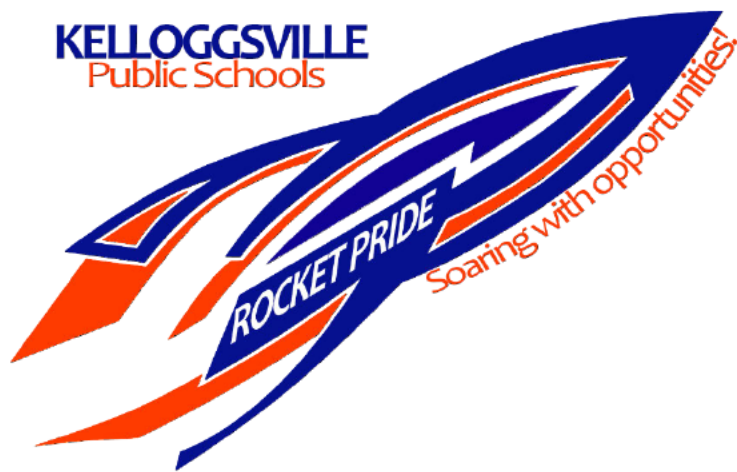


# Kelloggsville Public Schools



## Auxiliary Services Employee Group

**Guidelines, Working Conditions & Benefits**

July 01, 2024 – June 30, 2027

# KELLOGGSVILLE PUBLIC SCHOOLS

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1.0 INTRODUCTION:

1.1 The purpose of this handbook is to outline the terms and conditions of employees for the Auxiliary Services group of employees of Kelloggsville Public Schools. It is an outline of job descriptions, contract conditions, and benefits that will apply to all members of the group.

2.0 CLASSIFICATIONS:

Student Services Coordinator #1
Part-Time Instructional Support
Full-Time Instructional Support <b>(40 Hours Per Week)</b>
Before and After School Care
Interpreter
Playground Supervisor/Bus Aide
Crossing Guard

3.0 CONTRACTUAL CONDITIONS:

3.1 Length of Contract;

3.1.1 All employees will be at-will employees.

3.2 Work Days;

3.2.1 The work day schedule for the employee classifications:

<b>Classification &amp; Position</b>	<b>Work Days</b>
Student Services Coordinator #1	200 days
Part-Time Instructional Support	180 days
Full-Time Instructional Support <b>(40 Hours Per Week)</b>	180 days
Before and After School Care	varies – as necessary
Interpreter	varies – as necessary
Playground Supervisor/Bus Aide	180 days
Crossing Guard	180 days

3.3 Working Hours;

3.3.1 The workday during the school year will be as per Schedule A.

4.0 LEAVE POLICY:

4.1 Sick Leave/Personal Business;

4.1.1 The Board will allocate leave days as listed in the chart of 4.1.1.1 for the Student Services Coordinator #1 and Full-Time Instructional Support classifications only.

4.1.1.1

<i>SSC #1 + Full-Time Instructional Support</i>	<i>SSC #1 + Full-Time Instructional Support</i>
<i>Personal Leave Day</i>	<i>Sick Leave Days</i>
One (1) Per Year	Two (2) Per Year

4.1.1.2 Personal leave is for the purpose of conducting personal business which is not practical to transact during regular working hours.

4.1.1.3 Application for personal leave should be made to the immediate supervisor who will forward it to the Superintendent. Application must be made five (5) working days in advance of the anticipated absence. In cases of emergency, the five (5) days may be waived by the Superintendent however, application should be done as soon as possible.

4.1.1.4 No statement of reason is necessary for any personal day.

4.1.2 No sick leave/personal business days are allocated for other group member classifications.

4.1.3 In the event of illness, group members shall call the supervisor as soon as possible but not less than one (1) hour before reporting time, giving the reason for the absence.

