



Ottawa Area ISD®

AGREEMENT

between

Ottawa Area Intermediate School District

and

Ottawa Area Education Association

2025-2027

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PREAMBLE

This Agreement is entered into by and between the Ottawa Area Education Association, hereinafter called the “Association”, and the Ottawa Area Intermediate School District, hereinafter called the “District”. The signatories shall be the sole parties to this Agreement.

WITNESSETH

WHEREAS, the District has a statutory obligation, pursuant to the Public Employment Relations Act, Act 336 of the Public Acts of 1947, as amended, to bargain with the Association as the representative of its teaching personnel with respect to hours, wages, terms and conditions of employment, and

WHEREAS, the parties have reached certain understandings which they desire to confirm in this Agreement,

In consideration of the following mutual covenants, it is hereby agreed as follows.

ARTICLE I RECOGNITION

The District hereby recognizes the Association as the sole and exclusive bargaining representative for all full and part-time certified teachers, temporary teachers, and speech and occupational therapists serving in certified positions at the Ottawa Area Center (OAC), Young Adult Services (YAS) or Early On (EO) Programs, but excluding substitute teachers, aides, social workers, psychologists, consultants, physical therapists, nurses, superintendent, assistant superintendent, principals, assistant principals and all other employees (as defined below).

1. Temporary teachers shall be defined as teachers employed for a full year for teachers on leaves of absence.
2. Substitute teachers shall be defined as teachers filling a position for less than one (1) full school year.

The District agrees not to negotiate with or recognize any other teachers' organization for this bargaining unit.

The term "employee" when used in this agreement shall refer to a Bargaining Unit Member.

ARTICLE II DISTRICT RIGHTS

- A. It is expressly agreed that all rights which ordinarily vest in and have been exercised by the District, except those which are clearly and expressly relinquished herein by the District, shall continue to vest exclusively and be exercised exclusively by the District without prior negotiations with the Association, as to the taking of action under such rights or with respect to the consequence of such action, during the terms of this Agreement. Such rights shall include by way of illustration and not by way of limitation, the right to:
1. Manage and control the school's business space, the equipment and the operations and to direct the working forces and affairs of the Employer.
 2. Continue its rights and past practice of assignment and direction of work to all of its personnel, determine the number of shifts and hours of work and starting times and scheduling of all the foregoing and the right to establish, modify or change any work or business hours or days, but not in conflict with the specific provisions of the Agreement.
 3. The right to direct the working forces, including the right to hire, promote, suspend and discharge employees, transfer employees, assign work or extra duties to employees (if above the employee's classification, such assignment will be temporary and of short duration), determine the size of the work force and to lay off employees. These rights shall be exercised in a manner consistent with the express terms of this Agreement.
 4. Determine the services, supplies, and equipment necessary to continue its operation and to determine the methods, schedules and standards of operation, the means, methods, and processes of carrying on the work including automation thereof or changes therein, the instruction of new and/or improved methods or changes therein.
 5. Adopt reasonable rules and regulations, provided such rules are not inconsistent with the express terms of this Agreement.
 6. Determine the qualifications of employees, including physical condition.
 7. Determine the number and location or relocation of its facilities, including the establishment or relocation of new schools, buildings, departments, divisions or subdivisions thereof and the relocation or closing of offices, departments, divisions or subdivisions, buildings or other facilities.
 8. Determine the placement of operations, production, service, maintenance or distribution of work, and the source of materials and supplies.

9. Determine the financial policies, including all accounting procedures, and all matters pertaining to public relations.
 10. Determine the size of the management organization, its functions, authority, amount of supervision and table of organization provided that the Employer shall not abridge any rights from employees as specifically provided for in this Agreement.
 11. Determine the policy affecting the selection, testing or training of employees, providing that such selection shall be based upon lawful criteria.
- B. The matter contained in this Agreement and/or the exercise of any such rights of the Employer are not subject to further negotiations between the parties during the term of this Agreement.

ARTICLE III
PAYROLL DEDUCTIONS

- A. Upon appropriate written authorization from the employee, the District shall make deductions from the salary of any employee and make appropriate remittance for annuity programs, credit union, savings bonds, United Way, or other plans or programs jointly approved by the Association and the District.
- B. YAS employees shall have the option of receiving pay in equal bi-monthly installments (twice per month) over a 10 month or 12-month period. (essentially, 20 or 24 pays). OAC and Early On employees will be paid over a 12-month period, or 24 pays.
- C. Due to the equal bi-monthly payroll installment structure, a reconciliation will be conducted upon completion of a contract or upon separation from employment. This reconciliation will ensure that total compensation aligns with the actual number of days worked. If an underpayment is identified, a final payment will be issued. Conversely, if an overpayment has occurred, the outstanding balance will be collected accordingly.

ARTICLE IV EMPLOYEE RIGHTS

- A. The provision of this Agreement shall be applied without regard to race, creed, religion, color, national origin, age, sex, gender identity or marital status, disability, genetic information, pregnancy, citizenship status, veteran status, height, weight, or familial status, in accordance with applicable federal and Michigan state laws.
- B. At the beginning of each school year the District shall provide to each employee, a handbook, which shall contain applicable Board policy and administrative rules and regulations as determined by the District. The handbook will be periodically updated and such updated information shall be provided to all employees. A digital copy of the handbook will be provided to each new employee upon employment. The district may, at its discretion, consult with the OAEA during the development of the handbook to promote consistency with this Agreement; however, the handbook is not subject to negotiation and shall not be considered part of this Agreement. In the event of a conflict between the handbook and this Agreement, the terms of the Agreement shall govern.
- C. At the beginning of every school year, the Association will be credited with twelve (12) days leave to be used by the employees who are officers or agents of the Association. The Association will pay for substitute wages for usage beyond five (5) days. The Association agrees to notify the Board no less than forty-eight (48) hours in advance of taking such leave. An employee may not use any more than four (4) days during any school year without approval from the Superintendent.
- D. In accordance with the Michigan Public Employment Relations Act (Act 336 of 1947 as amended), the Board recognizes the rights of employees to organize and participate in lawful Association activities. The Board will not interfere with, restrain, coerce, or discriminate against employees for exercising these rights in accordance with applicable law.
- E. The Board and the Association specifically recognize the right of each to invoke the assistance of the State Labor Mediation Board, or a mediator from such public agency.
- F. Complaints. Any complaint by a parent, student or a District employee that is determined by the appropriate administrator to be potentially serious enough to result in formal disciplinary action may be reviewed for inclusion in the employee's personnel file. Before any such complaint is placed in the personnel file, the employee shall be notified and given an opportunity to provide relevant context or information. The District will conduct an appropriate review to determine whether there is a factual basis for the complaint. If the complaint is found to be without merit, it shall not be included in the personnel file. If

retained elsewhere within District records, such documentation shall include notation that the complaint was reviewed and found to lack sufficient basis. Any disciplinary actions resulting from complaints shall conform to the requirements in the contractual disciplinary procedures contained elsewhere in this Agreement and shall be subject to the grievance process.

- G. Personnel File. Each bargaining unit member shall have the right, upon written request to review the contents of their own personnel file, in accordance with the Bullard-Plawecki Employee Right to Know Act (MCL 423.501 et seq). Such review shall take place during normal business hours and at a location designated by the District. A representative of the Association may be present during the review at the employee's request. The District may also have a representative present.

If a bargaining unit member disagrees with the information contained in the personnel file, they may submit a written statement explaining their position. This statement shall be attached to the disputed material and shall become part of the personnel file. Any copies of the disputed material provided to third parties shall include the employee's written statement.

- H. Since administrative support and backing is essential to the maintenance of the staff member's authority and effectiveness in their classroom or other place of assignment, the Board recognizes its responsibility to give all reasonable support and assistance to staff members in cases of injury by students. Time lost, by reason of any injury, shall not result in loss of pay or leave of time. However, losses compensated for by Workers' Compensation shall not be compensated under this section.

ARTICLE V
EMPLOYEE PROTECTIONS

- A. The District agrees to support its employees in taking all reasonable actions in maintaining proper classroom management and structures to support student learning. The Michigan Administrative Rules for Special Education (MARSE) and the OAISD Special Education Plan identify staff to student ratios and caseload requirements.
- B. Time lost due to an injury sustained by an employee while performing their job duties, including incidents involving a student shall not be charged to the employee. Additionally, if an employee faces legal action as a result of following district protocol, any time lost due to legal proceedings shall not be charged to the employee.
- C. If an employee is the subject of a complaint or legal action as a result of disciplinary action they initiated, and the disciplinary action is ultimately upheld, any work time lost in connection with responding to the complaint or legal proceedings shall not be deducted from the employee's leave.
- D. The District agrees to reimburse employees for destruction of clothing or glasses resulting from a student's intentionally or unintentionally forceful behavior provided:
 - 1. That in the opinion of the Building/Program Administrator, the employee was exercising reasonable care in dealing with the student.
 - 2. Within three (3) days of the occurrence the employee shall file a report with the Building/Program Administrator detailing the incident.
 - 3. The District will reimburse employees for a reasonable amount.
 - 4. Employees may be required to submit evidence of the amount of damage done and provide the damaged item to the district for retention, if applicable.
 - 5. That such loss is not reimbursable through applicable insurance coverage.

ARTICLE VI EMPLOYEE CONDITIONS

- A. Insofar as pupil-teacher ratio is recognized as an important aspect of an effective educational program, the District agrees that so far as practicable it shall bring class size within the applicable state standards or file a deviation in those cases where appropriate.
- B. The Board agrees to provide the following work benefits for employees of the unit while they are working in a classroom setting:
 - 1. Telephone
 - 2. A staff room
 - 3. Parking facilities
 - 4. Restroom facilities
 - 5. A desk, chair and filing cabinet for each employee if requested
 - 6. Access to technology as deemed appropriate by Building/Program Administration
- C. Whenever an employee is absent for 1/2 day or more, with advance notice, the Board will make reasonable efforts to hire a qualified substitute.
- D. Employees in the Young Adult Services Program will be provided with a \$40 monthly (September – June) cell phone stipend to offset the cost of using their personal smartphone to make work related calls and provide accessibility while at work. In exchange for this benefit, staff are expected to be accessible by cell phone, including text messaging, during the work day.
- E. Employees in the Early On Program who are approved to participate in the Home/Offsite Office program will have the following benefits and expectations.
 - 1. In lieu of designated office space leased or owned by the OAISD, staff will be permitted to utilize an off-site location such as a home office. To facilitate this, the OAISD will provide:
 - a. A one-time office equipment stipend of \$700. This is intended to ensure that the staff member has an appropriate desk, chair, file storage and computer peripherals such as a printer, available in a fixed location such as a home office. In the 2025-26 school year currently employed staff members (not new hires) may request to have a new printer as needed. The printer cost should not exceed \$250 and will need to be approved by the program administrator prior to purchase. Once the new printer is purchased by the staff member, the staff member will submit a receipt for reimbursement and return the old printer to the ISD.
 - b. A monthly phone/internet use/access expense stipend as follows (choose one):
 - i. Option 1: \$20 to offset the cost of using cell or land-line based phone service to make work-related calls.
 - ii. Option 2: \$65 to offset the cost of the above (Option 1) and the cost of a cell phone data package. Employee must provide proof of data package service.

- iii. For either option, staff must complete the appropriate form to initiate either of the above noted stipends. Stipends will be provided July through June.
 - c. Staff will be provided with a computer laptop that is outfitted with the software and hardware necessary to conduct home/offsite business. This may include a web camera, microphone, headset, broadband access card, or other devices that will be determined based on each staff person's unique needs. This does not include peripherals that are considered fixed such as printers or scanners.
 - d. Staff will be provided with general office supplies such as stapler, tape dispenser, storage trays, paperclip holder, paper, etc. These supplies will be available upon request through office staff. Early On Program staff will not be reimbursed for the expense of any items that are available through office staff or do not seem reasonably necessary for the offsite work as determined by the Early On Program Coordinator.
 - i. Short-term use, "plug-in" type work spaces will be made available at the Early On Program sites for staff use. This space is intended to be used occasionally to permit the staff person to check e-mail, make unplanned phone calls, or conduct short-term business. It is not intended to be regularly occupied by any staff member.
 - ii. Collaborative meeting space will be made available to staff for small group meetings, or ad hoc discussions. In addition, larger meeting rooms will be available in OAISD facilities through the regular booking process.
2. Staff will insure that:
- a. They are capable and competent conducting business offsite and have the self-monitoring/motivation skills necessary to stay on task and avoid distractions in the home/office environment. This includes insuring that any conflicting dependent care arrangements have been resolved.
 - b. The home/offsite space is appropriately furnished and lit for work use. This includes an ergonomically correct chair, desk, and computer set-up.
 - c. The home/offsite space is free of any hazards or problems that would hinder work performance or be dangerous to the staff member's health/well-being.
 - d. They will be accessible through technology at all times during the work day. This connectivity can be through cell phone, VoIP phone, e-mail or text messaging.
 - e. They are familiar with, understand, and comply with the organization's information security policies and practices including maintaining security of any relevant materials, including files, correspondence, and equipment, in addition to security protocols for remote connectivity. Depending on the sensitivity of the information being handled, the home office may need to include security measures such as locked file cabinets.

