promote, suspend and discharge employees, transfer employees, assign work or extra duties to employees (if above the employee's classification, such assignment will be temporary and of short duration), determine the size of the work force and to lay off employees.
4. Determine the services, supplies, and equipment necessary to continue its operation and to determine the methods, schedules and standards of operation, the means, methods, and processes of carrying on the work including automation thereof or changes therein, the instruction of new and/or improved methods or changes therein.
5. Adopt reasonable rules and regulations.
6. Determine the qualifications of employees, including physical condition.
7. Determine the number and location or relocation of its facilities, including the establishment or relocation of new schools, buildings, departments, divisions or subdivisions thereof and the relocation or closing of offices, departments, divisions or subdivisions, buildings or other facilities.
8. Determine the placement of operations, production, service, maintenance or distribution of work, and the source of materials and supplies.
9. Determine the financial policies, including all accounting procedures, and all matters pertaining to public relations.
10. Determine the size of the management organization, its functions, authority, amount of supervision and table of organization provided that the Employer shall not abridge any rights from employees as specifically provided for in this Agreement.

11. Determine the policy affecting the selection, testing or training of employees, providing that such selection shall be based upon lawful criteria.

B. The matter contained in this Agreement and/or the exercise of any such rights of the Employer are not subject to further negotiations between the parties during the term of this Agreement.

ARTICLE 7

WORKING HOURS

A. It is agreed that the classroom teachers' work day shall normally be as outlined below. Time not allocated to student contact or meetings is considered preparation time.

Instructors may choose between two work schedules:

Schedule A:	7:45 a.m. to 3:30 p.m. Monday
	7:45 a.m. to 3:15 p.m. Tuesday through Thursday
	7:45 a.m. to 2:45 p.m. Friday
Schedule B:	7:45 a.m. to 3:30 p.m. Monday
	7:30 a.m. to 3:00 p.m. Tuesday through Thursday
	7:30 a.m. to 2:45 p.m. Friday

For the duration of the contract, class times are as follows:
8:00 a.m. to 10:45 a.m.
12:00 (noon) to 2:45 p.m.
(This class time schedule may be re-opened if substantial changes are anticipated based on local district need.)

Meetings, Development and Other Professional Activities – It is understood that the teaching hours in Paragraph A are minimum requirements. As part of their professional role, staff will be required to participate in meetings, professional development and other professional activities. Every effort will be made to schedule informational staff meetings following the conclusion of the instructional day.

Evening Events – Staff will also be expected to participate in planned evening events. This includes:

1. One parent orientation meeting during the second week of school (timing to be determined through discussion with the Building Director)
2. One student walk-thru during orientation week (timing to be determined through discussion with Building Director)
3. Annual Student Awards Event
4. Two Open House Events (fall and early spring)
5. Parent Teacher Conferences
    - 2 evenings in fall

B. Calendar days equal 183 staff and 180 student. The equivalent of one and a half records days will be provided as determined by the Director with input from CTCTA.

C. Under normal circumstances, the teachers shall have an uninterrupted, duty free lunch period of 35 minutes.

ARTICLE 8

STAFF MEETINGS

A. Staff meetings, excluding in-services, called by the Director shall be agenda driven, with agenda presented to staff 24 hours prior to meeting. Staff meetings called for emergency purposes may be announced, and agenda shared with less than 24 hours notice. So far as practical (barring unusual circumstances) staff meetings are to be planned to begin shortly after students depart in the afternoon and to be one and one-half (1 ½) hours or less duration and no more than one (1) such staff meeting is to be scheduled per month. For the purpose of the Agreement, a staff meeting shall be defined as a meeting requiring the presence of the entire professional staff and at least one administrator.

B. All Ad Hoc Committees set up by the administration shall be voluntary and, under normal circumstances, not meet more than 45 minutes per week. These committee meetings shall have a start and end time, with specific issues identified. Meeting time may be extended by mutual agreement. Whenever possible, the chairperson will be a professional staff member.

C. Standing Committees (i.e., Attendance, Safety, Recruitment, Technology), shall be set up at the discretion of the administration. Staff input and involvement on standing committees is required. However, no professional staff member shall be required to sit on more than two standing committees. In the event participation in, or activities of, a standing committee violates, contradicts, or is inconsistent with this collective bargaining agreement, the collective bargaining agreement shall prevail.

D. New committees (i.e., School Improvement) will be formed within the previously cited conditions whenever possible. Should conditions warrant exception, administration and C.T.C.T.A. representatives shall meet to discuss and reach agreement on the exception.

ARTICLE 9

TEACHING CONDITIONS

Under normal circumstances, curriculum reviews will not be conducted during the student day. Advance arrangements will be made if possible, if review is conducted during the student day.

ARTICLE 10

ILLNESS/DISABILITY/FAMILY HEALTH CARE

A. Upon initial employment, each teacher will be credited with twelve (12) days sick/ disability leave. Each year of employment thereafter, each teacher shall be credited with an additional ten (10) days. Teachers beginning employment after the beginning of the year will be prorated. If an employee terminates his/her services before the end of the contract term, a deduction will be made at the time that services terminate for all sick leave used in excess of sick leave earned on a prorated basis. The unused portion of sick/disability days shall accumulate from year to year to a maximum of thirty (30) days. All sick time will cap at the time it is rolled from one year to the next (as opposed to when it is accrued).

   In the event that an employee experiences two qualifying personal (as defined by FMLA standards) disabilities in one school year, any sick days earned at the beginning of the school year, but not credited due to the 30-day cap, will be made available to cover the latter disability's 30-day waiting period. These days can only be used during the specific school year in which the qualifying situation occurs and are not cumulative from year to year.

B. Teachers may use sick/disability leaves as follows:

   1. To recover from a period of personal illness/disability provided, however, that the sick leave payments be subject to the teacher having performed all duties until physically sick/disabled and returns to service as soon as physically able to perform all duties.

   2. Up to seven (7) days of leave per year may be used for a non-FMLA qualifying illness to the employee's spouse, children, mother, father, mother-in-law, father-in-law or grandchildren.

   3. For FMLA /LTD qualifying leave related to the employee's own health condition, the employee will be responsible for the first 30 calendar days of illness/disability. Credit toward the 30 day count will be suspended during unpaid break periods such as holidays, spring break and summer. The 30-day count will resume following these periods. Credit toward the 90-day LTD count is determined and applied by the LTD carrier.

   4. For FMLA qualifying leaves not related to the employee's own health condition (for example: care of a critically ill member of the employee's immediate family) all accumulated sick leave will be exhausted.

   5. Up to two (2) personal days per year as provided in Article13 may be requested by a teacher, if such days are available, to utilize under the terms and conditions of this section (B.2).

C. The District may require a physician's certificate verifying an illness/disability when said illness/disability has caused a teacher to be absent from his/her teaching responsibility

five (5) consecutive days, or when the District has cause to believe there has been an abuse of sick leave privileges. Physician's verification is required for a qualifying FMLA leave and/or long term disability leave. A physician authorized "return to work" slip is required before a teacher on FMLA leave (for his/her own health condition) and/ or disability leave can return to the job.

D. For the purposes of leave use/accrual, a day is equal to seven (7) hours.

ARTICLE 11

CHILD CARE LEAVE

Child care leave without pay, fringe benefits or experience credit not exceeding one (1) year in length, shall be granted a teacher who does not choose to use sickness/disability leave or FMLA leave as it relates to birth/adoption and the provisions of Article 10. Such leave is renewable at the discretion of the Superintendent if requested by the teacher in writing at least three (3) months prior to the expiration of the leave. It is further provided that:

1. The teacher shall notify the Superintendent in writing at least three (3) months prior to the requested beginning date of the leave. Said notification shall request a beginning date and ending date for the leave. This may be waived in cases of emergency.

2. The dates and request shall be referred to the Superintendent for approval. It is understood that each request for child care will be considered on an individual basis.