4.2 Holidays and Vacation;

4.2.1 Employees will not be granted holidays or vacation days.

4.3 Bereavement Leave;

4.3.1 Funeral attendance of one (1) day per funeral for a person outside the immediate family (chargeable).

4.3.2 The maximum leave of five (5) days for each occurrence of death:

4.3.2.1 Immediate Family - - Not Chargeable

- |        |           |
|--------|-----------|
| Spouse | Parent    |
| Child  | Stepchild |

Grandchild	Brother/Sister
Step-parent	Mother-in-law/Father-in-law

4.3.2.2 Immediate Family - - Chargeable

Grandparent	Brother-in-law
Sister-in-law	Son-in-law
Daughter-in-law	Uncle
Aunts	Nephews
Nieces	Any other person in the household
Cousins	

4.4 Other Leave;

4.3.1 In the event the employee is called for jury duty or to give testimony before a judicial tribunal, he/she will be compensated for the difference in salary and the compensation received for the performance of such obligation. Time spent on jury duty shall not be chargeable against vacation or sick leave provided such leave was not volunteered by the member

4.3.2 Sabbatical leave will not be granted.

4.3.3 All parties shall abide by all local, state and federal laws pertaining to granting of leave of unit members who perform active service in the uniformed services of the Armed Forces of the United States.

4.3.4 The Superintendent or his/her designee may grant additional leaves without pay, benefits, and increments at its discretion.

4.5 Snow Days or Other Acts of God;

4.5.1 The Board will allocate up to a maximum of three (3) snow days or Other Acts of God days, per year, for all members in the Auxiliary agreement. Members will be paid in accordance with daily hours worked. Any change in snow day pay will be at the discretion of the Superintendent.

4.6 General Provisions

4.6.1 Family Medical Leave Act – The parties agree to abide by the rules and regulations set forth in the Family and Medical Act (Federal) of 1993. This section shall not be construed as limiting the right of a member to elect to substitute paid leave for unpaid leave in accordance with Section 102(d) (2) of the aforementioned legislation.

- 4.6.2 Medical Statement - Any unit member absent for five (5) consecutive days or more shall be required to present to the Superintendent, prior to returning to work, a statement from a physician indicating that the unit member's health is satisfactory to resume normal work duties. If the Superintendent is in doubt about the unit member's health and ability to perform their duties, he/she may send the unit member to a physician of his/her choice for further examination at the expense of the Board.
- 4.6.3 Violations of Leave - All leaves are considered as time off for protection of the unit member. Any unit member who willfully violates or misuses this policy on leave with pay or misrepresents any statements or conditions under this policy shall forfeit all pay for this period and further rights under this policy unless reinstated in good standing by the Superintendent. Violation of this leave policy will be subject to disciplinary action up to and including discharge.

## 5.0 EXPERIENCE:

- 5.1 Credit for experience in the same or like position on the salary schedule is at the discretion of the Superintendent of schools. No member shall receive more years credit that he/she has earned.

## 6.0 PROFESSIONAL BEHAVIOR AND STANDARDS

- 6.1 Compliance with Policy – The unit members shall comply with reasonable rules, regulations and directions as adopted by the Board or its representatives that are not inconsistent with provisions of this Agreement or the law.
- 6.2 Enforcement – The unit recognizes that abuse of such rules, regulations, directives, leaves, chronic tardiness or absence, leaving the assigned work site without permission, willful deficiency in professional performance, or other violations of professional behavior by a unit member reflect adversely upon the education profession and create undesirable conditions in the school district, and thus shall be the basis for employee discipline including up to termination. Alleged breaches of this agreement and code of ethics of the educational profession shall be reported to the offending unit member within five (5) district business days.
- 6.3 Representation – A unit member who has allegedly committed a breach in his/her professional behavior, upon request, shall be entitled to have a representative during an investigatory meeting or disciplinary hearing conducted by the administration.

When a request is made for such representation, no further action shall be taken with the respect to the specific unit member until such representative is present.

6.4 Arbitrary and Capricious – No unit member shall be disciplined, reprimanded, reduced in rank or compensation, or deprived of any professional advantage for reasons deemed arbitrary and capricious. Any such discipline, reprimand or reduction in rank, compensation or any professional advantage, shall be subject to the professional grievance procedure. All pertinent change in relevant information forming the basis for the disciplinary action will be made available within five (5) district business days upon written request by the unit member

6.5 Unit Member Dress Code – All employees of Kelloggsville Public Schools serve as role models for the students and as leaders in the community. Employees are expected to dress in appropriate professional attire that distinguishes them from students, and to follow basic rules of good grooming and personal hygiene.

