

MANKATO AREA PUBLIC SCHOOLS

EMPLOYEE HANDBOOK



Issued from the Human Resources Office

August 2023

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Information in this Handbook is intended to generally describe the district's employee benefit programs, policies, practices and procedures. The provisions of the district's group insurance policies, not this handbook, control the degree of coverage provided. No claim may be made against the school district as a result of a denial of insurance benefits by an insurance carrier. The benefits described herein are not to be taken as a contract between the employee and the school district.

**DISTRICT OFFICE PERSONNEL
PHONE NUMBERS**

BUSINESS OFFICE

Amanda Heilman, Director 387-3167
Judi Smith, Administrative Assistant Ext. 4007
Matt Wersal, Accountant Ext. 4034
Kelly Hanson, HR and Benefits Coordinator Ext. 4011
Bev Peters, Payroll Specialist Ext. 4009
Robin Aberg, Accounts Payable Ext. 4019
Annie Weber, Accounts Receivable Ext. 4010
Hannah Hoosline, Benefits Secretary Ext. 4041
Brenda Skelly, Purchasing Secretary Ext. 4067

CENTRAL REGISTRATION

Lisa Benson, Central Registration Coordinator Ext. 4038
, Central Registration Coordinator Ext. 4037
Tricia Ries, Transportation Ext. 4006
Patti Lewis, Student Accounting Ext. 4012

COMMUNITY EDUCATION & RECREATION

Audra Nissen Boyer, Director 387-5501
Leigh Schofield, Secretary Ext. 3080

FACILITIES/HEALTH & SAFETY

Scott Hogen, Director 345-5311
Scott Kaminski, Assistant Director of Facilities Ext. 4014
Sandy Kinsella, Administrative Assistant Ext. 4015

NUTRITION SERVICES

Darcy Stueber, Director 388-7442
Jackie Albright, Secretary Ext. 4300

HUMAN RESOURCES OFFICE

John Lustig, Director 387-3017
Aimee Toegel, Human Resources Specialist Ext. 4004
Tammy Rifleman, Absence Management and I.D. Badge Manager Ext. 4020
Trina Danay, Personnel Specialist Ext. 4024
Jodi Buettner, Administrative Assistant Ext. 4008

MEDIA & TECHNOLOGY

Angie Potts, Director 387-7698

SPECIAL EDUCATION

Scott Hare, Director 387-1818
Rachel Kamm, Administrative Assistant Ext. 4052

SUPERINTENDENT'S OFFICE

Paul Peterson 387-1868
Becky Bailey, Administrative Assistant Ext. 4001

TEACHING AND LEARNING

Travis Olson, Director 387-1868
Marni Moule, Administrative Assistant Ext. 4003

PAYROLL INFORMATION

Pay Periods:

Paychecks will be issued semi-monthly on the 15th day of the month and the last day of the month. When the 15th of the month or the last day of the month falls on a Saturday, Sunday, or a legal holiday, payments will be issued on the preceding business day.

An exception to the above would be the Licensed instructional staff on nine-month contracts. Licensed instructional staff will receive the remainder of their contract on the June 15th paycheck. If Licensed instructional staff prefer to continue collecting semi-monthly paychecks during June, July and August, they may respond to the Payroll Specialist request from by the given deadline in May. If this request form is not completed, the contracts will be paid out on the June 15th payroll.

For hourly employees, hours worked the 1st – 15th of the month will be paid on the paycheck dated the last business day of the month. Hours worked the 16th through the last day of the month will be paid on the 15th of the following month.

When to turn in timesheets: Timesheets should be approved and signed by your supervisor and submitted by the dates listed below. ***Please do not accumulate timesheet hours for more than one pay period. We are required to identify service credit to PERA, TRA, and ACA when the work is actually performed.***

- For hours worked the 1st through the 15th of the month - submit to the Business Office by the 19th of that month.
- For hours worked the 16th through last day of the month - submit to the Business Office by the 4th of the next month.

Direct Payroll Deposit:

The Mankato Area Public Schools payroll system works on a mandatory direct deposit basis. The employee is provided with a form indicating for the Payroll Department to deposit their net pay into a checking or savings account at a bank or a US Bank issued Focus debit card.

Pension Plans (TRA and PERA):

Public employees are required by state law to belong to pension plans administered by Teachers Retirement Association (TRA) or Public Employees Retirement Association (PERA). Minnesota Statutes Chapters 353 and 354 set the rates for employer and employee contributions. If you have any questions, please call the toll-free numbers listed below.

TRA (for licensed staff) 1-800-657-3669

PERA (for Non-Licensed staff) 1-800-652-9026

SMARTeR – Employee Self Service:

Mankato Public Schools utilizes a paperless payroll system. The district employee self service (ESS) site is called “SMARTeR. The address of the site is:

<https://ess.isd77.k12.mn.us>

You can also access SMARTeR from the District's web page at <http://www.isd77.org/> - Click on “Staff” and proceed to log into the OmnID portal with device login credentials, then click the SMART systems SMARTeR Payroll icon.

If you are not familiar with the employee self-service program, please follow the directions below.

1. You will be prompted for a User ID and password
 - a. Your User ID is your employee ID (which can be found on your sheet of login credentials or by contacting payroll (504-207-4009).
 - b. Your initial password is 0077 _____ (the last 4 digits of your social security number).
 - c. Click on “Login” (Please note, after three unsuccessful attempts, you will be locked out. Contact payroll to reset your password and unlock your account.)
2. Once logged in, you will be at the SMARTeR Dashboard with Menu Selections. Under My Payroll, you will find:
 - a. Pay Stub On pay day, the current pay information should automatically appear. To view other pay stubs, click on “Other Pay Stubs”
 - b. Time off tab will provide information about your leaves. Use the dropdown box to access the information you want to view – Personal, Sick, Vacation
 - c. W-4 on this tab you can view what you are currently claiming for your tax withholding
 - d. W-2 on this tab you will be able to view and print your W-2
 - e. Pay Information
 - f. Year to Date Pay
 - g. Address Changes
 - h. Emergency Contacts
3. In the upper right hand corner, you will find the Logout button, Settings gear and ? Help menu for the page you are on.
4. When you are done – be sure to log out of the system using the icon after your name in the upper right corner.

If you have any problems accessing this website, please contact the Payroll Specialist at 507-207-4009.