3. The reinstatement shall be to the teacher's former position or a position of like nature. Placement in a position of like nature shall be temporary unless approved by the teacher. Reinstatement to the former position shall be made no later than the beginning of the next school year.

4. A teacher may terminate said child care leave upon approval of the Superintendent.

5. In the event of the death of the object child of the leave, the leave of absence may be terminated upon the request of the teacher and the Superintendent's approval.

ARTICLE 12
FUNERAL LEAVE

While each situation is different, employees are generally granted funeral leave in lengths from a few hours, to a few days, depending on the relationship of the employee to the deceased. Funeral leave must be approved by the supervisor.

In the event of the death of a family member as defined below, an OAISD staff person may take up to three days of paid leave to attend the funeral/memorial service. In the event of the death of a parent (including step or in-law), spouse, child (including a step or foster child), or grandchild (including step or foster), the employee may take up to an additional seven days of sick leave for bereavement.

In the event of the death of a close friend or other family member not identified below, an OAISD staff person may take one day of paid leave to attend the funeral/memorial service. If additional time is needed, personal days may be used.

Definition of Family Member - Includes all the following family relationships whether established by marriage, court order, or common residence: Spouse, child, mother, father, brother, sister, grandparent, and grandchild. Examples include but are not limited to husband/wife, parents and parents-in-law, brother/sister, brother-in-law/sister-in-law, grandmother or grandfather, father- or mother-in-law, step-child/step-grandchild, half-brother/sister, foster child, or any family member who lives with you or whom you raised.

ARTICLE 13

PERSONAL LEAVE

A maximum of two (2) days per year, may be granted for personal reasons. One unused personal day per year will roll over for use in the subsequent year for a maximum accumulation of 3 days in any one year.

Requests for personal days shall be submitted to the Building Director, not less than three (3) working days prior to the date the employee desires to use such leave. Approval may be given by the Director or his/her designee. The Director or his/her designee may allow a personal day with less than three (3) working days notice only in the event of extenuating circumstances.

Emergency leave may be granted at the discretion of the building director, in consultation with the Assistant Superintendent of Human Resources. If the day(s) cannot reasonably be considered as sick leave, FMLA leave, conference travel, etc. a teacher's pay may be docked.

If a personal day is scheduled on a day in which the building is closed due to inclement weather or health/safety reasons, the employee may posthumously cancel the request utilizing the employee self-service portal.

For the purposes of leave use/accrual, a day is equal to seven (7) hours.

ARTICLE 14

SABBATICAL LEAVE

A Sabbatical Leave of up to one school year may be granted upon application and approval by the Ottawa Area Intermediate Board of Education. The following regulations govern requests for such leaves:

1. The employee must have completed not less than seven years of continuous fulltime service before he/she can be a candidate for consideration.

2. Sabbatical Leaves may be granted for research, study, writing, employment or travel, and they must be related to the employee's professional position.

3. Requests for leave must be submitted to the administration not later than April 1st of the preceding school year.

4. The employee receives no pay, fringe benefits, or experience credit and does not receive a salary increase, but will receive health insurance benefits as allowed by the carrier at no expense to the District.

5. Following the leave, the employee must return to the Ottawa Area Intermediate School District and render a minimum of two consecutive calendar years of satisfactory service. (An employee who takes a Sabbatical Leave for 1/2 contract year shall be required to render a minimum of one calendar year of satisfactory service.)

6. The employee is required to furnish periodic reports to the administration to demonstrate that all requirements of the leave are being met.

7. Up to two Sabbatical Leaves could be granted each year for this employee group.

ARTICLE 15

GRIEVANCE PROCEDURE

A. A grievance shall be an alleged violation of the expressed terms of this contract.

B. The Association shall handle grievances when requested by the grievant. The District hereby designates the Building Director to act as its representative at Level One as hereinafter described and the Superintendent or his designated representative to act at Level Two as hereinafter described.

C. The term "days" as used herein shall mean days in which school is in session, unless another definition is mutually agreed upon by both parties.

D. Written grievances as required herein shall contain the following:

1. It shall be signed by the grievant;
2. It shall be specific;
3. It shall contain a synopsis of the facts giving rise to the alleged violation;
4. It shall cite the section or subsections of this contract alleged to have been violated;
5. It shall contain the date of the alleged violation;
6. It shall specify the relief requested.

E. Level One - A teacher alleging a violation of the express terms of this contract shall, within five (5) days of the alleged violation(s) occurrence, or such date as the teacher should have reasonably become aware of the alleged violation, orally discuss the grievance with the Building Director in an attempt to resolve same.

If no resolution is obtained within three (3) days after the oral discussion with the Building Director, the teacher shall, within eight (8) days of such oral discussion, reduce the grievance to writing and deliver it to the Building Director. If the teacher does not receive an answer within five (5) days thereafter, or if the written answer is unacceptable, the teacher shall within ten (10) days of the date on which the written grievance was submitted to the Building Director, file his/her grievance at Level Two.

A copy of the written decision of the Building Director shall be forwarded to the Superintendent of Schools for permanent filing.

Level Two - A copy of the written grievance shall be filed with the Superintendent or his designated agent as specified in Level One with the endorsement thereon of the approval or disapproval of the Association. Within five (5) days of receipt of the grievance, the Superintendent or his designated agent shall arrange a meeting with the grievant and/or the designated Association representative, at the option of the grievant, to discuss the grievance. Within five (5) days of the discussion, the Superintendent or his designated agent shall render his decision in writing, transmitting a copy of the same to the grievant, the Association secretary, and the Building Director, and place a copy of the same in a permanent file in his office.

If no decision is rendered within five (5) days of the discussion or the decision is unsatisfactory to the grievant and the Association, the grievant may appeal same to the Board of Education by filing the written grievance along with the decision of the Superintendent with the secretary of the Board in charge of drawing up the agenda for the Board's meetings not less than five (5) days prior to one of the next two regularly scheduled Board meetings.

Level Three - Upon proper application as specified in Level Two, the Board of Education shall allow the teacher or his/her Association representative an opportunity for a private hearing at their next regular meeting, to the extent permitted by the Open Meetings Act MCLA 15.261 et. seq. Within fifteen (15) days from the hearing of the grievance the Board shall render its decision in writing. The Board of Education may hold future hearings therein, may designate one or more of its members to hold future hearings therein, or otherwise investigate the grievance, provided, however, that in no event except with express written consent of the Association shall final determination of the grievance be made by the Board of Education more than fifteen (15) days after the initial hearing. A copy of the written decision of the Board of Education shall be forwarded to the Superintendent for permanent filing, the Building Director, the grievant, and the secretary of the Association.

Level Four - Individual teachers shall not have the right to process a grievance at Level Four:

1. If the Association is not satisfied with the disposition of the grievance at Level Three, it may within fifteen (15) days after the decision of the Board has been rendered refer the — matter for arbitration to the American Arbitration Association in writing, and request the appointment of an arbitrator to hear the grievance. If the parties cannot agree upon an arbitrator, he shall be selected in accordance with the rules of the American Arbitration Association.

2. Neither party may raise a new defense or ground at Level Four not previously raised or disclosed at other written levels. Each party shall submit to the other party not less than three (3) days prior to the hearing a pre-hearing statement alleging facts, grounds and defenses which will be proven at the hearing and hold a conference at that time, in an attempt to settle the grievance.

3. The decision of the arbitrator shall be final and conclusive and binding upon employees, the District and the Association. Subject to the right of the District and the Association to judicial review, any lawful decision of the arbitrator shall be forthwith placed into effect.

