

SUPPLEMENTAL AGREEMENT BETWEEN
**ANTELOPE VALLEY UNION
HIGH SCHOOL DISTRICT
BOARD OF TRUSTEES**

**CALIFORNIA SCHOOL
EMPLOYEE ASSOCIATION
AND ITS CHAPTER 612**

JULY 1, 2022 THROUGH JUNE 30, 2023



CSEA APPROVED
OCTOBER 11, 2022
BOARD APPROVED
OCTOBER 19, 2022

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ARTICLE 2

Salary

- 2.0 CSEA Bargaining Unit Members employed on the date the agreement is ratified by both parties will receive a five percent (5%) on schedule salary increase retroactive to July 1, 2022. See Salary Schedule, Appendix A. The District shall provide each unit member employed on the date the agreement is ratified by both parties, a one time off schedule payment equal to three percent (3%) of the unit members' base salary during the 2021-2022 school year.

Effective January 1, 2023, Appendix "A", Salary Schedule will incorporate Range 81 through 89 with Mental Health Therapist being reclassified to Range 89.

- 2.1 The District will continue earned annual salary increments.
- 2.2 In order for a new unit member to receive a step advance at the beginning of a new fiscal year, the unit member must have been employed on the first working day in January prior to the beginning of the new fiscal year.
- 2.3 Any payroll errors resulting in insufficient payment for a unit member in the bargaining unit shall be corrected, and a supplemental check issued, not later than five (5) working days after the unit member provides notice to the Payroll Department.
- 2.4 When a unit member is assigned out of his/her regular job classification to a higher paid job classification within the bargaining unit for a period of more than two (2) working days within a 15 calendar day period, the unit member's salary shall be adjusted upward to the unit member's step on the classification of the position to which he/she is temporarily assigned. This upward adjustment shall be effective for the entire period he/she is required to work out of his/her regular job classification in the higher paid job classification. Unit members upgraded to management positions shall receive pay at the unit members current step or 10% more, whichever is greater.
- 2.4.1 Any payroll adjustment due a unit member in the bargaining unit as a result of working out of class, settlement of a grievance in favor of the unit member, recomputation of hours, or other reasons, other than procedural errors, shall be made either by supplemental check or be included in the next regular monthly check. Adjustments may not be made on earned salary advance.
- 2.5 Any unit member in the bargaining unit receiving a promotion to a position in the bargaining unit covered by provisions of this agreement shall remain, at least, on the same step as in his current assignment. Refer to Article 8, Promotions.
- 2.6 Unit members are entitled to receive longevity salary increases on a yearly basis at the completion of five (5) consecutive years of service. Unit members will remain on step 5 until eligible for longevity. Employees hired prior to July 1, 2002, and previously on the five (5) year longevity system (where a longevity increase was provided employees every 5 years, beginning at year 11), and who are in between the previous longevity steps, will begin receiving the yearly longevity increase at what would have been their next longevity step. In other words, for those employees hired prior to July 1, 2002, yearly longevity increases will begin at year 11, 16, 21, 26, or 31, whichever is applicable.
- 2.7 A unit member receiving a temporary upgrade shall not be paid less than the wage called for

by his/her permanent classification and placement on the appropriate salary schedule. If a probationary unit member accepts a temporary upgrade to another classification, the District may extend the probationary period for a maximum of 45 additional days regardless of the length of time in the upgraded position.

2.8 Professional Growth

2.8.1 **Purpose:** To create a voluntary educational program which will assist unit members to improve or increase their job performance capabilities and to assist unit member's development for promotion within the District. The stipends will be awarded annually.

2.8.2 **Eligibility:** Credit for professional growth consideration will be limited to permanent, non-probationary, unit members whose most current annual evaluation at the time of initial application indicates a rating of "meets standards" or "exceeds standards." If no evaluation has been conducted in the previous twelve (12) months, a permanent unit member will be deemed eligible. Unit members receiving this consideration shall be rendered ineligible upon receiving an evaluation that indicates a rating of "needs improvement" for two (2) consecutive years, until such time as they next receive a positive evaluation.

2.8.3 **Initial Placement:** The first or initial placement in the stipend schedule (units of credit) shall be based on the following stipend chart:

Associate's degree	\$350
Associate's degree + 15 units	\$450
Associate's degree + 30 units	\$550
Associate's degree + 45 units	\$650
Associate's degree + 60 or Bachelor's degree	\$750
Master's degree	\$1,000

2.8.4 **Additional Stipend Earnings:** Additional single, non-cumulative stipend increments may be awarded each year thereafter, per the above stipend chart. Additional stipend earnings shall be provided when any of the following conditions are met:

2.8.4.1 Units earned in course work are directly related to the unit member's assignment.

2.8.4.2 Units earned in course work increase the unit member's value to the District.

Unit members will submit course work on District approved form for additional stipend earnings. Course work requires prior approval by the Personnel Services Office. Approval shall not be arbitrarily or capriciously denied.

2.8.5 **Submission Responsibility:** It shall be the responsibility of the unit member to submit for professional growth credit and verification of completion (including grade received) of coursework to the Personnel Services Office at the appropriate time.

2.8.6 **Time-lines:** All units of credit submitted to the Personnel Services Office for increment consideration shall be completed and submitted to the Personnel Services Office prior to September 1st of the year in which the increment is required and shall be considered only if the unit member has completed the coursework in a satisfactory manner (grade "C" or better). The Personnel Services Office will verify

the unit member's submission prior to the stipend payment. Unit members failing to meet the deadline specified herein will not receive credit towards a professional growth stipend until the following year.

- 2.8.7 **Earning of Credits:** Units of credit may be earned by being enrolled in educational instruction by an accredited community college, college or university. It is the unit member's responsibility to ensure that units of appropriate credit are being earned at an accredited community college, college or university acceptable to the District. All units presented for professional growth must be semester or equivalent, verified by official records of accredited colleges or universities. Quarter units shall be converted to semester units by multiplying the quarter unit by two-thirds ($\frac{2}{3}$). Unit members are encouraged to confirm with the Personnel Services Office the appropriateness of the community college, college or university prior to enrolling and beginning educational instruction.
- 2.8.8 **Stipend:** Stipend shall be paid annually to the unit member in a lump sum (minus normal deductions) in November of each year, or as soon thereafter as practicable.

ARTICLE 3

Health Insurance Benefits

- 3.0 **Medical Coverage:** Each permanent classified unit member employed by the District for four (4) or more hours shall be eligible to participate in District provided medical benefit programs in accordance with this Agreement. See Appendix "F". Each probationary classified unit member employed by the District for four (4) hours or more shall be eligible to participate in either of the District's Kaiser HMO Option 1 or Kaiser HMO Option 2 plans. Employees may change plans only during the District's or Kaiser HMO Option 2 plans. Employees may change plans only during the District's open enrollment. The medical benefits include the option of any medical plan offered by the District for employees and their eligible dependents, which will include a required individual contribution as follows:

Effective October 31, 2020, bargaining unit members who select Blue Cross PPO Option 1, Blue Cross PPO Option 2, or California Care shall contribute \$100.00 monthly for a period of ten (10) months, totaling \$1,000.00 annually. The difference in premiums between the Blue Cross PPO options 1 and 2 is the responsibility of the employee.

Effective October 31, 2020, bargaining unit members who select Blue Cross 90/10 plan shall contribute \$50.00 monthly for a period of ten (10) months, totaling \$500.00 annually.

Effective October 31, 2020, bargaining unit members who select Kaiser HMO Option 1 or Kaiser HMO Option 2 shall have no monthly contribution.

The individual contribution amounts set forth above shall not apply to classified unit members employed by the District who are employed for less than eight (8) hours per day. (See 3.1 below.)

All benefit plans will be offered in accordance with Appendix F.

- 3.0.1 **Dental, Vision, Life Insurance and Employee Assistance:** These benefits shall be provided to all unit members, including their eligible dependents, who are employed by the District for four (4) or more hours per day without cost to the individual, provided the unit member selects and participates in a District provided medical benefit program. Unit members who are not currently participating in a District provided medical benefit program yet receive these benefits shall continue to receive said benefits.

- 3.1 Classified unit members employed by the District for less than eight (8) hours per day shall be provided medical benefits as a part-time employee on a prorated basis in accordance with the following unit member contributions:

(1)	6.00 hours	12.5% contribution
(2)	6.50 hours	9.5% contribution
(3)	7.00 hours	6% contribution

- 3.1.1 Unit members who are employed subsequent to the first working day of a month shall have insurance benefits commencing on the first day of the month following the effective date of their employment.

3.1.2 Any member on a paid leave of absence will receive the health and welfare coverage provided by the District, subject to the appropriate contributions referred to herein (see Item 3.1). Any unit member on an unpaid leave of absence shall be eligible to participate in the health and welfare coverage provided to others but this shall be at the unit member's expense and this shall be conditioned upon a willingness of the carrier to extend such coverage.

3.2 Health Insurance Coverage for Retirees: Effective upon adoption by the Board of this Agreement, the District shall provide medical insurance coverage for retired unit members and their eligible dependents, under the same terms and conditions as provided to active unit members. This applies to those unit members whose employment with the district is terminated by retirement after the effective date of this Agreement, under the Public Employees Retirement System (PERS) and/or Social Security after reaching their fifty-fifth (55th) birthday and who have completed ten (10) cumulative years or service, including paid leaves, to the District. The benefit will continue until the retired unit member is age sixty-five (65) or is eligible for Medicare, whichever comes first, or on the date the unit member determines to discontinue the coverage prior to age sixty-five (65).

3.3 IRC 125 flexible benefit plan shall be implemented December 1, 1997, for the remainder of the contract. The IRC 125 carrier shall be determined by the District.

3.4 Healthy Families Program: The District shall reimburse qualified and eligible classified bargaining unit members for enrollment in the Healthy Families Program. Unit members who are not eligible for District benefits (classified employees who work less than 20 hours a week) are eligible for participation in this program. However, acceptance into the Healthy Families Program itself is not determined by the District, but by the Healthy Families Program.

Unit members who are accepted into the Healthy Families Program shall be reimbursed for the monthly premiums paid upon receipt by the District of proof of payment. The District's monthly reimbursement shall not exceed \$27.00 per month, per family.

The parties agree that the District's total liability under this program shall not exceed \$6,000 per school year. Unit members shall be reimbursed on a first come, first serve basis.

Health Insurance Research Committee

CSEA agrees to participate in a committee with members of AVTA and District administration to explore the benefits plan and provide options of future cost containment of health benefits.

3.5 Dean Kittinger Surviving Spouse Benefit: The District shall provide the surviving spouse and eligible dependents of any deceased employee with health and welfare benefits contribution which had been made on behalf of the deceased employee, for a period of six (6) months following the death of an active classified employee, as long as the practice is allowed by the health and welfare benefits provider(s). After six (6) months, the surviving spouse may elect to continue in the same health and welfare benefit program for an additional period as specified in the Comprehensive Budget Reconciliation Act (COBRA) upon payment by the surviving spouse of the appropriate premium.

ARTICLE 4

Hours of Employment

- 4.0 The work week for regular full-time unit members shall be forty (40) hours rendered in units of eight (8) hours, unless designated by the District to be less than forty (40) hours or less than eight (8) hours per day.
- 4.1 The work week shall consist of five (5) consecutive workdays unless mutually agreed upon by the supervisor and employee. This provision shall not be used to reduce overtime opportunities which otherwise would be available to unit members.
- 4.2 The workday for all unit members shall be established and regularly fixed by the District in order to meet the Districts' interest as defined by the District and in accordance with the provisions set forth in this agreement. Each unit member shall be assigned a fixed, regular, and ascertainable minimum number of hours.
- 4.2.1 Any unit member who is required to and reports to work prior to his/her normal starting time on a regular workday will receive 1-1/2 times regular rate of pay for all hours of work performed prior to his/her normal starting time. Such required work shall not be used by the District to shorten the unit member's working day.
- 4.2.2 When mutually agreed upon by the unit member and his/her immediate supervisor, hours of employment on a particular day may be changed to eliminate the need for more than an eight hour workday for that unit member. This is to have no effect on the regular rotation of unit members eligible for overtime.
- 4.2.3 CSEA recognizes the need of the District to provide state mandated inservice; with assurance by the District to keep these days to a minimum CSEA agrees to waive the need for mutual agreement referred to in 4.2.2. For mandated inservice days only the District is obligated to notify CSEA and individual unit members ten (10) days in advance of such meeting and will schedule these days Monday through Friday first shift.
- 4.3 A non-compensated, uninterrupted lunch period of not less than thirty (30) minutes or more than one (1) hour shall be provided all unit members who render service of at least five (5) hours or more per day, and shall be scheduled for full-time unit members at, or about, the midpoint of each work shift. The lunch period shall be assigned by the immediate supervisor.
- A unit member required by his/her supervisor to work during his/her lunch break shall begin a new lunch break of not less than thirty (30) minutes after completing the work called for when the original lunch period was interrupted.
- 4.4 The unit member will be provided one (1) rest period of fifteen (15) minutes duration for each full four (4) hours of work per day. Supervisors shall schedule rest periods for unit members at times least disruptive to the operation of the department. Rest periods are a part of the regular workday and shall be compensated at the regular rate of pay for the unit members.
- 4.5 Rest periods shall not be used to lengthen the lunch period or shorten the workday. Lunch periods shall not be used to shorten the workday.

- 4.6 A classified employee who works a minimum of 30 minutes per day in excess of his part-time assignment for a period of 20 consecutive working days or more shall have his basic assignment changed to reflect the longer hours in order to acquire fringe benefits on a properly prorated basis as specified in Education Code Section 45136 and 45137.
- 4.7 The Association and the District recognize that overtime assignment will be necessary to carry on the business of the District. Unit members may request to be excused from an overtime assignment. When administratively feasible, supervisors shall attempt to accommodate the unit member's request prior to making the overtime assignment. The assignment of overtime to classified employees will be filled on a seniority, volunteer basis first (see 4.12 below). In the event that not enough volunteers are available, the District will assign overtime starting with the least senior qualified employee who has not been assigned overtime, until all unit members on the seniority list have been assigned overtime.
- 4.8 Overtime compensation shall be provided unit members who are directed by their immediate supervisor to work in excess of eight (8) hours in any day, or in excess of forty (40) hours in any calendar week. The unit member shall be compensated equal to time and one half of the regular rate of pay.
- 4.9 Any non-fully paid leave shall not be used to compute overtime credit.
- 4.10 In accordance with the provisions of Education Code Section 45131, when mutually agreed upon, part-time employees may work additional days and/or hours at their regular rate of pay unless the total hours worked exceeds forty (40) in a given week. This provision shall not be used to reduce overtime opportunities which otherwise would be available to unit members. When a unit member is required to work on a holiday, he/she shall be paid compensation for such work, in addition to the regular rate of pay received for the holiday, at the rate of time and one-half his/her regular rate of pay.
- 4.11 Any bargaining unit member called back to work on an emergency basis before or after normal working hours, on weekends, or holidays will be compensated for a minimum of two (2) hours overtime.
- 4.12 Overtime assignment shall be made at the discretion of the District. When authorized, and when administratively feasible, overtime shall be assigned as equally as is practicable among unit members at each school site, within each classification, based on a seniority rotation list. Immediate supervisors shall develop and, on or before the third week of each school year, post methods of rotating overtime, and the seniority list for each site.
- 4.12.1 Meal periods during an overtime assignment where the employee is required to remain on-site or at the work location shall be paid at the employee's overtime rate of pay.
- 4.13 A shift differential of five percent (5%) above the regular rate of pay will be paid for unit members regularly working the second shift, which is defined as those working at least four (4) hours after 5:00 p.m. Unit members regularly assigned to work on all or part of a weekend will receive shift differential pay of five percent (5%) above the regular rate of pay for the weekend days worked.

- 4.14 Workday During Inclement Weather: In the event that the Superintendent determines it is necessary to close schools due to inclement weather, the day shall be declared a local holiday for all members of the bargaining unit.
- 4.14.1 When it is determined that school will be closed due to inclement weather as announced by the Superintendent, all unit members will be excused from work without a dock in pay. Unit members will be advised of changes in regular work schedules through the district's notification system and local radio stations. No notification will mean work as usual.
- 4.14.2 In the event schools are open, but unit members in outlying areas are not able to report to work due to adverse road conditions caused by inclement weather, those unit members must notify the District of their situation and shall elect to use a vacation or a personal necessity day.
- 4.14.3 Any unit member called to work during the period of time when all unit members have been excused from work shall be compensated at the rate of one and one-half times for hours worked in addition to his/her regular salary.
- 4.14.4 In the event of emergency or act of nature, or unusually bad weather, the District Office may notify individual sites of an early closing hour. For purposes of this section, the District Office and the Maintenance and Grounds Department shall be considered an individual site. Should any unit member at a site be released for the reason of inclement weather under this section, then all unit members at that site are to be released with no loss of pay and/or vacation leave and/or sick leave. Maintenance and Grounds personnel assigned to that site that day shall be released or reassigned to another site. If they continue to work at that same site, they shall be compensated at the rate of one and one-half times each hour worked in addition to their regular pay.
- 4.14.5 In the event of emergency, act of nature, it is understood that certain unit members will be expected to remain on duty; it is further understood that unit members remaining on duty during an emergency situation shall be compensated at the rate of one and one-half times each hour worked in addition to their regular pay.
- 4.14.6 Authorization to retain unit members on duty must be obtained from the Superintendent or an Assistant Superintendent prior to assigning the unit member to remain at work.
- 4.15 Unit members will be notified, in writing, at least one (1) month prior to the first day of summer school that they have been chosen to work a summer school assignment. Unit members selected for summer work (not related to summer school) shall be notified in writing at least two weeks prior to the last day of school. Should the District's staffing needs change after the initial notification requirement, the District will make reasonable efforts to notify employees of the additional work opportunities.

ARTICLE 10

Leave Provisions

10.0 The leave benefits provided by the District for unit members shall be as follows:

The term "day" throughout this Article shall mean working day.

10.1 **Sick Leave:** Regular full-time unit members shall be entitled to leave of absence with full pay for illness, injury, doctor, and dental appointments, in accordance with the following schedule:

10.1.1 Sick leave is earned at the rate of one day per month of employment and is cumulative. The District shall provide each unit members with a written statement of his/her accrued sick leave total and of his/her sick leave entitlement for the school year. Such statements shall be provided no later than December 1st of each school year.

10.1.2 A classified unit member regularly employed for less than eight (8) hours per day or for less than five (5) days per week shall be entitled to sick leave in the same ratio that his/her employment relates to full-time employment.