Unit members that work in classifications that require wearing uniforms will comply by wearing the designated uniform. The supervisor is responsible for maintaining an acceptable standard of dress for employees under his/her supervision.

6.6 Electronic Communications – Telephone facilities shall be made available to staff for their personal use. Long distance calls of a personal nature shall not be charged to the school phone. Computers provided to employees by the Board should be reserved for professional use. Personal communication devices should not be used during work time. Staff are solely responsible for the care and security of their personally owned communication devices. Internet, social media and e-mail use will be governed by Board guidelines.

## 7.0 PROFESSIONAL DEVELOPMENT/GROWTH:

7.1 The Superintendent or his/her designee may request and/or authorize group members to attend conferences, work sessions, or professional development activities with pay.

7.2 Mileage reimbursement for travel, in the course of performing in the position, is at the IRS Rate on 01 September of each year.

8.0 EVALUATION:

- 8.1 The Superintendent (or his/her designee) shall evaluate the member, at least annually, using the criteria and evaluation process of the District evaluation system.
- 8.2 In the event that areas of growth are indicated, the Superintendent or his/her designee will create an **Individual Growth Plan (IGP)**, stating areas of weakness and indicators of sufficient progress towards continuing employment with the District.

9.0 PROBATIONARY PERIOD:

- 9.1 Any unit member employed on a regular or part-time basis shall serve sixty (60) calendar day probationary period, from the first day the assignment begins. If a probationary unit member is absent during the probationary period, the probationary period shall be extended accordingly. Probationary unit members shall have no seniority and no other benefits until the successful completion of the probationary period at which time their seniority shall revert to their first day of work. Any benefits that the unit member may be eligible for shall begin at the completion of the probationary period, including but not limited to; sick leave, holiday pay, insurance benefits or cash-in-lieu of benefits. If at any time prior to the completion of the probationary period the unit member's work performance is unacceptable, he/she may be subjected to termination upon recommendation of the immediate supervisor or other administration of the school district. The termination of a probationary employee is not subject to the grievance procedure.

10.0 DISMISSAL/SUSPENSION/NON-RENEWAL:

10.1 Dismissal;

10.1.1 During the term employment, the employee shall be subject to discharge for good and just cause by the Board of Education.

10.1.2 No discharge shall be effective unless written charges have been served upon the employee and he/she shall have had an opportunity for a fair hearing before the Board with at least ten (10) days notice of such in writing. Such hearing shall be public or private at the option of the employee. At such hearing, the member may have legal representation of his/her own choice and at his/her own expense. The member shall have the right to fully face and cross-examine his/her accusers, and present any evidence on his/her behalf.



The hearing shall be designed in all respects to provide full due process to the employee.

10.2 Suspension;

10.2.1 The employee may be subject to suspension for good and just cause by the Board and/or Superintendent. At all times, the member has full right to due process and the right to fully cross-examine his/her accusers.

10.3 Non-Renewal;

10.3.1 In the event that non-renewal of the contract is to be considered, the Board shall on or before May 31 of each year take official action to determine whether or not to extend the contract for another year. In the event that the employee is not going to be renewed, the member must be notified in writing of the Board's official action.

11.0 WORKERS COMPENSATION GUIDELINES:

11.1 An auxiliary unit member injured on the job shall report such injury to the supervisor and the Central Administration Office. All reports must be filed at the Central Office as soon as possible after the incident has occurred but no later than the next working day.

11.2 Should an auxiliary unit member injury require loss of time and result in the unit member receiving worker's compensation benefits, said compensation shall be reported by the unit member to the Central Office immediately upon receipt.

12.0 RESIGNATION:

12.1 An employee resigning from their position must submit in writing at least 10 working days prior to the exit date.

13.0 RETIREMENT:

13.1 An employee who retires from Kelloggsville must notify the district no later than **May 1, unless given special permission by the Superintendent.**

14.0 VACANCIES/CHANGE IN ASSIGNMENT:

14.1 Any member may apply for any vacancies for which he/she is certified and qualified.

14.2 The Superintendent has right of assignment for all members of the group.

15.0 SALARY SCHEDULE:

- 15.1 All members shall be paid according to the salary guidelines as approved by the Board of Education.
- 15.2 All members shall be paid in 24 equal installments the 2<sup>nd</sup> and 4<sup>th</sup> Friday of every month for the 2024-25 school year and bi-weekly for years 2025-26 and 2026-27.
- 15.3 The group has the right to meet with the Superintendent to discuss salary and benefits prior to approval by the Board.
  - 15.3.1 Salary Schedules are listed in Schedule A.