- f. They provide periodic work progress reports to the Early On Program Coordinator or his/her designee in the frequency and format requested.
 - g. They provide an anticipated work schedule to the Early On Program Coordinator or his/her designee in the frequency and format requested.
 - h. They complete a Flexible work Arrangement Request Form, which upon approval by the Early On Program Coordinator or his/her designee will initiate the home/offsite work arrangement.
- 3. Beginning in the 2028-2029 school year, once the Central Office is opened, the district will discontinue the equipment stipend and the internet/access expense stipend, as outlined above, due to employees being provided with the designated workspace in the office.
 - 4. Any staff member who has been cited for a behavior infraction or who is on a performance-related plan of assistance may not be eligible for the home/offsite work arrangement. A determination of eligibility will be made by the Director of Early Childhood Services in consultation with the District's Human Resources Administrator.

ARTICLE VII
TEACHING HOURS AND STAFF MEETINGS

- A. Minimum working hours are 8:15 a.m. to 3:45 p.m. each day (35 hours per week). For Early On Program staff, these hours may be worked outside of the regular work day, between 7:30 AM to 7:00 PM, in order to meet the needs of families/students. At least two days per month must be available for evening (after 5:00 PM) meetings to conduct home visits or family meetings that could not otherwise be scheduled due to the family's needs.

Each employee will be provided with a duty-free break of 30 minutes each day. The time of such breaks will be worked out between the supervisor and the employee involved. If an employee is asked by Administration to forego a duty-free lunch, that time will be provided to the employee at a mutually agreeable time in the same pay period or will be compensated at the employee's hourly rate upon submission of a time sheet.

If the District must close a single location or program (for example, due to an emergency such as a broken heating system, but not due to an inclement weather day), employees assigned to that location may be required to report to an alternate worksite as designated by the District, unless otherwise agreed to by the Association and the District.

- B. Meetings/Professional Development Activities - It is understood that the teaching hours in Paragraph A are minimum requirements. During the course of the school year, employees will be required to attend a maximum of two one-hour meetings per month. These meetings will be scheduled at least one week in advance and will start no earlier than ten minutes prior to the start of the employee work day or no later than ten minutes after the conclusion of the school day. Any meetings beyond this will be compensated with either flex time or at the hourly rate of \$40/hour, whichever is agreed to by the OAEA and administration. This does not include IEPs or meetings of an emergency nature that are mutually agreed upon by both the district and the association.
- C. Normally contract negotiations and grievance processing will be conducted outside of duty hours. However, when it is mutually agreeable for representatives of the District and the Association to meet during duty hours, the Association representatives shall be released from regular duties without loss of salary.
- D. Planning time will be provided to teacher at the OAC and YAS in the amount of 200 minutes per five-day week. If an employee has not received their full amount of planning time for the week, they will be paid out for the loss of time at the rate of \$40/hour. Any such time must be pre-approved by the employee's supervisor and appropriately tracked and submitted in accordance with district procedures.

ARTICLE VIII
ASSOCIATION RIGHTS

- A. The Association and/or its representative shall have the right to use the Building/Program facilities at reasonable hours for meetings, provided that advance approval has been obtained from the respective administrator at least forty-eight (48) hours prior to the scheduled meeting. In an emergency situation the 48-hour requirement may be waived by approval of the administrator. No charge shall be made for the use of school rooms during school days from the hours of 7:00 a.m. to 6:00 p.m. Outside of said hours, the District may also reasonably charge and be paid by the Association for: special custodial service when necessary, damages to District equipment, facilities, and other properties attributable to such use.
- B. Duly authorized representatives of the Association shall be permitted to transact official Association business on school property before and after school hours, provided that such business shall not interfere with or interrupt normal school operations.
- C. The Association shall have the privilege of using school facilities and equipment including duplicating and audiovisual equipment at reasonable times (as determined by the Building/Program Administrator. (The Association shall pay for the cost of all materials, supplies, and repairs incidental to such use.)
- D. The Association shall have the right to post notices of activities and matters of Association concern through District email.
- E. Not later than November 1 of each year, the administration will provide the Association with a current seniority list.

ARTICLE IX TRANSFERS

- A. **Definitions:** A “transfer” is defined as a change in an employee’s assignment within the bargaining unit, including position, building, or program (e.g., Special Education categories). Transfers may be voluntary or involuntary.
- B. **Voluntary Transfers:** Employees may request a transfer in writing to their supervisor, specifying the position or location sought and qualifications. Requests will be reviewed annually and expire June 30. Voluntary transfers require mutual agreement between the employee and the district and will not be unreasonably denied.
- C. **Involuntary Transfers:** The district may initiate an involuntary transfer for operational reasons including program changes, enrollment shifts, certification needs, or performance concerns. Notice of the transfer and rationale shall be provided to the employee and the Association at least 30 days in advance, unless emergency conditions exist. The employee may request the rationale in writing.
- D. **Transfer Limitations:**
 - 1. Probationary employees may not apply for other positions within the ISD during their probationary period, unless an exception is jointly approved by the district and Association.
 - 2. Tenured employees on an Individual Development Plan (IDP) may not transfer until all IDP requirements are met, unless jointly approved otherwise.
 - 3. Employees awarded a voluntary transfer may not apply for another vacancy for three (3) years unless otherwise agreed by the district and Association.
- E. **Rights of Non-Certificated Staff:** Non-certificated staff (e.g., SLPs, OTs) involuntarily transferred due to class size or program reduction shall have first right of refusal if the original position is reinstated within 180 compensable days.
- F. **Reversion from Supervisory Role:** Employees transferring into a supervisory/executive role and later returning to the bargaining unit shall retain any rights previously held under this Agreement.

ARTICLE X VACANCIES

- A. A vacancy is defined as a newly created or unfilled contracted school year position within the Bargaining Unit which the District intends to fill.
- B. When vacancies occur during the school year, it may be difficult to fill them from within the District without disruption to the existing instructional program. Therefore, if in the Building/Program Administrator's judgment such a vacancy could best be filled from outside the District, they may fill the position on a temporary or tentative basis until the end of the current year at which time the position will be considered vacant.
- C. Application for Vacancies: Vacancies within the bargaining unit, including newly created positions, will be shared with all bargaining unit members and the Association. These positions will be posted for at least four (4) school days before being filled.

Employees may apply as internal candidates through the standard application process. Positions will be filled according to the procedure outlined in Section D.

During the summer months, when school is not in session, the Employer will continue to share postings with the Association. These summer postings will also remain open for a minimum of four (4) calendar days, and applications will be accepted through the same process.

- D. Awarding of Vacancies: Vacant positions within the bargaining unit shall be awarded to the most qualified and appropriately certified internal applicant prior to considering external candidates, unless otherwise mutually agreed upon by the Administration and the Association.

If no internal applicant meets the minimum qualifications as outlined below, the position may be offered to an external candidate.

- E. Qualification Criteria: The determination of the "most qualified" internal applicant shall be based on a comprehensive evaluation of the following factors:
 - 1. Compliance with legal and funding requirements, including:
 - a. Applicable state or federal laws and regulations
 - b. Grant or categorical funding conditions
 - c. Accreditation standards for the district, school, or program.
 - 2. Credentials and preparation, including:
 - a. District-provided professional development and training directly related to the assignment

b. Academic preparation or certification relevant to the position

3. Professional experience and performance, including:

- a. Recency and relevance of comparable teaching assignments
- b. Performance evaluations from the previous three years
- c. Integration of prior training into classroom instruction
- d. Disciplinary record, if any.

4. Seniority and service, including:

- a. Length of service with the district
- b. Demonstrated commitment to continuous improvement.

5. Other job-related factors as mutually determined by the Superintendent or designee in consultation with the Association

E. Tie-Breaking Procedure:

In cases where two or more internal applicants are determined to be equally qualified, the position shall be awarded to the applicant with greater seniority in the district.

F. Consideration of Alternate Certification:

Internal applicants working under a valid alternate certification may be awarded a position only if there are no internal candidates holding a traditional Michigan teaching certificate who meet the required qualifications.

ARTICLE XI LAYOFF AND RECALL PROCEDURE

The District retains full discretion to reduce staff, curriculum, or educational programs based on programmatic needs or budgetary considerations. The Board will notify affected employees of layoff decisions for the upcoming school year as early as practicable.

Vacancies resulting from layoffs will be filled per Article X, Vacancies. As part of staff reassignment, the Building/Program Administrator will confer with representatives of the OAEA Executive Board and the affected employee prior to finalizing assignments.

Written notice of recall will be issued via registered or certified mail to the employee's last known address. Employees are responsible for notifying the District of any address changes. The District will maintain a recall list for one full school year, not to exceed 18 months.

Benefits Provisions:

- A. Coverage Continuation Through Month of Layoff: Benefits coverage will continue through the last day of the month in which the layoff occurs. Thereafter, continuation of coverage will follow the carrier's guidelines and COBRA requirements.
- B. No District-Paid Benefits Beyond Earned Portion: During a period of layoff, employees shall not be entitled to insurance benefits at District expense beyond that portion earned based on the percentage of the contract year completed. Employees may, at their own expense and subject to carrier rules, continue coverage by paying the full applicable premiums.

Certificated Staff (Covered by the Michigan Teacher Tenure Act):

- A. Layoff and recall decisions will comply with the Michigan Teacher Tenure Act.
- B. When recall decisions occur on or before August 1, the District will reassign the most recently laid-off certificated employee to a vacancy for which they are fully certified and qualified, provided it is the most appropriate staffing decision.
- C. Recall will occur in inverse order of layoff, contingent on certification and qualifications aligning with available assignments.

Non-Certificated Staff (e.g., Speech & Occupational Therapists):

- A. In the event of staff reductions:
 - 1. Substitutes will be released first.
 - 2. Probationary employees may be laid off when a more senior, qualified employee is available to assume those responsibilities.
 - 3. Further layoffs will occur by seniority, provided remaining staff members are qualified to fulfill operational needs.

4. In cases of equal seniority, a mutually agreed-upon method—such as hire date—will determine the order.
-
- B. Layoff notices will be issued no later than April 1. In cases of mid-year reductions due to unforeseen financial or programmatic changes, at least 20 calendar days' notice will be provided.
 - C. No new full-time staff will be hired (other than per diem substitutes) while qualified laid-off employees remain available for open positions.
 - D. Recalled employees must confirm intent to return within ten (10) calendar days of the recall notice. Failure to respond or report without an approved extension by the District, will be considered a voluntary resignation, ending the employment relationship.

ARTICLE XII EVALUATIONS

This article establishes evaluation procedures for all bargaining unit members in compliance with the Michigan Teacher Tenure Act and applicable state law. It differentiates between non-certificated therapists and certificated instructional staff.

A. Non-Certificated Staff Evaluations (e.g., Speech and Occupational Therapists):

1. Evaluations are the responsibility of the administration and must be conducted openly. No electronic monitoring may be used without the employee's consent.
2. Only a Building/Program Administrator or another administrator designated by the Board may conduct evaluations; the District alone determines evaluator qualifications.
3. Each therapist employee will receive one written evaluation per year, consisting of a single formal observation. That observation and the accompanying written report must be completed by June 1.
4. A post-observation conference or personal interview shall occur no later than June 1. During the conference, the evaluator will identify any areas needing improvement and outline support to be provided.
5. If a therapist employee believes the evaluation was incomplete or unjust, they may submit written objections to attach to the evaluation file or request an additional observation.
6. Therapists may review their evaluation file upon request.
7. During their first three years of employment, therapists may be assigned a mentor.

B. Certificated Staff Evaluations (those delivering direct instruction):

1. Effective July 1, 2025, evaluations will follow section 1249 of the Revised School Code and State-approved rubrics. Any future amendments to that statute will automatically apply.
2. Each certificated employee will establish specific performance goals in consultation with their principal. Evaluations will combine 80 percent rubric-based scoring and 20 percent other objective measures, as reflected on the Year-End Evaluation Reporting Form and aligned with the Evaluation Final Score Sheet.
3. Classroom observations:
 - a. At least one formal observation per year, if more formal observations are needed it will be at least 45 business days apart, with the first by December 31. Notice of scheduled observations must be given at least two school days in advance. If an administrator or employee is on approved leave, timelines may be adjusted by mutual agreement.
 - b. Informal or unscheduled observations are permitted but do not substitute for the

required formal observations. No observations may occur the day before a vacation.