Wage Theft Law:

Minnesota Statutes (Minn. Stat. §§175, 177, 181, 16C & 609) provides wage and hour protections for employees. Employees have a right to receive wages at the employee's rates(s) of pay or the rates required by law, whichever is greater, as well as the right to be paid at specific intervals on a regular payday. Each employee must receive written notice at the start of their employment conveying an accurate statement of pay, benefits, potential deductions and other important information.

Wage Disclosure Protection:

Under the Minnesota Wage Disclosure Protection Law, (Minn. Stat. §181.172), employees have the right to tell any person the amount of their own wages. The Minnesota Government Data Practices Act (Minn. Stat. §13.43), specifically lists an employee's actual gross salary and salary range as public personnel data, however, in accordance with Minn. Stat. §181.172, employers may not:

- Require nondisclosure by an employee of their wages as a condition of employment.
- Require an employee to sign a waiver or other document which purports to deny an employee the right to disclose the employee's wages.
- Take any adverse employment action against an employee for disclosing the employee's own wages or discussing another employee's wages which have been disclosed voluntarily.
- Retaliate against an employee for asserting rights or remedies under Minn. Stat. §181.172, subd. 3.

An employee's remedies under the Wage Disclosure Protection Law are to bring a civil action against the employer and/or file a complaint with the Minnesota Department of Labor and Industry.

Rates of pay are determined by employee agreements and/or collective bargaining agreements. For questions about pay rates, contact the Human Resources Department. Employees are able to access payroll and personal information on the SMARTeR portal.

Information shown in the portal includes, but is not limited to, paycheck history, year-to-date totals, and W-4 information.

LEAVE BENEFITS

The purpose of this section is to generally describe leave benefits available to employees. Please refer to your employment agreement for specific information about your leave benefits.

Family and Medical Leave Act (FMLA):

The federal Family and Medical Leave Act (FMLA) were enacted by Congress in 1993 and provides eligible employees with job-protected leave for certain family and medical reasons.

For more information, you may view District Policy 410, Family and Medical Leave on the District's website at www.isd77.org. Click on Experience > Departments > Human Resources > Forms and Resources > Human Resources Forms > Policy 410 – Family and Medical Leave.

Employees who wish to apply for a leave of absence under FMLA should complete an application for FMLA leave. The application form can be found on the District's website at www.isd77.org. Click on Experience > Departments > Human Resources > Forms and Resources > Human Resources Forms > Family and Medical Leave Application.

Child Care Leave: Childcare leave is provided to employees in accordance with their employment agreements. Employees applying for childcare leave under the above FMLA provisions should use the FMLA application form.

Sick Leave: Sick leave is provided to eligible employees in accordance with their employment agreements. Sick leave may be used for the personal illness or injury of the employee, as well as to care for a sick or injured dependent child, adult child, spouse, sibling, parent, grandparent, or stepparent. Sick leave must be reported immediately in Frontline Absence Management for those designated to use those systems. Hourly employees not using Frontline Absence Management must complete a pink sick leave form and also indicate the sick leave day on their timesheets. All employees must notify their supervisors immediately that they will not be at work.

Personal Leave: Personal leave is provided to eligible employees in accordance with their employment agreements. Personal leave may be used for any reason. Requests for personal leave must be submitted and approved at least 24 hours in advance. Personal leave must be requested in Frontline Absence Management for those designated to use those systems. Hourly employees not using Frontline Absence Management must complete and submit a blue leave form to their supervisors for approval and also indicate the personal leave day on their timesheets.

Emergency Leave: Emergency leave is provided to eligible employees in accordance with their employment agreements. The purpose of emergency leave is for absences due to the serious illness or death of a member of the immediate family. Serious illness is defined as an illness requiring hospitalization.

The hospitalization of a healthy mother and baby for childbirth does not qualify for emergency leave use. Immediate family is defined in your employment agreement. Please refer to Policy 429, Emergency Leave Interpretation on the District website for more information about when emergency leave may be used. Emergency leave must be requested in Frontline Absence Management for those designated to use those systems. Hourly employees not using Frontline Absence Management must complete and submit a blue leave form to their supervisors for approval and also indicate the emergency leave day on their timesheets.

Vacation Days: Paid vacation days are provided for some employee groups in accordance with their employment agreements. Vacation requests must be submitted in Frontline Absence Management for those designated to use those systems.

Unpaid Leave Days: Unpaid leave should be requested only in those instances when available paid leave has been exhausted and only when there are unique or extenuating circumstances. There are many breaks provided throughout the school year when employees are not scheduled to work. The District expects employees who generally work only during the school year to schedule vacations in advance during non-work time. The school calendar can be found on the district website to assist you in planning time off in advance. Unpaid leave must be requested in Frontline Absence Management for those designated to use those systems. Hourly employees not using Frontline Absence Management must complete and submit a blue leave form to their supervisors for approval and also indicate the unpaid leave day on their timesheets.

Employees who report absences on leave request forms may obtain the forms from the building secretaries, the Business Office, or the Human Resources Office.

FRONTLINE

Absence Management:

Mankato Area Public Schools uses Frontline Absence Management to fill substitute needs for teachers as well as record absences for employees.

You can access Frontline Absence Management through the District Website isd77.org via the Portal.

Absence Management is easy to use. There is a pull-down menu for you to select your absence reason. There are sections for you to provide information for your substitute if one is needed, as well as a section for you to provide information to the administration to explain your absence.

Teachers should select up to five preferred substitutes in your account. These individuals will be notified via email immediately when an absence is created.

Teachers who will be absent but do not require a substitute must still enter their absences into Absence Management for leave reporting purposes. Please enter absences as soon as they are known.

Personal and emergency leave balances are tracked in Absence Management, sick time is not. You are encouraged to check your leave balance in the Employee Self Service section of Smarter prior to requesting a leave. Please note that if you have insufficient time available, your pay will be deducted.

Please note when requesting personal leave in Absence Management: In accordance with the Mankato's Teachers' Association agreement, teachers may request personal leave only in half or full day increments. Please indicate either half or full day in your request. Do not use custom times when requesting personal leave.

Time and Attendance:

Mankato Area Public Schools uses Frontline Time and Attendance for employees to enter their work hours. Our online time clock system is an essential tool to make sure that employees are able to accurately and effectively enter work hours data that is used by the payroll office to process employees' paychecks. Employees are responsible for ensuring their hours are accurate.