10.1.3 At the beginning of each fiscal year, the full amount of sick leave granted under this section shall be credited to each unit member. Credit for sick leave need not be accrued prior to taking such leave and such leave may be taken at any time during the year. However, a new unit member of the District shall not be eligible to take more than six (6) days until the first day of the calendar month after completion of six (6) months of active service with the District.

10.1.4 To be eligible to apply for sick leave with pay, the unit member shall be in a paid status and scheduled for work on the day(s) of absence. Pay for any day of such absence shall be the same as the pay which would have been received had the unit member worked a regular day.

10.1.5 Upon exhaustion of all accumulated full pay sick leave credit, a unit member who continues to be absent under the provisions of this article shall receive fifty (50) percent of his/her regular salary for a period of time as set forth in Section 10.1.6. A unit member is entitled to receive 50% pay for extended periods of illness of not less than five (5) consecutive working days. If a unit member is absent from his/her position for an extended illness of at least 5 working days, upon verification of illness, the unit member will receive his/her 50% pay retroactive to the first day of extended leave. The District will regularly inform, at least quarterly, all unit members of their total accumulated sick leave credit, but will not be responsible for informing a unit member absent from his/her duties that he/she has exhausted or is about to exhaust all accumulated sick leave credit.

10.1.5.1 Unit members on extended illness leave pursuant to a physician verified illness leave at time sick leave is exhausted shall receive 50% pay upon exhaustion of sick leave for continued verified absence.

10.1.6 A unit member shall be eligible for fifty (50) percent pay in accordance with the foregoing section (10.1.5) for a maximum period of one hundred (100) days. Provided the requirements of section 10.1.5 have been met, said one hundred day

period shall begin to run at the expiration of the member's full pay sick leave for that current year, and shall run concurrently with the period of time during which the unit member is using his/her accumulated full pay sick leave from prior years, if any.

10.1.7 The amount to be received by the absent unit member will be determined as follows:

10.1.7.1 The absent unit member will receive full pay for all days of accumulated sick leave.

10.1.7.2 After all accumulated sick leave has been used, provided the unit member has met the requirements of section 10.1.5, the absent unit member will receive fifty (50) percent of his/her regular salary for the remainder of the above-mentioned one hundred (100) day period, if any.

10.1.7.3 When a unit member is absent and eligible for industrial accident or industrial illness leave, his/her absence for purposes of accumulated sick leave and one hundred (100) days of 50% pay shall be deemed to commence on the date of termination of the industrial accident or industrial illness leave, provided that if the unit member continues to receive temporary disability, the unit member shall have deducted from his/her accumulated sick leave or available sick leave only as much which, when added to the temporary disability indemnity, will result in a payment of not more than his/her full salary.

10.1.7.4 When a unit member is absent from his/her duties on account of illness and has exhausted all entitlement to sick leave, vacation, compensatory overtime, and other available paid leave, no further salary will be paid by the District, and health and dental insurance coverage paid by the District will cease at the end of the month for which payment has been made. The unit member shall then have the following options available for consideration, the election of which the unit member must advise the District not later than the day following the day all available paid leave has been exhausted:

10.1.7.4.1 Request a leave of absence, which may or may not be approved by the District. If granted for job related illness or injury, the District may provide the health and dental coverage allowed regular unit members.

10.1.7.4.2 Apply for retirement or disability retirement.

10.1.7.4.3 Resign from employment in the school district.

10.1.7.5 If, at the conclusion of all leaves of absence, paid or unpaid, a unit member, who is absent because of non-industrial accident or illness and who is still unable to assume the duties of his/her position, will be placed on a re-employment list for a period of thirty-nine (39) months.

10.1.7.5.1 At any time during the prescribed 39 months, the unit member is able to assume the duties of his/her position, he/she shall

be re-employed in the first equivalent position in the classification of his/her previous assignments. The unit member's re-employment will take preference over all other applicants except for those laid off for lack of work or funds under Education Code Section 45298, in which case the unit member shall be ranked according to his/her proper seniority.

10.1.7.5.2 A unit member who is placed on a re-employment list, as provided herein, who has been medically released for return to duty and who fails to accept an appropriate equivalent assignment shall be dismissed.

- 10.1.8 At any time during the course of a sick leave or injury absence and upon return from absence, the unit member may be required to supply such information as requested by the District through the Personnel Services Office regarding the anticipated length of absence, name and address of attending physician(s), date and time of medical appointment(s), and the place and phone number where the unit member may be reached, and other related information.
- 10.1.9 The District shall require proof of illness (physician's verification) after three (3) consecutive days of absence unless a unit member has been notified, in advance and in writing, that such proof will be required after one day of absence. Periodic medical reports, which shall not include medical diagnosis or treatment, may be required during extended absence (five days or more) of a unit member. Unit members returning to work from illness absence involving surgery, serious illness, or extended absence, shall be required to present a doctor's release verifying medical permission to return to work, including any restrictions. A unit member who fails to provide the required medical verification of illness, medical disability, or injury immediately upon their return shall be considered as having been absent without leave and will be docked pay for the days of the absence. The unit member will remain in unpaid status until unit member presents the District with a doctor's release to return to work. Unit members may appeal to the Assistant Superintendent of Human Resources the decision to consider the unit member's absence as "absent without leave" and unpaid and their placement in unpaid leave status pending a physician's release to return to work. The Assistant Superintendent's decision is final.
- 10.1.9.1 It shall be the unit member's responsibility to provide the District with physician verification of continued illness no later than the first day that the unit member is absent after exhausting full pay sick leave (see: 10.1.5 above).
- 10.1.10 Members of the unit shall be required to submit to medical examination(s) by District-appointed physician(s), at the District's expense, at the discretion of the District which are job-related and consistent with business necessity.
- 10.1.11 If a unit member resigns, retires, or is terminated and has used more sick leave than was earned, the amount used but not earned shall be deducted from the final warrant of the unit member.
- 10.1.12 The unit member may convert unused sick leave to retirement credit in accordance with Government Code Section 20862.5, or its successor, if the unit member is filing a request for retirement.

- 10.1.13 Members of the unit must notify the District Personnel Services Office of absences as soon as the necessity to be absent becomes known to the unit member. Regular shift unit members will report absences no later than 6:30 a.m. the day of the absence. Second shift unit members will report absences no later than noon on the day of the absence.

10.2 Maternity Leave

A leave of absence may be granted to any unit member who is required to be absent from duties because of a disability caused by the unit members pregnancy, as authorized and required by California Pregnancy Disability Leave law. This leave shall be granted and administered in the same manner as Sick Leave.

The unit member's doctor shall determine the beginning, length, and return for the employee. This verification shall be submitted to the District.

When all available sick leave has been exhausted, additional unpaid leave may be requested per the Family Medical Leave Act and/or the California Family Rights Act, if any is available, or as provided in Section 10.10.

10.3 Family Medical/Child Rearing Leave

Rights afforded eligible employees under the Family Medical Leave Act and California Family Rights Act will be provided as authorized and required by law.

Unit members may apply for this leave by submitting a written request to the superintendent. At least 30 days advance notice shall be given if the need for the leave is foreseeable. If 30 days notice is not possible, then as soon as possible. Such leaves shall be granted according to the Family Medical Leave Act or as provided in Section 10.10.

10.4 Personal Necessity Leave

- 10.4.1 Absence under this provision must be requested and approved by the immediate supervisor in advance of the absence. Upon request of the unit member, the immediate supervisor shall provide, in writing, the reason(s) for withholding such approval. The immediate supervisor may make exceptions to the notification and approval requirement in cases of emergency.

During any school year a unit member may use, at his/her own election, not more than seven (7) days of accumulated sick leave benefits in the following cases of personal necessity:

- 10.4.1.1 Death of a member of his/her immediate family. Immediate family of a unit member is defined as mother, mother-in-law, father, father-in-law, grandfather, or grandmother, or a grandchild of the unit member or of the spouse or domestic partner of the unit member, and the spouse, domestic partner, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, or sister-in-law, step parent, step child, step sister, step brother of the unit member or any relative living in the immediate household of the unit member or other adult who has had the primary responsibility for raising or care of the unit member or spouse of the unit member. The unit member will identify such persons within one month of ratification of this agreement or within

one month of employment in the District.

- 10.4.1.2 Accident, involving his/her person or property, or the person or property of a member of his/her immediate family as defined above, of such an emergency nature that the immediate presence of the unit member is required during his/her workday. Mechanical failure of vehicle is not defined as an accident.
 - 10.4.1.3 Illness of members of the unit member's immediate family, as defined above, when such illness makes it impossible or inadvisable for the unit member to carry out his/her duties.
 - 10.4.1.4 Appearance in court as a litigant, or as a witness under an official order. The unit member shall furnish evidence of the court appearance to the immediate supervisor who shall in turn attach it to the time sheet.
 - 10.4.1.5 Leave to be with member of immediate family prior to overseas assignments as a member of the armed services of the United States.
- 10.4.2 Authorized use of personal necessity leave includes matters of compelling importance.
- 10.4.2.1 Upon return from a Personal Necessity Leave, unit members shall be required to request the leave in writing and by submitting such verification as may be required. Unit members shall be denied paid Personal Necessity benefits for absences for purposes other than those defined above and/or failure to comply with the absence verification requirements of the District.
 - 10.4.2.2 Authorized use of Personal Necessity Leave does not include participation in unit member work stoppage, or unit member association activities not authorized in advance by the District which would curtail the normal operation of the District.

10.5 Personal Business Leave

- 10.5.1 Each unit member is entitled to three (3) days per year of personal business leave which shall be charged to the unit member's sick leave.
- 10.5.2 This leave may be used for matters of importance to the unit member which he/she cannot reasonably be expected to ignore and which require the unit members presence during the workday. Specific reasons for absence are not required.
- 10.5.3 Absence under this provision must be requested and approved by the immediate supervisor in advance of the date of the absence.
- 10.5.4 Authorized use of personal business leave does not include activities for which the unit member may be compensated nor does it include participation in work stoppage or association activities not authorized in advance by the District.

10.6 Bereavement Leave

- 10.6.1 Each unit member is entitled to three (3) days leave of absence with pay, or five (5) days if travel beyond three hundred (300) miles one way from the unit member's residence is required, in the event of the death of any member of his/her immediate family. Immediate family is defined as mother, mother-in-law, father, father-in-law, grandmother, grandfather, or a grandchild of the unit member or of the spouse or domestic partner of the unit member, and the spouse, domestic partner, son, son-in-law, daughter, daughter-in-law, brother, brother-in-law, sister, sister-in-law, step parent, step child, step sister, step brother of the unit member or any relative living in the immediate household of the unit member or other adult who has had the primary responsibility for raising or care of the unit member or spouse of the unit member. The unit member will identify such persons within one month of ratification of this agreement or within one month of employment in the District. By mutual agreement, the list of family members may be expanded.
- 10.6.2 In addition to the above bereavement leave, the unit member may request that not more than ten (10) days of accumulated sick leave during any school year be charged for personal necessity under Section 10.4 or personal business leave as outlined in Section 10.5. In the event that the death is of a unit member's spouse or child, the unit member is entitled to ten (10) days leave of absence with pay.
- 10.6.3 Members of the unit shall be required to contact the District Personnel Services Office as required in Article 10, 10.1.13, to request bereavement leave. Failure to do so may result in ineligibility for paid leave and may be considered to be an unauthorized absence.
- 10.6.3.1 The unit member shall submit his/her request in writing to his/her immediate supervisor in order that the Payroll Office may be advised. Requests shall include name and relationship of the deceased.
- 10.6.3.2 Members of the unit may be required to provide proof of eligibility for bereavement leave.

10.7 Industrial Accident or Illness Leave

- 10.7.1 In accordance with Education Code Section 45192, unit members employed by the District no less than eighteen (18) months shall be provided leave of absence for industrial accident or illness under the following rules and regulations: (This provision is applicable to persons employed after 9/01/97.)
- 10.7.1.1 A unit member who has sustained a job-related injury or illness shall report the injury to the immediate supervisor on the District accident form no later than the next scheduled workday following the accident, or as soon as possible.
- 10.7.1.2 The industrial accident or illness must have arisen out of, and in the course of employment, of the unit member, and must be accepted as a bonafide injury or illness arising out of, and in the course of employment, by the District's compensation insurance carrier.
- 10.7.1.3 Allowable leave for such industrial accident or illness shall be for the number of days of temporary disability not to exceed sixty (60)

working days when the unit member would otherwise have been performing work for the District in any one fiscal year for the same accident.

- 10.7.1.4 Allowable leave for industrial accident or illness shall not be accumulated from year to year.
- 10.7.1.5 The industrial accident or illness leave under this Article shall commence on the first day of absence. The industrial accident or illness leave shall be reduced by one (1) day for each day of authorized absence regardless of a compensation award made under worker's compensation laws.
- 10.7.1.6 When a unit member is absent from duties due to industrial accident or illness, the member shall be paid such portion of the salary due for any month in which absence occurs as when added to temporary disability indemnity, will result in a payment of not more than full salary. The phrase, "full salary," as utilized in this subdivision, shall be computed so that it shall not be less than the unit member's "regular average weekly earnings."
- 10.7.1.7 When an industrial accident or illness leave overlaps into the next fiscal year, the unit member shall be entitled to only the amount of unused leave due for the same illness or injury.
- 10.7.1.8 During all paid leaves of absence, whether industrial accident or illness leave, sick leave, vacation, compensated time off, or other available paid leave provided by law or by the District, the unit member shall endorse to the district the temporary disability checks received due to industrial accident or illness. The District, in turn, shall issue the unit member's salary, in accordance with the provisions of 10.1.7.3, and shall deduct normal retirement and other authorized contributions.
- 10.7.1.9 The benefits provided by this article shall be applicable to all unit members employed by the District for a period of not less than eighteen (18) months unless employed prior to September 1, 1997.
- 10.7.1.10 Any unit member receiving benefits as a result of this article shall, during the period of injury or illness, remain within the State of California unless the Governing Board authorizes travel outside of the State.
- 10.7.1.11 Upon termination of the industrial accident or illness leave, the unit member shall be entitled to the benefits provided for sick leave, and absence for such purpose shall be deemed to have commenced on the date of termination of the industrial accident or illness leave, provided that the unit member elects to take as much of the accumulated sick leave, accumulated compensating time, vacation, or other available paid leave which, when added to temporary disability indemnity, will result in payment of not more than full salary.

- 10.7.1.12 A unit member shall be permitted to return to service after an industrial accident or illness leave only upon presentation of a release from the District-appointed physician and/or from the treating physician, as determined by the District certifying the unit member's ability to return to position classification without restrictions and without detriment to physical and emotional well-being.
- 10.7.1.13 Upon complying with District medical release requirements and receiving District authorization to return to work, a unit member on industrial accident or illness leave may be reinstated in a position in the same classification without loss of status or benefits.
- 10.7.1.14 When all available leaves of absence, paid or unpaid, have been exhausted and, if the unit member is not medically able to assume the duties of his/her position, he/she shall be placed on a re-employment list for a period of thirty-nine (39) months. When available, during the 39 month period, the unit member shall be employed in the first equivalent position in the class of his/her previous assignment over all other available candidates except for a re-employment list established because of lack of work or lack of funds, in which case he/she shall be listed in accordance with the appropriate seniority regulations.
- 10.7.1.15 A unit member who has been placed on a re-employment list, as provided herein, and who has been medically released for return to duty, and who fails to accept an appropriate equivalent assignment, shall be dismissed.
- 10.7.1.16 These provisions for industrial accident and illness leave shall apply only to unit members whose services are regularly scheduled.

10.8 Judicial and Official Appearance Leave

- 10.8.1 Judicial and official appearance leave shall be granted for purposes of regularly called jury duty, appearance as a witness in court other than a litigant, or to respond to an official order from another governmental jurisdiction for reasons not brought through the initiation, connivance, or misconduct of the unit member.
- 10.8.2 For any necessary court or governmental agency appearance, the unit member may utilize personal necessity leave. However, if any court or governmental agency appearance is required of a unit member by the District, it shall be made without loss of pay and without charge to any other accrued leave benefits.
- 10.8.3 The District agrees to grant to members of the bargaining unit regularly called for jury duty, in the manner provided by law, leave of absence without loss of pay for time the unit member is required to perform jury duty during the unit member's regularly assigned working hours. Unit members, so called for jury duty, must notify the District of service date(s) upon receiving said notice from officers of the Court. The District shall pay the unit member the difference, if any, between the regular rate of pay and the amount received for jury duty, less meals, travel, and

parking allowance. Unit members are required to return to work during any day in which jury duty services for less than three (3) hours, are required. Any unit member whose regular assigned shift commences at 2:00 p.m. or after shall also be relieved from work with pay if jury duty services exceed three (3) hours. The District may require verification of jury duty time prior to or subsequent to providing jury duty compensation.

- 10.9 **Military Leave:** A unit member shall be entitled to any military leave provided by law and shall retain all rights and privileges granted by law arising out of the exercise of military leave.

10.10 **General Provisions**

- 10.10.1 A leave of absence is an authorization for a unit member to be absent from duty, generally for a specific period of time and for an approved purpose.
- 10.10.2 A leave protects the unit member by holding a place for such member in the District until the leave expires, providing the position would have otherwise remained. There is, however, no assurance that when a leave of absence necessitates a long-term replacement that the return assignment will be in the same site where such unit member was assigned when the leave was authorized.
- 10.10.3 Unit member on a paid leave of absence, unless otherwise provided herein, shall accumulate all benefits and wages the same as if they were not on leave. Those who go on to an unpaid leave during any pay period shall receive their health and dental coverage for the balance of that pay period. Thereafter, they shall be allowed to remain on continued coverage pursuant to the terms of the insurance plan in effect at their own expense, provided they made advance payment of the premium in a manner required by the District.
- 10.10.4 Part-time, regular unit members shall be entitled to leaves of absence to that portion of the leave as the number of hours per day of scheduled duty relates to the number of hours for a full-time unit member in a comparable position.
- 10.10.5 It is agreed that a unit member who is absent from work other than for those days as authorized by State law or authorized leave revisions of this article, is taking an unauthorized absence in violation of this agreement. The District will deduct a salary amount equal to the daily rate of pay for each day of unauthorized absence, and such member shall be subject to disciplinary action.
- 10.10.6 Any unit member who is absent from work without leave, or who fails to return to work as scheduled after the expiration of an authorized leave of absence, shall be deemed to have abandoned employment with the District, (see article 22).
- 10.10.7 Members of the unit on paid or unpaid leave of absence, for reasons other than industrial accident or illness, for twenty-six (26) percent or more of the required days of service shall be ineligible for step (increment) advancement on the salary schedule.
- 10.10.8 The extension of paid and unpaid leaves shall be at the sole discretion of the District. Members of the unit who are denied extension of a paid or unpaid leave shall return to work at the expiration of the previously approved leave or shall

resign from employment with the District. If unit members are medically unable to assume the duties of his or her position, the unit member will be placed on a re-employment list for a period of thirty-nine (39) months (See 10.1.7.5).