4. Powers of the arbitrator are subject to the following limitations:
   a. He shall have no power to add to, subtract from, disregard, alter or modify any of the terms of this Agreement.
   b. He shall not hear any grievances barred from the scope of the grievance procedure.

c. Where no financial loss has been caused by the action of the District complained of, the District shall be under no obligation to make monetary adjustments and the arbitrator shall have no power to award punitive damages.
d. Arbitration awards or grievance settlements will not be made retroactive beyond the date of the occurrence or non-occurrence of the event upon which the grievance is based.
e. He shall have no power to neither change any practice, policy or rule of the District nor substitute his judgment for that of the District as to the reasonableness of any such practice, policy, rule or action taken by the District unless such practice, policy, rule or action of the District is in violation of this Agreement.
f. He shall have no power to decide any question which, under this Agreement, is within the responsibility of the management to decide.
g. Not more than one grievance may be considered by the arbitrator at one time except by mutual consent.

F. The fees and expenses of the arbitrator shall be equally shared between the parties.

G. Should a teacher or the Association fail to institute a grievance within the time limits specified, the grievance will not be processed. Should a teacher or the Association fail to appeal a decision within the limits specified, or leave the employ of the District (except a claim involving a remedy directly benefiting the grievant regardless of his employment or the Association), all further proceedings on a previously instituted grievance shall be barred.

H. All documents, communications, and records dealing with a grievance shall be filed separately from the personnel files of the participants.

I. The time limits provided in this Article shall be strictly observed but may be extended by written agreement of the parties.

J. The following matter shall not be subject to the grievance procedure:
1. Failure to re-employ a probationary teacher;
2. The placing of a non-tenure teacher on a third year of probation;
3. Any non-procedural matter involving teacher evaluation (excluding the dismissal of non-probationary, non-tenure teachers through the third step of the grievance procedure).
4. Any matter in which the Teacher Tenure Act prescribes a procedure or authorizes a remedy (i.e., discharge and/or demotion).
5. Any claim or complaint in which the teacher has initiated remedial procedures via a forum established by law or by regulation having the force of the law.

ARTICLE 16

PAYMENT OF TUITION

The Intermediate District will reimburse the cost of tuition for courses and/or competency tests required in a professional employee's education program, or appropriate subjects related to his/her specialization or discipline with the following conditions:

1. Appropriate course work must be approved, by class, by administration. Ideally this approval should be sought prior to the start of the class, but, exception will be given for late registrations or unforeseen changes in class availability, as long as the class meets the criteria for reimbursement.

2. Total reimbursement is limited to the total dollar amount derived by annually averaging the tuition rates, per semester hour, for GVSU, WMU, and FSU and multiplying by six. Costs for tuition and related course or admission fees are eligible for reimbursement up to the dollar limit, which will be determined and announced by September 1. Expenses incurred for books, transportation/parking or late registration are not eligible for reimbursement.

3. Claim for reimbursement will be submitted with expense report after successful completion of course. A copy of the transcript or passing grade report showing course credit, and evidence of actual cost (itemized college billing statement) must accompany submission of claim. Other proof of successful completion may be accepted by the administration until transcripts and/or grade reports are available for submission. Under no circumstances will the District pay for the same course twice for the same employee.

4. No reimbursements will be granted by the Intermediate District if tuition and/or fees were covered by some other grant or fellowship.

5. Reimbursement will be prorated for part time employees.

6. The tax liability for any reimbursed tuition expense is the responsibility of the employee.

7. Teachers who leave employment voluntarily (for reasons other than retirement) during the fiscal year (July 1 – June 30), in which tuition costs are reimbursed, must refund the district the amount of tuition reimbursement incurred and paid in that fiscal year. The district reserves the right to deduct the refund from the employee's final paycheck.

ARTICLE 17

INSURANCE PROTECTION

A. Upon receipt of written application by the teacher to the District, and its acceptance by the appropriate carrier, the District agrees:

1. For 2018-2019, the District will contribute up to the following amounts toward group medical coverage:
   - $6,560.52 Single Subscriber Coverage
   - $13,720.07 Two Person Coverage
   - $17,892.36 Full Family Coverage

   These amounts will increase based on medical inflation (as referenced in PA 152) for subsequent years. The remaining cost will be the responsibility of the employee.

   All employee premium contributions will be deducted monthly on a pre-tax basis from employee pay.

   In addition to contribution toward the health care premium, for teachers employed prior to 12-31-94, the Board will contribute $360 per year to "125" Flexible Spending Plan on behalf of covered employee (Policy #G 19,300).

   Effective November 1, 1991, such teachers who do not apply for said health insurance coverage shall be entitled to a cash benefit, paid monthly, at the rate of $242.00 per month. Payments will be prorated for less than full time employees.

2. To pay premium towards $50,000 life insurance coverage with AD & D (Policy #G 5050-1).

3. To pay a premium toward dental care coverage for employee or employee and family, whichever is applicable, per the attached schedule. Employees who choose not to apply for dental coverage shall be entitled to a cash benefit, paid monthly, per the attached schedule.

4. To pay a premium toward long term disability coverage for employee equivalent to the SET program Policy #G 5050-5. This policy to provide 90 calendar day waiting period, 70% benefit level. The covered employee shall be responsible for the first 30 calendar days of illness/disability with the Board as employer providing additional sick days for coverage through the 90th calendar day.

5. To pay a premium toward vision care coverage for employee or employee and family, whichever is applicable, per the attached schedule. Teachers who choose not to apply for vision coverage shall be entitled to a cash benefit, paid monthly, per the attached schedule.

B. The District reserves unto itself the right to determine insurance carriers and the right to change insurance carriers.

C. Employees who have Board provided term life insurance, have a 30-day conversion option upon termination of employee. Any employee electing his/her right of conversion in order to keep their life insurance in force must contact the insurance carrier within 30 days of their last day of employment.

ARTICLE 18

CONTINUITY OF OPERATIONS

The Association and the District recognize that strikes (including slow downs and work stoppages) by teachers are contrary to law. The Association and District subscribe to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the school program.

ARTICLE 19

CONFORMITY TO LAW

This Agreement is subject in all respects to Federal and State laws with respect to the powers, rights, duties, and obligations of the District, the Association and employees in the Bargaining Unit, and in the event any provision of this Agreement shall at any time be held to be contrary to law by a court of competent jurisdiction from whose final Judgement or decree no appeal has been taken within the time provided for doing so, such provision shall be null and void. At the option of either party to the contract, the specific provision thus voided and that provision only shall be immediately subject to negotiations. All other provisions of this Agreement shall continue in effect.

ARTICLE 20

WAIVER

The parties acknowledge that during the negotiations which resulted in this Agreement, each had the unlimited right and opportunity to make demands and proposals with respect to any subject or matter not removed by law from the area of collective bargaining, and that the understandings and agreements arrived at by the parties after the exercise of that right and opportunity are set forth in this Agreement. Therefore, the District and the Association, for the life of this Agreement, each voluntarily and unqualifiedly waive the right, and each agrees that the other shall not be obligated, to bargain collectively with respect to any subject or matter referred to or covered in this Agreement, or with respect to any subject or matter not specifically referred to or covered in this Agreement even though such subjects or matters may not have been within the knowledge of contemplation of either or both of the parties at the time they negotiated or signed this Agreement. Any mutually agreed upon letter of understanding shall become part of this Agreement.

ARTICLE 21

CALENDAR

The Association and the District agree to establish a calendar that includes 183 days, with at least 180 days of student instruction for the duration of the contract. Under normal circumstances, a calendar will be developed by the Association and building administration by March 1. Individual calendars for Association Members may be mutually agreed to by the building administration and the employee, upon notification to the Association. Individually altered schedules will not exceed the equivalent of 183 full time days.

New teachers will work an additional 15 days for training purposes (as required by law) during the first three years of their employment.

In addition, teachers may be asked to work up to an additional five days (or the equivalent hours) over three years. Those days/hours will be compensated at the summer rate. To the extent possible, a schedule of additional days/hours for each teacher will be mutually agreed to by the teacher and the building administration. Teachers will be notified of additional requested time by February 1.

Opportunities for voluntary additional time will be posted, with work given to the most qualified interested candidate. Voluntary time will be paid at the summer rate.

Professional staff will devote the necessary time for meetings, training, and professional development, in addition to that indicated above, to comply with Article 7, Paragraph A.