Employees can either use a clock kiosk in their building or log into the OmnID portal and click on the Frontline App. The easiest way to clock in and out is to scan your employee badge on a clock kiosk in your building. If you do not have your employee badge and are using a kiosk, your kiosk ID is your badge number located on the back of your employee badge and your pin is your employee ID number. The kiosk is only for clocking in and out, not for entering absences. Absences are entered and managed using Frontline Absence Management.

If you prefer to use a school computer or a non-kiosk device, go to the www.isd77.org website and click on the "Staff" icon located on the top menu which will take you to the OmnID portal. Then click on the Frontline icon.

ONLINE INSURANCE ENROLLMENT PORTAL, BENEFITFOCUS

As a new employee with Mankato Area Public Schools, you have 30 days from your hire date to enroll in insurance benefits. Benefits will be effective on your hire date.

Please note: If you do NOT log in to the benefits portal and actively enroll in or waive benefits, you will **be excluded from benefits offered by Mankato Area Public Schools and you will not be able to enroll again until the next annual Open Enrollment period.**

The Benefitfocus benefits portal can be accessed through any computer, tablet, or smart phone at <https://isd77benefits.hrintouch.com>. Please navigate to the benefits portal to create your account and enroll in benefits. During your enrollment, you will have access to all your benefits information including plan cost, plan summaries, videos and much more!

Creating and Signing into Your Account:

First, access the portal at <https://isd77benefits.hrintouch.com> to create your online account. Select the *Create an Account* link to begin the account creation process. Enter the following required information into the corresponding fields:

- Last Name
- Date of Birth
- Last 4 of social

Enter the code shown on the screen in the Security Check field. The code will be different each time. (If you have difficulty reading the code, select the refresh icon to generate a new one).

Username:

- Username must be between 6 and 50 alphanumeric characters

Password:

- Must contain at least one number
- Must contain at least one upper case and one lower case letter
- Cannot contain more than two of the same characters consecutively
- Cannot be the same as the Username or SSN

Create your Username and Password. An asterisk indicates all required fields. After you enter all required information, please enter your email address and phone number (home/cell).

Create a Secret Question and Answer. You will be asked to provide multiple questions/answers. Select Save.

Enrolling in Benefits:

To begin your benefit enrollment, click "New Hires". You are required to elect or waive each benefit in the order they are offered. For each benefit type, review your benefit plan options. Please review the provided decision-support tools, such as plan comparison, cost estimation,

documents, videos and weblinks to help you choose a benefit plan. Navigate from page to page by selecting the *Next* or *Previous* buttons. **Do not utilize the "back button" in the web Browser ribbon.**

Once you complete your enrollment you will be returned to the Home page and receive the *Congratulations* message at the top of the screen. Please review and print your *Employee Detail Report* for your records. You may make any changes online or via the mobile app anytime during the Open Enrollment period.

Dependent Information: You will be prompted to enroll your eligible dependents; Social Security Numbers and birthdates are required for all dependents. Additionally, you will be asked to provide documentation verifying your covered dependent's eligibility.

For more detailed instructions, visit the Benefits page under Human Resources on the Mankato Area Public Schools district website: <https://www.isd77.org>.

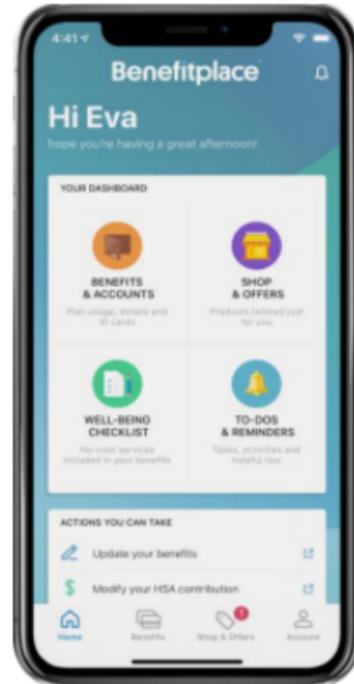
To access the mobile app:

**You manage some of the most important things in life
on your phone.
Your benefits are no different!**

- Enroll in your benefits and make updates during open enrollment
- Make qualified life event changes to your benefits any time
- Update your personal information
- Access an extensive library of educational videos
- Log in with secure, fingerprint authentication

Download the app today!

1. Install the Benefitplace App
2. Enter the company ID shown below
3. Log into your benefits using the same username and password you use on your computer!



Company ID: isd77benefits

HEALTH INSURANCE

The District currently offers four health insurance plan options through Medica. A general overview of these health insurance plan options can be found on pages 16-23 of this handbook. Coverage for new employees becomes effective on the date of hire. Employees may change health plan options during open enrollment with changes being effective July 1 each year.

DENTAL INSURANCE

The District offers a dental plan through Delta Dental of Minnesota to employees covered by an employment agreement that includes dental insurance. Coverage for new employees becomes effective on the date of hire. A general overview of the dental plan can be found on page 26 of this handbook.

Voluntary Dental Plan - For employees who are not covered by an employment agreement that includes dental insurance, a voluntary dental plan is available to eligible employees, which they may participate in at their own expense. Coverage for new employees becomes effective on date of hire. A general overview of the voluntary dental plan can be found on page 27 of this handbook.

LIFE INSURANCE

The District provides eligible employees with group term life insurance coverage in the amount specified by your employment agreement. The life insurance policy includes an accidental death and dismemberment (AD&D) provision. Employees eligible for life insurance coverage have the option to purchase supplemental term life insurance coverage which is paid for through payroll deduction. If supplemental life insurance is purchased at the time the employee initially becomes eligible for life insurance, no health history is required. Otherwise, a health history is required.

You have 30 days from the date you first become eligible for coverage to enroll in the life insurance plan with no limitations. If you wish to enroll at a later date, you will be required to provide satisfactory evidence of good health to the insurance carrier in order to be approved for coverage. You may change your beneficiary information at any time by logging into your Benefitfocus portal.

LONG-TERM DISABILITY INSURANCE

The District provides eligible employees with long-term disability (LTD) insurance. Your employment contract defines your eligibility for coverage and the employee cost toward the premium.

For eligibility requirements and the amounts that the District will contribute toward the premiums for any of the insurance benefits, please refer to your employment agreement.

SPECIAL ENROLLMENT

The only time that employees or eligible family members may enroll in the school district's insurance plans is at the annual open enrollment period or with a qualifying event. The notice period is thirty (30) days.