10.11 **Other Leaves and Absences:** A request for any leave or absence not covered by the terms of this agreement may be considered by the District on an individual basis and at the discretion of the District.

10.12 **Break in Service:** No absence under any paid leave provisions of this article shall be considered as a break in service for any unit member who is in paid status, and all benefits accruing under the provisions of this agreement shall continue to accrue under such absence.

10.13 **Attendance Incentive Plan**

10.13.1 This Attendance Incentive Plan is intended to reward regular attendance and reduce the costs of absenteeism. It is understood that any absences for illness or personal necessity, including those beyond the control of the unit member, will adversely affect a unit member's entitlement under this plan. This Attendance Incentive Plan provides incentive payments which are intended to reduce unit members' use of illness and personal necessity leave; however, the Plan's incentive payments for annual unused illness leave do not reduce or otherwise affect the unit member's accumulation of unused illness hours or retirement service credit for unused illness hours and have no impact upon vacation benefits. Implementation and computation of payments will utilize the current payroll system of accounting for illness accrual and absence.

10.13.2 **Computation of Annual Incentive Payment:** Any unit member who uses less than 20% of his/her annual number of sick leave hours actually earned by the unit member during the school year is eligible for incentive payments under this Plan. Unit members who use 20% or more of the annual number of sick leave hours actually earned by the unit member during the school year are not eligible to participate that school year. Each eligible unit member shall be paid one and one-half times his/her hourly rate in effect at the close of the school year for each qualifying hour of unused sick leave. The payment shall be made as soon as practicable after June 30th.

10.13.3 The unit member may substitute two days of vacation for two full days of illness or personal necessity leave per fiscal year. The substitution of the vacation days is only contingent upon unit members submitting a written notification of the substitution to payroll within two working days after returning to work.

10.14 In the event a member of a classified employee's immediate family is enlisted in the United States Armed Forces, and has received deployment order to an active war zone, said unit member will receive three (3) consecutive days of leave. These three (3) days will not be chargeable to vacation or sick leave. Upon request for leave, the unit member shall provide the enlisted family member's proof of deployment. The unit member should provide at least two (2) days notice and follow established leave procedures. A unit member's immediate family member shall be defined as: husband, wife, domestic partner, father, mother, son, daughter, step-father, step-mother, step-son and step-daughter.

10.15 **Parental Leave** (Education Code section 45196.1) A unit member may use his or her sick

leave for the purpose of the birth of a child of the unite member, or the placement of a child with a unit member in connection with the adoption or foster care of the child by the unit member ("parental leave") for a period of 12-workweeks in a 12-month period.

10.15.1 When the unit member has exhausted all available sick leave, and continues to be absent from his or her duties on account of parental leave pursuant to the California Family Right Act ("CFRA," Government Code 12945.2), the unit member shall receive differential pay for the remaining portion of the 12-workweeks of parental leave.

10.15.2 A unit member is not required to have 1,250 hours of service with the employer during the previous 12-month period in order to take parental leave pursuant to this section.

10.15.3 Parental leave under this section shall run concurrently with CFRA leave and a unit member will receive one 12-workweek period for parental leave during a 12-month period.

10.16 Unit members hired as temporary athletic coaches at the school where they are employed shall be provided School Business Leave to supervise scheduled athletic competitions.

APPENDIX A

Salary Schedules

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
18	2891.35	3078.58	3299.56	3502.27	3678.20	3748.48	3738.74	3769.01	3799.28	3829.55	3859.81	3898.66	3937.51	3976.36	4015.19	4054.08	4094.30	4134.58	4174.86	4215.10	4255.38
19	2922.31	3116.56	3327.70	3540.28	3711.99	3783.69	3775.35	3807.02	3838.69	3870.36	3902.04	3941.46	3980.87	4020.28	4059.71	4099.11	4139.94	4180.76	4221.60	4262.41	4303.25
20	2953.26	3174.28	3372.76	3578.28	3754.25	3786.39	3818.54	3850.64	3882.79	3914.95	3947.10	3986.51	4025.92	4065.33	4104.73	4144.15	4184.42	4224.75	4264.94	4305.19	4345.46
21	2998.33	3199.63	3422.02	3626.15	3804.93	3836.84	3868.71	3900.64	3932.52	3964.44	3996.34	4036.61	4076.86	4117.12	4157.39	4197.64	4237.90	4278.16	4318.41	4358.66	4405.99
22	3047.61	3246.08	3450.20	3665.55	3842.91	3875.08	3907.19	3939.33	3971.51	4003.62	4035.80	4076.86	4117.98	4159.07	4200.18	4241.29	4282.96	4324.62	4366.30	4407.96	4449.62
23	3078.58	3299.56	3502.27	3699.34	3882.35	3914.72	3947.10	3979.45	4011.85	4044.22	4076.58	4117.41	4158.23	4199.06	4239.88	4280.72	4323.78	4366.85	4409.91	4453.00	4496.06
24	3116.56	3327.70	3540.28	3748.62	3941.46	3976.65	4009.98	4043.25	4076.58	4109.91	4143.20	4176.54	4217.92	4259.30	4300.72	4342.09	4383.45	4424.81	4466.18	4507.54	4548.91
25	3177.11	3372.76	3626.15	3833.07	4021.71	4055.00	4088.31	4121.64	4154.96	4188.27	4221.60	4264.10	4306.62	4349.12	4391.64	4434.15	4476.63	4519.11	4561.59	4604.07	4646.54
26	3199.63	3422.02	3626.15	3833.07	4021.71	4055.00	4088.31	4121.64	4154.96	4188.27	4221.60	4264.10	4306.62	4349.12	4391.64	4434.15	4476.63	4519.11	4561.59	4604.07	4646.54
27	3246.08	3450.20	3665.55	3862.64	4062.52	4095.81	4129.13	4162.47	4195.78	4229.08	4262.41	4304.36	4346.30	4388.25	4430.20	4472.15	4514.10	4556.05	4597.99	4639.94	4681.88
28	3299.56	3502.27	3699.34	3917.53	4114.60	4148.39	4182.15	4215.94	4249.73	4283.51	4317.32	4360.37	4403.46	4446.52	4489.60	4532.66	4575.70	4618.74	4661.78	4704.82	4747.86
29	3327.70	3540.28	3748.62	3948.51	4145.58	4180.30	4215.01	4249.73	4284.44	4319.17	4353.92	4396.94	4440.06	4483.12	4526.21	4569.27	4612.32	4655.36	4698.40	4741.44	4784.48
30	3372.76	3578.28	3788.04	3992.13	4190.62	4225.33	4260.04	4294.79	4329.48	4364.21	4398.95	4443.42	4487.92	4532.40	4576.87	4621.37	4665.85	4710.35	4754.82	4799.29	4843.76
31	3422.02	3626.15	3833.07	4021.71	4221.60	4257.01	4292.43	4327.86	4363.28	4398.70	4434.15	4477.78	4521.43	4565.05	4608.68	4652.32	4695.95	4739.58	4783.21	4826.84	4870.47
32	3450.20	3665.55	3862.64	4070.94	4270.07	4310.50	4345.93	4381.33	4416.78	4452.19	4487.63	4532.11	4576.59	4621.07	4665.55	4710.05	4754.52	4799.00	4843.47	4887.94	4932.42
33	3502.27	3699.34	3917.53	4114.60	4320.15	4356.01	4391.90	4427.77	4463.70	4499.58	4535.49	4580.52	4625.58	4670.62	4715.67	4760.73	4805.78	4850.83	4895.88	4940.93	4985.98
34	3540.28	3748.62	3948.51	4149.80	4356.73	4393.31	4429.92	4466.52	4503.11	4539.70	4576.32	4621.37	4666.40	4711.46	4756.51	4801.53	4846.58	4891.63	4936.68	4981.73	5026.78
35	3578.28	3788.04	3992.13	4200.46	4407.39	4444.22	4481.07	4517.89	4554.71	4591.54	4628.39	4675.16	4721.84	4768.60	4815.32	4862.10	4908.87	4955.64	5002.41	5049.18	5095.95
36	3626.15	3833.07	4021.71	4238.46	4446.82	4484.13	4521.43	4558.70	4596.01	4633.33	4670.62	4716.79	4762.99	4809.13	4855.32	4901.47	4947.62	4993.76	5039.91	5086.05	5132.20
37	3665.55	3862.64	4066.74	4263.82	4479.18	4516.49	4553.78	4591.09	4628.39	4665.69	4702.99	4750.30	4797.60	4844.89	4892.21	4939.50	4986.81	5034.12	5081.43	5128.74	5175.05
38	3699.34	3917.53	4114.60	4310.27	4524.22	4562.21	4600.25	4638.25	4676.25	4714.27	4752.27	4799.57	4846.88	4894.14	4941.45	4988.76	5036.07	5083.38	5130.69	5178.00	5225.31
39	3748.62	3948.51	4149.80	4365.17	4581.94	4620.42	4658.89	4697.34	4735.83	4774.30	4812.80	4860.66	4908.52	4956.38	5004.26	5052.11	5100.00	5147.88	5195.76	5243.64	5291.52
40	3788.04	3992.13	4200.46	4391.90	4607.30	4646.24	4685.17	4724.12	4763.06	4801.98	4840.95	4889.39	4937.80	4986.25	5034.65	5083.07	5131.50	5179.92	5228.35	5276.77	5325.20
41	3833.07	4021.71	4238.46	4444.00	4666.40	4705.11	4743.82	4782.54	4821.23	4859.96	4898.66	4948.49	4998.32	5048.15	5097.98	5147.84	5197.69	5247.52	5297.35	5347.18	5397.01
42	3862.64	4066.74	4263.82	4484.81	4708.67	4748.27	4787.93	4827.56	4867.23	4906.88	4946.53	4996.34	5046.19	5096.02	5145.85	5195.69	5245.52	5295.35	5345.18	5395.01	5444.84
43	3917.53	4114.60	4310.27	4521.43	4748.08	4787.68	4827.34	4866.99	4906.62	4946.29	4985.94	5035.78	5085.60	5135.40	5185.29	5235.15	5285.00	5334.85	5384.69	5434.54	5484.38
44	3948.51	4149.80	4365.17	4566.46	4793.12	4832.96	4872.86	4912.74	4952.63	4992.49	5032.40	5082.48	5132.63	5182.73	5232.86	5282.96	5333.05	5383.14	5433.23	5483.32	5533.41
45	3992.13	4200.46	4391.90	4601.65	4833.93	4873.56	4913.21	4952.85	4992.50	5032.14	5071.80	5122.78	5173.75	5224.67	5275.54	5326.40	5377.25	5428.10	5478.95	5529.80	5580.65
46	4021.71	4238.46	4444.00	4645.28	4874.73	4915.07	4955.44	4995.80	5036.15	5076.49	5116.84	5168.37	5219.91	5271.42	5322.94	5374.45	5425.96	5477.47	5528.98	5580.49	5632.00
47	4099.11	4263.82	4484.81	4691.74	4926.62	4967.87	5008.92	5050.00	5091.07	5132.11	5173.18	5225.25	5277.34	5329.42	5381.50	5433.58	5485.65	5537.72	5589.79	5641.86	5693.93
48	4114.60	4310.27	4521.43	4728.36	4966.24	5007.78	5049.28	5090.80	5132.33	5173.84	5215.41	5267.48	5319.55	5371.64	5423.73	5475.81	5527.88	5579.95	5632.02	5684.09	5736.16
49	4149.80	4365.17	4566.46	4780.73	5011.42	5054.20	5097.04	5140.89	5184.71	5228.52	5272.30	5326.13	5380.00	5433.88	5487.75	5541.63	5595.50	5649.38	5703.25	5757.13	5811.00
50	4200.46	4391.90	4601.65	4811.39	5052.11	5093.88	5135.62	5177.37	5219.13	5260.89	5302.67	5356.13	5409.65	5463.15	5516.63	5570.13	5623.63	5677.13	5730.63	5784.13	5837.63
51	4238.46	4444.00	4645.28	4845.18	5097.15	5138.90	5180.66	5222.43	5264.17	5305.92	5347.73	5401.48	5455.27	5509.02	5562.79	5616.58	5670.37	5724.16	5777.95	5831.74	5885.53
52	4263.82	4484.81	4691.74	4893.19	5128.10	5171.05	5213.98	5256.90	5299.85	5342.78	5385.73	5440.03	5494.37	5548.71	5603.05	5657.40	5711.75	5766.09	5820.48	5874.87	5929.26
53	4310.27	4521.43	4728.36	4933.88	5177.37	5220.55	5263.71	5306.89	5350.04	5393.23	5436.38	5490.73	5545.08	5599.41	5653.73	5708.08	5762.33	5816.58	5870.83	5925.08	5979.33
54	4365.17	4566.46	4780.73	4988.89	5228.06	5271.47	5314.85	5358.25	5401.68	5445.07	5488.49	5542.82	5597.13	5651.49	5705.84	5760.16	5814.47	5868.78	5923.09	5977.39	6031.69
55	4391.90	4601.65	4811.39	5008.46	5260.45	5304.33	5348.18	5392.03	5435.91	5479.78	5523.66	5578.58	5633.47	5688.35	5743.27	5798.17	5853.06	5907.91	5962.76	6017.61	6072.46
56	4444.00	4645.28	4845.18	5052.11	5302.67	5347.26	5391.81	5436.38	5480.96	5525.54	5570.13	5625.88	5681.61	5737.37	5793.08	5848.85	5904.61	5960.36	6016.11	6071.86	6127.61
57	4484.81	4691.74	4893.19	5097.15	5347.73	5392.99	5438.27	5483.56	5528.81	5574.11	5619.40	5675.14	5730.88	5786.62	5842.36	5898.11	5953.85	6009.59	6065.33	6121.07	6176.81
58	4521.43	4728.36	4933.88	5129.53	5388.52	5433.82	5479.09	5524.35	5569.63	5614.92	5660.20	5716.52	5772.85	5829.13	5885.45	5941.73	5998.01	6054.29	6110.57	6166.85	6223.13
59	4566.46	4760.73	4963.11	5177.37	5434.99	5480.48	5525.94	5571.41	5616.88	5662.33	5707.80	5764.52	5821.25	5877.97	5934.69	5991.41	6048.13	6104.85	6161.57	6218.29	6275.01
60	4601.65	4811.39	5008.46	5228.06	5488.49	5533.75	5579.04	5624.31	5669.57	5714.87	5760.16	5817.86	5875.58	5933.30	5991.00	6048.74	6106.48	6164.22	6221.96	6279.70	6337.44
61	4648.11	4857.87	5050.56	5280.16	5543.37	5589.12	5634.86	5680.59	5726.37	5772.10	5817.86	5876.43	5934.99	5993.52	6052.12	6110.68	6169.23	6227.78	6286.33	6344.88	6403.43
62	4695.96	4905.71	5109.81	5333.65	5596.88	5643.09	5689.30	5735.51	5781.74	5827.95	5874.19	5933.58	5992.97	6052.40	6111.80	6171.22	6230.63	6290.04	6349.45	6408.86	6468.27
63	4739.62	4954.95	5160.50	5387.11	5654.57	5701.48	5748.42	5795.32	5842.27	5889.17	5936.10	5995.52	6054.95	6114.34	6173.74	6233.13	6292.52	6351.91	6411.30	6470.69	6530.08
64	4787.48	5004.26	5213.98	5439.22	57																