- c. Employees may request Association representation during any evaluation discussion.
- 4. The year-end evaluation form will be delivered electronically by May 30. Tenured employees who meet exemption criteria under section 1249 (e.g., working fewer than 60 days, on approved leave, or prior consecutive “effective” ratings) shall receive the statutory designation without a full evaluation.
- 5. Tenured employees rated “needing support” have the right to a review meeting with the superintendent (written request within 30 days, meeting within five days, written response within 30 days) and may pursue MERC mediation or, after two consecutive “needing support” ratings, file a grievance under Article XV.
- 6. Employees on an Individual Development Plan will receive: performance goals, district-provided supports, a mid-year progress report with at least two classroom observations, and a mentor assignment.
- 7. Employees who voluntarily transfer to a new building may be placed back on the evaluation cycle.
- C. Timelines and Improvement Expectations: When an evaluation identifies areas requiring improvement, the evaluator will clearly communicate concerns within 10 business days. Improvement timelines will be reasonable, aligned with the annual evaluation cycle, and may include an Individual Development Plan with measurable goals and benchmarks. Progress will be monitored through check-ins, and timelines may be adjusted by mutual agreement. Continued underperformance may result in further action consistent with the Michigan Teacher Tenure Act and district policy.
- D. Insurance and Benefit Continuation During Evaluation: Neither group’s evaluation procedures affect layoff-related benefit provisions (Article XI, Benefits Provisions).
- E. Training on evaluation system, tools, and reporting forms: Within the first thirty days of each school year, the district shall provide, during contractually scheduled Professional Development time or if appropriate through email/digitally, training to all teachers on the evaluation system and other important components of the year-end evaluation process and how each reporting form is used during the process.

ARTICLE XIII DISCIPLINE

This article sets forth the District's authority to maintain standards of conduct and performance, while ensuring protections and compliance with the Michigan Teacher Tenure Act.

- A. No employee shall be disciplined, reprimanded, suspended, or discharged without just cause. Discipline may include verbal reprimand, written reprimand, suspension (with or without pay), and/or discharge.
- B. The District retains discretion to determine the need for and nature of disciplinary action based on just cause.
- C. Complaints or allegations against an employee shall be promptly communicated to the employee when they may lead to discipline.
- D. Employees are entitled to Association representation at any meeting that may result in discipline. The employee must be informed of this right in advance; the representative may pause the meeting to consult privately.
- E. Written discipline may reference prior verbal or informal warnings and will describe required corrective actions and timelines for improvement.
- F. Except in cases of serious misconduct warranting immediate suspension or discharge, the District will follow progressive discipline.
- G. All disciplinary actions are subject to the grievance and arbitration procedures of Article XV.
- H. Tenured certificated employees retain all rights under the Michigan Teacher Tenure Act, including additional due process protections as provided by law.

Personnel File and Record-Keeping:

- A. Only written reprimands, suspensions, and discharge notices may be placed in an employee's personnel file. Verbal warnings shall not be filed unless referenced in a written warning.
- B. Employees may review their personnel file and may have an Association representative present.

Management Rights: The District retains the right to take any disciplinary or safety action it deems necessary in emergencies or instances of gross misconduct without prior progressive steps, provided the action is later substantiated through a fair investigation.

ARTICLE XIV
GRIEVANCE PROCEDURE

- A. A grievance shall be an alleged violation of the expressed terms of this contract.
- B. The Association shall designate one representative to handle grievances when requested by the grievant. The District hereby designated the Building/Program Administrator to act as its representative at Level One as hereinafter described and the Superintendent or their designated representative to act at Level Two as hereinafter described.
- C. The term “days” as used herein shall mean days in which school is in session.
- D. Written grievances as required herein shall contain the following:
 - 1. It shall be signed by the grievant(s) or the Association;
 - 2. It shall be specific;
 - 3. It shall contain a synopsis of the facts giving rise to the alleged violation;
 - 4. It shall cite the section or subsections of this contract alleged to have been violated;
 - 5. It shall contain the date of the alleged violation;
 - 6. It shall specify the relief requested.
- E. Level One: An employee (or Association) alleging a violation of the express terms of this contract shall, within ten (10) days of the alleged violation(s) occurrence, or such date as the grievant should have reasonably become aware of the alleged violation, orally discuss the grievance with the Building/Program Administrator in an attempt to resolve same.

If no resolution is obtained within five (5) days after the oral discussion with the Building/Program Administrator, the grievant shall, within five (5) days of such oral discussion, reduce the grievance to writing and deliver it to the Human Resources Administrator. If the grievant does not receive an answer within five (5) days thereafter or if the written answer is unacceptable, the grievant shall within ten (10) days of the date on which the written grievance was submitted to the Human Resources Administrator, file their grievance at Level Two. A copy of the written decision of the Human Resources Administrator shall be forwarded to the Superintendent for permanent filing.

Level Two: A copy of the written grievance shall be filed with the Superintendent or their designated agent with the endorsement thereon of the approval or disapproval of the Association. Within five (5) days of receipt of the grievance, the Superintendent or their designated agent shall arrange a meeting with the grievant and/or the designated Association representative, at the option of the grievant, to discuss the grievance. Within five (5) days of the discussion, the Superintendent or their designated agent shall render his/her decision in writing, transmitting a copy

of the same to the grievant, the Association secretary, and the Building/Program Administrator, and place a copy of the same in a permanent file in their office.

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

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

A copy of the written decision of the Board of Education shall be forwarded to the Superintendent for permanent filing, and to the Building/Program Administrator, the grievant, and the secretary of the Association.

Level Four - Individual grievants shall not have the right to process a grievance at Level Four.

1. If the Association is not satisfied with the disposition of the grievance at Level Three, it may within ten (10) days after the decision of the Board has been rendered refer the matter for arbitration to the American Arbitration Association in writing, and request the appointment of an arbitrator to hear the grievance. If the parties cannot agree upon an arbitrator, one shall be selected in accordance with the rules of the American Arbitration Association.
2. Neither party may raise a new defense or ground at Level Four not previously raised or disclosed at other written levels. Each party shall submit to the other party not less than three (3) days prior to the hearing a pre-hearing statement alleging facts, grounds and defenses which will be proven at the hearing and hold a conference at that time, in an attempt to settle the grievance.
3. The decision of the arbitrator shall be final and conclusive and binding upon employees, the District and the Association. Subject to the right of the District and the Association to judicial review, any lawful decision of the arbitrator shall be forthwith placed into effect.
4. Powers of the arbitrator are subject to the following limitations:

- a. The Arbitrator shall have no power to add to, subtract from, disregard, alter or modify any of the terms of this Agreement.
 - b. The Arbitrator shall not hear any grievances barred from the scope of the grievance procedure.
 - c. Where no financial loss has been caused by the action of the District complained of, the District shall be under no obligation to make monetary adjustments and the arbitrator shall have no power to award punitive damages.
 - d. Arbitration awards or grievance settlements will not be made retroactive beyond the date of the occurrence or non-occurrence of the event upon which the grievance is based.
 - e. They shall have no power to neither change any practice, policy or rule of the District nor substitute their judgment for that of the District as to the reasonableness of any such practice, policy, rule or action of the District is in violation of this Agreement.
 - f. The Arbitrator shall have no power to decide any question which, under this Agreement, is within the responsibility of the management to decide.
 - g. Not more than one grievance may be considered by the arbitrator at one time except by mutual consent.
- F. The fees and expenses of the arbitrator shall be equally shared between the parties.
- G. Should a grievant fail to institute a grievance within the time limits specified, the grievance will not be processed. Should a grievant fail to appeal a decision within the limits specified, or leave the employ of the District (except a claim involving a remedy directly benefiting the grievant regardless of his employment), all further proceedings on a previously instituted grievance shall be barred.
- H. All documents, communications, and records dealing with a grievance shall be filed separately from the personnel files of the participants.
- I. The time limits provided in this Article shall be strictly observed but may be extended by written agreement of the parties.
- J. The following matters shall not be subject to the grievance procedure:
- 1. Failure to re-employ a probationary teacher;
 - 2. The placing of a non-tenure teacher on a third year of probation;
 - 3. Any non-procedural matter involving teacher evaluation.
 - 4. The use of teacher evaluation form agreed upon by the parties that can be found in the Board Policy documents/Administrative Guidelines, and Appendix IV.
 - 5. Any matter in which the Teacher Tenure Act prescribes a procedure or authorizes a remedy (i.e., discharge and/or demotion).

6. Any claim or complaint in which the teacher has initiated remedial procedures via a forum established by law or by regulation having the force of the law.

ARTICLE XV CONTINUITY OF OPERATIONS

The Association and District recognize that strikes and other forms of work stoppages by employees are contrary to law and public policy. The Association and District subscribe to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the school program. The Association therefore agrees that its officers, representatives and members shall not authorize, instigate, cause, aid, encourage, ratify or condone nor shall any teacher take part in any strike, slowdown or stoppage of work, boycott, picketing or other interruption to the detriment of the children/students or the educational process in the respective Program(s). Violations of this Article may result in disciplinary action.

ARTICLE XVI
ILLNESS & DISABILITY

A. Sick/disability leave shall be accumulated as follows:

Upon initial employment in the unit, each employee will be credited with twelve (12) days sick/disability leave. Each year of employment thereafter, each employee shall be credited with an additional ten (10) days. Employees beginning employment after the beginning of the year will be prorated. The unused portion of sick/disability days shall accumulate from year to year to a maximum of thirty (30) days, provided, however that no employee shall forfeit days already accumulated.

B. Employees may use sick/disability leaves in accordance with applicable law, including the Earned Sick Time Act Revised Statute, as follows:

1. To recover from a period of personal illness/ disability provided, however, that the sick leave payments be subject to the employee having performed all duties until physically sick/disabled and returns to service as soon as physically able to perform all duties.
2. Up to five (5) days of leave per year may be used for a non-FMLA qualifying illness to mother, father, mother-in-law, father-in-law, and those members of the immediate family in the same household. Leave requests concerning other persons require advance approval of the Building Director(s).
3. Employees may be granted up to three (3) paid personal days per year, non-cumulative. One unused personal day per year will roll over for use in the subsequent year for a maximum accumulation of four (4) days in any one year. If an employee rolls over a personal day, that day must be used in a subsequent year, allowing for use of up to four (4) personal days in the subsequent year.

Personal business leave may not be used on the day before or after a holiday or break period unless mutually agreed upon. Requests shall be made forty-eight (48) hours in advance except in cases of emergency and prior approval shall be required from the building supervisor. Such days shall not be used for personal gain. Approval shall not be unreasonably withheld.

4. OAC and Early On Employees (195-day schedule) will be granted one Paid Time Off (PTO) day per year, noncumulative, to be used for any reason except personal gain. Requests shall be made forty-eight (48) hours in advance except in cases of emergency. Pre-approval by the Building/Program Supervisor is required and shall not be unreasonably withheld.
5. For FMLA/LTD qualifying leave related to the employee's own health condition, the employee will be responsible for the first 30 calendar days of illness/disability. For FMLA qualifying leaves not related to the employee's own health condition (for example: the care of a critically ill member of the employee's immediate family) all

accumulated sick leave will be exhausted.

6. For FMLA qualifying leaves not related to the employee's own health condition, including the birth or adoption of a child, the employee will be required to use his/her own accumulated sick and personal time to cover the qualifying leave period. If leave is exhausted, then the remainder will be unpaid.
- C. The Board may require a physician's certificate verifying an illness/disability when said illness/disability has caused an employee to be absent from their teaching responsibility five (5) consecutive days, or when the District has cause to believe there has been an abuse of sick leave privileges. Physician's verification is required for a qualifying FMLA leave and/or long-term disability leave. A physician's authorized "return to work" slip is required before an employee on FMLA leave (for his/her own health condition) and/or disability leave can return to the job.
 - D. The District will furnish a written statement no later than July of each school year setting forth the total days of sick leave credit.
 - E. Workers' Compensation:

The Employer shall, upon application for same, continue to contribute its normal obligation towards health care benefits as provided in Article XXII for those employees on unpaid leave necessitated by a circumstance to which workers' compensation has been determined as applicable. However, the Employer shall in no way be so obligated for more than one (1) month. Upon written application, an extension not to exceed 3 additional months may be granted by the Human Resources Administrator. Proration of sick days may be used to make up the difference between workers' compensation benefit and regular take-home pay after any and all authorized or required deductions.
 - F. An employee who is unable to teach because of personal illness or disability and who has exhausted all sick leave and/or applicable FMLA leave available may be granted a leave of absence without pay for the duration of such illness or disability, or through the remainder of the current school year, whichever is less. The employee must notify their Building/ Program Administrator, in writing, of their desire for the leave, the applicable start and end dates, and intention to return from such leave. Upon written request of the employee, the Administrator, in consultation with Human Resources, may extend the unpaid leave of absence.
 - G. For the purposes of leave use/accrual, a contract day is equal to seven (7) hours.