Special Enrollment Qualifying Events

Loss of Minimum Essential Coverage (does not include loss due to failure to pay premiums or rescission):

- Loss of eligibility for employer-sponsored coverage
- Termination of employment or reduction in hours
- Legal separation or divorce
- Loss of dependent child status
- Death of employee
- Move outside HMO service area
- Employee becomes entitled to Medicare
- Gaining or becoming a dependent due to marriage
- Gaining a dependent due to birth, adoption or placement for adoption
- An individual gains or loses eligibility for Medicaid or MinnesotaCare

COBRA CONTINUATION INFORMATION

COBRA is part of the federal legislation passed in 1986 known as the Consolidated Omnibus Budget Reconciliation Act. This legislation provides employees and their dependents with the right to continue group insurance benefits under the employer's group contract in instances when coverage would otherwise end. This coverage is at the individual's own expense and lasts for a specified period of time depending upon the reason the coverage was lost.

You, the employee, and any dependents covered under your policy, have a right to choose continuation of coverage for up to **18 months** in any health, dental or life plan you may currently be enrolled in, if:

- You lose your benefits because you have had a significant reduction in hours, or
- Your employment ends for reasons other than gross misconduct

Your **Spouse** and **Dependent Children** may choose continuation of coverage for 36 months, if previously covered under your plan, due to one of the following qualifying events:

- The death of the covered employee, or
- Divorce or legal separation, or
- The employee's entitlement to Medicare

The length of continuation for these events will be determined by Federal COBRA law or State Continuation mandates, whichever is applicable. These situations will be handled on a case by case basis.

Additionally, the **Dependent Child** of a covered employee may choose continuation for up to **36 months** if the dependent ceases to be a “dependent child” under the plan rules, which means:

- They have reached age 26

Continuation coverage may be terminated for any of the following reasons, whichever event occurs first:

- The payment of the required premium fails to be made in a timely manner, or
- ISD #77 ceases to provide any group health coverage to its employees, or
- The continuation period has expired

Under State and Federal Law, the employee or family member has the responsibility to inform Mankato Area Public Schools within 60 days from the date of any of these qualifying events in order to be eligible for coverage continuation. Upon election of coverage, premium payments will be due retroactive to the date of the qualifying event.

Additional information about COBRA Continuation may be obtained from the Human Resources and Benefits Coordinator in the District Office.

**MSI Medica Choice Passport ASO 300-20%
BENEFIT SUMMARY**

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Partial listing of covered services | Your cost if you visit a: | |
|--|---|---|
| | In-Network provider | Out-of-Network provider |
| Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i> | \$300 per member \$900 per family Combined for in-network and out-of-network services | \$300 per member \$900 per family Combined for in-network and out-of-network services |
| Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i> | \$2,240 per member \$4,480 per family Combined for in-network and out-of-network services. Pharmacy out-of-pocket: \$2,000 per person/ \$4,000 per family combined for in-network and out-of-network. | \$2,240 per member \$4,480 per family Combined for in-network and out-of-network services. Pharmacy out-of-pocket: \$2,000 per person/ \$4,000 per family combined for in-network and out-of-network. |
| Office visits Primary care Specialist visits Chiropractic care Retail Health | 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance | 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance |
| Preventive care Routine Physical & Eye Exams Immunizations & Cancer Screenings Well Child Care | No charge. Deductible does not apply. No charge. Deductible does not apply. No charge. Deductible does not apply. | Well child care: 0% coinsurance. Deductible does not apply. Other services: 0% coinsurance. Deductible does not apply. |
| Lab and Pathology | 20% coinsurance | 20% coinsurance |
| X-Ray and Other Imaging X-rays CT, MRI, PET scans | 20% coinsurance 20% coinsurance | 20% coinsurance 20% coinsurance |
| Prescription Drugs <i>Up to a 31-day supply per prescription.</i> | <i>The deductible does not apply.</i> Generic: \$10 copay/prescription <i>No charge for preventive drugs</i> Preferred brand: \$10 copay/prescription <i>No charge for preventive drugs</i> Non-preferred brand: Not covered <i>Preventive benefit does not apply.</i> | Not covered |
| Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i> | Preferred: \$10 copay/ prescription. Deductible does not apply. Non-Preferred: Not covered | Not covered |
| Outpatient Hospital Services Facility Physician/surgeon fees | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. |

| | | |
|---|--|--|
| Emergency Services Emergency room services Emergency medical transportation Urgent care | 0% coinsurance No charge. Deductible does not apply. 20% coinsurance | 0% coinsurance 0% coinsurance. Deductible does not apply. 20% coinsurance |
| Inpatient Hospital Services Facility Physician | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. |
| Behavioral Health/Mental Health & Substance Abuse Care Outpatient services Inpatient hospital services | No charge. Deductible does not apply. 0% coinsurance. Deductible does not apply. | 20% coinsurance 0% coinsurance. Deductible does not apply. |
| Maternity Benefits Prenatal care Postnatal care Delivery & inpatient services | No charge No charge 0% coinsurance. Deductible does not apply. | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. |
| Durable Medical Equipment & Prosthetics | 20% coinsurance | 20% coinsurance |
| This health care plan is administered by Medica Self Insured (MSI). It may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits. | | |
| This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information. | | |