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	4883.71	5104.83	5318.79	5548.54	5825.69	5873.79	5921.90	5969.99	6018.07	6066.18	6114.31	6175.48	6237.23	6297.82	6358.99	6420.18	6485.62	6551.11	6616.61	6682.07	6747.57
67	4932.54	5155.90	5371.98	5604.02	5883.96	5932.52	5981.12	6029.68	6078.28	6126.88	6175.45	6237.23	6299.60	6360.82	6422.58	6484.38	6550.47	6616.62	6682.80	6748.90	6815.04
68	4981.85	5207.43	5425.71	5650.05	5942.78	5991.83	6040.92	6089.98	6139.03	6188.13	6237.20	6299.60	6362.62	6424.41	6486.80	6549.22	6615.97	6682.81	6749.60	6816.39	6883.21
69	5031.70	5259.52	5479.98	5716.65	6002.23	6051.73	6101.34	6150.89	6200.44	6250.02	6299.56	6362.62	6426.24	6488.66	6551.68	6614.70	6682.13	6749.61	6817.12	6884.56	6952.04
70	5082.01	5312.11	5534.75	5773.84	6062.25	6112.24	6162.36	6212.38	6262.46	6312.50	6362.58	6426.24	6490.51	6553.54	6617.19	6680.84	6748.95	6817.13	6885.27	6953.41	7021.56
71	5132.81	5365.24	5590.12	5831.57	6122.87	6173.37	6223.98	6274.51	6325.06	6375.64	6426.20	6490.51	6555.40	6619.08	6683.36	6747.65	6816.45	6885.28	6954.13	7022.94	7091.78
72	5184.16	5418.87	5646.02	5889.89	6184.11	6235.11	6286.21	6337.23	6388.33	6439.40	6490.47	6555.40	6620.95	6687.14	6752.13	6817.70	6884.60	6954.15	7023.67	7093.17	7162.68
73	5235.98	5473.06	5702.49	5948.78	6245.93	6297.47	6349.07	6400.61	6452.20	6503.77	6555.35	6620.95	6687.14	6754.01	6819.64	6885.87	6952.11	7022.98	7093.91	7164.83	7235.74
74	5288.34	5527.81	5759.51	6008.27	6294.49	6360.44	6412.54	6464.63	6516.72	6568.84	6620.89	6687.14	6754.01	6821.56	6887.83	6954.72	7021.65	7093.22	7164.84	7236.53	7308.09
75	5341.22	5583.08	5817.10	6068.36	6355.16	6424.05	6476.68	6529.29	6581.89	6634.51	6687.11	6754.01	6821.56	6889.79	6956.72	7024.28	7091.87	7164.16	7236.53	7308.88	7381.20
76	5394.64	5638.93	5875.27	6129.03	6416.45	6488.29	6541.43	6594.57	6647.71	6700.86	6753.97	6821.56	6889.79	6958.67	7026.30	7094.50	7162.79	7235.79	7308.89	7381.94	7455.00
77	5448.57	5695.31	5934.02	6190.32	6478.36	6553.17	6608.85	6660.52	6714.19	6767.87	6821.53	6889.79	6958.67	7026.30	7096.66	7165.46	7234.41	7311.39	7381.96	7455.78	7529.53
78	5503.05	5752.28	5993.37	6252.22	6540.87	6618.70	6672.92	6727.16	6781.32	6835.55	6889.75	6958.67	7028.26	7098.55	7167.53	7237.12	7306.74	7381.24	7455.80	7530.34	7604.82
79	5558.09	5809.79	6053.32	6314.73	6604.02	6684.89	6739.63	6794.43	6849.14	6903.91	6958.63	7028.26	7098.55	7169.53	7239.18	7309.50	7379.81	7455.04	7530.35	7605.64	7680.89
80	5613.67	5867.91	6113.85	6377.89	6667.82	6751.76	6807.04	6862.36	6917.63	6972.94	7028.23	7098.55	7169.53	7239.18	7309.50	7379.81	7455.04	7530.35	7605.64	7680.89	7756.15
81	5669.80	5924.94	6171.57	6430.18	6721.34	6815.43	6869.95	6924.91	6980.31	7036.15	7092.44	7158.28	7220.68	7285.67	7351.24	7417.40	7489.35	7562.00	7635.35	7709.41	7784.19
82	5726.50	5984.19	6253.49	6534.90	6828.97	6938.60	6994.18	7050.13	7106.53	7163.39	7220.86	7287.86	7351.24	7417.40	7489.35	7562.00	7635.35	7709.41	7784.19	7858.52	7933.69
83	5783.77	6044.04	6316.02	6600.25	6897.26	6952.44	7008.06	7064.12	7120.64	7177.60	7235.02	7300.14	7365.84	7432.13	7499.02	7566.51	7639.91	7714.01	7788.84	7864.39	7940.68
84	5841.60	6104.47	6379.17	6666.23	6966.21	7021.94	7078.12	7134.74	7191.82	7249.36	7307.35	7373.12	7439.48	7506.43	7573.99	7642.16	7716.28	7791.13	7866.71	7943.01	8020.06
85	5900.01	6165.52	6442.97	6732.90	7035.88	7092.17	7148.91	7206.10	7263.75	7321.86	7380.43	7448.86	7513.88	7581.50	7649.74	7718.58	7793.45	7869.05	7945.38	8022.45	8100.27
86	5959.01	6227.17	6507.40	6800.23	7106.24	7163.09	7220.40	7278.16	7336.39	7395.08	7454.24	7521.33	7589.02	7657.32	7726.23	7795.77	7871.39	7947.74	8024.84	8102.68	8181.27
87	6018.60	6289.44	6572.46	6868.23	7177.30	7234.71	7292.59	7350.93	7409.74	7469.02	7528.77	7596.53	7664.90	7733.88	7803.49	7873.72	7950.09	8027.21	8105.07	8183.69	8263.07
88	6078.79	6352.33	6638.18	6936.90	7249.06	7307.06	7365.51	7424.44	7483.83	7543.70	7604.05	7672.49	7741.54	7811.22	7881.52	7952.45	8029.59	8107.48	8186.12	8265.52	8345.70
89	6139.57	6415.85	6704.57	7006.27	7321.56	7380.13	7439.17	7498.68	7558.67	7619.14	7680.09	7749.22	7818.96	7889.33	7960.33	8031.98	8109.89	8188.55	8267.98	8348.18	8429.16

Effective 7/1/2022. 5% Salary Increase

Board Approved: 10/19/22

Classified Monthly Salary Schedule

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
18	4297.89	4340.40	4382.92	4425.42	4467.92	4512.40	4556.91	4601.34	4645.83	4690.33	4737.36	4784.36	4831.43	4878.40	4925.42	4974.39	5023.38	5072.36	5121.33	5170.38
19	4346.30	4389.37	4432.40	4475.53	4518.60	4563.34	4608.10	4652.89	4697.67	4742.42	4789.99	4837.58	4885.15	4932.71	4980.33	5030.15	5079.97	5129.80	5179.64	5229.46
20	4389.65	4433.86	4478.06	4522.24	4566.46	4611.78	4657.13	4702.41	4747.76	4793.12	4840.95	4888.83	4936.67	4984.53	5032.40	5082.78	5133.19	5183.59	5233.99	5284.39
21	4450.18	4494.40	4538.58	4582.79	4626.99	4672.60	4718.20	4763.81	4809.41	4855.03	4903.74	4952.44	5001.11	5049.86	5098.55	5149.53	5200.48	5251.43	5302.37	5353.36
22	4494.10	4538.58	4583.06	4627.54	4672.04	4719.62	4767.19	4814.76	4862.35	4909.93	4958.91	5007.91	5056.88	5105.88	5154.86	5206.38	5257.92	5309.44	5360.94	5412.47
23	4540.29	4584.47	4628.66	4672.87	4717.10	4764.95	4812.80	4860.66	4908.52	4956.38	5005.93	5055.47	5105.04	5154.59	5204.15	5255.93	5307.73	5359.54	5411.33	5463.15
24	4601.65	4648.11	4694.58	4741.02	4787.48	4835.03	4882.62	4930.18	4977.78	5025.36	5075.74	5126.16	5176.56	5226.96	5277.34	5330.26	5383.19	5435.84	5489.05	5541.96
25	4650.65	4696.79	4742.99	4789.13	4835.32	4883.46	4931.62	4979.76	5027.89	5076.00	5126.75	5177.37	5228.05	5278.74	5329.42	5382.63	5435.84	5489.05	5542.26	5595.49
26	4702.72	4748.99	4795.07	4841.26	4887.41	4935.83	4984.25	5032.68	5081.11	5129.80	5178.75	5228.40	5278.34	5328.00	5378.81	5429.13	5479.46	5529.77	5580.14	5630.48
27	4746.92	4793.69	4840.40	4887.14	4933.88	4982.84	5031.84	5080.80	5129.80	5178.80	5228.00	5278.00	5328.00	5378.00	5428.00	5478.00	5528.00	5578.00	5628.00	5678.00
28	4806.89	4854.48	4902.05	4949.62	4997.21	5047.29	5097.42	5147.53	5197.65	5247.76	5297.86	5347.96	5398.06	5448.16	5498.26	5548.36	5598.46	5648.56	5698.66	5748.76
29	4845.18	4893.04	4940.89	4988.76	5036.62	5087.01	5137.40	5187.81	5238.20	5288.60	5339.00	5389.40	5439.80	5490.20	5540.60	5591.00	5641.40	5691.80	5742.20	5792.60
30	4900.09	4949.34	4998.62	5047.87	5097.15	5147.24	5197.37	5247.49	5297.60	5347.73	5397.86	5447.99	5498.12	5548.25	5598.38	5648.51	5698.64	5748.77	5798.90	5849.03
31	4932.16	4981.14	5030.15	5079.13	5128.10	5179.64	5231.16	5282.66	5334.19	5385.73	5437.26	5488.79	5540.32	5591.85	5643.38	5694.91	5746.44	5797.97	5849.50	5901.03
32	4997.76	5047.62	5097.42	5147.24	5197.09	5246.97	5296.84	5346.71	5396.58	5446.45	5496.32	5546.19	5596.06	5645.93	5695.80	5745.67	5795.54	5845.41	5895.28	5945.15
33	5050.69	5099.95	5149.23	5198.53	5247.76	5297.06	5346.36	5395.66	5444.96	5494.26	5543.56	5592.86	5642.16	5691.46	5740.76	5789.46	5838.76	5888.06	5937.36	5986.66
34	5094.62	5145.58	5196.52	5247.49	5298.45	5350.82	5403.18	5455.52	5507.88	5560.26	5612.62	5664.98	5717.34	5769.70	5822.06	5874.42	5926.78	5979.14	6031.50	6083.86
35	5155.71	5207.22	5258.74	5310.27	5361.80	5414.71	5467.65	5520.57	5573.50	5626.45	5679.39	5732.33	5785.27	5838.21	5891.15	5944.09	5997.03	6049.97	6102.91	6155.85
36	5203.58	5255.10	5306.61	5358.12	5409.65	5463.71	5517.73	5571.81	5625.88	5679.92	5733.96	5788.00	5842.04	5896.08	5950.12	6004.16	6058.20	6112.24	6166.28	6220.32
37	5235.95	5287.46	5338.99	5390.50	5442.02	5496.64	5551.26	5605.90	5660.54	5715.18	5769.82	5824.46	5879.10	5933.74	5988.38	6043.02	6097.66	6152.30	6206.94	6261.58
38	5289.99	5342.08	5394.17	5446.27	5498.34	5554.07	5609.81	5665.55	5721.29	5777.03	5832.77	5888.51	5944.25	6000.00	6055.74	6111.48	6167.22	6222.96	6278.70	6334.44
39	5360.66	5413.03	5465.39	5517.73	5570.13	5626.16	5682.16	5738.21	5794.21	5850.21	5906.21	5962.21	6018.21	6074.21	6130.21	6186.21	6242.21	6298.21	6354.21	6410.21
40	5390.79	5443.03	5496.64	5549.55	5602.50	5658.24	5713.98	5769.73	5825.48	5881.21	5936.96	5992.71	6048.46	6104.21	6159.96	6215.71	6271.46	6327.21	6382.96	6438.71
41	5455.82	5510.42	5565.06	5619.66	5674.29	5730.88	5785.47	5840.07	5894.66	5949.25	6003.84	6058.43	6113.02	6167.61	6222.20	6276.79	6331.38	6385.97	6440.56	6495.15
42	5507.88	5562.53	5617.17	5671.77	5726.39	5782.96	5839.53	5896.10	5952.67	6009.24	6065.81	6122.38	6178.95	6235.52	6292.09	6348.66	6405.23	6461.80	6518.37	6574.94
43	5553.52	5608.70	5663.88	5719.05	5774.24	5831.67	5889.11	5946.52	6003.97	6061.39	6118.81	6176.23	6233.65	6291.07	6348.49	6405.91	6463.33	6520.75	6578.17	6635.59
44	5603.92	5660.10	5716.52	5772.85	5829.13	5886.83	5944.57	6002.27	6059.98	6117.72	6175.46	6233.20	6290.94	6348.68	6406.42	6464.16	6521.90	6579.64	6637.38	6695.12
45	5647.25	5703.30	5759.32	5815.34	5871.38	5929.89	5988.47	6047.05	6105.59	6164.18	6222.76	6281.34	6339.92	6398.50	6457.08	6515.66	6574.24	6632.82	6691.40	6749.98
46	5700.76	5756.78	5812.80	5868.82	5924.85	5984.54	6044.22	6103.92	6163.59	6223.26	6282.94	6342.62	6402.30	6461.98	6521.66	6581.34	6641.02	6700.70	6760.38	6819.06
47	5760.99	5818.18	5875.30	5932.45	5989.61	6049.57	6109.53	6169.49	6229.47	6289.44	6349.40	6409.36	6469.32	6529.28	6589.24	6649.20	6709.16	6769.12	6829.08	6889.04
48	5803.51	5860.94	5918.36	5975.81	6033.22	6094.33	6155.42	6216.51	6277.61	6338.72	6400.06	6461.40	6522.74	6584.08	6645.42	6706.76	6768.10	6829.44	6890.78	6952.12
49	5848.28	5905.40	5962.57	6019.71	6076.88	6138.27	6199.62	6261.01	6322.37	6383.74	6445.11	6506.48	6567.85	6629.22	6690.59	6751.96	6813.33	6874.70	6936.07	6997.44
50	5907.11	5965.39	6023.67	6081.94	6140.22	6201.58	6262.98	6324.34	6385.69	6447.05	6508.40	6569.76	6631.12	6692.48	6753.84	6815.20	6876.56	6937.92	6999.28	7060.64
51	5954.14	6012.97	6071.81	6130.65	6189.51	6251.97	6314.50	6376.99	6439.48	6501.99	6564.48	6626.97	6689.46	6751.95	6814.44	6876.93	6939.42	7001.91	7064.40	7126.89
52	5998.61	6058.33	6117.99	6177.66	6237.36	6299.57	6361.77	6424.01	6486.25	6548.49	6610.73	6672.97	6735.21	6797.45	6859.69	6921.93	6984.17	7046.41	7108.65	7170.89
53	6053.81	6113.78	6173.74	6233.70	6293.66	6356.46	6419.20	6482.00	6544.81	6607.62	6670.43	6733.24	6796.05	6858.86	6921.67	6984.48	7047.29	7110.10	7172.91	7235.72
54	6110.38	6172.02	6233.70	6295.35	6357.01	6420.36	6483.69	6547.05	6610.40	6673.73	6737.06	6800.39	6863.72	6927.05	6990.38	7053.71	7117.04	7180.37	7243.70	7307.03
55	6150.07	6210.61	6271.16	6331.66	6392.19	6455.82	6519.45	6583.08	6646.71	6710.34	6773.97	6837.60	6901.23	6964.86	7028.49	7092.12	7155.75	7219.38	7283.01	7346.64
56	6201.58	6262.98	6324.34	6385.69	6447.05	6512.41	6577.77	6643.12	6708.48	6773.84	6839.19	6904.55	6969.91	7035.26	7100.62	7165.97	7231.33	7296.68	7362.04	7427.39
57	6254.24	6316.19	6378.12	6440.06	6501.99	6567.31	6632.62	6697.94	6763.25	6828.56	6893.87	6959.18	7024.49	7089.80	7155.11	7220.42	7285.73	7351.04	7416.35	7481.66
58	6300.99	6363.19	6425.40	6487.61	6549.87	6614.87	6679.90	6744.96	6809.99	6875.01	6940.04	7005.07	7070.10	7135.13	7200.16	7265.19	7330.22	7395.25	7460.28	7525.31
59	6356.46	6419.20	6482.00	6544.81	6607.62	6674.28	6741.02	6807.73	6874.44	6941.21	7007.98	7074.75	7141.52	7208.29	7275.06	7341.83	7408.60	7475.37	7542.14	7608.91
60	6418.94	6480.87	6542.83	6604.74	6666.69	6733.98	6801.25	6868.55	6935.86	7003.15	7070.44	7137.73	7205.02	7272.31	7339.60	7406.89	7474.18	7541.47	7608.76	7676.05
61	6480.87	6544.26	6607.57	6670.92	6734.24	6801.83	6869.39	6936.94	7004.53	7072.10	7139.67	7207.24	7274.81	7342.38	7410.00	7477.57	7545.14	7612.71	7680.28	7747.85
62	6547.05	6610.40	6673.73	6737.06	6800.43	6868.39	6938.37	7007.34	7076.32	7145.28	7214.25	7283.21	7352.18	7421.15	7490.12	7559.09	7628.06	7697.03	7766.00	7834.97
63	6612.63	6676.84	6741.02	6805.19	6869.39	6938.66	7007.91	7077.17	7146.41	7215.65	7284.89	7354.13	7423.37	7492.61	7561.85	7631.09	7700.33	7769.57	7838.81	7908.05
64	6679.65	6744.66	6809.72	6874.75	6939.76	7009.04	7078.29	7147.55	7216.80	7286.05	7355.29	7424.54	7493.79	7563.04	7632.29	7701.54	7770.79	7840.04	7909.29	7978.54
65	6746.44	6812.12	6877.79	6943.47	7009.15	7079.14	7149.05	7219.03	7288.96	7358.91	7428.85	7498.79	7568.73	7638.67	7708.61	7778.55	7848.49	7918.43	7988.37	8058.31