16.0 BENEFITS:

- 16.1 The Board shall provide qualifying members the following benefits:
  - 16.1.1 Insurance:
    - 16.1.1.1 Health Insurance – Qualifying members shall receive health benefits as listed in Schedule B or CILO as listed in Schedule A.

17.0 JOB DESCRIPTIONS:

- 17.1 All employees will be evaluated and employed based upon the Board of Education approved job descriptions.

**Auxiliary Services  
Schedule A Salary**

## Auxiliary Services Salary Schedule

Last Update: 04/01/24

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
200 Days	1	<b>Student Services Coordinator #1</b>	\$32,000	\$33,000	\$34,000
8 Hours	2	Single Subscriber Health or	\$32,750	\$33,750	\$34,750
	3	CILO = \$1600	\$33,500	\$34,500	\$35,500
	4		\$34,250	\$35,250	\$36,250
	5		\$35,000	\$36,000	\$37,000
	6		\$35,750	\$36,750	\$37,750

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
180 Days	1	<b>Instructional Support</b>	\$15.00	\$15.50	\$16.00
5.75 Hrs or Less	2	Single Subscriber Health or	\$15.50	\$16.00	\$16.50
or 8 if Full Time	3	CILO = \$1600 (if 40 hours only)	\$16.00	\$16.50	\$17.00
	4		\$16.50	\$17.00	\$17.50
	5		\$17.00	\$17.50	\$18.00
	6		\$17.50	\$18.00	\$18.50
	7		\$18.00	\$18.50	\$19.00
	8		\$18.50	\$19.00	\$19.50
	9		\$19.00	\$19.50	\$20.00
	10		\$19.50	\$20.00	\$20.50

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
Days = Varies	1	<b>Before &amp; After School Care</b>	\$15.00	\$15.00	\$15.00
5.75 Hrs or Less	2	Health = None	\$15.50	\$15.50	\$15.50
	3	CILO = None	\$16.00	\$16.00	\$16.00

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
Hourly	1	<b>Interpreter</b>	\$25.00	\$25.00	\$25.00
As Needed	2	Health = None			
	3	CILO = None			

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
180 Days	1	<b>Playground Supervisor/Bus Aide</b>	\$15.00	\$15.00	\$15.00
5.75 Hrs or Less	2	Health = None	\$15.50	\$15.50	\$15.50
	3	CILO = None	\$16.00	\$16.00	\$16.00

Days/Hours	Step	Position	2024-25	2025-26	2026-27
			Pay Rate Annually or Hrly	Pay Rate Annually or Hrly	Pay Rate Annually or Hrly
180 Days	1	<b>Crossing Guard</b>	\$15.00	\$15.00	\$15.00
5.75 Hrs or Less	2	Health = None	\$15.50	\$15.50	\$15.50
	3	CILO = None	\$16.00	\$16.00	\$16.00

**Auxiliary Services**  
**Schedule B Insurance**

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KELLOGGSVILLE PUBLIC SCHOOLS SCHEDULE OF MEDICAL BENEFITS

Exclusive Provider Organization (EPO) High Deductible Health Plan (HDHP) Effective Date:

January 1, 2024

Benefit Year: The 12-month period beginning each January 1 and ending each December 31.

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**EPO Benefits** are provided or coordinated by your primary care provider ("PCP") or provided by a participating provider for office services. Services may require prior certification with the Benefit Administrator (except in a medical emergency). For a directory of Priority Health participating providers, call the Customer Service Department at 616 956-1954 or 800 956-1954 or access the Find a Doctor tool on the Priority Health website at [priorityhealth.com](https://priorityhealth.com).