BS-1-00123

**MSI Medica Choice Passport ASO 750-20-20%
BENEFIT SUMMARY**

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Partial listing of covered services | Your cost if you visit a: | |
|--|---|---|
| | In-Network provider | Out-of-Network provider |
| Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i> | \$750 per member \$1,500 per family Combined for in-network and out-of-network services. | \$750 per member \$1,500 per family Combined for in-network and out-of-network services. |
| Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i> | \$2,000 per member \$4,000 per family Combined for in-network and out-of-network services. Pharmacy out-of-pocket: \$2,000 per person/ \$4,000 per family combined for in-network and out-of-network. | \$2,000 per member \$4,000 per family Combined for in-network and out-of-network services. Pharmacy out-of-pocket: \$2,000 per person/ \$4,000 per family combined for in-network and out-of-network. |
| Office visits Primary care Specialist visits Chiropractic Care Retail Health | \$20 copay/ visit. Deductible does not apply. \$20 copay/ visit. Deductible does not apply. \$20 copay/ visit. Deductible does not apply. \$0 copay/ visit. Deductible does not apply. | 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance |
| Preventive care Routine Physical & Eye Exams Immunizations & Cancer Screenings Well Child Care | No charge. Deductible does not apply. No charge. Deductible does not apply. No charge. Deductible does not apply. | Well child care: 0% coinsurance. Deductible does not apply. Other services: 0% coinsurance. Deductible does not apply. |
| Lab and Pathology | No charge. Deductible does not apply. | 0% coinsurance. Deductible does not apply. |
| X-Ray and Other Imaging X-rays CT, MRI, PET scans | No charge No charge | 0% coinsurance. Deductible does not apply. 0% coinsurance. Deductible does not apply. |
| Prescription Drugs <i>Up to a 31-day supply per prescription.</i> | <i>The deductible does not apply.</i> Generic: \$10 copay/prescription <i>No charge for preventive drugs</i> Preferred brand: \$10 copay/prescription <i>No charge for preventive drugs</i> Non-preferred brand: Not covered <i>Preventive benefit does not apply.</i> | Not covered |
| Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i> | Preferred: \$10 copay/ prescription. Deductible does not apply. Non-Preferred: Not covered | Not covered |
| Outpatient Hospital Services\ Facility Physician/surgeon fees | 20% coinsurance 20% coinsurance | 20% coinsurance 20% coinsurance |

| | | |
|---|---|---|
| Emergency Services Emergency room services Emergency medical transportation Urgent care | 20% coinsurance 20% coinsurance \$20 copay/ visit. Deductible does not apply. | 20% coinsurance 20% coinsurance \$20 copay/ visit. Deductible does not apply. |
| Inpatient Hospital Services Facility Physician | 20% coinsurance 20% coinsurance | 20% coinsurance 20% coinsurance |
| Behavioral Health/Mental Health & Substance Abuse Care Outpatient services Inpatient hospital services | \$20 copay/ visit. The deductible does not apply. 20% coinsurance | 20% coinsurance 20% coinsurance |
| Maternity Benefits Prenatal care Postnatal care Delivery & inpatient services | No charge. Deductible does not apply. No charge. Deductible does not apply. 20% coinsurance | 0% coinsurance. Deductible does not apply. 20% coinsurance 20% coinsurance |
| Durable Medical Equipment & Prosthetics | 20% coinsurance | 20% coinsurance |

This health care plan is administered by Medica Self Insured (MSI). It may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits.

This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information.

BS-1-00123

**MSI Medica Choice Passport ASO 3250-0% HSA
BENEFIT SUMMARY**

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Partial listing of covered services | Your cost if you visit a: | |
|---|---|---|
| | In-Network provider | Out-of-Network provider |
| Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i> | \$3,250 per member \$6,500 per family Combined for in-network and out-of-network services | \$3,250 per member \$6,500 per family Combined for in-network and out-of-network services |
| Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i> | \$3,250 per member \$6,500 per family Combined for in-network and out-of-network services | \$3,250 per member \$6,500 per family Combined for in-network and out-of-network services |
| Office visits Primary care Specialist visits Chiropractic care Retail Health | 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance |
| Preventive care Routine Physical & Eye Exams Immunizations & Cancer Screenings Well Child Care | No charge No charge No charge | Well child care: 0% coinsurance. Deductible does not apply. Other services: 0% coinsurance |
| Lab and Pathology | 0% coinsurance | 0% coinsurance |
| X-Ray and Other Imaging X-rays CT, MRI, PET scans | 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance |
| Prescription Drugs <i>Up to a 31-day supply per prescription.</i> | Generic: 0% coinsurance <i>No charge for preventive drugs.</i> Preferred brand: 0% coinsurance <i>No charge for preventive drugs.</i> Non-preferred brand: Not covered <i>Preventive drug benefit does not apply.</i> | Not covered |
| Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i> | Preferred: 0% coinsurance Non-Preferred: Not covered | Not covered |
| Outpatient Hospital Services Facility Physician/surgeon fees | 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance |
| Emergency Services Emergency room services Emergency medical transportation Urgent care | 0% coinsurance 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance 0% coinsurance |

| | | |
|--|---|--|
| Inpatient Hospital Services Facility Physician | 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance |
| Behavioral Health/Mental Health & Substance Abuse Care Outpatient services Inpatient hospital services | 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance |
| Maternity Benefits Prenatal care Postnatal care Delivery & inpatient services | No charge. Deductible does not apply. 0% coinsurance 0% coinsurance | 0% coinsurance. Deductible does not apply. 0% coinsurance 0% coinsurance |
| Durable Medical Equipment & Prosthetics | 0% coinsurance | 0% coinsurance |
| <p>This health care plan is administered by Medica Self Insured (MSI). It may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits.</p> | | |
| <p>This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information.</p> | | |

BS-1-00123

| MSI Medica Choice Passport ASO 6350-0% HSA BENEFIT SUMMARY All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. | | |
|---|---|--|
| Partial listing of covered services | Your cost if you visit a: | |
| | In-Network provider | Out-of-Network provider |
| Annual Deductible <i>The amount paid per year before the health plan starts to pay.</i> | \$6,350 per member \$12,700 per family | \$8,250 per member \$16,500 per family |
| Annual Out-of-Pocket Maximum <i>The most you pay in a year for health care services covered by your insurance.</i> | \$6,350 per member \$12,700 per family | \$10,000 per member \$20,000 per family |
| Office visits Primary care Specialist visits Chiropractic care Retail Health | 0% coinsurance 0% coinsurance 0% coinsurance 0% coinsurance | 20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance |
| Preventive care Routine Physical & Eye Exams Immunizations & Cancer Screenings Well Child Care | No charge No charge No charge | Well child care: 0% coinsurance. Deductible does not apply. Other services: 20% coinsurance |
| Lab and Pathology | 0% coinsurance | 20% coinsurance |
| X-Ray and Other Imaging X-rays CT, MRI, PET scans | 0% coinsurance 0% coinsurance | 20% coinsurance 20% coinsurance |
| Prescription Drugs <i>Up to a 31-day supply per prescription.</i> | Generic: 0% coinsurance <i>No charge for preventive drugs.</i> Preferred brand: 0% coinsurance <i>No charge for preventive drugs.</i> Non-preferred brand: 0% coinsurance <i>Preventive drug benefit does not apply.</i> | 0% coinsurance |
| Specialty Prescription Drugs <i>Up to a 31-day supply per prescription received from a designated specialty pharmacy.</i> | Preferred: 0% coinsurance Non-Preferred: 0% coinsurance | Not covered |
| Outpatient Hospital Services Facility Physician/surgeon fees | 0% coinsurance 0% coinsurance | 20% coinsurance 20% coinsurance |
| Emergency Services Emergency room services Emergency medical transportation Urgent care | 0% coinsurance 0% coinsurance 0% coinsurance | 0% coinsurance 0% coinsurance 20% coinsurance |
| Inpatient Hospital Services Facility Physician | 0% coinsurance 0% coinsurance | 20% coinsurance 20% coinsurance |