Effective 7/1/2022. 5% Salary Increase

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	6813.89	6880.24	6946.56	7012.91	7079.25	7149.92	7220.54	7291.21	7361.86	7432.50	7506.89	7581.28	7655.65	7730.03	7804.42	7882.53	7960.65	8038.78	8116.89	8195.01
67	6882.05	6949.05	7016.06	7083.03	7150.05	7221.42	7292.74	7364.12	7435.49	7506.85	7581.96	7657.08	7732.20	7807.34	7882.47	7961.36	8040.27	8119.15	8198.04	8276.96
68	6950.85	7018.52	7086.21	7153.86	7221.56	7293.65	7365.69	7437.77	7509.84	7581.91	7657.79	7733.66	7809.51	7885.40	7961.29	8040.99	8120.67	8200.35	8280.05	8359.72
69	7020.38	7088.73	7157.05	7225.42	7293.76	7366.59	7439.33	7512.15	7584.93	7657.73	7734.36	7811.00	7887.61	7964.26	8040.88	8121.41	8201.88	8282.36	8362.85	8443.32
70	7090.58	7159.62	7228.64	7297.67	7366.69	7440.25	7513.74	7587.28	7660.78	7734.30	7811.69	7889.09	7966.49	8043.88	8121.30	8202.64	8283.89	8365.19	8446.48	8527.75
71	7161.50	7231.19	7300.94	7370.65	7440.36	7514.66	7588.84	7663.13	7737.39	7811.65	7889.81	7968.00	8046.16	8124.35	8202.53	8284.64	8366.75	8448.85	8530.93	8613.04
72	7233.10	7303.50	7373.94	7444.36	7514.78	7589.81	7664.74	7739.77	7814.79	7889.76	7968.72	8047.66	8126.61	8205.60	8284.55	8367.48	8450.42	8533.31	8616.25	8699.16
73	7305.44	7376.53	7447.68	7518.81	7589.92	7665.81	7741.41	7817.17	7892.90	7968.68	8048.41	8128.15	8207.89	8287.65	8367.38	8451.13	8534.90	8618.64	8702.41	8786.17
74	7378.49	7450.31	7522.15	7593.97	7665.81	7742.33	7818.81	7895.34	7971.83	8048.36	8128.88	8209.44	8289.97	8370.53	8451.05	8535.67	8620.26	8704.83	8789.43	8874.00
75	7452.26	7524.84	7597.38	7669.92	7742.47	7819.77	7896.99	7974.28	8051.55	8128.84	8210.17	8291.52	8372.87	8454.25	8535.57	8621.02	8706.47	8791.88	8877.33	8962.74
76	7526.79	7600.09	7673.37	7746.51	7819.91	7897.98	7975.98	8054.02	8132.06	8210.10	8292.25	8374.44	8456.60	8538.76	8620.91	8707.21	8793.54	8879.81	8966.10	9052.39
77	7602.04	7676.08	7750.09	7824.10	7898.10	7976.95	8055.74	8134.55	8213.41	8292.21	8375.19	8458.21	8541.16	8624.17	8707.13	8794.31	8881.48	8968.62	9055.78	9142.91
78	7678.06	7752.83	7827.60	7902.34	8056.86	8137.29	8217.66	8298.08	8378.48	8458.88	8543.53	8628.21	8712.84	8797.51	8882.14	8971.07	9059.98	9148.89	9237.79	9326.67
79	7754.86	7830.36	7905.87	7981.34	8056.86	8137.41	8218.66	8299.85	8381.05	8462.27	8543.46	8628.96	8714.49	8799.95	8885.49	8970.97	9060.80	9150.58	9240.36	9330.18
80	7832.40	7908.66	7984.93	8061.19	8137.41	8218.66	8299.85	8381.05	8462.27	8543.46	8628.96	8714.49	8799.95	8885.49	8970.97	9060.80	9150.58	9240.36	9330.18	9419.94
81	7899.70	7935.94	8012.92	8090.64	8169.12	8248.36	8328.37	8409.15	8490.72	8573.08	8656.24	8740.21	8824.99	8910.59	8997.02	9084.29	9172.41	9261.38	9351.22	9441.93
82	7938.31	8015.32	8093.06	8171.57	8250.83	8330.86	8411.67	8493.27	8575.65	8658.84	8742.83	8827.63	8913.26	8999.72	9087.02	9175.16	9264.16	9354.02	9444.76	9536.37
83	8017.70	8095.47	8174.00	8253.29	8333.34	8414.18	8495.79	8578.20	8661.41	8745.43	8830.26	8915.91	9002.40	9089.72	9177.89	9266.91	9356.80	9447.56	9539.21	9631.74
84	8097.86	8176.40	8255.72	8335.80	8416.65	8498.29	8580.73	8663.96	8748.00	8832.86	8918.54	9005.05	9092.39	9180.59	9269.64	9359.56	9450.35	9542.01	9634.57	9728.03
85	8178.84	8258.17	8338.28	8419.16	8500.83	8583.28	8666.54	8750.61	8835.49	8921.19	9007.73	9095.10	9183.33	9272.40	9362.35	9453.16	9544.86	9637.44	9730.92	9825.31
86	8260.63	8340.76	8421.66	8503.35	8585.84	8669.12	8753.21	8838.12	8923.85	9010.41	9097.81	9186.06	9275.16	9365.13	9455.97	9547.69	9640.31	9733.82	9828.24	9923.57
87	8343.23	8424.16	8505.87	8588.38	8671.68	8755.80	8840.73	8926.49	9013.07	9100.50	9188.77	9277.91	9367.90	9458.77	9550.52	9643.16	9736.70	9831.14	9926.51	10022.79
88	8426.65	8508.39	8590.92	8674.25	8758.39	8843.35	8929.13	9015.74	9103.20	9191.50	9280.65	9370.68	9461.57	9553.35	9646.02	9739.58	9834.06	9929.45	10025.76	10123.01
89	8510.92	8593.48	8676.83	8761.00	8845.98	8931.79	9018.42	9105.90	9194.23	9283.41	9373.46	9464.39	9556.19	9648.89	9742.48	9836.98	9932.40	10028.74	10126.02	10224.25

Effective 7/1/2022. 5% Salary Increase

Board Approved: 10/19/22

Classified Monthly Salary Schedule

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
17	15.75	16.38	17.03	17.73	18.45	18.59	18.76	18.92	19.10	19.28	19.46	19.64	19.81	20.00	20.19	20.38	20.58	20.78	20.98	21.19	21.39
18	16.68	17.76	19.03	20.20	21.21	21.40	21.57	21.75	21.92	22.09	22.27	22.50	22.71	22.94	23.17	23.37	23.63	23.85	24.08	24.32	24.55
19	16.86	17.97	19.20	20.43	21.42	21.59	21.78	21.96	22.15	22.32	22.52	22.73	22.96	23.19	23.42	23.65	23.89	24.13	24.35	24.58	24.83
20	17.04	18.31	19.45	20.64	21.66	21.84	22.03	22.21	22.40	22.59	22.77	23.01	23.22	23.45	23.68	23.91	24.15	24.38	24.60	24.84	25.07
21	17.30	18.45	19.75	20.92	21.95	22.14	22.32	22.51	22.69	22.87	23.06	23.29	23.52	23.76	23.98	24.22	24.45	24.70	24.94	25.17	25.42
22	17.58	18.72	19.91	21.15	22.17	22.35	22.55	22.72	22.91	23.10	23.29	23.52	23.76	24.00	24.23	24.46	24.71	24.95	25.19	25.43	25.67
23	17.76	19.03	20.20	21.34	22.40	22.59	22.77	22.95	23.15	23.33	23.52	23.76	23.98	24.22	24.46	24.70	24.94	25.19	25.44	25.69	25.94
24	17.97	19.20	20.43	21.63	22.73	22.92	23.12	23.29	23.47	23.66	23.84	24.08	24.33	24.56	24.81	25.04	25.30	25.54	25.79	26.04	26.28
25	18.33	19.45	20.64	21.85	22.94	23.14	23.32	23.52	23.71	23.90	24.09	24.33	24.57	24.81	25.05	25.29	25.54	25.80	26.05	26.30	26.56
26	18.45	19.75	20.92	22.12	23.20	23.40	23.59	23.78	23.97	24.17	24.35	24.59	24.84	25.09	25.34	25.58	25.84	26.09	26.35	26.60	26.86
27	18.72	19.91	21.15	22.28	23.43	23.64	23.82	24.01	24.21	24.40	24.58	24.83	25.07	25.32	25.56	25.81	26.06	26.33	26.59	26.85	27.11
28	19.03	20.20	21.34	22.60	23.75	23.93	24.14	24.32	24.52	24.71	24.91	25.15	25.41	25.65	25.91	26.15	26.42	26.67	26.94	27.19	27.46
29	19.20	20.43	21.63	22.78	23.92	24.13	24.32	24.52	24.72	24.92	25.11	25.36	25.61	25.86	26.11	26.36	26.63	26.90	27.15	27.41	27.68
30	19.45	20.64	21.85	23.04	24.18	24.38	24.57	24.78	24.97	25.17	25.39	25.64	25.90	26.15	26.41	26.69	26.93	27.19	27.46	27.72	27.99
31	19.75	20.92	22.12	23.20	24.35	24.56	24.77	24.97	25.17	25.38	25.58	25.84	26.08	26.34	26.59	26.83	27.10	27.36	27.64	27.91	28.18
32	19.91	21.15	22.28	23.48	24.67	24.86	25.07	25.28	25.48	25.68	25.90	26.15	26.41	26.66	26.92	27.17	27.45	27.72	28.01	28.27	28.55
33	20.20	21.34	22.60	23.75	24.93	25.13	25.34	25.55	25.75	25.96	26.17	26.43	26.68	26.95	27.20	27.47	27.74	28.03	28.30	28.58	28.85
34	20.43	21.63	22.78	23.94	25.14	25.35	25.56	25.78	25.98	26.19	26.41	26.66	26.93	27.18	27.45	27.70	27.97	28.26	28.55	28.82	29.10
35	20.64	21.85	23.04	24.23	25.43	25.64	25.85	26.06	26.28	26.49	26.70	26.97	27.24	27.52	27.78	28.06	28.33	28.61	28.89	29.17	29.45
36	20.92	22.12	23.20	24.45	25.65	25.88	26.08	26.30	26.52	26.73	26.95	27.21	27.48	27.74	28.02	28.28	28.57	28.85	29.15	29.43	29.72
37	21.15	22.28	23.46	24.59	25.84	26.06	26.27	26.49	26.70	26.92	27.14	27.40	27.68	27.95	28.22	28.49	28.78	29.06	29.34	29.62	29.91
38	21.34	22.60	23.75	24.86	26.10	26.31	26.54	26.76	26.98	27.20	27.41	27.69	27.96	28.23	28.51	28.79	29.06	29.35	29.64	29.93	30.22
39	21.63	22.78	23.94	25.18	26.44	26.66	26.89	27.10	27.32	27.55	27.77	28.05	28.32	28.60	28.87	29.15	29.44	29.74	30.03	30.33	30.62
40	21.85	23.04	24.23	25.34	26.58	26.80	27.03	27.26	27.48	27.70	27.93	28.21	28.48	28.77	29.04	29.33	29.61	29.92	30.21	30.51	30.80
41	22.12	23.20	24.45	25.64	26.93	27.15	27.36	27.59	27.81	28.04	28.27	28.56	28.83	29.11	29.40	29.69	29.97	30.28	30.57	31.16	31.46
42	22.28	23.46	24.59	25.88	27.17	27.39	27.63	27.84	28.08	28.31	28.55	28.82	29.13	29.40	29.69	29.97	30.28	30.57	31.16	31.46	31.72
43	22.60	23.75	24.86	26.08	27.39	27.63	27.84	28.08	28.31	28.55	28.77	29.05	29.34	29.62	29.90	30.19	30.48	31.09	31.40	31.70	32.00
44	22.78	23.94	25.18	26.35	27.66	27.88	28.11	28.34	28.58	28.80	29.03	29.32	29.60	29.90	30.14	30.44	30.72	31.34	31.65	31.96	32.25
45	23.04	24.23	25.34	26.55	27.89	28.13	28.34	28.58	28.80	29.03	29.27	29.55	29.85	30.14	30.44	30.72	31.00	31.64	31.95	32.25	32.57
46	23.20	24.45	25.64	26.80	28.13	28.35	28.59	28.82	29.05	29.29	29.52	29.82	30.15	30.45	31.05	31.35	31.66	31.97	32.28	32.60	32.91
47	23.65	24.59	25.88	27.07	28.42	28.67	28.90	29.14	29.37	29.60	29.85	30.08	30.40	30.69	31.29	31.59	31.91	32.21	32.53	32.84	33.16
48	23.75	24.86	26.08	27.28	28.66	28.89	29.14	29.37	29.60	29.85	30.08	30.40	30.69	30.99	31.29	31.59	31.91	32.21	32.53	32.84	33.16
49	23.94	25.18	26.35	27.47	28.85	29.10	29.34	29.57	29.82	30.06	30.31	30.60	30.91	31.20	31.52	31.81	32.14	32.46	32.77	33.09	33.41
50	24.23	25.34	26.55	27.76	29.15	29.39	29.62	29.87	30.10	30.35	30.59	30.91	31.21	31.52	31.82	32.14	32.46	32.78	33.10	33.42	33.74
51	24.45	25.64	26.80	27.95	29.41	29.66	29.89	30.12	30.37	30.61	30.85	31.16	31.47	31.78	32.09	32.40	32.72	33.05	33.36	33.69	34.00
52	24.59	25.88	27.07	28.18	29.58	29.83	30.08	30.33	30.57	30.83	31.07	31.39	31.70	32.02	32.32	32.65	32.96	33.29	33.61	33.94	34.27
53	24.86	26.08	27.28	28.46	29.87	30.11	30.37	30.61	30.87	31.11	31.36	31.68	31.99	32.30	32.62	32.93	33.27	33.59	33.92	34.25	34.58
54	25.18	26.35	27.47	28.72	30.16	30.42	30.66	30.92	31.16	31.42	31.67	31.98	32.29	32.60	32.92	33.23	33.57	33.90	34.23	34.56	34.90
55	25.34	26.55	27.76	28.90	30.35	30.60	30.86	31.10	31.36	31.61	31.87	32.18	32.50	32.82	33.14	33.45	33.79	34.12	34.46	34.80	35.12
56	25.64	26.80	27.95	29.15	30.59	30.85	31.10	31.36	31.62	31.89	32.14	32.46	32.78	33.10	33.42	33.74	34.07	34.42	34.75	35.08	35.43
57	25.88	27.07	28.18	29.41	30.85	31.11	31.37	31.64	31.91	32.16	32.43	32.74	33.07	33.38	33.71	34.03	34.36	34.71	35.05	35.38	35.72
58	26.08	27.28	28.46	29.59	31.09	31.35	31.61	31.87	32.14	32.39	32.66	32.98	33.31	33.63	33.95	34.28	34.61	34.96	35.31	35.65	35.99
59	26.35	27.47	28.76	29.87	31.36	31.61	31.89	32.15	32.41	32.67	32.93	33.27	33.59	33.92	34.25	34.58	34.93	35.28	35.60	35.96	36.32
60	26.55	27.76	28.90	30.16	31.70	31.93	32.19	32.45	32.71	32.96	33.23	33.57	33.90	34.23	34.56	34.90	35.25	35.60	35.96	36.33	36.68
61	26.81	28.03	29.20	30.46	31.98	32.24	32.52	32.78	33.04	33.30	33.57	33.91	34.24	34.57	34.92	35.25	35.60	35.96	36.32	36.67	37.03
62	27.09	28.30	29.48	30.78	32.29	32.56	32.82	33.09	33.35	33.62	33.88	34.23	34.57	34.92	35.28	35.60	35.96	36.33	36.69	37.05	37.42
63	27.34	28.59	29.78	31.08	32.62	32.89	33.17	33.43	33.71	33.97	34.25	34.58	34.93	35.28	35.61	35.96	36.32	36.69	37.06	37.42	37.78
64	27.63	28.87	30.08	31.39	32.94	33.22	33.48	33.77	34.04	34.31	34.58	34.93	35.28	35.61	35.96	36.32	36.68	37.05	37.43	37.79	38.17
65	27.90	29.17	30.39	31.69	33.28	33.56	33.83	34.10	34.37	34.66	34.93	35.28	35.62	35.97	36.33	36.67	37.05	37.43	37.80	38.17	38.55

Effective 7/1/2022
5% Salary Increase

Board Approved: 10/19/22

Classified Hourly Salary Schedule

Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
66	28.18	29.45	30.68	32.02	33.61	33.88	34.17	34.44	34.72	34.99	35.28	35.62	35.98	36.34	36.69	37.05	37.43	37.80	38.18	38.56	38.93
67	28.45	29.74	30.99	32.33	33.94	34.23	34.50	34.79	35.07	35.35	35.62	35.98	36.35	36.70	37.06	37.42	37.79	38.18	38.56	38.94	39.32
68	28.74	30.04	31.30	32.66	34.29	34.57	34.85	35.13	35.42	35.70	35.98	36.35	36.71	37.07	37.43	37.79	38.17	38.56	38.94	39.33	39.72
69	29.03	30.34	31.61	32.98	34.62	34.92	35.21	35.48	35.78	36.06	36.35	36.71	37.08	37.44	37.80	38.17	38.56	38.94	39.33	39.72	40.10
70	29.32	30.65	31.94	33.31	34.97	35.27	35.55	35.84	36.12	36.42	36.71	37.08	37.45	37.81	38.18	38.55	38.94	39.33	39.73	40.11	40.51
71	29.60	30.95	32.24	33.65	35.33	35.61	35.91	36.20	36.49	36.78	37.08	37.45	37.82	38.19	38.56	38.93	39.33	39.73	40.11	40.51	40.92
72	29.91	31.25	32.58	33.98	35.68	35.97	36.26	36.56	36.86	37.16	37.45	37.82	38.20	38.57	38.94	39.32	39.72	40.11	40.52	40.93	41.33
73	30.21	31.58	32.90	34.32	36.04	36.34	36.63	36.93	37.22	37.53	37.82	38.20	38.58	38.95	39.33	39.72	40.11	40.52	40.93	41.34	41.73
74	30.51	31.90	33.23	34.67	36.32	36.69	37.00	37.30	37.60	37.89	38.20	38.58	38.96	39.34	39.73	40.10	40.51	40.93	41.34	41.74	42.16
75	30.82	32.21	33.57	35.00	36.67	37.07	37.36	37.67	37.98	38.28	38.58	38.96	39.35	39.74	40.12	40.51	40.93	41.34	41.74	42.17	42.58
76	31.12	32.54	33.90	35.36	37.03	37.44	37.74	38.05	38.35	38.60	38.96	39.35	39.75	40.13	40.52	40.92	41.34	41.74	42.17	42.59	43.00
77	31.44	32.85	34.23	35.71	37.37	37.81	38.12	38.43	38.74	39.04	39.35	39.75	40.14	40.54	40.93	41.33	41.74	42.17	42.59	43.02	43.43
78	31.74	33.19	34.57	36.07	37.73	38.19	38.49	38.81	39.12	39.44	39.75	40.14	40.55	40.95	41.34	41.73	42.17	42.59	43.02	43.44	43.86
79	32.07	33.52	34.93	36.44	38.10	38.57	38.88	39.20	39.51	39.83	40.14	40.55	40.96	41.35	41.75	42.16	42.59	43.02	43.44	43.87	44.31
80	32.39	33.85	35.28	36.80	38.46	38.95	39.28	39.59	39.91	40.23	40.55	40.96	41.37	41.76	42.17	42.58	43.01	43.44	43.88	44.32	44.75
81	32.71	34.12	35.58	37.11	38.71	39.08	39.46	39.85	40.23	40.62	41.02	41.41	41.82	42.22	42.63	43.04	43.46	43.88	44.31	44.74	45.17
82	33.04	34.46	35.94	37.48	39.10	39.47	39.86	40.24	40.63	41.03	41.43	41.83	42.23	42.64	43.06	43.48	43.90	44.32	44.75	45.19	45.63
83	33.37	34.80	36.30	37.86	39.49	39.87	40.26	40.65	41.04	41.44	41.84	42.25	42.66	43.07	43.49	43.91	44.34	44.77	45.20	45.64	46.08
84	33.70	35.15	36.66	38.24	39.88	40.27	40.66	41.05	41.45	41.85	42.26	42.67	43.08	43.50	43.92	44.35	44.78	45.21	45.65	46.10	46.54
85	34.04	35.50	37.03	38.62	40.28	40.67	41.07	41.46	41.87	42.27	42.68	43.10	43.51	43.94	44.36	44.79	45.23	45.67	46.11	46.56	47.01
86	34.38	35.86	37.40	39.01	40.68	41.08	41.48	41.88	42.28	42.69	43.11	43.53	43.95	44.38	44.81	45.24	45.68	46.12	46.57	47.02	47.48
87	34.72	36.21	37.77	39.40	41.09	41.49	41.89	42.30	42.71	43.12	43.54	43.96	44.39	44.82	45.25	45.69	46.14	46.58	47.04	47.49	47.95
88	35.07	36.58	38.15	39.79	41.50	41.90	42.31	42.72	43.13	43.55	43.98	44.40	44.83	45.27	45.71	46.15	46.60	47.05	47.51	47.97	48.43
89	35.42	36.94	38.53	40.19	41.92	42.32	42.73	43.15	43.57	43.99	44.41	44.85	45.28	45.72	46.16	46.61	47.06	47.52	47.98	48.45	48.92