ARTICLE 22

Compensation

For all unit members, performance rating labels from the previous year will correspond To range increases as follows:

- Ineffective – No Range Increase (Base only)
- Minimally Effective (Probationary) – Full Increase (Base and Range)
- Minimally Effective (Tenured) – No Range Increase (Base only)
- Effective – Full Increase (Base and Range)
- Highly Effective – Full Increase (Base and Range)

Summer Pay: Rate to be increased by percent of increase (base and range) from the previous year. Example: 2019 summer rate is determined by taking the 2018 summer rate and increasing by the base and range increase on the base from the 2018-2019 school year.

A. Teachers that are laid - off and receive unemployment compensation during the summer, and are then called back to work at the beginning of the next school year shall have their salary adjusted so that the teacher's unemployment benefits plus his/her annual salary rate will be equal to the rate of salary he/she would have earned for the school year had he/she not been laid off.

Compensation for all unit members will be aligned with OAISD non-union professional salary grade level ranges as noted below. Annual adjustments to the ranges are based on market data (average pay rate for the current market conditions as determined by looking at both education industry and the West Michigan employer community) with the goal of maintaining both internal pay equity and external competitiveness.

INSTRUCTIONAL STAFF

Grade Level 15	Includes all instructors who do not meet the criteria for grade level 16
Grade Level 16	Must have at least three full years of teaching experience at CTC, **AND**
	Hold a Standard/Professional CTE Certification (are no longer teaching on an ACA or ACACT)
Grade Level 17	Demonstrable leadership (building, community, profession and/or CTE) as determined by the CTC Director in consultation with the Human Resources Administrator and with recommendation and rationale provided from *CTCTA Recommendation/Review Team*

COUNSELORS AND SPECIAL EDUCATION CONSULTANTS

Grade Level 16	Must be appropriately credentialed for position
Grade Level 17	Demonstrable leadership (building, community, profession and/or CTE) as determined by the CTC Director in consultation with the Human Resources Administrator and with recommendation and rationale provided from *CTCTA Recommendation/Review Team*

New Hires

In consultation with Human Resources, The CTC administrator has discretion to offer new unit members a competitive salary commensurate with their experience and credentials, keeping within the low to high of the appropriate grade level range, and with consideration given to maintaining internal equity.

Compensation Increases

Professional staff pay increases (base plus range) are made annually, effective July 1st, based on HR recommendation and Board approval. CTCTA members will receive the same increase as salaried, non-union staff in the above-noted grade levels. The District agrees to share CTCTA-related compensation increase information annually with union leadership at the time of submission to the OAISD Board of Education.

Any salaries that fall below grade level minimums will be adjusted to the low of the range. Any salaries that reach or exceed the high of the range will be held to a base increase only (no range increase) for that compensation year.

Individual Compensation Adjustments

The District agrees to review compensation annually (prior to June 1st) and make any necessary and affordable upward adjustments to individual salaries to reflect market conditions, internal equity and district retention goals and after considering recommendation and rationale provided from the *CTCTA Recommendation/Review Team*. Any salary adjustments will be effective with the next employment contract following the compensation review.

Range Movement

- ***Advancement to Grade Level 16***

  Advancement to Grade Level 16 will be made at the beginning of the year following eligibility (as noted previously) for advancement.

- ***Advancement to Grade Level 17***

  Each year, prior to June 1st, the CTC Director, in consultation with the Human Resources Administrator, will evaluate and determine staff compensation advancement to Grade Level 17. *CTCTA Recommendation/Review Team* may provide recommendations or rationale for advancement, however, the final determination will be made jointly by the CTC Director and HR Administrator.

  While upward movement from one grade level to another broadens the range for compensation, it is understood that this type of movement does not, in and of itself, prompt a pay adjustment.

ARTICLE 23

REGULAR PART-TIME TEACHERS

Regular part-time teachers are subject to all the terms and conditions of this Agreement and all other requirements covering a full time staff member. Salary and all benefits will be prorated based on individual work schedules. Insurance benefits are subject to minimum carrier qualifications.

Regular teachers working a minimum of one half of the student contact days during a given school year as provided in the calendar will be eligible for a salary increase in the succeeding school year.

Regular teachers working less than one-half of the student contact days during a given school year as provided in the calendar will receive the same salary the succeeding year.

ARTICLE 24

EMERGENCY FINANCIAL MANAGER

Section 15(7) of the Public Employment Relations Act (PERA) mandates that any contract entered into include a statement that allows an Emergency Manager appointed under the Local Government and School District Fiscal Accountability Act to reject, modify, or terminate the collective bargaining agreement as provided in the Local Government and School District Fiscal Accountability Act. This provision is intended to satisfy this requirement. No grievances may be processed contesting actions taken by an Emergency Manager.

ARTICLE 25
MENTOR TEACHERS

In accordance with Section 1526 of the School Code, teachers in their first three years of employment as a classroom teacher shall be assigned a mentor.

The district will establish the qualifications and expectations for mentors and will, in most cases, choose mentors from CTCTA teachers interested in the position and meeting the qualifications. Mentor assignments are made on an annual basis, and all mentors will be notified in writing no later than October 1 (or February 1 in the case of a mid-year hire) of their new or continuing assignment for that year.

For a teacher rated in the lower two categories (currently designated as underdeveloped or developing), the District may assign an instructional or curricular coach in addition to the mentor. The coach's role is to assist the assigned teacher in improving instructional practices and is not intended to serve an evaluative role. The Coach may, however, make suggestions to Administration regarding additional supports or training that may be of assistance to the assigned teacher.

While the main role of the mentor is to provide new teachers with assistance, resources, and information, mentors may be asked by administration to provide an informal assessment of the mentee's progress and orientation to the position/district.

Teachers assigned as mentors, and fulfilling the expectations of the position, will be paid $617.68 for the 2018-2019 year (2017-2018 rate increased by current year percent of increase (base and range)). Every year of the contract thereafter, the rate will be increased by the current year percent increase (base and range).

ARTICLE 26
VACANCIES AND TRANSFERS

The District will post all vacancies of Association positions per District practice.

An Association member not awarded a vacant Association position shall, upon request, receive a written explanation of the reason(s) why the applicant was not chosen for the position.

ARTICLE 27

EXTRA DUTY PAY

A. All off-site student leadership activities and competitions must be approved by the Building Director.

B. In the event of a student leadership competition, teachers involved in the approved competition will be compensated at the most recent summer's curriculum rate for each hour of time devoted to travelling to/from or participating in the competition (limit 4 hours per day on contract days and 7 hours per day on weekends or non-contract days). An estimated number of hours of staff work time must be submitted with the request to participate in the competition.

ARTICLE 28

DURATION

This Agreement shall be effective July 1, 2018 and shall continue in full force and effect until **June 30, 2023**.

In witness thereof, the parties have executed this document by their duly authorized representatives this the 13 day of November, **2018**.