| | | |
|--|---------------------------------------|--|
| Behavioral Health/Mental Health & Substance Abuse Care | | |
| Outpatient services | 0% coinsurance | 20% coinsurance |
| Inpatient hospital services | 0% coinsurance | 20% coinsurance |
| Maternity Benefits | | |
| Prenatal care Postnatal care | No charge. Deductible does not apply. | 0% coinsurance. Deductible does not apply. |
| Delivery & inpatient services | 0% coinsurance | 20% coinsurance |
| Durable Medical Equipment & Prosthetics | 0% coinsurance | 20% coinsurance |
| <p>This health care plan is administered by Medica Self Insured (MSI). It may not cover all your health care expenses; read your Plan Document carefully to determine which expenses are covered. This is a benefit summary only and does not outline all of your benefits. If there is a discrepancy between information in this summary and your Plan Document, the Plan Document will take precedence in determining your benefits.</p> | | |
| <p>This is a high level summary and does not replace your Summary of Benefits and Coverage. Please contact Medica at 1-800-952-3455 to obtain further benefit information.</p> | | |

BS-1-00123

HEALTH SAVINGS ACCOUNT (Paired with Consumer-Directed Health Plan)

What's an HSA?

An HSA is a unique, tax-advantaged financial account that works with a specifically designed, high-deductible health plan. A high-deductible health plan gives you a lower monthly premium in exchange for a higher deductible (that's the amount you pay out-of-pocket before the health plan kicks in; just like car insurance). The combination of a high-deductible health plan and an HSA gives you effective, affordable and reliable health care coverage.

How your HSA works with your CDHP Health Plan:

1. You enroll in a qualified high-deductible health plan through your employer
2. After you set up your HSA, you, your employer, or both of you can contribute to your account
3. Use your health benefits, per your health plan and benefit design
4. As you incur expenses toward your health plan deductible and out-of-pocket maximum, you have the option to use the money in your HSA to pay for your portion of these expenses

Further by Health Equity is the administrator of your HSA. Your HSA dollars are deposited with Further and you get your money quickly when you need to pay for a health care expense.

Benefits of an HSA:

- Your HSA gives you a triple tax benefit
- Your HSA contributions reduce your taxable income
- Money in your account earns interest tax free
- Withdrawals are tax free, when used for eligible medical expenses
- You decide when and how to spend your HSA dollars
- You can use your account to pay for eligible expenses that aren't covered by your health plan; expenses like deductibles and coinsurance, dental care, orthodontia, and vision care
- No "use it or lose it." Money not used in one year rolls over and is added to your balance the next year
- You, your employer, or both of you can contribute to the HSA in a given year
- Your HSA works with your health plan
- Fast, easy access to your HSA dollars when you use your HSA debit card or online reimbursements with direct deposit
- Further gives you tools and support to manage your account online anytime
- You can invest a portion of your unused HSA dollars (once your balance reaches \$1,000) in a variety of stocks, bonds and mutual funds. Or, leave the money in your account and let it grow
- The money in your HSA belongs to you, even if you change jobs or retire

Use your HSA for eligible expenses, including covered and non-covered health care expenses.

Eligible

You can use the money in your HSA to pay for eligible medical expenses like:

- Medical and dental deductibles and co-payments
- Prescription drugs
- Vision expenses
- Over-the-counter medical supplies
- Orthodontia

Ineligible

You cannot use your HSA to pay for:

- Weight-loss programs
- Athletic club memberships
- Cosmetic surgery and procedures
- Diaper service
- Health programs offered by resort hotels, health clubs, gyms
- Supplements or Vitamins
- Travel for general health improvement
- Tuition and travel expenses for a child with special needs at a particular school



Delta Dental of Minnesota

**Delta Dental PPO™ &
Delta Dental Premier®**

Mankato ISD #77

Client #647

| Plan Benefit Highlights | | | |
|--|--|----------------------------|----------------------------|
| Network(s) | Delta Dental PPO™ | Delta Dental Premier® | Non-Participating* |
| Calendar Year Plan Maximum Per person | \$1,000 | \$1,000 | \$1,000 |
| Deductible Per person / per family per calendar year <i>No deductible for diagnostic and preventive services</i> | \$25/person \$75/family | \$25/person \$75/family | \$25/person \$75/family |
| Eligible Dependents | Spouse and dependent children up to age 26 | | |
| Covered Services | Dental Benefit Plan Coverage | | |
| Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space Maintainers | 100% | 100% | 100% |
| Basic Services Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth | 80% | 80% | 80% |
| Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children | 80% | 80% | 80% |
| Periodontics Surgical/Nonsurgical periodontics | 80% | 80% | 80% |
| Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery | 80% | 80% | 80% |
| Major Restorative Crowns and crown repair Composite resin restorations (white fillings) on posterior (back) teeth | 80% | 80% | 80% |
| Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repairs | 80% | 80% | 80% |
| Prosthetics Dentures (full and partial) Bridges | 50% | 50% | 50% |

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



Delta Dental of Minnesota

Mankato ISD #77

Voluntary Plan

Delta Dental PPOSM & Delta Dental Premier[®]

| Plan Benefit Highlights | | | |
|---|--|-----------------------------------|-----------------------------|
| Network(s) | Delta Dental PPO SM | Delta Dental Premier [®] | Non-Participating* |
| Calendar Year Plan Maximum Per person | \$1,000 | \$1,000 | \$1,000 |
| Deductible Per person / per family per calendar year <i>No deductible for diagnostic and preventive services</i> | \$50/person \$150/family | \$50/person \$150/family | \$50/person \$150/family |
| Eligible Dependents | Spouse and dependent children up to age 26 | | |
| Covered Services | Dental Benefit Plan Coverage | | |
| Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments | 100% | 80% | 80% |
| Basic Services Sealants Space maintainers Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth. Composite resin restorations (white fillings) on posterior (back) teeth will pay at the amalgam allowance | 80% | 50% | 50% |
| Endodontics + Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children | 50% | 50% | 50% |
| Periodontics + Surgical/Nonsurgical periodontics | 50% | 50% | 50% |
| Oral Surgery + Surgical/Nonsurgical extractions All other covered oral surgery | 50% | 50% | 50% |
| Major Restorative ++ Crowns Crown repair | 50% | 50% | 50% |
| Prosthetic Repairs and Adjustments ++ Denture adjustments and repairs Bridge repair | 50% | 50% | 50% |
| Prosthetics ++ Dentures (full and partial) Bridges | 50% | 50% | 50% |

+ 6 month waiting period applies

++ 12 month waiting period applies

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



Make the Most of Your Benefits



Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

Online Tools for Members:

www.DeltaDentalMN.org



Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



Oral Health Resources:

Access dental and health information including a section dedicated to kids' oral health.