ARTICLE XVII
LEAVES OF ABSENCE

Unless otherwise noted, the following article applies to all bargaining unit members:

- A. Child care leave without pay, not exceeding one (1) year in length, may be granted an employee who does not choose to use sickness or disability leave. Such leave is renewable at the discretion of the Building/Program Administrator if requested by the employee in writing at least three (3) months prior to the expiration of the leave. Employees shall be granted maternity leave in compliance with the Pregnancy Discrimination Act and other applicable federal or state laws. It is further provided that:
1. The employee shall notify the Building/Program Administrator in writing at least three (3) months prior to the requested beginning date of the leave. Said notification shall request a beginning date and ending date for the leave. This may be waived in cases of emergency.
 2. The dates and request shall be referred to the Building/Program Administrator for approval. It is understood that each request for child care will be considered on an individual basis. The provisions of FMLA will apply where applicable.
 3. For non-certificated bargaining unit members, such as Speech and Occupational Therapists, whose employment is not regulated by the Michigan Teacher Tenure Act: the reinstatement shall be to the employee's former position or a position of like nature.
 4. For all bargaining unit members: the reinstatement shall be to their former position or a position of like nature for FMLA qualifying events only.
 5. The superintendent may approve early termination of a leave if requested in writing by the employee.
 6. In the event of the death of the child for whom the leave was granted, the leave of absence may be terminated upon request of the employee and approval of the Building/Program Administrator.
- B. Employees may make application to the District for a general leave of absence. Application for such leaves shall set forth the following minimal information:
1. Name, date, applicant's signature.
 2. Nature of the request.
 3. Reason for the request and any additional data or documentation the teacher feels will bear on the merits of the requested leave of absence.

4. Dates applicant desires to commence and terminate the leave of absence.

Upon receipt of proper application, the District will review the request and the reasons in support thereof. The granting or denial of unpaid leave of absence shall be discretionary with the Building/Program Administrator, however, within ten (10) days after the receipt of proper application the Building/Program Administrator will render their decision to the applicant regarding same.

Once granted a leave of absence, notice must be given by February 1st of the employee's intent to return the subsequent year. Except as provided under FMLA for an FMLA qualifying leave, unpaid leaves of absence as provided for in paragraphs A and B above shall be without pay, fringe benefits, seniority, experience credit and without sick leave accumulation. Employees on unpaid leave shall be permitted to continue insurance benefits by paying the District for the cost of the premium. The employee shall notify a Human Resources representative if they elect to continue benefits so arrangement for payment can be made. Any employee who takes unpaid leave shall receive district paid benefits on a prorated basis by calculating number of days worked to number of contracted school days. Upon return from an authorized unpaid leave of absence, the employee shall be restored to the same position on the salary schedule as when they left and be entitled to other accrued benefits earned prior to said leave.

- C. Except as provided under FMLA for an FMLA qualifying leave, during the period of an unpaid leave of absence, employees shall not be entitled to insurance benefits at District expense. Upon the approval of, and subject to the limitations established by the respective insurance carrier, insurance benefits may be continued at the employee's expense by paying the appropriate premiums.
- D. An employee who is summoned for jury duty and is not relieved from such duty shall be granted a jury duty leave of absence for that purpose, provided evidence of such duty is presented to the Board at the earliest possible date. Employees shall work their scheduled hours when not serving as jurors, and an employee not selected to serve on a particular jury shall report for work immediately after selection of said jury. The employee shall receive their basic rate of pay for the time lost from regularly scheduled work less any amount received for such jury duty excluding travel allowances and reimbursements for expenses.
- E. Funeral leave days, without loss of pay, require approval of the Building/Program Administrator. Funeral leave days may be requested during regularly scheduled work days. In the event of the death of a family member as defined below, an employee may take up to five days of paid leave to attend the funeral/memorial service. In the event of the death of a parent, spouse, child (including a step or foster child), or grandchild (including step or foster), the employee may take up to an additional five days of sick leave for bereavement.

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

In the event of the death of a close friend or other family member not identified above, an employee may take one day of paid leave to attend the funeral/memorial service. In the event of an OAC student death, up to one full day may be granted for staff in the student's current classroom to attend the funeral/memorial/visitation.

ARTICLE XVIII CONFORMITY TO LAW

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

ARTICLE XIX WAIVER

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

ARTICLE XX NEGOTIATION PROCEDURES

No amendment or supplement to this Agreement shall be effective or valid for any purpose whatever unless set out in writing and signed by the District and the Association in the same formality as used in the execution of this Agreement.

Unless both parties agree otherwise, regular negotiations meetings will commence no later than February 1st of the calendar year in which the contract expires, and if a tentative agreement has not been reached before the last day of the school year in which the contract expires, the parties agree to continue negotiating during the ensuing summer break period or until a tentative agreement or bona fide impasse occurs.

ARTICLE XXI
CALENDAR

Employees will work the following:

Ottawa Area Center Staff

Year 1: 190 Staff/185 Student

Year 2: 190 Staff/185 Student

Early On Program Staff

Year 1: 189 or 195 days (staff hired after 2021/22 school year)

Year 2: 189 or 195 days (staff hired after 2021/22 school year)

Young Adult Services Staff

Year 1: 185 Staff/180 Student

Year 2: 185 Staff/180 Student

One day will be available to each teacher for in-service purposes between July 1 and June 30 with the date and the in-service training to be approved by the Building/Program Administrator at least ten (10) days in advance. The ten (10) day requirement may be waived by mutual consent.

Ottawa Area Center and Young Adult Services Staff:

For the 2025-2026 school year, each employee will be required to attend two (2) additional flexible professional development days. Compensation for each such day shall be paid at the rate of Two Hundred Eighty and 00/100 Dollars (\$280.00) per day. The pay shall be paid out in the next paycheck. The scheduling of said days shall be subject to the prior approval of the administration. The employees will receive a schedule of available trainings by June 1, 2025 to allow for summer scheduling.

Early On Program:

Staff hired prior to the 22/23 school year will have a choice between 189 days or 195 days annually:

189 day option requirements: 10 work days per month.

195 day option requirements: 12 work days per month.

189 & 195 day requirements for both groups:

September – May

- 3 play groups/month
- 3 teamings/month

June – August

- 2 play groups/month
- 2 teamings/month

Calendar Options for 189 & 195 days:

As a team, there need to be 3 playgroups & team meetings (September-May) and 2 playgroups & team meetings (June-August). The team can choose:

- Default Calendar
- Flexible Calendar

Flexible Calendar Parameters:

- Submit tentative annual calendar no later than March 15
- Finalize calendar July-December no later than June 1
- Finalize calendar January-June no later than December 1
- Single day work day changes
 - o Submit through a manner determined by OAISD
 - o Must be submitted 7 calendar days prior to the shift
 - o If a staff meeting date, approval must be given
 - o If a non-staff meeting date, approval will not be needed
- Consecutive Days Off (2+ days)
 - o Submit through a manner determined by OAISD
 - o Must be submitted 14 calendar days prior to the shift and prior to flights, hotels, etc.
 - o Approval must be given
 - o Note: A Friday, Monday off is counted as consecutive days
 - o Admin will approve within 48-72 business hours.
 - o If consensus cannot be reached, administration will determine calendar (for Early On only).

All Programs:

In addition to the staff days included in the calendar, each instructor will assume the responsibility for fulfilling professional development activities as described in Article VII-B.

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

Appendix I will include the OAC, Young Adult Services and Early On Program Calendars.

The OAEA and the OAISD administration agree to negotiate the 2026-2027 calendar in January of 2026.

ARTICLE XXII
INSURANCE PROTECTION

Pursuant to the authority as set forth in the Michigan Public School Code as amended by Public Act 27, 1979, the District agrees to pay the following insurance premiums.

Upon receipt of written application by the employee and the District and its acceptance by the appropriate carrier, the District shall contribute to the following benefit options:

- A. Group Health Insurance: A portion (as outlined below) of the cost of full family, self and spouse, or single subscriber, (whichever is applicable), per the attached schedule.

-or-

Cash in lieu of insurance in the amount of \$167.00/month.

-and-

For employees hired before June 30, 1994, who elect the group health insurance benefit, the Board will contribute \$360 cash per year. All or a portion of these funds can then be redirected into a 125 Flexible Spending Plan Account, if the employee so chooses.

For the contract period, the District will contribute toward group medical coverage the maximum amount allowed by law.

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

- B. Group Dental Insurance: 100% of the cost of full family (employee, spouse and children) or employee only, whichever one is applicable, for dental care, per the attached schedule.

-or-

Cash in lieu of dental insurance in the amount of \$23.00/month.

- C. Group Vision Insurance: 100% of the cost of full family (employee, spouse and children) or employee only, whichever one is applicable, for vision care, per the attached schedule.

-or-

Cash in lieu of vision insurance in the amount of \$3.00/month.

- D. The District agrees to pay, in addition to the premiums described in paragraph A-C, an additional premium toward \$50,000 group life insurance coverage with AD & D.

- E. Every member of the Bargaining Unit, or a Bargaining Unit Member's family who is covered by other group dental coverage similar to that coverage described above, shall not be entitled to coverage under the provisions of this Article at employer expense. Every member of the Bargaining Unit, or a Bargaining Unit Member's family who is covered by other group medical coverage similar to that coverage described above shall not be entitled to coverage under the provisions of this Article at employer expense. The determination of similar coverage shall be the decision of the District, provided that if there be any disagreement with such decision that such shall be subject to a grievance including the grievance procedures provided in this contract.

- F. The District shall not be required to make duplicate contributions toward insurance premiums where both spouses are employed by the District. To avoid such duplication, where applicable, one employee will be designated a covered dependent. Such designation shall be determined by the employees involved.
- G. The District reserves unto itself the right to change carrier(s) effective July 1, during any contract year. In no instance shall such change in carrier(s) result in a decrease of the insurance coverage provided each member of the Bargaining Unit or a lapse in such coverage or decrease in benefits as delineated above.
- H. The Board shall provide monthly premiums towards a Long-Term Disability program.
- I. All insurance programs addressed herein are subject to the limitation(s) and/or regulation(s) of the insurance carrier(s) and/or administrator(s).
- J. All pay and benefits (including the employee's share of the cost) will be prorated based on individual assigned work schedules for employees employed less than full time.
- K. Employees who have Board provided insurance may have a 30-day conversion option upon termination of employment. Any employee electing his/her right of conversion in order to keep their insurance in force must contact the insurance carrier within 30 days of their last day of employment.

ARTICLE XXIII COMPENSATION

A. Salary Increases – All:

Year 1: New salary schedule reflective of years of teaching in Michigan public education, yet holding people harmless from their current wage.

Each year employees shall receive, minimally, a step on the salary schedule at the start of the school year. Additional increases will be negotiated.

B. Additional Compensation:

In the 2025-2026 school year, upon movement to the new salary schedule (Appendix IV), any employee who does not receive at least a \$500 raise will receive a one-time, off schedule 1% payout in their last paycheck of December.

Employees assigned to and working at OAC in the SCI/AI classrooms for the entire semester will receive a \$3,000 stipend at the end of that semester (up to \$6,000 per school year if employed both semesters).

C. In June of 2025, employees will need to submit appropriate documentation (as determined by the District and the OAEA) to show past years of qualified Michigan educational experience, so as to be placed at the appropriate step on the pay scale at the start of the 2025-2026 school year.

Effective with the 2026–2027 school year, a 3% increase shall be applied to the base of the salary schedule. In addition, each eligible employee shall advance one step on the salary schedule.

In the 2026-2027 school year the following individuals shall be given the equivalent of a step in their current column: Tom Dryer, Sue Ensing, and Becky Portenga.

D. Section 164h: In order to comply with MCL 388.1764h, the Board shall adopt policies to comply with this provision and shall communicate the details to all bargaining unit members before they take effect.

E. In addition to the salary structure as herein set forth, the Board of Education shall pay the employer's contribution to the Michigan Public School Employees Retirement Fund. For those choosing the MIP option, the additional cost will be borne by the employee.

F. When an employee is required by his/her supervisor to use their own automobile for the District's business, they shall be paid at the rate established by Board policy. Should the district change board policy, the OAEA and the District will bargain over the procedure/rate of pay.

G. All employees required by the Board to attend training sessions, conferences, conventions, or schools, shall be paid approved expenses and shall suffer no loss of pay.

- H. All employees shall be given experience credit for full years outside teaching experience in any school district in the State of Michigan or other teaching experience in a school district accredited by a recognized accrediting agency. In the fall of 2025, employees will be granted “catch-up” steps to recognize all of their outside teaching experience in a Michigan Public School.