For the Association	For the District
For the Association	For the District
November 13, 2018	November 19, 2018
Date	Date

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

Green Plan
250/500

Western Michigan Health Insurance Pool
Group Number: 71565   Package Code(s): 005
Section Code(s): 1010, 1110
Versatile 3 PPO, RX1, Hearing
Effective Date: 01/01/2018
Benefits-at-a-glance

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BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Member’s responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	$250 per member $500 per family	$500 per member $1,000 per family
Copays • Fixed Dollar Copays	$20 copay for : • Office visits	No Copay
Coinsurance • Percent Coinsurance	10% up to a maximum of: $1,000 per member $2,000 per family	30% **Note:** Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	$2,500 per member $5,000 per family Includes Deductible, Coinsurance and Copays	$2,500 per member $5,000 per family Includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services

Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year	Covered - 100%	Covered - 70% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate specific antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams one per calendar year	Covered - 100%	Covered - 70% after deductible
Well Child Care • 8 visits per calendar year, birth through 12 months • 6 visits per calendar year, 13 months through 35 months • 2 visits per calendar year, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after $20 copay	Covered - 70% after deductible
Online Visits Note: Services are payable when rendered by American Well or BCBS providers	Covered - 100% after $20 copay	Covered - 70% after deductible
Office Consultations	Covered - 100% after $20 copay	Covered - 70% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 70% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 90% after deductible	Covered - 90% after deductible
Non-Emergency use of the Emergency Room	Covered - $25 copay then 90% after deductible	Covered - $25 copay then 70% after deductible
Urgent Care Services		
Facility	Covered - 90% after deductible	Covered - 70% after deductible
Professional	Covered - 100% after $20 copay	Covered - 70% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 90% after deductible	Covered - 90% after deductible

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 90% after deductible	Covered - 70% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 90% after deductible	Covered - 70% after deductible
Radiation Therapy and Chemotherapy	Covered - 90% after deductible	Covered - 70% after deductible

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal and Postnatal Care Visits	Covered - 100%	Covered - 70% after deductible
Delivery and Nursery Care	Covered - 90% after deductible	Covered - 70% after deductible

Hospital Care

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Medical Care	Covered - 90% after deductible	Covered - 70% after deductible

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Hospice Care	Covered - 90% after deductible	Covered - 90% after deductible
Home Health Care	Covered - 90% after deductible	Covered - 90% after deductible
Skilled Nursing Limited to a maximum of 120 days per calendar year	Covered - 90% after deductible	Covered - 90% after deductible

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 90% after deductible	Covered - 70% after deductible
Bariatric Surgery	Covered - 90% after deductible	Covered - 70% after deductible
Oral Surgery Wisdom teeth extractions	Covered - 90% after deductible	Covered - 90% after in-network deductible
Sterilization - males only excludes reversal sterilization	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 70% after deductible

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 90% after deductible	Covered - 70% after deductible

Behavioral Health Care and Substance Abuse Treatment Services

Benefits	In-Network	Out-of-Network
Inpatient Behavioral Health Care	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Substance Abuse Treatment	Covered - 90% after deductible	Covered - 90% after deductible
Outpatient Behavioral Health Care • Online Behavioral Health Visits	Covered - 100% after $20 copay Covered - 100% after $20 copay	Covered - 70% after deductible Covered - 70% after deductible
Outpatient Substance Abuse Treatment	Covered - 100% after $20 copay	Covered - 90% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment - Up to and including age 18

Benefits	In-Network	Out-of-Network
Applied Behavioral Analysis (ABA) Pre-authorization required **Note:** Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered - 90% after deductible	Covered - 70% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 90% after deductible	Covered - 70% after deductible
Nutritional Counseling	Covered - 90% after deductible	Covered - 70% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 90% after deductible	Covered - 70% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 24 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Durable Medical Equipment	Covered - 90% after deductible	Covered - 70% after deductible
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 70% after deductible
Private Duty Nursing Care	Covered - 90% after deductible	Covered - 90% after deductible
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 70% after deductible

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy Limited to a combined maximum of 60 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Massage Therapy Limited to a maximum of 24 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible

Note: The following services require preapproval: Inpatient Care, select Radiology and Diagnostic Services, Inpatient Behavioral Health Care and Substance Abuse Treatment, and Skilled Nursing.

Western Michigan Health Insurance Pool
Group Number: 71565   Package Code(s): 005
Section Code(s): 1010, 1110
Prescription Drugs
Effective Date: 01/01/2018
Benefits-at-a-glance

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Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Retail - 30 day supply	$10 copay - Generic drugs $40 copay - Brand drugs $0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Mail Order - 90 day supply	$20 copay - Generic drugs $80 copay - Brand drugs
Specialty Drugs – 30 day supply Retail and Mail Order	$10 copay - Generic drugs $40 copay - Brand drugs Members are restricted to a 30 day supply at both retail and mail order and certain specialty drugs are limited to only a 15 day supply for each fill.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Not Covered

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Features of your prescription drug plan	
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. **Step Therapy**, an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Mandatory maximum allowable cost drugs	If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the **difference** in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug **plus** your applicable copay regardless of whether you or your physician requests the brand name drug. **Exception:** If your physician requests and receives authorization for a non-preferred brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay. **Note:** This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 005
Section Code(s): 1010, 1110
Hearing Care Coverage
Effective Date: 01/01/2018
Benefits-at-a-glance

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Covered services

To be payable, hearing care benefits must be received from a participating provider and in the order listed.

Benefits	Coverage
Frequency Limitation	Once every 36 months
Audiometric Exam	Covered - 100%
Hearing Aid Evaluation	Covered - 100%
Hearing Aid	Covered - 100% Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.
Hearing Aid Conformity Test	Covered - 100%

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Orange Plan
500/1000

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 008
Section Code(s): 1010, 1110
Versatile 4 PPO, RX25, Hearing
Effective Date: 01/01/2018
Benefits-at-a-glance

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BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

Member’s responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	$500 per member $1,000 per family	$1,000 per member $2,000 per family
Copays • Fixed Dollar Copays	$20 copay for : • Office visits	No Copay
Coinsurance • Percent Coinsurance	10% up to a maximum of: $1,000 per member $2,000 per family	30% **Note:** Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	$3,000 per member $6,000 per family Includes Deductible, Coinsurance and Copays	$3,000 per member $6,000 per family Includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services

Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year	Covered - 100%	Covered - 70% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate specific antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams one per calendar year	Covered - 100%	Covered - 70% after deductible
Well Child Care • 8 visits per calendar year, birth through 12 months • 6 visits per calendar year, 13 months through 35 months • 2 visits per calendar year, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after $20 copay	Covered - 70% after deductible
Online Visits Note: Services are payable when rendered by American Well or BCBS providers	Covered - 100% after $20 copay	Covered - 70% after deductible
Office Consultations	Covered - 100% after $20 copay	Covered - 70% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 70% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 90% after deductible	Covered - 90% after deductible
Non-Emergency use of the Emergency Room	Covered - $25 copay then 90% after deductible	Covered - $25 copay then 70% after deductible
Urgent Care Services		
Facility	Covered - 90% after deductible	Covered - 70% after deductible
Professional	Covered - 100% after $20 copay	Covered - 70% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 90% after deductible	Covered - 90% after deductible

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 90% after deductible	Covered - 70% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 90% after deductible	Covered - 70% after deductible
Radiation Therapy and Chemotherapy	Covered - 90% after deductible	Covered - 70% after deductible

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal and Postnatal Care Visits	Covered - 100%	Covered - 70% after deductible
Delivery and Nursery Care	Covered - 90% after deductible	Covered - 70% after deductible

Hospital Care

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Medical Care	Covered - 90% after deductible	Covered - 70% after deductible

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Hospice Care	Covered - 90% after deductible	Covered - 90% after deductible
Home Health Care	Covered - 90% after deductible	Covered - 90% after deductible
Skilled Nursing Limited to a maximum of 120 days per calendar year	Covered - 90% after deductible	Covered - 90% after deductible

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 90% after deductible	Covered - 70% after deductible
Bariatric Surgery	Covered - 90% after deductible	Covered - 70% after deductible
Oral Surgery Wisdom teeth extractions	Covered - 90% after deductible	Covered - 90% after in-network deductible
Sterilization - males only excludes reversal sterilization	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 70% after deductible

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 90% after deductible	Covered - 70% after deductible

Behavioral Health Care and Substance Abuse Treatment Services

Benefits	In-Network	Out-of-Network
Inpatient Behavioral Health Care	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Substance Abuse Treatment	Covered - 90% after deductible	Covered - 90% after deductible
Outpatient Behavioral Health Care • Online Behavioral Health Visits	Covered - 100% after $20 copay Covered - 100% after $20 copay	Covered - 70% after deductible Covered - 70% after deductible
Outpatient Substance Abuse Treatment	Covered - 100% after $20 copay	Covered - 90% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment - Up to and including age 18

Benefits	In-Network	Out-of-Network
Applied Behavioral Analysis (ABA) Pre-authorization required **Note:** Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered - 90% after deductible	Covered - 70% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 90% after deductible	Covered - 70% after deductible
Nutritional Counseling	Covered - 90% after deductible	Covered - 70% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 90% after deductible	Covered - 70% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 24 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Durable Medical Equipment	Covered - 90% after deductible	Covered - 70% after deductible
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 70% after deductible
Private Duty Nursing Care	Covered - 90% after deductible	Covered - 90% after deductible
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 70% after deductible

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy Limited to a combined maximum of 60 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Massage Therapy Limited to a maximum of 24 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible

Note: The following services require preapproval: Inpatient Care, select Radiology and Diagnostic Services, Inpatient Behavioral Health Care and Substance Abuse Treatment, and Skilled Nursing.