Cost Estimator:

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



Prefer to Speak to Someone?

Call our national customer service

Toll Free: 1-800-448-3815

Local: 651-406-5901

Monday-Friday: 7 a.m.-7p.m. central

Tools Available in the Secure Member Portal



Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



Print ID Cards:

Print a digital or replacement ID card.

Secure Member Portal Registration

1. On DeltaDentalMN.org, go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.

Learn more about how your oral health connects to your overall health at:

DeltaDentalMN.org



Delta Dental of Minnesota

THE FLEXIBLE BENEFITS PLAN – FURTHER

The Flex Plan allows you to re-classify a portion of your paycheck into a pre-tax position. The dollars designated for these expenses will not be included in your taxable income, thereby increasing your take home pay.

The plan requires you to estimate, in advance, the expenses you predict you will have for the year in any of the categories eligible under the plan. These expenses, which you pay yourself, are dollar amounts you can have re-classified on your paycheck as pre-tax dollars. Election forms should be submitted through your BenefitFocus Portal by the designated date in enrollment materials in order to participate for the next plan year. The Plan Year runs from January 1 through December 31. When you submit your election, the amount you have elected for the year will be divided by the number of your anticipated regular pay periods and will be deducted pre-tax on your checks. As you incur expenses, you complete a “reimbursement request,” attaching copies of receipts for these expenses, and submit them to Further. Those expenses you have incurred will then be reimbursed to you directly by check, or by direct deposit, whichever you choose. This results in your expenses being repaid to you tax-free.

The categories in which you may elect your expenses are:

Dependent Care: These are expenses incurred for someone who cares for your child or dependent while you are at work. The expenses for which you may be reimbursed are those which qualify as “Dependent Care Assistance” under Section 129 of the Internal Revenue Code.

Health Flexible Spending Arrangement (FSA): Your out-of-pocket medical and dental expenses (not reimbursed by insurance) are elected in this category. Typical expenses are deductibles and co-pays, orthodontia, vision, hearing aid costs, elective surgery, family counseling and treatment programs. A complete listing of eligible medical expenses can be found in IRS Publication 502.

NOTE: If you enroll in the health and dental plans, your share of the insurance premiums is automatically put into a pre-tax position unless you sign a form to waive this benefit. Waivers are available in the Business Office.

Estimate your expenses carefully! You will not be able to change your election during the Plan year unless you have an eligible “change in status” such as change in marital or employment status, birth of a dependent, death of spouse or dependent. If you estimate more than you actually spend in that plan year, *you will lose the difference between what you have estimated and what you actually spend.*

If you have questions regarding the Flexible Benefits Program, please call the Human Resources and Benefits Coordinator at (507)207-4011.

Explore the Learning Center at <http://www.hellofurther.com> to find everything you need to know about understanding and managing FSA accounts, and how to maximize your tax advantages.

EMPLOYEE IDENTIFICATION BADGES

The School Board recognizes the importance of a safe and secure learning environment for its students and staff. Being able to easily determine whether an individual is in a building legitimately is one aspect of providing such an environment. Therefore, all regular employees are issued a photo identification badge which also serves as a key card. As an employee of the school district, employees are required to wear their picture identification whenever they are on school property.

Lost badges should be reported to your building secretary immediately to be inactivated for security purposes. Lost badges will be replaced at a cost to the employee of \$10.00. Employees with broken badges should contact the badge manager at Ext. 4020 for replacement.

Employees who separate from the District are required to turn their badges in to the building secretary or Human Resources Office prior to their departure.

EMPLOYEE ASSISTANCE PROGRAM

The School District offers an Employee Assistance Program through VITAL Worklife EAP to provide support for employees and their family members for personal issues that are affecting the employee's work performance such as:

- Marital and relationship issues
- Depression, stress and anxiety
- Parenting and child concerns
- Drug and alcohol abuse
- Coping with anger, grief and loss
- Legal and financial problems

Support is available 24 hours every day at no charge to the employee. For assistance through the EAP program, call 1-800-383-1908 or visit www.vitalworklife.com. Username = mankatoschools password = member.

SCHOOL BOARD POLICIES

All District 77 School Board policies are on the website www.isd77.org. Click on Experience > > School Board > District Policies.

It is each employee's responsibility to review the policies on the website. Summaries of selected policies appear below. Please review the full policies on the website for complete information.

Policy 410. Family and Medical Leave Policy: The federal Family and Medical Leave Act provides eligible employees with job-protected leave for certain family and medical reasons.

Regular full-time and part-time employees who have been employed by the school district for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave are entitled to a total of 12 work weeks of unpaid family or medical leave

during the applicable 12-month period as defined below, plus any additional leave as required by law. Leave may be taken for one or more of the following reasons in accordance with applicable law:

- birth of the employee's child
- placement of an adopted or foster child with the employee
- to care for the employee's spouse, son, daughter, or parent with a serious health condition; and/or
- the employee's serious health condition makes the employee unable to perform the functions of the employee's job
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin to the service member (military caregiver leave)
- Any qualifying emergency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty

Policy 413. Harassment and Violence: The purpose of this policy is to maintain a learning and working environment that is free from religious, racial, or sexual harassment and violence. The school district prohibits any form of religious, racial, or sexual harassment and violence.