**Prior Certification:** Prior certification is required for all inpatient hospital or facility services. Providers must access the Priority Health provider portal to prior certify services. You do not need prior certification from the Benefit Administrator for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Other services requiring prior certification are:

- Home Health Care
- Transplants
- Advanced Diagnostic Imaging
- Skilled Nursing, Sub acute & Long-term Acute Facility Care Services
- Inpatient Rehabilitation Care
- Prosthetic Devices over \$1,000
- Durable Medical Equipment over \$1,000
- Certain Surgeries and Treatments
- Clinical Trials (all stages) for Cancer or a Life-threatening Illness/Condition

The full list of services that require prior certification is included in the Plan Document and Summary Plan Description (PDSPD) and may be updated from time to time. A current listing is also available by calling the Priority Health Customer Service Department at 616 956-1954 or 800 956-1954. Other services may be prior certified by you or your provider to determine medical/clinical necessity before treatment. Prior certification is not a guarantee of coverage or a final determination of benefits under this Plan.

If you are receiving intensive treatment for mental health services, including inpatient hospitalization and partial hospitalization, your PCP must notify the Behavioral Health Department as soon as possible at 616 464-8500 or 800 673-8043 for assistance.

**Deductibles:**

The deductible is the dollar amount of covered services you must incur during the benefit year before benefits will be paid. The deductible is applicable to all covered services except:

- Preventive health services that are listed in Priority Health's preventive health care guidelines.
- Routine maternity services provided in your physician's office (deductible will apply to delivery, facility charges and anesthesia charges associated with the delivery).

If you have individual coverage, you must meet the individual deductible below. If you have more than one person in your family, you have family coverage and only the family deductible applies. The family deductible can be satisfied by only one family member or by any combination of family members.

The deductible amounts renew each benefit year. This plan does not carry over any deductible amounts incurred in the prior benefit year.

The deductible will include any monies paid for covered pharmacy services.

**Out-of-Pocket Maximums:**

The out-of-pocket maximum limits the total amount of covered expenses that you or your covered dependents will pay during a benefit year. Once the applicable out-of-pocket maximum is met, all further medical and pharmacy covered services for that benefit year will be paid at 100% without requirement of copayment.

If you have individual coverage, you must meet the individual out-of-pocket maximum below. If you have more than one person on your contract, you have family coverage and only the family out-of-pocket applies. The family out-of-pocket can be satisfied by only one family member or by any combination of family members.

Your out-of-pocket maximum renews each benefit year.

Notwithstanding the above, the following out-of-pocket costs do not apply towards the out-of-pocket maximum: Expenses that are not covered and services that exceed the annual day or dollar benefit maximums for a specific benefit (denied as noncovered services).

The following information is provided as a summary of benefits available under your plan. This summary is not intended as a substitute for your PDSPD. It is not a binding contract. Limitations and exclusions apply to benefits listed below. A complete listing of covered services, limitations and exclusions is contained in the PDSPD and any applicable amendment to the Plan.

<b>BENEFITS</b>	
<b>Deductibles</b>	\$ 1 ,600 per individual; \$3,200 per family per benefit year.
<b>Benefit Percentage Rate</b>	90% paid by the plan; 10% paid by the participant, unless otherwise noted.
Out-of-Pocket Limits (Includes deductible, coinsurance and copayment expenses.	\$2,600 per individual; \$5,200 per family per benefit year.
<b>BENEFITS</b>	
<b>Preventive Health Care Services</b> - Preventive Health Care Services are described in Priority Health's Preventive Health Care Guidelines available online at <a href="http://priorityhealth.com">priorityhealth.com</a> or you may request a copy from the Customer Service Department. Priority Health's Guidelines include preventive services required by legislation. The list below also includes	