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
17	21.59	21.79	21.99	22.21	22.43	22.64	22.86	23.08	23.30	23.53	23.75	23.98	24.20	24.43	24.68	24.91	25.15	25.38	25.61	25.85
18	24.80	25.04	25.29	25.53	25.78	26.04	26.29	26.55	26.80	27.06	27.33	27.60	27.88	28.15	28.42	28.70	28.98	29.27	29.55	29.83
19	25.07	25.33	25.57	25.82	26.07	26.33	26.58	26.84	27.10	27.35	27.64	27.91	28.19	28.45	28.73	29.02	29.31	29.59	29.89	30.17
20	25.33	25.58	25.84	26.09	26.35	26.60	26.86	27.13	27.39	27.66	27.93	28.20	28.47	28.76	29.03	29.32	29.61	29.91	30.19	30.48
21	25.67	25.93	26.18	26.44	26.69	26.96	27.22	27.48	27.74	28.02	28.29	28.58	28.85	29.14	29.42	29.71	30.01	30.30	30.59	30.89
22	25.93	26.18	26.44	26.70	26.96	27.22	27.51	27.78	28.06	28.32	28.61	28.89	29.18	29.45	29.74	30.04	30.34	30.62	30.93	31.22
23	26.19	26.45	26.70	26.96	27.21	27.49	27.77	28.05	28.32	28.60	28.87	29.17	29.45	29.74	30.03	30.33	30.62	30.92	31.21	31.52
24	26.55	26.81	27.08	27.35	27.63	27.89	28.17	28.44	28.72	28.99	29.29	29.57	29.86	30.15	30.45	30.74	31.06	31.36	31.67	31.97
25	26.83	27.10	27.36	27.64	27.90	28.18	28.45	28.73	29.01	29.29	29.57	29.87	30.16	30.45	30.74	31.06	31.36	31.67	31.98	32.28
26	27.14	27.40	27.67	27.93	28.20	28.47	28.76	29.03	29.32	29.59	29.89	30.18	30.48	30.78	31.07	31.39	31.69	32.00	32.31	32.62
27	27.39	27.66	27.92	28.20	28.46	28.74	29.03	29.31	29.59	29.87	30.17	30.47	30.78	31.07	31.37	31.68	32.00	32.31	32.62	32.94
28	27.73	28.02	28.28	28.56	28.83	29.12	29.41	29.70	29.98	30.28	30.58	30.89	31.19	31.49	31.79	32.11	32.44	32.74	33.07	33.38
29	27.95	28.23	28.51	28.79	29.05	29.35	29.64	29.93	30.22	30.52	30.82	31.12	31.43	31.73	32.04	32.35	32.68	33.00	33.32	33.65
30	28.27	28.56	28.84	29.12	29.41	29.70	29.98	30.28	30.56	30.85	31.16	31.47	31.77	32.08	32.39	32.71	33.04	33.35	33.68	34.00
31	28.45	28.74	29.02	29.31	29.58	29.89	30.18	30.47	30.78	31.07	31.39	31.69	32.00	32.31	32.62	32.94	33.28	33.60	33.93	34.25
32	28.83	29.12	29.41	29.70	29.98	30.29	30.58	30.89	31.18	31.48	31.80	32.11	32.44	32.74	33.07	33.38	33.72	34.05	34.38	34.72
33	29.15	29.42	29.71	29.99	30.28	30.58	30.90	31.19	31.50	31.81	32.12	32.45	32.77	33.09	33.40	33.74	34.07	34.41	34.74	35.07
34	29.40	29.69	29.98	30.28	30.57	30.87	31.17	31.47	31.78	32.08	32.40	32.72	33.05	33.36	33.69	34.02	34.36	34.70	35.03	35.37
35	29.74	30.04	30.34	30.64	30.94	31.23	31.55	31.84	32.16	32.46	32.79	33.11	33.43	33.77	34.09	34.43	34.77	35.10	35.45	35.80
36	30.02	30.32	30.61	30.92	31.21	31.53	31.83	32.15	32.46	32.77	33.10	33.42	33.75	34.09	34.41	34.75	35.09	35.44	35.79	36.13
37	30.21	30.51	30.81	31.10	31.40	31.71	32.03	32.34	32.66	32.98	33.30	33.63	33.96	34.30	34.61	34.96	35.32	35.66	36.00	36.35
38	30.52	30.82	31.12	31.43	31.72	32.05	32.36	32.69	33.02	33.33	33.67	33.99	34.33	34.67	34.99	35.34	35.69	36.04	36.40	36.73
39	30.93	31.22	31.54	31.83	32.14	32.46	32.78	33.11	33.43	33.75	34.09	34.43	34.77	35.10	35.44	35.80	36.15	36.50	36.86	37.21
40	31.10	31.41	31.71	32.02	32.32	32.65	32.96	33.29	33.61	33.93	34.28	34.60	34.95	35.30	35.62	35.98	36.35	36.70	37.06	37.42
41	31.48	31.79	32.10	32.43	32.73	33.07	33.38	33.72	34.04	34.37	34.73	35.06	35.41	35.75	36.09	36.45	36.81	37.17	37.54	37.89
42	31.78	32.09	32.41	32.72	33.04	33.36	33.69	34.02	34.34	34.68	35.02	35.36	35.70	36.06	36.41	36.76	37.13	37.50	37.86	38.23
43	32.04	32.35	32.68	33.00	33.31	33.63	33.96	34.30	34.65	34.97	35.32	35.67	36.01	36.37	36.71	37.08	37.46	37.82	38.19	38.56
44	32.33	32.66	32.98	33.31	33.63	33.96	34.30	34.62	34.96	35.30	35.65	36.00	36.35	36.70	37.06	37.43	37.80	38.17	38.55	38.91
45	32.58	32.90	33.23	33.56	33.87	34.21	34.55	34.88	35.23	35.56	35.93	36.28	36.63	36.99	37.34	37.72	38.10	38.47	38.84	39.22
46	32.89	33.21	33.54	33.86	34.19	34.53	34.87	35.22	35.56	35.91	36.25	36.62	36.98	37.34	37.70	38.08	38.45	38.83	39.21	39.58
47	33.23	33.57	33.90	34.23	34.55	34.91	35.25	35.59	35.94	36.28	36.65	37.01	37.37	37.73	38.10	38.47	38.86	39.24	39.63	40.00
48	33.48	33.81	34.15	34.47	34.81	35.16	35.51	35.87	36.21	36.57	36.94	37.30	37.67	38.04	38.39	38.79	39.17	39.55	39.93	40.32
49	33.74	34.07	34.40	34.73	35.06	35.42	35.78	36.12	36.48	36.83	37.20	37.57	37.93	38.31	38.68	39.06	39.45	39.84	40.23	40.61
50	34.07	34.42	34.75	35.08	35.43	35.79	36.13	36.49	36.84	37.20	37.57	37.94	38.32	38.69	39.06	39.45	39.84	40.24	40.62	41.01
51	34.35	34.70	35.03	35.37	35.70	36.07	36.44	36.79	37.16	37.51	37.88	38.26	38.64	39.00	39.38	39.79	40.17	40.57	40.96	41.36
52	34.60	34.95	35.30	35.63	35.98	36.35	36.70	37.07	37.43	37.78	38.16	38.54	38.91	39.29	39.67	40.06	40.46	40.86	41.25	41.66
53	34.93	35.24	35.61	35.96	36.32	36.67	37.04	37.40	37.75	38.12	38.49	38.88	39.26	39.66	40.03	40.43	40.83	41.22	41.62	42.02
54	35.25	35.60	35.96	36.33	36.68	37.05	37.42	37.78	38.14	38.49	38.88	39.01	39.67	40.04	40.43	40.84	41.23	41.64	42.05	42.46
55	35.48	35.83	36.18	36.53	36.88	37.24	37.61	37.98	38.34	38.72	39.11	39.49	39.88	40.27	40.66	41.06	41.47	41.88	42.27	42.69
56	35.79	36.13	36.49	36.84	37.20	37.58	37.95	38.33	38.71	39.09	39.47	39.86	40.25	40.63	41.02	41.44	41.85	42.26	42.68	43.09
57	36.08	36.44	36.80	37.16	37.51	37.88	38.26	38.64	39.01	39.39	39.80	40.19	40.57	40.97	41.36	41.77	42.19	42.60	43.02	43.43
58	36.35	36.71	37.07	37.44	37.79	38.17	38.55	38.92	39.29	39.67	40.06	40.46	40.86	41.25	41.66	42.07	42.49	42.89	43.32	43.73
59	36.67	37.04	37.40	37.75	38.12	38.50	38.89	39.28	39.67	40.05	40.45	40.85	41.24	41.64	42.05	42.47	42.88	43.31	43.73	44.15
60	37.04	37.38	37.74	38.11	38.46	38.85	39.24	39.63	40.01	40.41	40.81	41.21	41.61	42.02	42.43	42.85	43.27	43.70	44.12	44.55
61	37.38	37.75	38.12	38.48	38.85	39.24	39.63	40.01	40.42	40.81	41.21	41.61	42.02	42.47	42.87	43.29	43.72	44.15	44.58	45.01
62	37.78	38.14	38.49	38.86	39.23	39.63	40.03	40.43	40.83	41.23	41.63	42.05	42.47	42.87	43.30	43.71	44.15	44.58	45.01	45.46
63	38.16	38.53	38.89	39.26	39.63	40.03	40.43	40.83	41.23	41.63	42.04	42.47	42.87	43.30	43.72	44.14	44.58	45.02	45.47	45.90
64	38.55	38.91	39.29	39.67	40.04	40.44	40.84	41.23	41.63	42.04	42.46	42.87	43.31	43.73	44.15	44.58	45.02	45.47	45.93	46.37
65	38.92	39.31	39.69	40.03	40.44	40.84	41.24	41.64	42.06	42.46	42.87	43.31	43.73	44.15	44.58	45.02	45.47	45.93	46.37	46.81

Range	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
66	39.31	39.70	40.07	40.46	40.85	41.24	41.66	42.07	42.48	42.87	43.31	43.74	44.18	44.59	45.02	45.48	45.93	46.38	46.84	47.27
67	39.71	40.09	40.48	40.87	41.24	41.67	42.08	42.49	42.89	43.31	43.74	44.18	44.60	45.03	45.48	45.94	46.39	46.85	47.30	47.75
68	40.10	40.49	40.88	41.26	41.67	42.08	42.50	42.90	43.33	43.74	44.19	44.62	45.06	45.49	45.94	46.39	46.86	47.31	47.77	48.23
69	40.50	40.89	41.30	41.69	42.08	42.50	42.92	43.34	43.76	44.19	44.63	45.06	45.50	45.95	46.39	46.86	47.32	47.78	48.25	48.72
70	40.91	41.31	41.70	42.10	42.50	42.92	43.35	43.77	44.20	44.62	45.07	45.51	45.96	46.42	46.86	47.32	47.80	48.26	48.73	49.20
71	41.32	41.72	42.12	42.52	42.92	43.35	43.79	44.21	44.64	45.07	45.51	45.97	46.43	46.87	47.32	47.80	48.27	48.74	49.22	49.70
72	41.73	42.13	42.55	42.96	43.35	43.79	44.22	44.65	45.08	45.51	45.97	46.44	46.89	47.34	47.80	48.27	48.75	49.23	49.72	50.20
73	42.14	42.56	42.97	43.37	43.79	44.23	44.67	45.10	45.53	45.97	46.44	46.89	47.35	47.81	48.27	48.76	49.24	49.73	50.21	50.69
74	42.57	42.99	43.39	43.81	44.23	44.68	45.10	45.55	45.99	46.44	46.90	47.36	47.83	48.30	48.76	49.25	49.74	50.23	50.72	51.20
75	43.00	43.40	43.83	44.25	44.68	45.11	45.56	46.00	46.46	46.90	47.36	47.83	48.31	48.77	49.25	49.74	50.23	50.73	51.21	51.69
76	43.42	43.85	44.27	44.70	45.11	45.57	46.01	46.47	46.93	47.36	47.84	48.32	48.78	49.26	49.74	50.24	50.74	51.23	51.73	52.23
77	43.86	44.29	44.72	45.13	45.57	46.02	46.48	46.94	47.39	47.84	48.32	48.80	49.27	49.76	50.24	50.74	51.24	51.74	52.24	52.75
78	44.30	44.73	45.15	45.59	46.02	46.48	46.95	47.40	47.86	48.32	48.81	49.28	49.77	50.26	50.74	51.24	51.75	52.26	52.76	53.27
79	44.74	45.18	45.61	46.05	46.48	46.95	47.41	47.87	48.34	48.81	49.29	49.78	50.27	50.76	51.24	51.75	52.26	52.78	53.29	53.80
80	45.20	45.62	46.07	46.51	46.95	47.43	47.88	48.35	48.82	49.29	49.78	50.28	50.77	51.27	51.75	52.27	52.79	53.31	53.83	54.35
81	45.61	46.05	46.50	46.97	47.44	47.91	48.36	48.83	49.30	49.77	50.25	50.75	51.24	51.75	52.25	52.76	53.26	53.78	54.30	54.82
82	46.07	46.51	46.97	47.44	47.91	48.39	48.87	49.36	49.84	50.31	50.79	51.29	51.78	52.28	52.77	53.28	53.79	54.31	54.83	55.35
83	46.53	46.98	47.44	47.91	48.39	48.87	49.36	49.84	50.32	50.80	51.28	51.78	52.27	52.77	53.26	53.77	54.28	54.79	55.30	55.81
84	46.99	47.45	47.92	48.39	48.87	49.36	49.84	50.32	50.80	51.28	51.78	52.27	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33
85	47.46	47.92	48.39	48.87	49.36	49.84	50.32	50.80	51.28	51.78	52.27	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33	56.85
86	47.94	48.40	48.87	49.36	49.84	50.32	50.80	51.28	51.78	52.27	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33	56.85	57.37
87	48.42	48.89	49.36	49.84	50.32	50.80	51.28	51.78	52.27	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33	56.85	57.37	57.89
88	48.90	49.38	49.86	50.35	50.83	51.32	51.80	52.28	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33	56.85	57.37	57.89	58.41
89	49.39	49.87	50.35	50.83	51.32	51.80	52.28	52.77	53.26	53.77	54.28	54.79	55.30	55.81	56.33	56.85	57.37	57.89	58.41	58.93

APPENDIX A-1

Summary of Classifications

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT SUMMARY OF CLASSIFICATIONS

Classification Position

CAMPUS SUPERVISOR:

45 Campus Supervisor I

30 Campus Security Supervisor

Educational Salary Incentive Program: One salary classification level increase not to exceed 5 total shall be granted upon employment or at the beginning of the pay period following receipt by the Personnel Services Office of certification of completion of course work listed below (or in service training) approved for salary advancement. Present campus security supervisors who have completed the classes shall also be given credit for salary advancement purposes.

- Completion of 3 units of approved College credit (2 units Safety Education/First Aid)
 - * Narcotics Control (AVCC)
 - * Juvenile Procedure (AVCC)
 - * Ethnic Relations (AVCC)
 - * Others as approved
- Completion of 45 forty-five hours of training in the Adult Education program or in-service training

CUSTODIAN/MAINTENANCE PERSONNEL:

66 Heating, Ventilation, Air Conditioning Specialist

64 Maintenance 1 Coordinators

Electrical/Utility Specialist

62 Heating, Ventilation, Air Conditioning Mechanic I

55 Carpenter/Utility

Painter/Utility

Plumber

51 Maintenance II

50 Storekeeper I

43 Senior Custodian

40 Storekeeper II

35 Storekeeper III

30 Locker Room Attendant

Cafeteria Custodian

Office Custodian/Security

28 Groundskeeper II

27 Custodian II

FOOD SERVICES PERSONNEL:

The following unit members will be paid by the hour for hours worked. Cafeteria employees are not entitled to any free meals and shall be required to pay for any meals consumed, at the established rate.

17 Cafeteria Helper

24 Lead Cafeteria Helper

PARAPROFESSIONALS:

30 Paraeducator - Health Care

Paraeducator - Translator

Paraeducator - Interpreter

29 Paraeducator - Behavior Management

27/21 Bilingual Instructional Aide (Higher Classification with Certificate or AA Degree or above)

26 Paraeducator- Severe

24/19 Instructional Aide (Higher Classification with Certificate or AA Degree or above)

APPENDIX A-1 CONTINUED

HEALTH PERSONNEL:

- 35 Health Office Technician
- Completion of Certification offered by the district in the following areas:
 - * Medication Administration Training
 - * Universal/Blood borne Pathogen Training
 - * Basic Assistance for the Student with Respiratory, Seizure, Diabetic, Elimination, or Feeding Disorders
- 37 Health Office Technician
- Completion of District Certification as listed in Range 35 **plus** current credentials for successful completion of the American Red Cross Emergency Medical Response course.
- 39 Health Office Technician
- Completion of district certifications listed in Range 35, **plus** current credentials as an Emergency Medical Technician, Level I, a Licensed Vocational Nurse (L.V.N), or a Registered Nurse
- Special Education Nurse Technician

CLERICAL/TECHNICAL PERSONNEL:

- 80 Data Services Specialist
- Media Theater Technician
- 72 Media Network Technician
- Mental Health Therapist
- *Effective January 1, 2023**
- 89 Mental Health Therapist
-
- 60 Buyer
- 53 Payroll Account Technician
- 52 District Data Specialist
- 50 Personal Computer Repair Technician
- 45 District Data Technician
- 43 Site Data Technician
- Senior Account Technician
- Site Accountant
- Categorical Account Technician
- Community Attendance Worker
- 41 Registrar
- 38 Accounting Technician
- Pupil Services Technician
- 37 Bilingual Secretary I
- Bilingual Secretary II
- 35 Secretary I
- Secretary II
- Library Media Technician
- 34 Senior Attendance Clerk
- 33 Accounts Payable Clerk
- 31 Computer Lab Assistant
- 30 Independent Study Clerk
- Job Developer
- Learning Center Technician
- 28 ASB Clerk Typist
- Guidance Office Clerk
- 26 Intermediate Clerk
- 24 Coordinator of Volunteer Services
- 22 Intermediate Clerk Typist

APPENDIX F

Health & Welfare Benefits

EFFECTIVE 10/1/22 - 9/30/23

RATES INCLUDE MEDICAL, DENTAL, VISION, EMPLOYEE ASSISTANCE PROGRAM (EAP) and LIFE INSURANCE

Antelope Valley High - Classified Plan Comparison & Summary

[illegible]

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions.