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 008
Section Code(s): 1010, 1110
Prescription Drugs
Effective Date: 01/01/2018
Benefits-at-a-glance

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Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Retail - 30 day supply	$10 copay - Generic drugs $40 copay - Brand drugs $0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Mail Order - 90 day supply	$20 copay - Generic drugs $80 copay - Brand drugs
Specialty Drugs – 30 day supply Retail and Mail Order	$10 copay - Generic drugs $40 copay - Brand drugs Members are restricted to a 30 day supply at both retail and mail order and certain specialty drugs are limited to only a 15 day supply for each fill.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Not Covered

Features of your prescription drug plan

Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. **Step Therapy**, an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Mandatory maximum allowable cost drugs	If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the **difference** in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug **plus** your applicable copay regardless of whether you or your physician requests the brand name drug. **Exception:** If your physician requests and receives authorization for a non-preferred brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay. **Note:** This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.

Blue Cross Blue Shield of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 008
Section Code(s): 1010, 1110
Hearing Care Coverage
Effective Date: 01/01/2018
Benefits-at-a-glance

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Covered services

To be payable, hearing care benefits must be received from a participating provider and in the order listed.

Benefits	Coverage
Frequency Limitation	Once every 36 months
Audiometric Exam	Covered – 100%
Hearing Aid Evaluation	Covered – 100%
Hearing Aid	Covered – 100% Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.
Hearing Aid Conformity Test	Covered – 100%

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Purple Plan
1000/2000

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 029
Section Code(s): 1020, 1120, 1200
PPO Plan 3, RX 14
Effective Date: 01/01/2018
Benefits-at-a-glance

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Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	$1,000 per member $2,000 per family	$2,000 per member $4,000 per family
Copays • Fixed Dollar Copays	$20 copay for : • Chiropractic spinal manipulations • Office visits $50 copay for : • Facility medical emergency	$50 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	20% up to a maximum of: $2,500 per member $5,000 per family	40% **Note:** Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	$4,500 per member $9,000 per family Includes Deductible, Coinsurance and Copays	$7,000 per member $14,000 per family Includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services

Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year	Covered - 100%	Covered - 60% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate specific antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams one per calendar year	Covered - 100%	Covered - 60% after deductible
Well Child Care • 8 visits per calendar year, birth through 12 months • 6 visits per calendar year, 13 months through 35 months • 2 visits per calendar year, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after $20 copay	Covered - 60% after deductible
Online Visits Note: Services are payable when rendered by American Well or BCBS providers	Covered - 100% after $20 copay	Covered - 60% after deductible
Office Consultations	Covered - 100% after $20 copay	Covered - 60% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 60% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 100% after $50 copay; copay waived if admitted or for an accidental injury	Covered - 100% after $50 copay; copay waived if admitted or for an accidental injury
Non-Emergency use of the Emergency Room	Not Covered	Not Covered
Urgent Care Services		
Facility	Covered - 80% after deductible	Covered - 60% after deductible
Professional	Covered - 100% after $20 copay	Covered - 60% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 80% after deductible	Covered - 80% after deductible

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 80% after deductible	Covered - 60% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 80% after deductible	Covered - 60% after deductible
Radiation Therapy and Chemotherapy	Covered - 80% after deductible	Covered - 60% after deductible

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal and Postnatal Care Visits	Covered - 100%	Covered - 60% after deductible
Delivery and Nursery Care	Covered - 80% after deductible	Covered - 60% after deductible

Hospital Care

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 80% after deductible	Covered - 60% after deductible
Inpatient Medical Care	Covered - 80% after deductible	Covered - 60% after deductible

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Hospice Care	Covered - 100%	Covered - 100%
Home Health Care	Covered - 80% after deductible	Covered - 80% after deductible
Skilled Nursing Limited to a maximum of 120 days per calendar year	Covered - 80% after deductible	Covered - 80% after deductible

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 80% after deductible	Covered - 60% after deductible
Bariatric Surgery	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - males only excludes reversal sterilization	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 60% after deductible

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 100%	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 80% after deductible	Covered - 60% after deductible

Behavioral Health Care and Substance Abuse Treatment Services

Benefits	In-Network	Out-of-Network
Inpatient Behavioral Health Care and Substance Abuse Treatment	Covered - 80% after deductible	Covered - 60% after deductible
Outpatient Behavioral Health Care and Substance Abuse Treatment • Online Behavioral Health Visits	Covered - 100% after $20 copay Covered - 100% after $20 copay	Covered - 60% after deductible Covered - 60% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment - Up to and including age 18

Benefits	In-Network	Out-of-Network
Applied Behavioral Analysis (ABA) Pre-authorization required **Note:** Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered - 80% after deductible	Covered - 60% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 80% after deductible	Covered - 60% after deductible
Nutritional Counseling	Covered - 80% after deductible	Covered - 60% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 80% after deductible	Covered - 60% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 24 visits per calendar year	Covered - 100% after $20 copay	Covered - 60% after deductible
Durable Medical Equipment	Covered - 80% after deductible	Covered - 60% after deductible
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 60% after deductible
Private Duty Nursing Care	Covered - 50% after deductible	Covered - 50% after deductible
Allergy Testing and Therapy	Covered - 100%	Covered - 60% after deductible

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy Limited to a combined maximum of 60 visits per calendar year	Covered - 80% after deductible	Covered - 60% after deductible

Note: The following services require preapproval: Inpatient Care, select Radiology and Diagnostic Services, Inpatient Behavioral Health Care and Substance Abuse Treatment, and Skilled Nursing.

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Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. Cost-sharing may differ when you obtain covered services outside of Michigan. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 029
Section Code(s): 1020, 1120, 1200
Prescription Drugs
Effective Date: 01/01/2018
Benefits-at-a-glance

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Your prescription drug copays, including mail order copays, may be subject to the same annual out-of-pocket maximum required under your medical coverage.

Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Retail - 30 day supply	$10 copay - Generic drugs $40 copay - Brand drugs Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90 day supply	$10 copay - Generic drugs $40 copay - Brand drugs
Specialty Drugs – 30 day supply Retail and Mail Order	$10 copay - Generic drugs $40 copay - Brand drugs Members are restricted to a 30 day supply at both retail and mail order and certain specialty drugs are limited to only a 15 day supply for each fill.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Not Covered

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Features of your prescription drug plan	
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. **Step Therapy**, an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Mandatory maximum allowable cost drugs	If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the **difference** in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug **plus** your applicable copay regardless of whether you or your physician requests the brand name drug. **Exception:** If your physician requests and receives authorization for a non-preferred brand-name drug with a generic equivalent from BCBSM and writes "Dispense as Written" or "DAW" on the prescription order, you pay only your applicable copay. **Note:** This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.