procedures approved by your Employer in addition to those included in the Priority Health Guidelines.	
Routine Adult Physical Exams, Screening and Counseling	Covered at 100%. Deductible does not apply.
Women's Preventive Health Care Services	Covered at 100%. Deductible does not apply.
Routine Laboratory Tests, Screening and Counseling	Covered at 100%. Deductible does not apply.
Routine Prostate-Specific Antigen PSA	Covered at 100%. Deductible does not apply.
Well Child and Adolescent Care, Screening and Assessments	Covered at 100%. Deductible does not apply.
Immunizations	Covered at 100%. Deductible does not apply.
Certain Drugs and Medications	Covered at 100%. Deductible does not apply.
Diabetic Care Services Program Provided by Virta Health only.	Covered at 100%. Deductible does not apply.
<b>Medical Office/Home Services</b>	
Your Primary Care Provider (PCP) -Office Visit (Your selected or assigned PCP and/or PCP Practice. Face-to-face visit.	Covered at 90% after deductible.
Virtual Care Services (Telehealth includes telephonic and telemedicine.) (Including medication management visits.	Covered at 100% after deductible.
Retail Health Clinic Visits (Located within the United States	Covered at 90% after deductible.
Specialists and Providers Other Than Your PCP and/or PCP Practice - Office Visits Face-to-face visit.	Covered at 90% after deductible.
Office Surgery	Covered at 90% after deductible.
Office Injections	Covered at 90% after deductible.
Allergy Injections	Covered at 90% after deductible.
Allergy Testing and Serum	Covered at 90% after deductible.
Diagnostic Radiology and Lab Services (Performed in physician's office or free standing facility)	Covered at 90% after deductible.



Advanced Diagnostic Imaging Services (Includes MRI, CAT scans, PET scans, CT/CTA and Nuclear Cardiac Studies.) (Performed in physician's office or freestanding facility.) Prior certification re uired.	Covered at 90% after deductible.
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<b>BENEFITS</b>	
<b>Medical Office/Home Services continued</b>	
<b>Obstetrical Services by Physician</b> (Including prenatal and postnatal care.)	Routine prenatal and postnatal visits are covered at 100%, deductible waived under the Preventive Health Care Services benefits above. See the Hospital Services section for facility and physician benefits related to obstetrical services, including delivery and nurse services.
<b>Maternity Education Classes</b>	Attendance at an approved maternity education program is covered at 100% after deductible.
<b>Education Services</b> (Other than as provided in Priority Health's Preventive Health Care Guidelines.	Covered at 90% after deductible.
<b>Hospital Services</b>	
<b>Inpatient Hospital and Inpatient Longterm Acute Care Services</b> Prior certification is required except in emergencies or for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.	Covered at 90% after deductible.
Inpatient Professional and Surgical Charges	Covered at 90% after deductible.
<b>Human Organ Tissue Transplants</b> Covered only with prior certification from Benefit Administrator.	Covered at 90% after deductible.
<b>Approved Clinical Trial Expenses</b> (Routine expenses related to approved clinical trial.	Covered at 90% after deductible.
<b>Outpatient Hospital Care and Observation Care Services</b> (Including ambulatory surgery center facility charges.	Covered at 90% after deductible.
Outpatient Hospital Professional and Surgical Charges	Covered at 90% after deductible.
<b>Maternity Services in Hospital</b> Delivery, facilities and anesthesia services.	Covered at 90% after deductible.

Hospital Diagnostic Laboratory & Radiology Services	Covered at 90% after deductible.
<b>Hospital Advanced Diagnostic Imaging Services</b> (Includes MRI, CAT scans, PET Scans, CT/CTA and Nuclear Cardiac Studies.) Prior certification required for outpatient services.	Covered at 90% after deductible.
Certain Surgeries and Treatments <ul style="list-style-type: none"> <li>○ Bariatric Surgery*</li> <li>○ Reconstructive Surgery: blepharoplasty of upper eyelids, breast reduction, panniculectomy* rhinoplasty*, septorhinoplasty* and surgical treatment of male gynecomastia.</li> <li>○ Skin Disorder Treatments: Scar revisions, keloid scar treatment, treatment of hyperhidrosis, excision of lipomas, excision of seborrhic keratoses, excision of skin tags, treatment of vitiligo and port wine stain and hemangioma treatment.</li> <li>○ Varicose Veins Treatments</li> <li>○ Sleep Apnea Treatment Procedures</li> </ul>	Covered at 90% after deductible.  *Prior certification required for bariatric surgery, panniculectomy, rhinoplasty and septorhinoplasty.  Additional limitations may apply.  Coverage is limited to one bariatric surgery per lifetime unless medically/ clinically necessary.
<b>BENEFITS</b>	
<b>Medical Emergency and Urgent Care Services</b>	
Emergency Room Services	Covered at 90% after deductible. Reasonable and customary limitations apply for services provided by a non-participating provider.
Ambulance Services	Covered at 90% after deductible. Reasonable and customary limitations apply for services provided by a non-participating provider.
Urgent Care Facility Services	Covered at 90% after deductible.
Behavioral Health Services - Prior certification by our Behavioral Health Department is required, except in emergencies for inpatient services as noted below: Call 616 464-8500 or 800 673-8043.	
<b>Inpatient Mental Health &amp; Substance Use Disorder Services</b> (Including subacute residential treatment facility and partial hospitalization.) Prior certification required except in emergencies.	Covered at 90% after deductible.
<b>Outpatient Mental Health Services</b> (Face-to-face visit)	The first three visits (within 90 days of discharge) from a network hospital for mental health inpatient care are covered at 100% after deductible. Visits thereafter apply as noted below.  Covered at 90% after deductible.