Alternatively, an employee shall be given full credit on the salary schedule for full years of job experience where such job experience is of a like nature to the present employment of the employee at OAISD, as determined by the Building/Program Administrator in consultation with the Human Resources Administrator.

For a new hire, the starting salary will not exceed the salary of an existing employee who holds commensurate experience and qualifications.

Beginning with the 2025-2026 contract, should a new hire be granted more steps on the pay scale than actual years worked, any current employee who holds the same position will be placed at the same step as the new hire.

- I. The pay scales are based on the number of days worked. Employees who work 189 or 190 or 195 days should find their appropriate pay scale and use that wage.

J. Extra Duty:

Extra-Curricular Coordinator: 2025-26	\$1,250.00
2026-27	\$1,250.00

If responsibilities are shared, extra duty payments may be prorated.

ARTICLE XXIV SABBATICAL LEAVE

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

- A. The employee must have completed not less than seven years of continuous full-time service before they can be a candidate for consideration.
- B. Sabbatical Leaves may be granted for research, study, writing, employment or travel, and they must be related to the employee's professional position.
- C. Requests for leave must be submitted to the administration not later than January 15th of the preceding school year.
- D. The employee receives no pay, fringe benefits, seniority, or experience credit and does not advance on the salary schedule, but may apply for health insurance benefits as allowed by the carrier at no expense to the District.
- E. Following the leave, the employee must return to the Ottawa Area Intermediate School District and render a minimum of two consecutive calendar years of satisfactory service. (An employee who takes a Sabbatical Leave for 1/2 contract year shall be required to render a minimum of one calendar year of satisfactory service.)
- F. The employee is required to furnish periodic reports to the administration to demonstrate that all requirements of the leave are being met.
- G. Up to two Sabbatical Leaves could be granted each year for this employee group.

ARTICLE XXV
PAYMENT OF TUITION

The District will reimburse the cost of tuition for courses required in a full-time professional employee's education program, or appropriate subjects related to their specialization or discipline with the following conditions:

- A. Appropriate course work or college approved degree program must be approved in writing in advance by administration.
- B. Total reimbursement is limited to the total dollar amount derived by annually averaging the tuition rates, per semester hour, for GVSU, WMU, and FSU and multiplying by six. Costs for tuition and related course or admission fees are eligible for reimbursement up to the dollar limit, which will be determined and announced by September 1. Expenses incurred for books, transportation/parking or late registration are not eligible for reimbursement.
- C. Claim for reimbursement will be submitted after successful completion of course. A copy of the transcript or passing grade report showing course credit and evidence of actual cost (itemized college billing statement) must accompany submission of claim. Under no circumstances will the District pay for the same course twice for the same employee.
- D. No reimbursements will be granted by the District if tuition and/or fees were covered by some other grant or fellowship, or any other tuition funding that the employee is not required to pay back.
- E. Reimbursement will be prorated for part time employees.
- F. The employee tax liability for any reimbursed tuition expense is the responsibility of the employee.
- G. Employees who leave employment voluntarily (for reasons other than retirement) during the fiscal year (July 1 – June 30), in which tuition costs are reimbursed, must refund the district the amount of tuition reimbursement incurred and paid in that fiscal year. The district reserves the right to deduct the refund from the employee's final paycheck.
- H. The Building/Program Administrator may develop a professional development program with an individual employee.
- I. Employees who complete an additional degree and qualify for the next pay column will be moved to the next appropriate column on the pay scale in the pay cycles following submission of documentation of degree to Human Resources.

ARTICLE XXVI SHARED POSITION

Unless otherwise noted, the following article applies to all bargaining unit members:

When two (2) Bargaining Unit members who are classroom teachers are both certified for a position which either of them holds, they may share that position with the prior annual written approval of the Building/Program Administrator. Initial notice of intent to job share shall be given to the administrator in writing not later than February 1 for the following year.

The working hours, fringe benefits and salary shall be split between the two (2) teachers on a prorated basis and approved by the Building/Program Administrator. Minimum carrier requirements apply.

The District shall receive the same number of hours of service as the District would if the position were filled by one person, and shall not be obligated to pay more fringe benefits and/or salary than the employer would be liable for if one (1) person filled the position.

Seniority will be prorated to contract worked.

For the first year of a job-sharing arrangement, each teacher will maintain the option to return to full-time status in their original classroom at the administrator's discretion. Teachers involved in a shared time assignment shall give notice of their intent for the next school year no later than February 1. Neither participant in said position may exercise their seniority rights to displace the other participant from a portion of the assignment. After the completion of the first year of the job share if one of the employees leaves the employment of the District or the job share position, the other employee in the shared time position, at the Director's discretion, will be given first option for full time status within the classroom, or to reapply for the shared time position with another individual.

After the termination of a shared time assignment, the teachers may apply for any vacancies that may be available.

For non-certificated bargaining unit members, such as Speech and Occupational Therapists, whose employment is not regulated by the Michigan Teacher Tenure Act: If no vacancies are available, said employee may displace the least senior person(s) in the unit who holds a position for which said displacing employee is certified and qualified. Displacement will occur only if the least senior person has less seniority than the employee requesting full time employment.

In the event one of the sharing employees leaves the employment of the District during the course of the school year for any reason, the other employee may assume full-time status in the position, at the Building/Program Administrator's discretion, being shared for the remainder of that school year. This provision may be waived upon the written approval of the Building/Program Administrator.

Notwithstanding the provision of the Agreement, the parties may agree that one employee in a shared position may be an individual not presently or previously an employee of the District.

ARTICLE XXVII
MENTOR TEACHERS

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

The district will establish the qualifications and expectations for mentors and will, in most cases, choose mentors from teachers interested in the position and meeting the qualifications.

Teachers assigned as mentors, and fulfilling the expectations of the position, will be paid one and a half (1.5) percent of the base salary (as noted in Article XXIII) annually.

ARTICLE XXVIII
EMERGENCY MANAGER

An emergency manager appointed under Act 436 of 2012 (the Local Financial Stability and Choice Act), which superseded Act 4 of 2011 (the Local Government and School District Fiscal Accountability Act), shall be allowed to reject, modify, or terminate this Agreement as provided in said Act.

Nothing in this Agreement shall be construed as a waiver of the Union's right to bargain over any mandatory subject of bargaining not suspended or preempted by state law or to challenge any such actions to the extent permitted by law.

ARTICLE XXIX
DURATION

This Agreement shall be effective July 1, 2025 and remain in effect through June 30, 2027.

In witness thereof, the parties have executed this document by their duly authorized representatives this 1st day of August, 2025.

For the Association:

Tiffany Anthony
67C74D025068C5FA9BF92FB6950E2B12 readysign

For the District:

Marcie Ver Beek
0870471E56497CDABDB967EB7F77582E readysign

Appendix I

7 returning staff
August 2025 8 new staff

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2025 21

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025 23

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Nov. 17.5 accruals 18 contract

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2025 15

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026 20

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



2025-2026 YAS Site Calendar

August 18	NEW Staff Orientation
August 19, 20, 21	Professional Dev. Full Day (No school for students)
August 21	Open House PM
August 25	First Day of School (Full Day)
August 29	Labor Day Holiday (No School)
September 1	Labor Day Holiday (No School)
October 10	Professional Dev. Full Day (No school for students)
October 24	Records Day PM (Half day for Students)
November 26	Half Day Students and Staff
November 27-28	Thanksgiving Break (No School)
December 22– January 2	Holiday Break (No School)
January 5	First day Back to School
January 23	Professional Dev. Full Day (No school for students)
February 5	Records Day PM (Half Day for Students)
February 6-9	Mid-Winter Break (or possible snow day make-up)
April 2	Half Day Students and Staff (Open House Comp)
April 3-10	Spring Break (No School)
May 25	Memorial Day Holiday (No School)
June 5	Last Day of School (Half Day Students)

February 2026 18

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026 22

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026 15.5 accruals 16 contract

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026 20

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026 5

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

NEW STAFF ORIENTATION	
RECORDS DAY	
OPEN HOUSE/ORIENTATION	
FIRST DAY OF SCHOOL	
PROFESSIONAL LEARNING	
LAST DAY OF SCHOOL	
NO SCHOOL	
HALF DAY	

Student Days: 180 = 175 Full; 5 Half
Staff Days: 185 (186 for new staff)

Full Day: 8:45am - 3:00pm

Half Day: 8:45am - 11:50am

Updated 5.21.25

HR Approved: 6/18/25 185 Staff Days (Returning Staff)
186 New Staff
- Note:
• For salaried employees, 11/26/25 and 4/2/26 are counted as full days but are only half days.
• Employees need to use just 3.5 hours of accrued leave in leave situations.

2025-2026 OAC CALENDAR

July 2025

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

12

	First Day of School		No School- Staff and Students
	Parent/Teacher Conferences – ½ Day Students		Professional Learning – no school for students
	Records Day – ½ Day Students		Early Dismissal
	New Staff Day – No School Students		Make Up Snow Days – If required
	Open House – 5-7pm		½ Day Staff and Students

January 2026

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

19

August 2025

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

11 returning staff

12 new staff

July 1-11	No School Students and Staff
July 14	1 st Day of School
July 16	Early Dismissal
July 18	No School
July 23	Early Dismissal
July 25	No School
July 30	Early Dismissal
August 1-8	No School Students and Staff
August 13	Early Dismissal
August 14	Open House
August 15	No School Students and Staff
August 20	Early Dismissal
August 22	No School Students and Staff
August 25-29	No School Students
September 1	No School Students and Staff
September 3, 10 & 17	Early Dismissal
September 19	½ Day Students and Staff
September 22	No School Students and Staff
September 24	Early Dismissal
October 1 & 8	Early Dismissal
October 10	No School Students
October 13-17	No School Students and Staff
October 22 & 29	Early Dismissal
October 31	½ Day Students
November 5, 12 & 19	Early Dismissal
November 24-28	No School Students and Staff
December 3, 10 & 17	Early Dismissal
December 24-31	No School Students and Staff
January 1-2	No School Students and Staff
January 7 & 14	Early Dismissal
January 19	No School Students and Staff
January 21	Early Dismissal
January 23	No School Students
January 28	Early Dismissal
February 4 & 11	Early Dismissal
February 16-20	No School Students and Staff
February 25	Early Dismissal
March 4	Early Dismissal
March 10	½ Day Students
March 11	Early Dismissal
March 12	½ Day Students and Staff
March 13	No School Students and Staff
March 18 & 25	Early Dismissal
April 1-10	No School Students and Staff
April 15, 22 & 29	Early Dismissal
May 6	Early Dismissal
May 8	No School Students and Staff
May 13 & 20	Early Dismissal
May 22 & 25	No School Students and Staff
May 27	Early Dismissal
June 3	Early Dismissal
June 4	½ Day Students
June 5-12	No School Students and Staff
June 17	Early Dismissal
June 19 & 22	No School Students and Staff
June 24	Early Dismissal
June 29-30	No School Students and Staff

February 2026

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

15

September 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

20 contract days
9/19 half day is counted as whole day for salaried EE

19.5 accrual days for leave purposes, EE only counts 9/19 as half day

March 2026

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

21 contract days
3/12 half day is counted as whole day for salaried EE

20.5 accrual days for leave purposes, EE only counts 3/12 as half day

October 2025

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

18

November 2025

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

15

December 2025

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

15

Student Hours:

Full Day – 8:33am-3:05pm

½ Day – 8:33 am-11:50 am

Early Dismissal – 8:33am-2:05pm

Staff Hours:

Full Days – 8:15am-3:45pm

Student Bussing Times

AM – 8:23am

PM – 2:55pm

½ Day – 11:40am

Early Dismissal – 1:55pm

185 Student Days

190 Staff Days

189 returning staff

190 new staff

- HR Approved: 6/18/25

- Note:

• For salaried employees, 9/19/25 and 3/12/26 are counted as full days but are only half days.

• Employees need to use just 3.5 hours of accrued leave in leave situations.

April 2026

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

14

May 2026

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

18

June 2026

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

12

Appendix II



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

Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 005
Section Code(s): 1010, 1110
PPO - ENHANCED 250 001, Rx1, Hearing
Effective Date: 01/01/2025
Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

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

Note: A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **Approving covered Services**.