Yellow Plan
3000/6000

Western Michigan Health Insurance Pool
Group Number: 71565 Package Code(s): 059, 060
Section Code(s): 3000, 3100, 3300, 3400
PPO - Minimal Essential Plan, RX 23
Effective Date: 01/01/2018
Benefits-at-a-glance

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Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.	$3,000 per member $6,000 per family	$6,000 per member $12,000 per family
Copays • Fixed Dollar Copays	No Copay	No Copay
Coinsurance • Percent Coinsurance	20%	40% **Note:** Services without a network are covered at the in-network level.
Annual out-of-pocket maximums All members on the contract can contribute to the family out of pocket maximum; however, a single member will not exceed the individual out of pocket maximum.	$4,000 per member $6,550 per member in family plan $8,000 per family Includes Deductible, Coinsurance and Copays	$8,000 per member $16,000 per family Includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services

Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year	Covered - 100%	Covered - 60% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate specific antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams one per calendar year	Covered - 100%	Covered - 60% after deductible
Well Child Care • 8 visits per calendar year, birth through 12 months • 6 visits per calendar year, 13 months through 35 months • 2 visits per calendar year, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 80% after deductible	Covered - 60% after deductible
Online Visits Note: Services are payable when rendered by American Well or BCBS providers	Covered - 80% after deductible	Covered - 60% after deductible
Office Consultations	Covered - 80% after deductible	Covered - 60% after deductible
Pre-Surgical Consultations	Covered - 80% after deductible	Covered - 60% after deductible

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Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 80% after deductible	Covered - 80% after deductible
Non-Emergency use of the Emergency Room	Not Covered	Not Covered
Urgent Care Services	Covered - 80% after deductible	Covered - 60% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 80% after deductible	Covered - 80% after deductible

Diagnostic Services

Benefits	In-Network	Out-of-Network
MRI, MRA, PET and CAT Scans and Nuclear Medicine	Covered - 80% after deductible	Covered - 60% after deductible
Diagnostic Tests, X-rays, Laboratory & Pathology	Covered - 80% after deductible	Covered - 60% after deductible
Radiation Therapy and Chemotherapy	Covered - 80% after deductible	Covered - 60% after deductible

Maternity Services Provided by a Physician

Benefits	In-Network	Out-of-Network
Prenatal Care Visits	Covered - 100%	Covered - 60% after deductible
Postnatal Care Visits	Covered - 80% after deductible	Covered - 60% after deductible
Delivery and Nursery Care	Covered - 80% after deductible	Covered - 60% after deductible

Hospital Care

Benefits	In-Network	Out-of-Network
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 80% after deductible	Covered - 60% after deductible
Inpatient Medical Care	Covered - 80% after deductible	Covered - 60% after deductible

Alternatives to Hospital Care

Benefits	In-Network	Out-of-Network
Hospice Care	Covered - 80% after deductible	Covered - 80% after deductible
Home Health Care	Covered - 80% after deductible	Covered - 80% after deductible
Skilled Nursing Limited to a maximum of 90 days per calendar year	Covered - 80% after deductible	Covered - 80% after deductible

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 80% after deductible	Covered - 60% after deductible
Bariatric Surgery	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - males only excludes reversal sterilization	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 60% after deductible

Human Organ Transplants

Benefits	In-Network	Out-of-Network
Specified Organ Transplants In designated facilities only, when coordinated through BCBSM Human Organ Transplant Program (800-242-3504)	Covered - 80% after deductible	Not covered except in designated facilities
Kidney, Cornea, Bone Marrow and Skin	Covered - 80% after deductible	Covered - 60% after deductible

Behavioral Health Care and Substance Abuse Treatment Services

Benefits	In-Network	Out-of-Network
Inpatient Behavioral Health Care and Substance Abuse Treatment	Covered - 80% after deductible	Covered - 60% after deductible
Outpatient Behavioral Health Care and Substance Abuse Treatment • Online Behavioral Health Visits	Covered - 80% after deductible Covered - 80% after deductible	Covered - 60% after deductible Covered - 60% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment - Up to and including age 18

Benefits	In-Network	Out-of-Network
Applied Behavioral Analysis (ABA) Pre-authorization required **Note:** Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an approved autism evaluation center (AAEC) prior to seeking ABA treatment.	Covered - 80% after deductible	Covered - 60% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 80% after deductible	Covered - 60% after deductible
Nutritional Counseling	Covered - 80% after deductible	Covered - 60% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 80% after deductible	Covered - 60% after deductible
Chiropractic Spinal Manipulation Limited to a maximum of 12 visits per calendar year	Covered - 80% after deductible	Covered - 60% after deductible
Durable Medical Equipment	Covered - 80% after deductible	Covered - 60% after deductible
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 60% after deductible
Private Duty Nursing Care	Covered - 80% after deductible	Covered - 60% after deductible
Allergy Testing and Therapy	Covered - 80% after deductible	Covered - 60% after deductible

Therapy Services

Benefits	In-Network	Out-of-Network
Physical, Occupational and Speech Therapy Limited to a combined maximum of 30 visits per calendar year	Covered - 80% after deductible	Covered - 60% after deductible

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Western Michigan Health Insurance Pool
Group Number: 71565   Package Code(s): 059, 060
Section Code(s): 3000, 3100, 3300, 3400
Prescription Drugs
Effective Date: 01/01/2018
Benefits-at-a-glance

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Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Deductible	$3,000 per individual $6,000 per family
Retail - 30 day supply	$10 copay after deductible - Generic drugs $40 copay after deductible - Preferred brand drugs $80 copay after deductible - Non-Preferred brand drugs $0 copay after deductible – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90 day supply	$20 copay after deductible - Generic drugs $80 copay after deductible - Preferred brand drugs $160 copay after deductible - Non-Preferred brand drugs
Specialty Drugs – 30 day supply Retail and Mail Order	$10 copay after deductible - Generic drugs $40 copay after deductible - Preferred brand drugs $80 copay after deductible - Non-Preferred brand drugs Members are restricted to a 30 day supply at both retail and mail order and certain specialty drugs are limited to only a 15 day supply for each fill.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance

Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Not Covered

Features of your prescription drug plan

Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM **before** select prescription drugs (drugs identified by BCBSM as requiring preauthorization) will be covered. **Step Therapy**, an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. Some over-the-counter medications may be covered under step therapy guidelines. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require preauthorization. Details about which drugs require preauthorization or step therapy are available online site at **bcbsm.com/pharmacy**.
Mandatory maximum allowable cost drugs	If your prescription is filled by a network pharmacy, and the pharmacist fills it with a brand-name drug for which a generic equivalent is available, you MUST pay the **difference** in cost between the BCBSM approved amount for the brand-name drug dispensed and the maximum allowable cost for the generic drug **plus** your applicable copay regardless of whether you or your physician requests the brand name drug. **Exception:** If your physician requests and receives authorization for a non-preferred brand-name drug with a generic equivalent from BCBSM and writes “Dispense as Written” or “DAW” on the prescription order, you pay only your applicable copay. **Note:** This MAC difference will not be applied toward your annual in-network deductible, nor your annual coinsurance/copay maximum.

ADN Dental Network

Dental Benefit Summary

Basic Benefits

Examination –includes initial and periodontic	Covered 100% R&C, 2 per member per benefit year
Cleaning- adult and child	Covered 100% R&C, 2 per member per benefit year
Flouride- to age 18	Covered 100% R&C, 2 per member per benefit year
Restorative- Fillings	100% R&C
Oral Surgery	100% R&C
Endodonotics	100% R&C
Periodontics	100% R&C
Lifetime Deductible	$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	100% R&C
Bridges and Repairs	70% R&C
Dentures	70% R&C
Annual Deductible	$0

Annual Maximum

$1,500 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment at	70% R&C
Deductible	$0
Lifetime Maximum	$2,000

National Vision Administrators (NVA)