<b>Outpatient Substance Use Disorder Services</b> Face-to-Face Visit	Covered at 90% after deductible.
<b>Family Planning and Reproductive Services</b>	
<b>Infertility Counseling &amp; Treatment</b> (Covered for diagnosis and treatment of underlying cause only)	Covered at 50% after deductible. Prescription drugs for infertility treatment paid as shown under the prescription drug benefits shown below.
<b>Vasectomy</b> Covered only when performed in physician's office or when in connection with other covered inpatient or outpatient surgery.	Covered at 90% after deductible.
<b>Tubal Ligation/Tubal Obstructive Procedures</b> (Included as part of the Women's Preventive Health Services benefits.)	Covered at 100%, deductible waived when performed at outpatient facilities.  If received during an inpatient stay, only the services related to the tubal ligation/tubal obstructive procedures are covered at 100%, deductible waived.
<b>Birth Control Services Medical Plan</b> (i.e. doctor's office) (Included as part of the Women's Preventive Health Services benefits.) Includes; diaphragms, implantables, injectables, and IUD (insertion and removal), etc.	Covered at 100%, deductible waived.
Elective Abortions	Not covered.
<b>Rehabilitative Medicine Services — Not related to Autism Treatment</b>	
Physical and Occupational Therapy	Covered at 90% after deductible up to a benefit maximum of 60 visits per benefit year.
Speech Therapy	Covered at 90% after deductible up to a benefit maximum of 60 visits per benefit year.
Cardiac Rehabilitation and Pulmonary Rehabilitation	Covered at 90% after deductible up to a benefit maximum of 60 visits per benefit year.
Chiropractic and Osteopathic Manipulation Services Includes maintenance care.	Covered at 90% after deductible up to a benefit maximum of 30 visits per benefit year.

<b>BENEFITS</b>	
<b>Services Related to the Treatment of Autism Spectrum Disorder</b>	
Physical and Occupational Therapy for the Treatment of Autism Spectrum Disorder	Covered at 90% after deductible.
Speech Therapy for the treatment of Autism Spectrum Disorder	Covered at 90% after deductible.
Applied Behavior Analysis (ABA) for the treatment of Autism Spectrum Disorder Prior certification re uired.	Covered at 90% after deductible.
<b>Other Services</b>	
<b>Durable Medical Equipment</b> Prior certification is required for charges over \$1 000.	Covered at 100% after deductible.
<b>Prosthetic &amp; Orthotic/Support Devices</b> Prior certification is required for charges over \$1 000.	Covered at 100% after deductible.
Temporomandibular Joint Dysfunction or Syndrome Treatment	Covered at 50% after deductible.
Orthognathic Treatment	Covered at 50% after deductible.
<b>Non-Hospital Facility Services</b> — Including skilled nursing care services received in a: <ul style="list-style-type: none"> <li>○ Skilled Nursing Care Facility</li> <li>○ Subacute Facility</li> <li>○ Inpatient Rehabilitation Facilities</li> <li>○ Treatment</li> <li>○ Hospice Facilities</li> </ul> (Combined maximum for all services.) Prior certification required, except Hospice Facilities.	Covered at 90% after deductible up to a maximum of 90 days per benefit year.
<b>Home Health Services and Infusion Therapy</b> (Including hospice services, excluding rehabilitative medicine.) Prior certification required, except hospice services.	Covered at 90% after deductible.
Custodial Care/Private Duty Nursing/Home Health Aides	Not covered.
Hearing Care Services	One hearing exam, one audiometric exam and one basic hearing aid per ear every 36 months. Hearing and audiometric exams covered full. Hearing aid covered in full to a maximum benefit of \$1 ,500 for monaural and