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)		
Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	\$250 per member \$500 per family	\$500 per member \$1,000 per family
Copays • Fixed Dollar Copays	\$20 copay for : • Professional Urgent care services • Office visits \$50 copay for : • Facility medical emergency	\$50 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	10% up to a maximum of: \$1,000 per member \$2,000 per family	30% Note: Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	\$2,500 per member \$5,000 per family Includes Deductible, Coinsurance and Copays	\$2,500 per member \$5,000 per family Excludes Deductible and includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services		
Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered

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

Mammography Screening - one per calendar year includes 3D Mammography	Covered - 100%	Covered - 70% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate Specific Antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 70% after deductible
Colonoscopies – Cologuard is a preventative benefit and covered every three years. Must be rendered by MD/DO, Independent Laboratory or Multiple Physician Practice Group to be a covered benefit.	Covered - 100%	Covered - 70% after deductible
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after \$20 copay	Covered - 70% after deductible
Telemedicine Visits	Covered - 100% after \$20 copay	Covered - 70% after deductible
Virtual Care - Online Medical Visits Note: Online Medical visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered
Office Consultations	Covered - 100% after \$20 copay	Covered - 70% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 70% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - \$50 copay then 90% after deductible; copay waived if admitted or for an accidental injury	Covered - \$50 copay then 90% after deductible; copay waived if admitted or for an accidental injury
Non-Emergency use of the Emergency Room	Covered - \$50 copay then 90% after deductible	Covered - \$50 copay then 70% after deductible
Facility Urgent Care Services	Covered - 90% after deductible	Covered - 70% after deductible
Physician Urgent Care Services	Covered - 100% after \$20 copay	Covered - 70% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 90% after deductible	Covered - 90% after deductible

Diagnostic Services

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

Maternity Services Provided by a Physician

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

Hospital Care

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

Alternatives to Hospital Care

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

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 90% after deductible	Covered - 70% after deductible
Bariatric Surgery	Covered - 90% after deductible	Covered - 70% after deductible
Oral Surgery Wisdom teeth extractions	Covered - 90% after deductible	Covered - 90% after in-network deductible
Sterilization - males only excludes reversal sterilization	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - females only excludes reversal sterilization	Covered - 100%	Covered - 70% after deductible
Expanded Abortion Services	Not Covered	Not Covered
Note: Abortions are not covered if rendered in a location where abortions are not legal.		

Human Organ Transplants

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

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Substance Use Disorder Treatment	Covered - 90% after deductible	Covered - 90% after deductible
Outpatient Mental Health Care	Covered - 100% after \$20 copay	Covered - 70% after deductible
Telemedicine Mental Health Care	Covered - 100% after \$20 copay	Covered - 70% after deductible

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Virtual Care Online Mental Health Care Note: Online Mental Health visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered
Outpatient Substance Use Disorder Treatment	Covered - 100% after \$20 copay	Covered - 90% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	In-Network	Out-of-Network
Applied Behavior Analysis (ABA) Pre-authorization required Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	Covered - 90% after deductible	Covered - 70% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 90% after deductible	Covered - 70% after deductible
Nutritional Counseling	Covered - 90% after deductible	Covered - 70% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 90% after deductible	Covered - 70% after deductible
Chiropractic Spinal Manipulation Services Limited to a maximum of 24 visits per member per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Durable Medical Equipment	Covered - 90% after deductible	Covered - 70% after deductible
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 70% after deductible
Diabetic Supplies Test Strips, Lancets, Needles and Syringes	Covered - 90% after deductible	Covered - 70% after deductible
Private Duty Nursing Care	Covered - 90% after deductible	Covered - 90% after deductible
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 70% after deductible
Facility Clinic Visit	Covered - 90% after deductible	Covered - 70% after deductible

Therapy Services

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

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



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

Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 005
Section Code(s): 1010, 1110
Hearing Care Coverage
Effective Date: 01/01/2025
Benefits-at-a-glance

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Member's responsibility (coinsurance)

Benefits	Participating Provider	Non-Participating Provider
Coinsurance	No Coinsurance	Not Covered

Covered services

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

Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100%	Not Covered
Hearing Aid Evaluation	Covered - 100%	Not Covered
Hearing Aid	Covered - 100%	Not Covered
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100%	Not Covered

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 005
Section Code(s): 1010, 1110
Prescription Drugs
Effective Date: 01/01/2025
Benefits-at-a-glance

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

Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Retail - 30-day supply	\$10 copay - Generic drugs \$40 copay - Brand drugs \$0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90-day supply	\$20 copay - Generic drugs \$80 copay - Brand drugs
Specialty Drugs	Retail 30-day: \$10 copay - Generic drugs \$40 copay - Brand drugs Members are restricted to a 30-day supply and certain specialty drugs are limited to only a 15-day supply for each fill.
High-Cost Drug Discount Optimization Program	Prescription drug manufacturers provide coupon programs for certain pharmaceuticals. Your benefit plan requires you to enroll in BCBSM-approved coupon programs when available for select medications. This benefit may lower the cost sharing typically required for these drugs. Your out-of-pocket expense for these drugs will be no more than your cost sharing. When a coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum. Note - Adjustments may be required to accurately reflect your annual out-of-pocket maximum with your true out-of-pocket costs.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%

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Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Select diabetic supplies and devices are covered when prescribed by a physician or other professional provider licensed to prescribe it. Select diabetic supplies and devices include: Glucometers, Continuous Glucose Monitors and Sensors, Insulin Delivery Monitors, Test Strips and Lancets and Insulin Delivery Reservoirs. • Diabetic supplies will be subject to your preferred brand - name drug and/or nonpreferred brand-name drugs cost-share requirement. • "Preferred" devices will be covered at 100% of our approved amount. "Nonpreferred" devices will be subject to your nonpreferred brand-name drugs cost-share requirement. • If you receive diabetic supplies and devices paid by your BCBSM medical plan, your BCBSM prescription drug plan will not pay for the same diabetic supplies. Also see <i>Other Covered Services</i> for Test Strips, Lancets, Needles and Syringes.

Features of your prescription drug plan

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



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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 008
Division Code(s): 1010, 1110
PPO - ENHANCED 500 008, Rx25, Hearing
Effective Date: 01/01/2025
Benefits-at-a-glance

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

Note: A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **Approving covered Services**.

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

Benefits	In-Network	Out-of-Network
Deductibles - per calendar year	\$500 per member \$1,000 per family	\$1,000 per member \$2,000 per family
Copays • Fixed Dollar Copays	\$20 copay for : • Professional Urgent care services • Office visits \$50 copay for : • Facility medical emergency	\$50 copay for : • Facility medical emergency
Coinsurance • Percent Coinsurance	10% up to a maximum of: \$1,000 per member \$2,000 per family	30% Note: Services without a network are covered at the in-network level.
Annual out-of-pocket maximums	\$3,000 per member \$6,000 per family Includes Deductible, Coinsurance and Copays	\$3,000 per member \$6,000 per family Excludes Deductible and includes Coinsurance
Lifetime dollar maximum	Unlimited	

Preventive Care Services

Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered

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Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year includes 3D Mammography	Covered - 100%	Covered - 70% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate Specific Antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 70% after deductible
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after \$20 copay	Covered - 70% after deductible
Telemedicine Visits	Covered - 100% after \$20 copay	Covered - 70% after deductible
Virtual Care - Online Medical Visits Note: Online Medical visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered
Office Consultations	Covered - 100% after \$20 copay	Covered - 70% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 70% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - \$50 copay then 90% after deductible; copay waived if admitted or for an accidental injury	Covered - \$50 copay then 90% after deductible; copay waived if admitted or for an accidental injury
Non-Emergency use of the Emergency Room	Covered - \$50 copay then 90% after deductible	Covered - \$50 copay then 70% after deductible
Facility Urgent Care Services	Covered - 90% after deductible	Covered - 70% after deductible
Physician Urgent Care Services	Covered - 100% after \$20 copay	Covered - 70% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 90% after deductible	Covered - 90% after deductible

Diagnostic Services

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

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Maternity Services Provided by a Physician

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

Hospital Care

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

Alternatives to Hospital Care

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

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 90% after deductible	Covered - 70% after deductible
Bariatric Surgery	Covered - 90% after deductible	Covered - 70% after deductible
Oral Surgery Wisdom teeth extractions	Covered - 90% after deductible	Covered - 90% after in-network deductible
Sterilization - male reproductive organs excludes reversal sterilization	Covered - 90% after deductible	Covered - 70% after deductible
Sterilization - female reproductive organs excludes reversal sterilization	Covered - 100%	Covered - 70% after deductible
Expanded Abortion Services	Not Covered	Not Covered
Note: Abortions are not covered if rendered in a location where abortions are not legal.		

Human Organ Transplants

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

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Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care	Covered - 90% after deductible	Covered - 70% after deductible
Inpatient Substance Use Disorder Treatment	Covered - 90% after deductible	Covered - 90% after deductible
Outpatient Mental Health Care	Covered - 100% after \$20 copay	Covered - 70% after deductible
Telemedicine Mental Health Care	Covered - 100% after \$20 copay	Covered - 70% after deductible
Virtual Care - Online Mental Health Visits Note: Online Mental Health visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered
Outpatient Substance Use Disorder Treatment	Covered - 100% after \$20 copay	Covered - 90% after deductible

Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	In-Network	Out-of-Network
Applied Behavior Analysis (ABA) Pre-authorization required Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	Covered - 90% after deductible	Covered - 70% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 90% after deductible	Covered - 70% after deductible
Nutritional Counseling	Covered - 90% after deductible	Covered - 70% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 90% after deductible	Covered - 70% after deductible
Chiropractic Spinal Manipulation Services Limited to a maximum of 24 visits per member per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
Durable Medical Equipment	Covered - 90% after deductible	Covered - 70% after deductible
Prosthetic and Orthotic Devices	Covered - 90% after deductible	Covered - 70% after deductible
Diabetic Supplies Test Strips, Lancets, Needles and Syringes	Covered - 90% after deductible	Covered - 70% after deductible
Private Duty Nursing Care	Covered - 90% after deductible	Covered - 90% after deductible
Allergy Testing and Therapy	Covered - 90% after deductible	Covered - 70% after deductible
Facility Clinic Visit	Covered - 90% after deductible	Covered - 70% after deductible

Therapy Services

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

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Massage Therapy Limited to a maximum of 24 visits per calendar year	Covered - 90% after deductible	Covered - 70% after deductible
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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 008
Division Code(s): 1010, 1110
Hearing Care Coverage
Effective Date: 01/01/2025
Benefits-at-a-glance

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Member's responsibility (coinsurance)

Benefits	Participating Provider	Non-Participating Provider
Coinsurance	No Coinsurance	Not Covered

Covered services

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

Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100%	Not Covered
Hearing Aid Evaluation	Covered - 100%	Not Covered
Hearing Aid	Covered - 100%	Not Covered
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100%	Not Covered

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 008
Division Code(s): 1010, 1110
Prescription Drugs
Effective Date: 01/01/2025
Benefits-at-a-glance

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

Member's responsibility (copays and coinsurance amounts)

Benefits	Coverage
Retail - 30-day supply	\$10 copay - Generic drugs \$40 copay - Brand drugs \$0 copay – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin RediTabs and Claritin-D) Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90-day supply	\$20 copay - Generic drugs \$80 copay - Brand drugs
Specialty Drugs	Retail 30-day: \$10 copay - Generic drugs \$40 copay - Brand drugs Members are restricted to a 30-day supply and certain specialty drugs are limited to only a 15-day supply for each fill.
Exclusive Specialty Network: We only cover specialty drugs when obtained from our exclusive specialty pharmacy network. Covered drugs will be subject to the member's cost-share requirements. If a member obtains specialty drugs from any other provider, they may be responsible for the total cost.	
High-Cost Drug Discount Optimization Program	Prescription drug manufacturers provide coupon programs for certain pharmaceuticals. Your benefit plan requires you to enroll in BCBSM-approved coupon programs when available for select medications. This benefit may lower the cost sharing typically required for these drugs. Your out-of-pocket expense for these drugs will be no more than your cost sharing. When a coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum. Note - Adjustments may be required to accurately reflect your annual out-of-pocket maximum with your true out-of-pocket costs.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%

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Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Select diabetic supplies and devices are covered when prescribed by a physician or other professional provider licensed to prescribe it. Select diabetic supplies and devices include: Glucometers, Continuous Glucose Monitors and Sensors, Insulin Delivery Monitors, Test Strips and Lancets and Insulin Delivery Reservoirs. • Diabetic supplies will be subject to your preferred brand - name drug and/or nonpreferred brand-name drugs cost-share requirement. • "Preferred" devices will be covered at 100% of our approved amount. "Nonpreferred" devices will be subject to your nonpreferred brand-name drugs cost-share requirement. • If you receive diabetic supplies and devices paid by your BCBSM medical plan, your BCBSM prescription drug plan will not pay for the same diabetic supplies. Also see <i>Other Covered Services</i> for Test Strips, Lancets, Needles and Syringes

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



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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 029
Division Code(s): 1020, 1120, 1200
PPO – ENHANCED 1000 029, RX 14
Effective Date: 01/01/2025
Benefits-at-a-glance

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Note: A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **Approving covered Services**.