Benefit	In-Network	Out-of-Network
Exam- once every 12 months	100% after $20 Copay	Up to $32
Lenses- once every 12 months	Standard Glass or Plastic 100% after $50 Copay Polycarbonates Covered 100% for Children under 19	Single- $42 Bifocal- $48 Trifocal- $60 Lenticular-$72
Lens Options	**In-Network** **$50.00 Copay**	**Out-of-Network** N/A
Fashion Gradient Tint	100%	N/A
Progressives (Standard)	100%	N/A
Scratch-Resistant Coating (Standard)	100%	N/A
Solid Tints	100%	N/A
UV Coatings	100%	N/A
Glass Photogrey	100%	N/A
Transitions	100%	N/A
Frame Benefit	**In-Network**	**Out-of-Network**
Once every 12 months	Covered up to $70 retail allowance (20% off remaining balance over $70 allowance)	Up to $50
Contact Lenses	**In-Network**	**Out-of-Network**
Once every 12 months	In lieu of Lens/Frame	Up to $105
Elective	Covered up to $105 Retail Allowance (15% discount Conventional or 10% discount Disposable) off remaining balance over $105 Discount does not apply at Wal-Mart/Sam's Club locations, Cole corporate locations or Contact Fill	N/A
Medically Necessary	100% with Prior Authorization from NVA	$210
Evaluation & Fitting	Covered 100%	Daily Wear-$20 Extended- $30

Appendix B

CAREERLINE TECH CENTER CALENDAR
2018/2019 School Year

Final: 6/8/18

August 2018

M	T	W	TH	F	Student Days	Staff Days
20	21	22	23	24	0	0
27	28	**29**	30	31	0	3

September 2018

M	T	W	TH	F	Student Days	Staff Days
LD	4	5	6	7	4	4
10	11	12	13	14	5	5
17	18	19	20	21	5	5
24	25	26	27	28	5	5

October 2018

M	T	W	TH	F	Student Days	Staff Days
1	2	3	4	5	5	5
8	9	10	11	12	5	5
15	16	17	18	19	5	5
22	**23**	24	25	26	5	5
29	30	31			3	3

November 2018

M	T	W	TH	F	Student Days	Staff Days
			1	2	2	2
5	**6**	7	**8**	**9**	5	5
12	13	14	15	16	5	5
19	20	TG	TG	TG	2	2
26	27	28	29	30	5	5

December 2018

M	T	W	TH	F	Student Days	Staff Days
3	4	5	6	7	5	5
10	11	12	13	14	5	5
17	18	19	20	21	5	5
CB	CB	CB	CB	CB	0	0
CB					0	0

January 2019

M	T	W	TH	F	Student Days	Staff Days
	CB	CB	3	4	2	2
7	8	9	10	11	5	5
14	15	16	17	18	5	5
21	22	23	24	25	5	5
28	29	30	31		4	4
					97	**100**

February 2019

M	T	W	TH	F	Student Days	Staff Days
				1	1	1
4	**5**	6	7	WB	4	4
11	12	13	14	15	5	5
18	19	20	21	22	5	5
25	26	27	28		4	4

March 2019

M	T	W	TH	F	Student Days	Staff Days
				1	1	1
4	5	6	7	8	5	5
11	12	13	14	15	5	5
18	19	20	21	22	5	5
25	26	27	28	SB	4	4

April 2019

M	T	W	TH	F	Student Days	Staff Days
SB	SB	SB	SB	SB	0	0
8	9	10	11	12	5	5
15	16	17	18	19	5	5
22	23	24	25	26	5	5
29	30				2	2

May 2019

M	T	W	TH	F	Student Days	Staff Days
		1	2	3	3	3
6	7	8	9	10	5	5
13	14	15	16	17	5	5
20	21	22	23	24	5	5
MD	28	29	30	31	4	4

June 2019

M	T	W	TH	F	Student Days	Staff Days
3	4	5	6	7	5	5
					83	**83**

Student Days 180
Instructor Days 183

Steering Committee Dates
Staff Meeting Dates

AP Testing 1st & 2nd Week of May

8/28 - 8/30	Inservice/Lab Prep
8/29	Parent Night
LD	Labor Day
10/23 & 2/5	Open House
11/6 & 8	Conferences
11/9	College Day
TG	Thanksgiving Break
CB	Christmas Break
WB	Mid Winter Break
SB	Spring Break
4/29	Student Awards
MD	Memorial Day

11/6, 12/3, 3/11 Records Day (1/2 day)

Letter of Understanding

ARTICLE 22

Compensation

The OAISD Board of Education and the Careerline Tech Center Teacher's Association agree that for staff pay range movements that would be evaluated in 2018-19 and effective in 2019-20, provisions of Article 22 will be amended as follows **(changes noted in boldface):**

INSTRUCTIONAL STAFF

Grade Level	Criteria
Grade Level 15	Includes all instructors who do not meet the criteria for grade level 16
Grade Level 16	Must have at least three full years of teaching experience at CTC, **with no less than "effective" rating on two most recent evaluations,** AND
	Hold a Standard/Professional CTE Certification (are no longer teaching on an ACA or ACACT)
Grade Level 17	**Must meet the criteria for GL 16 AND one of the following:** **A) Have been rated Highly Effective in CTC teaching role for not less than three consecutive years*** **B) Have been rated effective in CTC teaching role for not less than 12 consecutive years*** C) Demonstrable leadership (building, community, profession and/or CTE) as determined by the CTC Director in consultation with the Human Resources Administrator and with recommendation and rationale provided from *CTCTA Recommendation/Review Team*

COUNSELORS AND SPECIAL EDUCATION CONSULTANTS

Grade Level	Criteria
Grade Level 16	~~Must be appropriately~~ **Less than fully** credentialed for position **(i.e., on a permit or authorization)**
Grade Level 17	**Fully credentialed for position** ~~**(Demonstrable leadership (building, community, profession and/or CTE) as determined by the CTC Director in consultation with the Human Resources Administrator and with recommendation and rationale provided from *CTCTA Recommendation/Review Team***~~

Less than full-time service will count on a pro rata basis toward requirement

Range Movement

- ***Advancement to Grade Level 17***

  ~~Each year,~~ prior to **the end of the school year ~~June 1st~~**, the CTC Director, in consultation with the Human Resources Administrator, will evaluate and determine staff **~~compensation~~** advancement to Grade Level 17.

  For teachers, **advancements related to Criteria A & B will be assumed based on having fulfilled the requirements; for advancement based on Criterion C - leadership**, *CTCTA Recommendation/ Review Team* may provide recommendations or rationale for advancement, however, the final determination will be made jointly by the CTC Director and HR Administrator.

  For special education consultants and counselors, advancement to GL 17 will be effective the school year following attainment of full credential for position.

  While upward movement from one grade level to another broadens the range for compensation, it is understood that this type of movement does not, in and of itself, prompt a pay adjustment.

All other provisions of Article 22 not noted above remain unchanged. This agreement is in effect through June 30, 2023 and is non-precedent setting.

For CTCTA	For the District
Date: 6-4-19	Date: July 19, 2019

Letter of Agreement

2018-23 CTCTA Master Agreement
ARTICLE 10: ILLNESS/DISABILITY/FAMILY HEALTH CARE

The OAISD Board of Education and the Careerline Tech Center Teacher's Association (CTCTA) agree to the following amendment to the 2018-2023 Contract:

For the 2020-21 school year, bargaining unit employees may be eligible for up to 10 days (any time already used under the Emergency Paid Sick Leave Act will be deducted) of paid sick leave days due to one of the following reasons:

1. Employee is required to quarantine due to being exposed to COVID-19 at school and is unable to telework; or
2. Employee has been diagnosed with a documented case of COVID-19 from exposure at school and is unable to telework.

Paid sick leave time provided due to one of the above reasons is not bankable, transferrable or eligible to be redeemed for any compensation under the CTCTA Master Agreement.

If an employee exhausts their Temporary Paid Sick Leave Days, they shall then be required to use their own accrued sick leave, if any, pursuant to the Master Agreement, Article 10.

Should any paid COVID-19 related leave be provided by either the state or federal government, the Temporary Paid Sick Leave Days shall expire and be replaced by such provisions. Otherwise, the Temporary Paid Sick Leave Days shall expire on March 31, 2021.

This agreement is in effect for 2020-2021 only, and is non-precedent setting.

For CTCTA	For the District
[signature]	[signature] Chris Lamer
3/19/21	
Date:	Date: April 29, 2021