The following documentation will be required before your spouse or domestic partner and dependents can be covered under your plan:

Marriage Certificate

Federal Tax Return (last year's 1040-page that shows married filing jointly)

Affidavit of Marriage (if filing separately)

Domestic Partnership Certificate

Birth Certificate for each dependent child (under age 26)

The Annual Open Enrollment is every August for an effective date of October 1st. Employees can change medical or dental plans during open enrollment. Employees can also delete and/or add spouse/dependents.

Employee may add or delete spouse/dependents during these Qualifying Events or Status Changes Outside of Open Enrollment. (Need Documentations)

- **Loss of coverage elsewhere**
- **Marriage or Commencement of Domestic Partnership**
- **Divorce or Termination of Domestic Partnership**
- **Birth**
- **Adoption**
- **Legal Guardianship**
- **Death**
- **Qualified Medical Child Support Order requiring enrollment of dependent child**

Online doctor visits 24/7 are part of your health plan

Have consultations with health care professionals using your phone, tablet or computer. Only a \$5 copay



ADVANTAGES OF HAVING AN ONLINE DOCTOR VISIT



Average wait time for MDLIVE doctor visit is less than 15 min!



Doctors have an average of 15 years of experience



Prescriptions sent to the pharmacy of your choice



Saves you time and money



You can have your visit anytime, from anywhere

MDLIVE IS A GREAT OPTION FOR A WIDE RANGE OF CARE

Medical Conditions

Cold / Flu
Sinus infection
Respiratory problems
Allergies
And more

Behavioral Health

Depression
Bipolar disorders
Stress
Grief and loss
And more

Register now! Be ready whenever you or a family member need quick, convenient access to quality medical care.



Text SISC
to MDLIVE (635483)



Go online to
mdlive.com/SISC



Call MDLIVE at
1-800-657-6169



SISC

with the University of Pittsburgh
Schools Helping Schools

MDLIVE

Dental Plans

(Brief Overview)

Delta Premier-AKA Incentive Pays a yearly in-network maximum of \$1700 per family member per calendar year. If you go out of network they will pay \$1500 per calendar year. Benefits start paying at 70% and increase yearly by 10% as long as you see a dentist each year. If you change your plan at any time and return to this plan, you automatically start back at 70%. This plan does not have any Orthodontic benefits.

DPO-Aka PPO: Pays 100% as long as you see an in-network dentist. They will pay 50% if you go outside of the network. The maximum yearly amount paid per person is \$2000. This plan includes a \$3000 lifetime Orthodontic benefit for adults and children.

PMI-Aka Delta Care USA: This plan does not have a yearly maximum, and it does have a small Orthodontic benefit. There are a limited network of dentists who accept this plan. You must chose an in-network (PMI) dentist, or PMI will assign you a dentist. You must be seen by the dentist you are assigned or PMI will not pay. This is a very basic dental plan.

Please note: Always check with your dentist prior to your appointment for any co-pays, etc. Remember, even if your dentist accepts Delta Dental, it does not mean that you will not have a balance after your benefits pay.

For additional information regarding Delta Dental, please visit their website at www.deltadentalins.com

Plan Benefit Highlights for:	PPO \$2,000 with Orthodontic
Group No:	Active, Retiree, and COBRA

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
Deductibles waived for D & P?	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$2,000 per person in-network*** The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal-year, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants	50 %	50 %
Orthodontic Benefits Adults and dependent children	100%	100%
Orthodontic Maximums	Separate \$3,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

www.deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Plan Benefit Highlights for:	PPO Incentive (\$1,700/\$1,500)
Group No:	Active, Retirees, and COBRA
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$1,700* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$1,500 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100%
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100%
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100%
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100%
Oral Surgery Covered Under Basic Services	70-100 %	70-100%
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100%
Prosthodontics Bridges, dentures, implants	50 %	50%
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Keep Smiling

DeltaCare[®] USA



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



deltadentalins.com/enrollees

Frequently asked questions

What you need to know about your DeltaCare® USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist.** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet).** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card.** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select the DeltaCare USA network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Changes received between the first and 15th of the month are effective immediately. Changes received on the 16th through the end of the month will be effective on the first of the next month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.

8. **My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**
No, Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.
9. **What should I do if I need to see a specialist?**
If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. **If I'm traveling, is emergency treatment covered under my plan?**
You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles² from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person every 12 months³) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

² In TX, there is no limit on the number of miles or on the dollar amount per emergency.

³ Exceptions may apply. Refer to your Evidence/Certificate of Coverage.

⁴ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

11. **Can I access my plan online?**
Yes. Visit deltadentalins.com to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.
12. **Does my plan cover pre-existing conditions? What about treatments that are in progress?**
Treatment for pre-existing conditions (except work in progress⁴), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.
13. **What if I have additional questions about my plan?**
Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care




Pay only your
share to dentist

Antelope Valley Union HSD

(Insight CA Network)

SUMMARY OF BENEFITS

VISION CARE SERVICES	 IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame - Retail	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Frame - Wholesale*	Not covered	\$0 copay; 100% of balance over \$105 allowance	Up to \$105
LENSES			
Single Vision	\$0 copay	\$0 copay	Up to \$30
Bifocal	\$0 copay	\$0 copay	Up to \$50
Trifocal	\$0 copay	\$0 copay	Up to \$70
Lenticular	\$0 copay	\$0 copay	Up to \$70
Progressive - Standard	\$0 copay	\$0 copay	Up to \$50
Progressive - Premium	\$85 - 175 copay	\$85 - 175 copay	Up to \$50
LENS OPTIONS			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	\$57 - 85 copay	Up to \$23
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$105
Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$300
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam		Once every plan year	Once every plan year
Lenses		Once every plan year	Once every plan year
Frame		Once every plan year	Once every plan year
Contact Lenses		Once every plan year	Once every plan year

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

*Available at wholesale providers, such as Costco Optical; discounts do not apply. View the provider locator to find wholesale providers. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. The Plan reserves the right to make changes to the products on each tier and to the member out-of-pocket costs. Fixed tier pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Services and amounts listed above are subject to change at any time. Discounts are not insured benefits.

Savings plus convenience plus choice

PLUS Providers add another
layer of coverage

\$200

Frame - Wholesale* allowance

Staying in-network helps you save
money on eye exams, frames and lenses.
Visiting a PLUS Provider is designed to
help you save even more.

And since PLUS Providers are already
in our network, the additional perks
are built right into your vision benefits.
No promo codes, no coupons, no
paperwork. The same vision benefits,
plus a little more savings.



The choice is yours

Find plenty of in-network eye doctors – including PLUS
Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit
eyemed.com.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL





We have the network for every pair of eyes

Whatever life sends your way, our vision network
has solutions to help you see it to the fullest

"It's hard for me to get away
during the workday."



To fit your busy schedule, many
eye doctors in our network have
weekend and evening hours.

"No thanks, I see perfectly fine."



An eye exam can help spot vision and
health problems you may not know about.
That's why you can get an eye exam with
\$0 copay at PLUS Providers – so you can use
your vision benefits to help you stay healthy.

"I wear contacts, my wife
wants to get LASIK, and 2
of our kids need glasses."



Our network has a wide variety
of independent and retail providers,
so everyone in your family can see
the doctor they want.

"I'm in an airplane at
30,000 feet and can't get
to the eyeglasses store."



You can shop for eyewear online and
use your in-network benefits—just like
you would at the store.* You can even
use your additional frame allowance at
these participating PLUS Providers.*

*At participating, in-network retailers

LENSCRAFTERS

OPTICAL

Ray-Ban

GLASSES.COM

contactsdirect

Find your best fit



These eye doctors are nearby – which is right for you? Check the Provider Locator on eyemed.com or the EyeMed Members App (App Store or Google Play) for a more advanced search. And keep an eye out for PLUS Providers, who can help you boost your benefits.

Locations and PLUS Providers near 93301 for the Insight CA network

LENSCRAFTERS
VALLEY SQUARE
2724 MING AVE
BAKERSFIELD, CA 93304
661-836-0194

AMERICAS BEST
8430 ROSEDALE HWY
STE 101
BAKERSFIELD, CA 93312
661-535-6679

TARGET OPTICAL
9100 ROSEDALE HWY
BAKERSFIELD, CA 93312
661-589-7745

KELLY LY OD
9100 ROSEDALE HWY
BAKERSFIELD, CA 93312
661-589-7745

LOUIS ALLEN C.O.D.
9100 ROSEDALE HWY
BAKERSFIELD, CA 93312
661-589-7745

LENSCRAFTERS
NORTHWEST PROMENADE
9370 ROSEDALE HWY
STE 100
BAKERSFIELD, CA 93312
661-213-3005

TARGET OPTICAL
11000 STOCKDALE HWY
BAKERSFIELD, CA 93311
661-282-2836

OPTICAL EYEWEAR INC
2323 16TH ST
STE 103
BAKERSFIELD, CA 93301
661-324-8836

ALEXANDRAKIS GEORGE MD
1851 OAK ST
STE B
BAKERSFIELD, CA 93301
661-323-4200

OMNI FAMILY HEALTH
525 ROBERTS LN
BAKERSFIELD, CA 93308
800-300-6664

STOCKDALE OPTOMETRY
3869 STOCKDALE HWY
BAKERSFIELD, CA 93309
661-831-8952

EYEXAM OF CALIFORNIA
VALLEY SQUARE
2724 MING AVE
BAKERSFIELD, CA 93304
661-836-0127

EYEMART EXPRESS
3216 MING AVE
STE D
BAKERSFIELD, CA 93304
661-835-7440

STERLING VISION CARE
3216 MING AVE
STE D
BAKERSFIELD, CA 93304
661-834-0400

WALMART VISION CENTER
2601 FASHION PL
BAKERSFIELD, CA 93306
661-873-8739

OMNI FAMILY HEALTH
1701 STINE RD
BAKERSFIELD, CA 93309
866-707-6664

BAKERSFIELD EYE INSTITUTE
7508 MEANY AVE
BAKERSFIELD, CA 93308
661-589-9400

PREMIER EYECARE OPTOMETRIC
CTR
3911 COFFEE RD
STE B
BAKERSFIELD, CA 93308
661-588-8222

THE VISION CENTER IN WAL-MART
8400 ROSEDALE HWY
BAKERSFIELD, CA 93312
661-587-7482

SOUTHWEST EYE CARE
OPTOMETRIC CENTER INC
4649 PLANZ RD
BAKERSFIELD, CA 93309
661-833-4040

HOLIWELL KEVIN K OD
4022 NILES ST
STE A
BAKERSFIELD, CA 93306
661-872-7380

EYEXAM OF CALIFORNIA
NORTHWEST PROMENADE
9370 ROSEDALE HWY
STE 100
BAKERSFIELD, CA 93312
661-213-3052

ACUITY EYE GROUP
9500 STOCKDALE HWY
STE 108
BAKERSFIELD, CA 93311
800-898-2020

INNOVATIVE EYE CARE
OPTOMETRIC
4903 CALLOWAY DR
STE 101
BAKERSFIELD, CA 93312
661-213-3310

BAKERSFIELD EYE CARE
OPTOMETRI
5535 CALLOWAY DR
STE 100
BAKERSFIELD, CA 93312
661-589-9870

WALMART VISION CENTER
6225 COLONY ST
BAKERSFIELD, CA 93307
661-832-2487

OMNI FAMILY HEALTH
4600 PANAMA LN
STE 102B
BAKERSFIELD, CA 93313
800-300-6664

SAMS CLUB VISION CENTER
5625 GOSFORD RD
BAKERSFIELD, CA 93313
309-454-5045

BAKERSFIELD EYE CARE OPT
GROUP
11320 MING AVE
STE 360
BAKERSFIELD, CA 93311
661-847-9870

OMNI FAMILY HEALTH
2101 7TH ST
WASCO, CA 93280
800-300-6664

WALMART VISION CENTER
401 N CENTRAL AVE
WASCO, CA 93280
661-772-8057

WALMART VISION CENTER
530 WOOLLOMES AVE
DELANO, CA 93215
661-370-4074

DR JOHN E FAGAN
20231 W VALLEY BLVD
STE G
TEHACHAPI, CA 93561
661-822-1212

TEHACHAPI OPTOMETRIC CENTER
20131 W VALLEY BLVD
TEHACHAPI, CA 93561
661-822-6886

LARRY E WAGGONER OD
12134 MOUNTAIN MESA RD
LAKE ISABELLA, CA 93240
760-379-3602

GILLET & HUBLER OD
418 W PUTNAM AVE
PORTERVILLE, CA 93257
559-784-4063

Eye exams offered by DPA/DTA or DEA-certified optometrists and ophthalmologists. All certifications are verified by an NCOA-accredited credentials verification organization.



LENSCRAFTERS



BRINGING IT ALL INTO FOCUS

Time for a little Q&A

A LOOK AT THE BENEFITS

What exactly do my EyeMed benefits cover?

If you're thinking about EyeMed, you'll want to connect with your employer to learn about the benefit options. Already a member? The easiest way to find your benefit information is to create a member account on eyemed.com or grab the EyeMed Members App (App Store or Google Play).

Does EyeMed offer any extra discounts?

We sure do. At participating in-network providers, members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses only or frames only).^{*} You also get 20% off non-prescription sunglasses and accessories, and discounts on LASIK laser vision correction. Call 1.800.988.4221 to find a LASIK location near you.

Can I use EyeMed benefits online?

Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: lenscrafters.com, targetoptical.com, ray-ban.com, glasses.com and contactsdirect.com.

Can I get the same kind of care with a retail provider as I can with an independent doctor?

Many optometrists share space with a retail optical store, but operate a separate practice. All of them, wherever they practice, must meet the same state licensing and credentialing requirements. One advantage of using a vision carrier, like EyeMed, is that credentials of every in-network eye doctor are thoroughly examined and verified, so you can feel confident you're getting access to qualified eye doctors.

MEMBER HOW-TO TIPS

How do I use my benefits?

At EyeMed, we're all about easy. Just choose an in-network eye doctor from our Enhanced Provider Search, schedule your visit and go in for care or eyewear. You don't even need your ID card – just give them your name and birthday. When you stay in-network, we'll handle all the paperwork.

How do I find an eye doctor in my network?

The Enhanced Provider Search on Member Portal and the EyeMed Members App has thousands of in-network eye doctors to choose from. Filter your search to find ones near you with the brands, hours and services you most want.



eye
Med

How do I get on-the-go access?

The EyeMed Members App can do almost everything that Member Portal can. Find an eye doctor, set an appointment, review your benefits, check claims, find special offers, show your ID card—even store your vision prescriptions and set exam reminders. Download it through the App Store or Google Play.

How do I submit a claim?

When you see one of our in-network eye doctors, you won't have to; we take care of all the paperwork. By the way, you'll save money by staying in-network, too. If you need an out-of-network claim form, log into your member account to find one.

How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into eyemed.com to print a replacement, or use your digital ID on the app. Here's a tip: you don't even need the card when you visit your eye doctor.

VISION AND YOUR HEALTH

I don't wear glasses and can see fine. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.¹

How often should I get an eye exam?

Vision changes can happen slowly—you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.

At what age should my child first visit the eye doctor?

The American Optometric Association recommends a first eye exam between 6 months and 1 year of age.² The doctor may check for nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment, and how the eye reacts to light and darkness. They also recommend an exam between the ages of 3 and 5, and every year after that.

My child gets a vision screening at school, so there's no need for an eye exam. right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye.



Thinking of becoming a member? Learn more at enroll.eyemed.com

Looking to stay healthy with vision? Learn how at eyesiteonwellness.com

Already a member? Manage benefits at eyemed.com

*Discounts are for in-network providers only. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log into your member account for full details. ¹ "5 Health Problems Eye Exams Can Detect," YourSightMatters.com, March, 2016. ² "Comprehensive pediatric eye and vision examination"; (2017 guideline brief); American Optometric Association; <https://www.aoa.org/Documents/AOA%20Executive%20Summary%20Pediatric%20Eye%20Exam%20Guidelines%20Revised%2003.05.18.pdf>

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL



GREAT REASONS

to choose Kaiser Permanente for your glasses & contacts



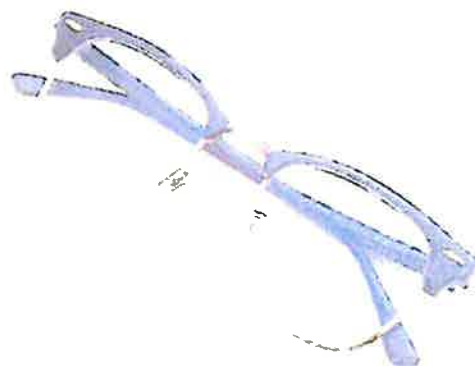
Kaiser Permanente doctors are on the same, connected team. Potential health issues uncovered during the eye exam are seamlessly routed to a Kaiser Permanente doctor who can continue your care.

\$69

Complete eyewear starts at \$69¹ - When you apply your benefit, you may have no out-of-pocket cost. Up to 1,200 frames to choose from including Gucci, Ray-Ban, and Nike.



kp2020.org - Book an eye exam, check benefits, order contacts, and check order status online.



visionessentials
by KAISER PERMANENTE.

GREAT HEALTH. GREAT EYEWEAR.

You won't have to pay a lot for great eyewear.

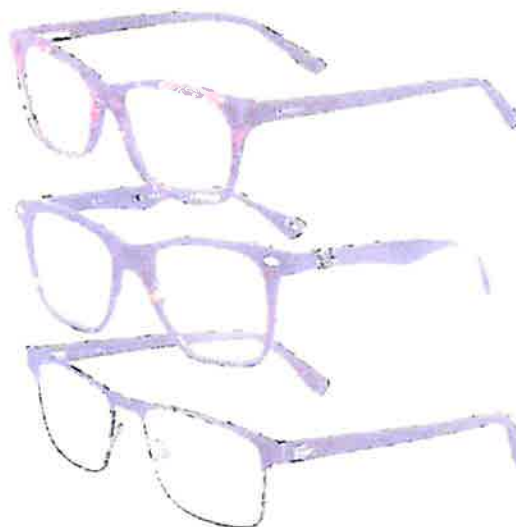
SAMPLE OUT-OF-POCKET COSTS FOR EYEGLASSES

\$0 standard, plastic lenses included (single vision, bifocal or no-line progressives)

\$0 anti-reflective lens treatment

\$0 frame up to \$150 included (over 400 frames at \$150 or less)

\$0 out-of-pocket cost



Selection is representative of brands we typically carry in our Optical Centers.²

SERVICE	BENEFIT AMOUNT	FREQUENCY
Eye examination	Covered by your Kaiser Permanente Health Plan benefit. Book an eye exam on kp2020.org . No charge for preventive screening.	No limit
Frames for prescription eyeglasses	\$150 allowance toward the purchase price of a frame for prescription glasses. To use the optical benefit, at least one of the two lenses requires a prescription	24 months
Lenses	One pair of regular eyeglass lenses will be covered at no charge - standard, plastic single vision, bifocals or no-line progressives ¹ Anti-reflective treatment for your lenses will be covered at no charge	12 months
OR		
Contact lenses instead of eyeglasses	\$150 allowance toward the purchase price of contact lenses, fitting, and dispensing	12 months

You can only use your optical benefit at a Kaiser Permanente Optical Center.