	\$2,542 for binaural hearing aids every 36 months. Deductible waived.
<b>Pharmacy Benefits — Participating Pharmacies</b>	
<p><b>Prescription Drugs</b> — Managed Formulary Includes disposable needles and syringes for diabetics and infertility medications.</p> <ul style="list-style-type: none"> <li>• CGM available at pharmacy only, covered at 100%.</li> <li>• Excludes select sexual dysfunction medications.</li> <li>• Any medications provided in Priority Health's Preventive Health Care Guidelines, including certain women's prescribed contraceptive methods are covered at 100%, copayments waived.</li> <li>• Brand-name contraceptives (except those without a generic equivalent) are subject to applicable copayments.</li> <li>• Expenses for non-covered prescription drugs will not be applied towards your deductible or out-of-pocket maximum.</li> </ul>	<p>Covered prescription drugs apply to the deductible and the out-of-pocket maximum. Copayments apply after the deductible has been satisfied.</p> <p><u>Retail Pharmacy (up to 31 days):</u> Tier 1 Drugs: \$10 copayment Tier 2 - 5 Drugs: \$40 copayment</p> <p><u>Infertility Drugs:</u> 50% copayment</p> <p><u>Mail Service Program (.90 days):</u> Tier 1 Drugs: \$20 copayment Tier 2 - 3 Drugs: \$80 copayment</p> <p>For information about the mail order program, visit their website at <a href="http://expressscripts.com">expressscripts.com</a>.</p>

SaveOn Specialty Drug Program	<p>Filled through Accredo - specialty drug mail-order pharmacy.</p> <p>Copayments vary based on the specific drug, but will be \$0 if you sign up for the SaveonSP Program. Any copayment will not apply to your out-of-pocket limit (but copayment will be \$0 if you use the SaveonSP program).</p> <p>If you qualify for this program, you will be contacted by SaveonSP, otherwise for further details lease call SaveonSP at 1-800-683-1074.</p>
<p>Pursuant to IRS Publication 969 — Health Savings Accounts and Other Tax-Favored Health Plans — participation in a prescription drug plan that provides benefits before the deductible is met makes the plan disqualifying coverage since it's not a high deductible health plan, and may make you ineligible to contribute tax-free dollars to a health savings account due to your HSA losing its tax exemption. Contributions made to an HSA that lost its tax exemption, either on behalf of an individual, or by an individual who is not eligible for an HSA under IRS rules will be treated as taxable income. Please consult our tax advisor.</p>	
<p><b>Coverage Information</b></p>	
Waiting Period Requirement	<p><u>Administration:</u> Date of hire.  <u>Support/Secretarial:</u> 60 days following date of hire.</p>
Full-Time Employee	30 hours worked per week.
Retiree Coverage	Not applicable.
Dependent Children	Covered up to the end of the month in which they turn age 26. Age 26 and older covered if mentall or h sicall inca acitated de endent.
Motor Vehicle Injuries	Plan shall pay primary to any motor vehicle insurance.
Motorcycle Injuries	Plan shall pay primary to any motorcycle insurance.

In accordance with the terms and conditions of the PDSPD, you are entitled to covered services when these services are:

- A. Medically/clinically necessary; and
- B. Not excluded in the PDSPD.

You will be responsible for those services that are beyond those approved, beyond the benefit maximums or excluded from coverage.

If the hospital confinement extends beyond the number of certified days, the additional days will not be covered unless:

- The extension of days is medically/clinically necessary, and

- Prior certification for the extension is obtained before exceeding the number of prior certified days.

For emergency admissions, the Benefit Administrator should be notified by the end of the next business day following the admission or as soon as reasonably possible.