- A. It is the policy of the school district to maintain a learning and working environment that is free from religious, racial, or sexual harassment and violence. The school district prohibits any form of religious, racial, or sexual harassment and violence.
- B. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to harass a pupil, teacher, administrator or other school personnel through conduct or communication of a sexual nature or regarding religion and race as defined by this policy. (For purposes of this policy, school personnel includes school board members, school employees, agents, volunteers, contractors or persons subject to the supervision and control of the district.)
- C. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to inflict, threaten to inflict, or attempt to inflict religious, racial or sexual violence upon any pupil, teacher, administrator or other school personnel.
- D. The school district will act to investigate all complaints, either formal or informal, verbal or written, of religious, racial or sexual harassment or violence, and to discipline or take appropriate action against any pupil, teacher, administrator or other school personnel who is found to have violated this policy.

The District 77 Human Rights Officer is John Lustig, Director of Administrative Services.

Policy 414. Mandated Reporting of Child Neglect or Physical or Sexual Abuse - School employees are legally required to report suspected child neglect or physical or sexual abuse to the local social service agency, local police department, local sheriff's department, or the Minnesota Department of Education.

Policy 415. Mandated Reporting of Maltreatment of Vulnerable Adults – The purpose of this policy is to make clear the statutory requirements of school personnel to report suspected maltreatment of vulnerable adults. It shall be a violation of this policy for any school personnel to fail to report suspected maltreatment of vulnerable adults when the school personnel has reason to believe that a vulnerable adult is being or has been maltreated, or has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained.

Policy 416. Drug and Alcohol Testing - The school district may request or require any employee to undergo testing for alcohol and controlled substances if the school district has a reasonable suspicion that the employee:

- a. is under the influence of alcohol or controlled substances
- b. has violated the school district's written work rules prohibiting the use, possession, sale, or transfer alcohol or controlled substances while the employee is working or while the employee is on the school district's premises or operating the school district's vehicles, machinery, or equipment
- c. has sustained a personal injury, as that term is defined in Minn. Stat. § 176.011, Subd. 16, or has caused another employee to sustain a personal injury; or
- d. has caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident

Policy 471. Employee Use of Social Media - This policy addresses employee use of social media in the classroom and provides guidance to employees on the maintenance of professional ethics and boundaries when utilizing social media in their personal and professional lives as school employees. Social media includes social networks, blogs, video sharing, podcasts, wikis, message boards, and online forums. Employees must consider their role as school personnel before posting or communicating content that is obscene, profane, vulgar, harassing, threatening, bullying, libelous, or defamatory or that discusses or encourages any illegal activity or the inappropriate use of alcohol, use of illegal drugs, sexual behavior or sexual harassment. Employees may not disclose information on any social media site that is provide, confidential or owned by the District, its students, or employees or that is protected by data privacy or copyright laws.

Policy 507. Corporal Punishment - No employee or agent of the school district shall cause corporal punishment to be inflicted upon a student to reform unacceptable conduct or as a penalty for unacceptable conduct. As used in this policy, the term "corporal punishment" means conduct involving hitting or spanking a person with or without an object, or unreasonable physical force that causes bodily harm or substantial emotional harm.

A teacher or school principal may use reasonable force when it is necessary under the circumstances to correct or restrain a student to prevent bodily harm or death to another. Other school district employees, school bus drivers, or other agents of a school district may use reasonable force when necessary under the circumstances to restrain a student or prevent bodily harm or death to another.

Employees who violate the provisions of this policy shall be subject to disciplinary action as appropriate. Any such disciplinary action shall be made pursuant to and in accordance with applicable statutory authority, collective bargaining agreements and school district policies. Violation of this policy may also result in civil or criminal liability for the employee.

Policy 514, The Pledge of Allegiance – The school board recognizes the need to display an appropriate United States flag and to provide instruction to students in the proper etiquette, display, and respect of the flag. The purpose of this policy is to provide the recitation of the Pledge of Allegiance and instruction in school to help further that end.

Policy 524, Internet Acceptable Use Policy - This policy sets forth policies and guidelines for access to the school district computer system and acceptable and safe use of the internet, including electronic communications. Employees should review the policy for information about appropriate use of the internet in the school environment.

Policy 540, Hazing Prohibition – The purpose of this policy is to maintain a safe learning environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the school district and are prohibited at all times. No student, teacher, administrator, volunteer, contractor or other employee of the school district shall plan, permit, direct, condone, encourage, aid, engage or tolerate hazing. Retaliation or false accusations or reports of hazing against a student, teacher, administrator, volunteer, contractor, or other employee are prohibited.

Policy 542, Bullying Prohibition Policy – A safe and civil environment is needed for students to learn and attain high academic achievement standards and to promote healthy human relationships. Bullying, like other violent or disruptive behaviors, is conduct that interferes with a student’s ability to learn and/or a teacher’s ability to educate students in a safe environment. No teacher, administrator, volunteer, contractor, or other employee of the school district shall permit, condone, or tolerate bullying. The school district will act to investigate all complaints of bullying reported to the school district and will discipline or take appropriate action against any student, teacher, administrator, volunteer, contractor, or other employee of the school district who is found to have violated this policy.

Policy 459, Personnel Records - The purpose of this policy is to set forth the parameters of accessing employee’s personnel records. Personnel records are maintained and housed in the administrative offices of the School District. Employees have a right to review their personnel records under the state law guidelines. Employee personnel files are available to each individual employee upon his/her written request.

NURSING MOTHERS, LACTATING EMPLOYEES, AND PREGNANCY ACCOMODATIONS

Minnesota's Nursing Mothers, Lactating Employees, and Pregnancy Accommodations law (Minnesota Statutes § 181.939) gives pregnant and lactating employees certain legal rights.

Pregnant employees have the right to request and receive reasonable accommodations, which may include, but are not limited to, more frequent or longer breaks, seating, limits to heavy lifting, temporary transfer to another position, temporary leave of absence or modification in work schedule or tasks. An employer cannot require an employee to take a leave or accept an accommodation.

Lactating employees have the right to reasonable paid break times to express milk at work unless they are expressing milk during a break that is not usually paid, such as a meal break. Employers should provide a clean, private and secure room that is not a bathroom near the work area that includes access to an electrical outlet for employees to express milk.

It is against the law for an employer to retaliate, or to take negative action, against a pregnant or lactating employee for exercising their rights under this law.

Employees who believe their rights have been violated under this law can contact the Minnesota Department of Labor and Industry's Labor Standards Division dli.laborstandards@state.mn.us or call 651-284-5075 for help. Employees also have the right to file a civil lawsuit for relief. For more information about this law, visit dli.mn.gov/newparents.