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

Preventive Care Services		
Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered

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Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered
Mammography Screening - one per calendar year includes 3D Mammography	Covered - 100%	Covered - 60% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate Specific Antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 60% after deductible
Colonoscopies – Cologuard is a preventative benefit and covered every three years. Must be rendered by MD/DO, Independent Laboratory or Multiple Physician Practice Group to be a covered benefit.	Covered - 100%	Covered - 60% after deductible
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 100% after \$20 copay	Covered - 60% after deductible
Telemedicine Visits	Covered - 100% after \$20 copay	Covered - 60% after deductible
Virtual Care - Online Medical Visits Note: Online Medical visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered
Office Consultations	Covered - 100% after \$20 copay	Covered - 60% after deductible
Pre-Surgical Consultations	Covered - 100%	Covered - 60% after deductible

Emergency Medical Care

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

Diagnostic Services

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

Maternity Services Provided by a Physician

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

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Delivery and Nursery Care	Covered - 80% after deductible	Covered - 60% after deductible
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Hospital Care

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

Alternatives to Hospital Care

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

Surgical Services

Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 80% after deductible	Covered - 60% after deductible
Bariatric Surgery	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - male reproductive organs excludes reversal sterilization	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - female reproductive organs excludes reversal sterilization	Covered - 100%	Covered - 60% after deductible
Expanded Abortion Services	Not Covered	Not Covered
Note: Abortions are not covered if rendered in a location where abortions are not legal.		

Human Organ Transplants

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

Behavioral Health Services (Mental Health and Substance Use Disorder)

Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 80% after deductible	Covered - 60% after deductible
Outpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 100% after \$20 copay	Covered - 60% after deductible
Telemedicine Mental Health Care	Covered - 100% after \$20 copay	Covered - 60% after deductible
Virtual Care - Online Mental Health Visits Note: Online Mental Health visits by a non-BCBSM selected vendor are not covered.	Covered - 100% after \$20 copay	Not Covered

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Autism Spectrum Disorders, Diagnoses and Treatment

Benefits	In-Network	Out-of-Network
Applied Behavior Analysis (ABA) Pre-authorization required Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).	Covered - 80% after deductible	Covered - 60% after deductible
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 80% after deductible	Covered - 60% after deductible
Nutritional Counseling	Covered - 80% after deductible	Covered - 60% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 80% after deductible	Covered - 60% after deductible
Chiropractic Spinal Manipulation Services Limited to a maximum of 24 visits per member per calendar year	Covered - 100% after \$20 copay	Covered - 60% after deductible
Durable Medical Equipment	Covered - 80% after deductible	Covered - 60% after deductible
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 60% after deductible
Diabetic Supplies Test Strips, Lancets, Needles and Syringes	Covered - 80% after deductible	Covered - 60% after deductible
Private Duty Nursing Care	Covered - 50% after deductible	Covered - 50% after deductible
Allergy Testing and Therapy	Covered - 100%	Covered - 60% after deductible
Facility Clinic Visit	Covered - 80% after deductible	Covered - 60% after deductible

Therapy Services

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

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 029
Division Code(s): 1020, 1120, 1200
Hearing Care Coverage
Effective Date: 01/01/2025
Benefits-at-a-glance

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Member's responsibility (coinsurance)		
Benefits	Participating Provider	Non-Participating Provider
Coinsurance	No Coinsurance	Not Covered

Covered services		
To be payable, hearing care benefits must be received from a participating provider and in the order listed.		
Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100%	Not Covered
Hearing Aid Evaluation	Covered - 100%	Not Covered
Hearing Aid	Covered - 100%	Not Covered
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100%	Not Covered

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 029
Division Code(s): 1020, 1120, 1200
Prescription Drugs
Effective Date: 01/01/2025
Benefits-at-a-glance

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

Member's responsibility (copays and coinsurance amounts)	
Benefits	Coverage
Retail - 30-day supply	\$10 copay - Generic drugs \$40 copay - Brand drugs Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90-day supply	\$10 copay - Generic drugs \$40 copay - Brand drugs
Specialty Drugs	Retail 30-day: \$10 copay - Generic drugs \$40 copay - Brand drugs Members are restricted to a 30-day supply and certain specialty drugs are limited to only a 15-day supply for each fill.
Exclusive Specialty Network: We only cover specialty drugs when obtained from our exclusive specialty pharmacy network. Covered drugs will be subject to the member's cost-share requirements. If a member obtains specialty drugs from any other provider, they may be responsible for the total cost.	
High-Cost Drug Discount Optimization Program	Prescription drug manufacturers provide coupon programs for certain pharmaceuticals. Your benefit plan requires you to enroll in BCBSM-approved coupon programs when available for select medications. This benefit may lower the cost sharing typically required for these drugs. Your out-of-pocket expense for these drugs will be no more than your cost sharing. When a coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum. Note - Adjustments may be required to accurately reflect your annual out-of-pocket maximum with your true out-of-pocket costs.
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered

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Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Select diabetic supplies and devices are covered when prescribed by a physician or other professional provider licensed to prescribe it. Select diabetic supplies and devices include: Glucometers, Continuous Glucose Monitors and Sensors, Insulin Delivery Monitors, Test Strips and Lancets and Insulin Delivery Reservoirs. • Diabetic supplies will be subject to your preferred brand - name drug and/or nonpreferred brand-name drugs cost-share requirement. • "Preferred" devices will be covered at 100% of our approved amount. "Nonpreferred" devices will be subject to your nonpreferred brand-name drugs cost-share requirement. • If you receive diabetic supplies and devices paid by your BCBSM medical plan, your BCBSM prescription drug plan will not pay for the same diabetic supplies. Also see <i>Other Covered Services</i> for Test Strips, Lancets, Needles and Syringes.

Features of your prescription drug plan

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



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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 059, 060
Division Code(s): 3000, 3100, 3040
PPO – Value HSA 3000 059, 060 RX 23, Hearing
Effective Date: 01/01/2025
Benefits-at-a-glance

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Note: A list of services that require approval **before** they are provided is available online at (<https://www.bcbsm.com/importantinfo>). Select **Approving covered Services**.

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

Preventive Care Services		
Benefits	In-Network	Out-of-Network
Health Maintenance Exam - one per calendar year	Covered - 100%	Not Covered
Routine Physical Related Test X-Rays, EKG and lab procedures performed as part of the health maintenance exam	Covered - 100%	Not Covered
Annual Gynecological Exam - two per calendar year, in addition to health maintenance exam	Covered - 100%	Not Covered
Pap Smear Screening - one per calendar year	Covered - 100%	Not Covered

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Mammography Screening - one per calendar year includes 3D Mammography	Covered - 100%	Covered - 60% after deductible
Contraceptive Methods and Counseling	Covered - 100%	Not Covered
Prostate Specific Antigen (PSA) screening - one per calendar year	Covered - 100%	Not Covered
Endoscopic Exams - one per calendar year	Covered - 100%	Covered - 60% after deductible
Colonoscopies – Cologuard is a preventative benefit and covered every three years. Must be rendered by MD/DO, Independent Laboratory or Multiple Physician Practice Group to be a covered benefit.	Covered - 100%	Covered - 60% after deductible
Well Child Care • 8 visits, birth through 12 months • 6 visits, 13 months through 23 months • 6 visits, 24 months through 35 months • 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit	Covered - 100%	Not Covered
Immunizations - pediatric and adult	Covered - 100%	Not Covered

Physician Office Services

Benefits	In-Network	Out-of-Network
Office Visits	Covered - 80% after deductible	Covered - 60% after deductible
Telemedicine Visits	Covered - 80% after deductible	Covered - 60% after deductible
Virtual Care - Online Medical Visits Note: Online Medical visits by a non-BCBSM selected vendor are not covered.	Covered - 80% after deductible	Not Covered
Office Consultations	Covered - 80% after deductible	Covered - 60% after deductible
Pre-Surgical Consultations	Covered - 80% after deductible	Covered - 60% after deductible

Emergency Medical Care

Benefits	In-Network	Out-of-Network
Hospital Emergency Room Qualified medical emergency	Covered - 80% after deductible	Covered - 80% after deductible
Non-Emergency use of the Emergency Room	Covered - 80% after deductible	Covered - 60% after deductible
Facility Urgent Care Services	Covered - 80% after deductible	Covered - 60% after deductible
Physician Urgent Care Services	Covered - 80% after deductible	Covered - 60% after deductible
Ambulance Services - Medically Necessary Transport	Covered - 80% after deductible	Covered - 80% after deductible

Diagnostic Services

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

Maternity Services Provided by a Physician

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

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

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

Surgical Services		
Benefits	In-Network	Out-of-Network
Surgery (includes related surgical services)	Covered - 80% after deductible	Covered - 60% after deductible
Bariatric Surgery	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - male reproductive organs excludes reversal sterilization	Covered - 80% after deductible	Covered - 60% after deductible
Sterilization - female reproductive organs excludes reversal sterilization	Covered - 100%	Covered - 60% after deductible
Expanded Abortion Services	Not Covered	Not Covered
Note: Abortions are not covered if rendered in a location where abortions are not legal.		

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

Behavioral Health Services (Mental Health and Substance Use Disorder)		
Benefits	In-Network	Out-of-Network
Inpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 80% after deductible	Covered - 60% after deductible
Outpatient Mental Health Care and Substance Use Disorder Treatment	Covered - 80% after deductible	Covered - 60% after deductible
Telemedicine Mental Health Care	Covered - 80% after deductible	Covered - 60% after deductible
Virtual Care - Online Mental Health Visits Note: Online Mental Health visits by a non-BCBSM selected vendor are not covered.	Covered - 80% after deductible	Not Covered

Autism Spectrum Disorders, Diagnoses and Treatment		
Benefits	In-Network	Out-of-Network

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Applied Behavior Analysis (ABA) Pre-authorization required	Covered - 80% after deductible	Covered - 60% after deductible
Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).		
Physical, Occupational and Speech Therapy Physical, Occupational and Speech therapy with an autism diagnosis is unlimited	Covered - 80% after deductible	Covered - 60% after deductible
Nutritional Counseling	Covered - 80% after deductible	Covered - 60% after deductible

Other Covered Services

Benefits	In-Network	Out-of-Network
Cardiac Rehabilitation	Covered - 80% after deductible	Covered - 60% after deductible
Chiropractic Spinal Manipulation Services	Covered - 80% after deductible	Covered - 60% after deductible
Limited to a maximum of 12 visits per member per calendar year		
Durable Medical Equipment	Covered - 80% after deductible	Covered - 60% after deductible
Prosthetic and Orthotic Devices	Covered - 80% after deductible	Covered - 60% after deductible
Diabetic Supplies Test Strips, Lancets, Needles and Syringes	Covered - 80% after deductible	Covered - 60% after deductible
Private Duty Nursing Care	Covered - 80% after deductible	Covered - 60% after deductible
Allergy Testing and Therapy	Covered - 80% after deductible	Covered - 60% after deductible
Facility Clinic Visit	Covered - 80% after deductible	Covered - 60% after deductible

Therapy Services

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

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 059, 060
Division Code(s): 3000, 3100, 3040
Hearing Care Coverage
Effective Date: 09/01/2023
Benefits-at-a-glance

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Member's responsibility (coinsurance)

Benefits	Participating Provider	Non-Participating Provider
Coinsurance	No Coinsurance	Not Covered

Covered services

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

Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100%	Not Covered
Hearing Aid Evaluation	Covered - 100%	Not Covered
Hearing Aid	Covered - 100%	Not Covered
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100%	Not Covered

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Western Michigan Health Insurance Pool

Group Number: 71565 Package Code(s): 059, 060
Division Code(s): 3000, 3100, 3040
Prescription Drugs
Effective Date: 01/01/2025
Benefits-at-a-glance

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

Member's responsibility (copays and coinsurance amounts)	
Benefits	Coverage
Deductible	\$3,000 per member \$6,000 per family
Retail - 30-day supply	\$10 copay after deductible - Generic drugs \$40 copay after deductible - Preferred brand drugs \$80 copay after deductible - Non-Preferred brand drugs \$0 copay after deductible – OTC drugs (Only – Zyrtec, Zyrtec D, Prilosec, Claritin, Children's Claritin, Claritin Reditabs and Claritin-D Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay.
Retail and Mail Order - 90-day supply	\$20 copay after deductible - Generic drugs \$80 copay after deductible - Preferred brand drugs \$160 copay after deductible - Non-Preferred brand drugs
Specialty Drugs Exclusive Specialty Network: We only cover specialty drugs when obtained from our exclusive specialty pharmacy network. Covered drugs will be subject to the member's cost-share requirements. If a member obtains specialty drugs from any other provider, they may be responsible for the total cost.	Retail 30-day: \$10 copay after deductible - Generic drugs \$40 copay after deductible - Preferred brand drugs \$80 copay after deductible - Non-Preferred brand drugs Members are restricted to a 30-day supply and certain specialty drugs are limited to only a 15-day supply for each fill.
High-Cost Drug Discount Optimization Program	Prescription drug manufacturers provide coupon programs for certain pharmaceuticals. Your benefit plan requires you to enroll in BCBSM-approved coupon programs when available for select medications. This benefit may lower the cost sharing typically required for these drugs. Your out-of-pocket expense for these drugs will be no more than your cost sharing. When a coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum. Note - Adjustments may be required to accurately reflect your annual out-of-pocket maximum with your true out-of-pocket costs.