¹ For \$69 eyeglasses, choose from over 20 frames at \$20, and get standard, plastic single vision lenses at \$49 (\$49 for the lenses, plus a \$20 frame equals \$69).

² Regular prices for these brands are typically \$110 - \$215

³ Standard clear plastic lenses.

Kaiser Permanente members typically have coverage for medically necessary eye examinations, and some members, including those members with the pediatric vision benefit under their Affordable Care Act plan, may be able to apply a supplemental benefit to their purchases. Otherwise, the services and products described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits, and you are financially responsible to pay for them. For specific information about your covered health plan benefits, please see your Evidence of Coverage.

Photo of model, not actual patient
12/2019 J

Take advantage of **no cost** benefits to help you get and stay healthy



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

24/7 Help with Personal Concerns

SISC Employee Assistance Program

Access free, confidential resources for help with emotional, marital, financial, addiction, legal, or stress issues.

All employees at member districts

Call 800-999-7222

Visit anthemEAP.com and enter SISC

Expert Medical Opinions

Teladoc Medical Experts

Get answers to health care questions and second opinions from world-leading experts.

All employees at member districts

Call 800-835-2362

Visit teladoc.com/SISC

24/7 Physician Access—Anytime, Anywhere

MDLive

Consult with doctors and pediatricians over the phone or using online video for common medical conditions and behavioral health issues. Physicians can prescribe medication when appropriate. Co-pays may apply.

Anthem and Blue Shield members

Call 888-632-2738

Visit mdlive.com/sisc

Free Generic Medications

Costco

Access most generic medications at no cost through Costco retail and mail order pharmacies. You don't need to be a Costco member.

Anthem and Blue Shield members

Call 800-774-2678 (press 1)

Visit costco.com

Enhanced Cancer Benefit

Contigo Health

Consult experts on initial diagnosis and development of a care plan. Benefit includes care coordination services with at home provider, transportation, and more.

Anthem and Blue Shield PPO members

Call 877-220-3556

Visit sisc.contigohealth.com



BENEFIT HIGHLIGHTS



AVAILABILITY AND HOW TO GET STARTED

Hip, Knee, and Spine Surgical Benefit

Carrum Health

Consult top-quality surgeons on hip and knee replacements and certain spine surgeries. Benefit covers all related travel and medical bills.

Anthem and Blue Shield
PPO members

Call 888-855-7806

Visit carrumhealth.com/sisc

Personal Health Coaching

Vida Health

Get one-on-one health coaching, therapy, chronic condition management, health trackers and other tools and resources online or via phone.

Anthem and Blue Shield
members

Call 855-442-5885

Visit vida.com/sisc

Physical Therapy for Back or Joint Pain

Hinge Health

Get access to free wearable sensors and monitoring devices, unlimited one-on-one coaching and personalized exercise therapy.

Anthem and Blue Shield
PPO members

Call 855-902-2777

Visit hingehealth.com/sisc

24/7 Access to Virtual Maternity and Postpartum Support

Maven

Consult with a care advocate who connects you with trustworthy content delivered by doctors, specialists coaches and other maternity providers to help deal with pregnancy and postpartum concerns.

Anthem and Blue Shield
PPO members

Visit

mavenclinic.com/join/SISC





SISC

Self-Insured Schools of California
Schools Helping Schools



*Need
Someone
to talk to?*

**We're here if you or someone
in your family needs help.**

Life can be stressful, be it work, family, or even just day-to-day tasks and responsibilities. It's okay to admit when things feel hard.

Now is a good time to tune in to your mental and emotional health. You have various low and no cost options available, and you can access many of them from the comfort of your home.

All Employees and Household Members

SISC Employee Assistance Program

To access free in-person and virtual therapy, call 300-999-7222.

Anthem and Blue Shield PPO and HMO Members

MDLive — To access virtual therapy and psychiatry, visit mdlive.com/sisc or call 800-657-6169.

VIDA — To access virtual therapy, visit www.vida.com/sisc or call 855-442-5835.

Anthem PPO and HMO Members

To find participating therapists and psychiatrists, use the **Anthem Provider Finder** or call the phone number listed on your ID card.

Blue Shield PPO and HMO Members

To find participating therapists and psychiatrists, use the **Blue Shield PPO Provider Finder** or **Blue Shield HMO Provider Finder** website or call Shield Concierge at 855-599-2657.

Kaiser Permanente Members

Northern California — To find participating therapists and psychiatrists, use the **NorCal Kaiser Permanente Location Finder** or call Member Services at 866-454-8855.

Southern California — To find participating therapists and psychiatrists, use the **SoCal Kaiser Permanente Location Finder** or call Member Services at 833-574-2273.

All support is confidential.

Our providers will never share your information with your employer.



This valuable benefit provided through Self-Insured Schools of California.

Eligible Classified and Certificated employees of
Antelope Valley Union High

Group ID: SISC64246

Safeguard the most important people in your life.

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

AT A GLANCE:

- \$50,000 cash benefit in the event of your death, plus a matching cash benefit if you die in an accident. Please see your administrator for further details.
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*® services, which provide access to counseling, financial, and legal support
- *TravelConnect*SM services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

ADDITIONAL DETAILS

Conversion: You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

Benefit Reduction: Coverage amounts will be reduced as follows:

- At age 70, benefits will reduce by 50% of the original amount;
- At age 75, benefits will reduce an additional 25% of the original amount;
- At age 80, benefits will reduce an additional 12.5% of the original amount.

Benefits terminate at retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych®, EstateGuidance® and GuidanceResources® are registered trademarks of ComPsych® Corporation. *TravelConnect*SM services are provided by On Call International, Salem, NH. ComPsych® and On Call International are not Lincoln Financial Group® companies. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.

Benefits Overview | The Lincoln National Life Insurance Company

****CONTINUATION COVERAGE RIGHTS UNDER COBRA****

Introduction

You are receiving this notice because you have recently become covered under the following employer's **Antelope Valley Union High School District (the Plan)** group plan.

Employer name

This notice contains important information about your right to COBRA continuation coverage, which is a **temporary** extension of coverage under the Plan, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. This notice gives only a **summary** of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from your district.

You may have other options available to you when you lose group health coverage

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Continuation Coverage Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you'll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify your district.

Your dependent child may be eligible for continued coverage under your policy during the period of time he/she:

- (1) Is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and,
- (2) Is chiefly dependent upon you for support and maintenance

If your dependent will meet both of these criteria at the time he/she reaches the dependent maximum age, please submit documentation demonstrating compliance with both criteria within 60 days. If you do not submit adequate documentation within the appropriate time, your disabled child will not be covered under your policy after he/she reaches the dependent maximum age.

The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

COBRA continuation coverage is a **temporary** continuation of coverage. When the qualifying event is the death of the employee, your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you **notify the Plan Administrator** in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a **maximum of 36 months**. This extension is available to the spouse and dependent children if the former employee dies, or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. **In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event.**

Other Coverage Options Available besides COBRA Continuation Coverage

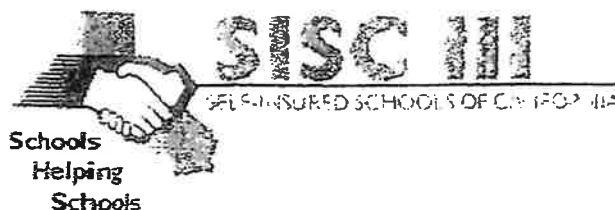
Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

For More Information

If you have questions about your COBRA continuation coverage, you should contact the Plan Administrator. For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area, visit the website at www.dol.gov/ebsa or call their toll-free number at (866) 444-3272. For more information about health insurance options available through a Health Insurance Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.



What is COBRA?

COBRA is an acronym for *Consolidated Omnibus Budget Reconciliation Act of 1985

There are two parts to COBRA benefits. The first 18 months are administered under Federal law. Once the first 18 months have been exhausted members may be eligible for an additional 18 months under State Continuation (CalCOBRA).

COBRA allows employees or dependents of employees to temporarily continue with health benefits once they have lost those benefits with their employer. Rates have a 2% administration fee attached to Federal COBRA and 10% administration fee attached to State Continuation (CalCOBRA).

Who is eligible?

Any individual who, on the day before a qualifying event, is covered under a group health plan by virtue of being on that day either a covered employee, the covered spouse of an employee, or a covered dependent child of an employee.

Each QB (qualified beneficiary) has an independent right to elect COBRA. Spouse or dependent children can enroll in COBRA without the employee.

How does COBRA begin?

To qualify for COBRA there has to be a qualifying event (QE). A QE is an event that results in the loss of coverage for employee or dependents.

<u>QE</u>	<u>Length of coverage *</u>
Termination	18 months
Retirement	18 months
Reduction of Hours	18 months
Over age dependent (loss of dependent status)	36 months
Divorce	36 months
Death of Subscriber	36 months

Who is NOT eligible for COBRA?

Persons who lose benefits due to "Gross Misconduct"

When does COBRA terminate?

Federal COBRA will terminate:

1. After 18 months of enrollment
2. Premiums not paid on a timely basis

3. Person becomes eligible for:
- a. Entitlement to Medicare
 - b. Any other health insurance plan that does not have an exclusion or limitation for pre-existing conditions
 - c. A plan with a pre-existing limitation that must credit prior coverage toward its pre-existing condition exclusion period

What is State Continuation (CalCOBRA)?

State Continuation also known as CalCOBRA is a State law (AB 1401) that allows those who have exhausted 18 months of Federal COBRA to continue their Medical and Rx benefits for 18 additional months. State Continuation does not cover dental or vision and the premiums have a 10% administration fee added.

Who is eligible for CalCOBRA?

COBRA enrollees who are entitled to less than 36 months of continuation coverage under federal COBRA are eligible for CalCOBRA and must exhaust their federal COBRA first.

Who is NOT eligible for CalCOBRA?

- Persons who are entitled to Medicare
- Persons who have other coverage or who become covered under another group plan, as long as the person is not subject to a pre-existing condition limitation
- Persons eligible for or covered under federal COBRA (must exhaust Federal before you can enroll in State)
- Persons who were entitled to a maximum of 36 months coverage under federal COBRA

How long does CalCOBRA last?

The maximum length of the CalCOBRA continuation period is 18 months. CalCOBRA may be elected only after federal COBRA is exhausted. CalCOBRA was designed to allow the enrollee a total of continuation period of 36 months between the Federal and State.

Once federal and state COBRA has been exhausted the QB will be notified to contact their health carrier or an insurance broker for information on the following options to continue with coverage:

- HIPAA plan
- Conversion plan
- Individual plan

Self-Insured Schools of California (SISC)

HIPAA Notice of Privacy Practices

Esta noticia es disponible en español si usted lo suplica. Por favor contacte el oficial de privacidad indicado a continuación.

Purpose of This Notice

This Notice describes how medical information about you may be used and disclosed and how you may get access to this information. Please review this information carefully.

This Notice is required by law.

The Self-Insured Schools of California (SISC) group health plan consisting of these self-funded benefits: medical PPO plan options including utilization management, prescription benefit management (PBM) and medical plan claims administration services, telemedicine program with MDLIVE, self-funded dental PPO plan options, self-funded vision PPO plan options, Wellness program, Medicare Supplement program, COBRA administration, and Health Flexible Spending Account (FSA) administration, (hereafter referred to as the "Plan"), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan's legal duties and privacy practices with respect to protected health information including:

1. The Plan's uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan's privacy practices.
6. To notify affected individuals following a breach of unsecured protected health information.

PHI use and disclosure by the Plan is regulated by the Federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize key points in the regulation. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may receive a Privacy Notice from a variety of the insured group health benefit plans offered by SISC. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information held by the SISC self-funded group health plan (the "Plan") and outside companies contracted with SISC to help administer Plan benefits, also called "business associates."

Effective Date

The effective date of this Notice is June 24, 2013, and this notice replaces notices previously distributed to you.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer: Coordinator Health Benefits
Self-Insured Schools of California (SISC)
2000 "K" Street P.O. Box 1847 - Bakersfield, CA 93303-1847
Phone: 661-636-4410
Confidential Fax: 661-636-4893

Your Protected Health Information

The term “Protected Health Information” (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you, and with respect to which there is no reasonable basis to believe that the information can be used to identify you, is not individually identifiable health information.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its business associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

The Plan does not need your consent or authorization to release your PHI when you request it, a government agency requires it, or the Plan uses it for treatment, payment or health care operations.

The Plan Sponsor has amended its Plan documents to protect your PHI as required by Federal law. The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Definitions and Examples of Treatment, Payment and Health Care Operations	
Treatment is health care.	Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers. <ul style="list-style-type: none">• For example: The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.
Payment is paying claims for health care and related activities.	Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care. <ul style="list-style-type: none">• For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment, such as a claims payer, we will disclose pertinent information to them. These third parties are known as “business associates.”
Health Care Operations keep the Plan operating soundly.	Health care operations includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs and general administrative activities. <ul style="list-style-type: none">• For example: The Plan uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.

When the Disclosure of Your PHI Requires Your Written Authorization

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI other than:

- When you request your own PHI
- A government agency requires it, or

- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to whom the PHI is sold. The Plan does not intend to engage in fundraising activities.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI without your written authorization (in compliance with section 164.512) under the following circumstances:

1. When *required by law*.
2. When permitted for *purposes of public health activities*. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to **proof of immunization**, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.
4. When authorized by law to report information about *abuse, neglect or domestic violence* to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under Federal or state law when the parents or other representatives may not be given access to the minor's PHI.
5. To a public health oversight agency for *oversight activities authorized by law*. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
6. When required for *judicial or administrative proceedings*. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:
 - the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written Notice, and

- the Notice provided sufficient information about the proceeding to permit you to raise an objection, and
 - no objections were raised or were resolved in favor of disclosure by the court or tribunal.
7. When required for *law enforcement health purposes* (for example, to report certain types of wounds).
 8. For *law enforcement purposes* if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that disclosure is in the best interest of the individual. Law enforcement purposes include:
 - identifying or locating a suspect, fugitive, material witness or missing person, and
 - disclosing information about an individual who is or is suspected to be a victim of a crime.
 9. When required to be given *to a coroner or medical examiner* to identify a deceased person, determine a cause of death or other authorized duties. When required to be given *to funeral directors* to carry out their duties with respect to the decedent; for use and disclosures for cadaveric *organ, eye or tissue donation* purposes.
 10. For *research*, subject to certain conditions.
 11. When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and *imminent threat to the health or safety* of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
 12. When authorized by and to the extent necessary to comply with *workers' compensation* or other similar programs established by law.
 13. When required, for *specialized government functions*, to military authorities under certain circumstances, or to authorized Federal officials for lawful intelligence, counter intelligence and other national security activities.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Your Individual Privacy Rights

A. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict the uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations, or
- To family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable, for example, if it would interfere with the Plan's ability to pay a claim.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request contact the Privacy Officer at their address listed on the first page of this Notice.

B. You May Inspect and Copy Your PHI

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. You may be charged a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Plan's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

C. *You Have the Right to Amend Your PHI*

You or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).

If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice.

You or your personal representative may be required to complete a form to request amendment of your PHI. Forms are available from the Privacy Officer at their address listed on the first page of this Notice.

D. *You Have the Right to Receive an Accounting of the Plan's PHI Disclosures*

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

E. *You have the Right to Request that PHI be Transmitted to You Confidentially*

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

F. *You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request*

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice. This right applies even if you have agreed to receive the Notice electronically.

G. *Breach Notification*

If a breach of your unsecured protected health information occurs, the Plan will notify you.

Your Personal Representative

You may exercise your rights to your protected health information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf before the Personal Representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the absence of a Revoke a Personal Representative form on file with the Privacy Officer.

This Plan will automatically recognize your legal Spouse as your Personal Representative and vice versa, without you having to complete a form to Appoint a Personal Representative. However, you may request that the Plan **not** automatically honor your legal Spouse as your Personal Representative by completing a form to Revoke a Personal Representative (copy attached to this notice or also available from the Privacy Officer). If you wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form and return it to the Privacy Officer and this will mean that this Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.

The recognition of your Spouse as your Personal Representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations.

You may obtain a form to Appoint a Personal Representative or Revoke a Personal Representative by contacting the Privacy Officer at their address listed on this Notice. The Plan retains discretion to deny access to your PHI to a Personal Representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have dependent children age 18 and older covered under the Plan, and the child wants you, as the parent(s), to be able to access their protected health information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. *In loco parentis* may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled "Your Individual Privacy Rights."

The Plan's Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes.

Notice Distribution: The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided in the Plan's Initial Enrollment material/packets). The Notice is also available on the Plan's website: www.sisc.kern.org. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions: If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice. Material changes are changes to the uses and disclosures of PHI, an individual's rights, the duties of the Plan or other privacy practices stated in the Privacy Notice.

Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under HIPAA,
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. **Summary health information** means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>) or this website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact the Privacy Officer for more information about how to file a complaint.

If You Need More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan's Privacy Officer at the address listed on the first page of this Notice.

Self-Insured Schools of California (SISC)
Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
Name (print):		
Address (City, State, Zip):		
Phone:	()	()

I, _____ (Name of Participant or Beneficiary)
hereby revoke _____ (Name of Personal Representative)

☐ to act on my behalf,

☐ to act on behalf of my dependent child(ren), named: _____.

in receiving any protected health information (PHI) that is (or would be) provided to a personal representative, including any individual rights regarding PHI under HIPAA, effective _____, 20____.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior to the effective date of this form.

Participant or Beneficiary's Signature

Date

*Return this form to the SISC Privacy Officer (the Coordinator Health Benefits) at:
Self-Insured Schools of California (SISC)
2000 "K" Street P.O. Box 1847 - Bakersfield, CA 93303-1847
Phone: 661-636-4410*