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Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA	Covered - 100%
Oral and Injectable Contraceptives Retail and Mail Order	Covered - 100% for Generic and Select Brand name drugs; other Brand name drugs are subject to the applicable copay/coinsurance
Additional Services	
Smoking Cessation Drugs	Covered
Weight Loss Drugs	Covered
Impotency Drugs	Covered
Infertility Drugs	Covered
Diabetic Supplies	Select diabetic supplies and devices are covered when prescribed by a physician or other professional provider licensed to prescribe it. Select diabetic supplies and devices include: Glucometers, Continuous Glucose Monitors and Sensors, Insulin Delivery Monitors, Test Strips and Lancets and Insulin Delivery Reservoirs. • Diabetic supplies will be subject to your preferred brand - name drug and/or nonpreferred brand-name drugs cost-share requirement. • "Preferred" devices will be covered at 100% of our approved amount. "Nonpreferred" devices will be subject to your nonpreferred brand-name drugs cost-share requirement. • If you receive diabetic supplies and devices paid by your BCBSM medical plan, your BCBSM prescription drug plan will not pay for the same diabetic supplies. Also see <i>Other Covered Services</i> for Test Strips, Lancets, Needles and Syringes.

Features of your prescription drug plan

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

OTTAWA AREA ISD Dental Benefits Plan

Group # 9949

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1 through December 31

Annual Maximum	\$1500 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$2000 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Space Maintainers	To age 14

Class II Restorative Services – 100%

Composite and Amalgam fillings**	
Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment
Periodontal Root Planing	Once per quadrant per 12 months
Periodontal Surgery	
Oral Surgery and Extractions	Medical coverage primary for surgical procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 70%

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	

Class IV Orthodontic Services – 70%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Sealants	Implants and Related Restorations	TMJ/TMD Treatment	Cosmetic Treatment
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Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

**Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

**Prosthetics are considered on delivery date

****Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



Your NVA Vision Benefit Summary

Schedule of Vision Benefits

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Calendar Year	Covered 100% After \$20 Copay	Reimbursed Amount Up to \$32
Lenses Once Every Calendar Year - Single Vision - Bifocal - Trifocal - Lenticular - Glass Photogrey - Transitions - Polycarbonates (under age 19) - Standard Progressives - Solid Tint - Fashion Gradient Tint - Ultraviolet Coating - Standard Scratch Coating	Standard Glass or Plastic - Covered 100% After \$50 Copay - Covered 100% - Covered 100% - Covered 100% - Covered 100% - Covered 100% - Covered 100% - Covered 100% - Covered 100%	- Up to \$42 - Up to \$48 - Up to \$60 - Up to \$72 - Up to \$7.50 - Up to \$32.50 - Up to \$10 - Up to \$25 - Up to \$5 - Up to \$5 - Up to \$6 - Up to \$5
Frame Once Every Calendar Year	Retail Allowance Up to \$70 (20% discount off balance)*	Up to \$50
Contact Lenses Once Every Calendar Year Elective Contact Lenses	In lieu of Lenses & Frame Up to \$105 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**	In lieu of Lenses & Frame Up to \$105
Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear	- Covered 100% - Covered 100%	- Up to \$20 - Up to \$30
Medically Necessary****	Covered 100%	Up to \$210

Ottawa Area ISD

Effective 01/01/2012

Revised 01/01/2016

Group Number# 51821

How Your Vision Care Program Works

Eligible members and dependents are entitled to receive a vision examination and one (1) pair of lenses and a frame or contact lenses and contact lens evaluation/fitting once every calendar year.

At the start of the program, if authorized by your employer you may receive identification cards with participating providers in your zip code area listed on the back. At the time of your appointment, you must indicate that your benefit is administered by NVA. The provider will contact NVA to verify eligibility.

Be sure to inform the provider of your medical history and any prescription or over-the-counter (OTC) medications you may be taking.

To verify your benefit eligibility prior to calling or visiting your eye care professional, please visit our website at www.e-nva.com or contact NVA's Customer Service Department toll-free at 1.800.672.7723 (TDD line 1-888-820-2990) or NVA's Interactive Voice Response (IVR). Customer Service is available 24 hours a day, 7 days a week, 365 days a year. Any question any time.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number 51821000001 or the group number on the identification card and enter in your search parameters. It's that easy!

*Does not apply to Wal-Mart / Sam's Club locations or for certain proprietary brands. **Does not apply to Wal-Mart/Sam's Club or Contact Fill (NVA Mail Order) may be prohibited by some manufacturers. ***Only covered if you choose Contact Lenses. ****Pre-approval from NVA required.

Due to their everyday low prices (EDLP) the amounts listed below may not be applicable at Wal-Mart/Sam's Club.

Lens options & services purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option pricing list below:

- | | |
|-------------------------------------|--|
| ▪ \$100 Progressive Lenses Premium* | \$40 Standard Anti-Reflective |
| ▪ \$75 Polarized | \$30 Polycarbonate (Multi-Focal) 19 & over |
| ▪ \$55 High Index | \$25 Polycarbonate (Single Vision) 19 & over |
| ▪ \$30 Blended Bifocal (Segment) | \$50 Specialty Wear Fitting |

*Fixed Pricing not available on certain brands

Options not listed will be priced by NVA providers at their R&C retail price less 20%.

Participating providers are not contractually obligated to offer sale prices in addition to outlined coverage. Regardless of medical or optical necessity, vision benefits are not available more frequently than specified in your policy.

Get a Better View

Plan Specific Details Online: The NVA website is easy to use and provides the most up to date information for program participants:
-Locate a nearby participating provider by name, zip code, or City/State, Verify eligibility for you or a dependent
-View benefit program and specific detail, Review claims, Print ID cards (when applicable), Nominate a non-participating provider to join the NVA network

Examinations: The comprehensive exam includes case history, examination for pathology or anomalies, visual acuity (clearness of vision), refraction, tonometry (glaucoma test) and dilation (if professionally indicated).

Lenses: NVA provides coverage in full for standard glass or plastic eyeglass lenses.

Frames: Select any frame from the participating provider's inventory. Any amount in excess of your plan allowance is the member's responsibility. Frame choices vary from office to office. (Visit NVA's website to view the Benefit maximizer Program)

Contact Lenses: The contact lens benefit includes all types of contact lenses such as hard, soft, gas permeable and disposable lenses. Medically necessary contact lenses includes fitting and follow up and may be covered with prior authorization.

Non-Participating Providers: You will be responsible for one hundred percent (100%) of the cost at the time of service at a non-participating provider. You can request a claim form from NVA via the website www.e-nva.com or you may submit receipts along with a letter containing the member's full name, patient's full name, address, ID# and sponsoring organization to NVA, P.O. Box 2187, Clifton, NJ 07015.

Laser Eye Surgery: NVA has chosen **The National LASIK Network** to serve their members. This network was developed by **LCA Vision** in 1999 and is one of the largest panels of LASIK surgeons in the U.S. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Discounts: In addition to your funded benefit you are eligible to access the **EyeEssential® Plan discount** (in Network Only) on additional purchases during the plan period. Please see table for more detail regarding NVA's discount plan:

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Your NVA EyeEssential® Plan Discount – In Network Only		
Service	Participating Provider	Lens Options
Eye Examination:	Member Cost: Retail Less \$10	\$12 Solid Tint/ Gradient Tint \$50 Standard Progressive Lenses \$75 Polarized Lenses \$65 Transitions Single Vision Standard \$70 Transitions Multi-Focal Standard \$15 Standard Scratch Coating \$12 UV Coating \$35 Polycarbonate \$45 Standard Anti-Reflective
Contact Lens Fitting:	Retail Less 10%	
Lenses:	Glass or Plastic	
Single Vision	\$35.00	
Bifocal	\$55.00	
Trifocal or Lenticular	\$70.00	
Frame:	Retail Less 35%	
Contact Lenses*:	Member Cost:	
Conventional	Retail Less 15%	
Disposable	Retail Less 10%	

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above.

Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Wal-Mart / Sam's Club Stores: Due to their everyday low prices (EDLP) Wal-Mart / Sam's Club stores do not provide additional discounts.

At NVA, We Work Only for Our Clients.

The proposed vision insurance program is insured through Fidelity Security Life Insurance Company (FSL) Kansas City, MO. Fidelity Security Life Insurance Company brings over 45 years of underwriting experience in the insurance industry since 1969.

Fidelity Security Life Insurance Company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry, For the latest rating, access www.ambest.com.

Some provisions benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Exclusions: The following benefits are not payable under this Policy for services or materials connected with or charges arising from (unless otherwise indicated in the Proposed Schedule of Benefits): Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, and any associated supplemental testing; Broken, lost or stolen lenses, contact lenses, or frames will not be replaced except in the next Benefit Frequency when Vision Materials would next become available; Services or materials provide 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; 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; Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan; Medical and/or surgical treatment of the eye, eyes or supporting structures; Two pair of glasses in lieu of bifocals; Plano (non-prescription) lenses; non-prescription sunglasses

Limitations: Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider, such fees or materials are not covered under the Policy. For Contact Lenses, any remaining balance may be used within the same Benefit Frequency. Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.

National Vision Administrators, L.L.C. □ PO Box 2187 □ Clifton, NJ 07015
 Web: www.e-nva.com □ Toll-Free: 1.800.672.7723
 NVA® and EyeEssential® are registered marks of National Vision Administrators, L.L.C.

This document is intended as a program overview only and is not a certified document of the individual plan parameters.

Policy Nos. VC-108, VC-109, VC-110; Form NOS. M-9142, M-9143, M-9144.

Appendix III

**A Flexible Spending Account
is Part of Your Employee Benefit Plan**



Plan and Save With Your FSA!

**A Flexible Spending Account (FSA) Will
Put More Money in Your Pocket by Paying
for Health, Dental, Vision & Dependent Care
with Tax-Free Dollars. Sign Up Today.**

Learn How To Take Advantage Of Your Benefit Inside This Brochure

Things to Consider

For help making your election, consider the following questions.

- How much have I spent for myself and my dependents on out-of-pocket medically related expenses in the past 12 months?
- How much will I spend for ongoing medical expenses next year?
- Am I better off having dependent care expenses paid through the Dependent Care Spending Account or taking the child care tax credit?
- Does my spouse also contribute to a Dependent Care Spending Account? The maximum amount any one family can contribute during a calendar year is \$5,000.
- Do I understand that I cannot take a federal income tax deduction for expenses I am reimbursed for from my Dependent Care Spending Account?
- **If you or any member of your family is enrolled in a high deductible health plan with an HSA, you may be limited in your participation of the medical FSA plan.**

Be conservative in estimating your plan year contribution. You may not claim any other tax deduction under this Plan, although the balance of your eligible dependent care expenses may be eligible for the dependent care tax credit. The Dependent Care Spending Account is generally more advantageous than taking a federal tax deduction if you fall into general annual salary categories based on how you file your federal income tax and your adjusted gross income. See the dependent care worksheet that compares the tax credit to the Dependent Care Spending Account plan.

Legal Requirements of the Plan

- 1 **Binding Contribution:** When a participant signs up to make a contribution, the amount decided upon is "locked in" unless they incur a "change in status" (explained below).
- 2 **Use-it or Lose-it Rule:** Please refer to your plan specifics sheet to determine if this may or may not impact you.
- 3 **"Advance Reimbursement"** applies only to the Health Care Spending Account and allows a participant to be reimbursed up to the maximum of their plan year election prior to their full year contribution.

Ways to Manage Your Account

"Flex Administrators Mobile" is Available on the App Store & Google Play

The app lets you view balances, claims and card transactions as well as submit a claim! No more faxing receipts! You can file a claim directly from your mobile device with a photo of the receipt.

You can check account balances 24/7 *securely* since no information is stored on the mobile device.

Online Claim Filing

You have the option to enter your claim on our website and then upload your receipts without having to mail or fax anything to our office! Simply log in to your account and choose REIMBURSE MYSELF. From there the website will walk you through entering your claims information and then uploading your receipts.



Check Balances, Reimbursement Status, and get Answers to Your Questions at www.flexadministrators.com

Check your balances, see your last reimbursement and get answers to your questions by logging into your account at www.flexadministrators.com. Please note: This portal was new as of August 2019. Please select the NEW USER option below the Login and Password boxes and follow the prompts if you have not used the website since August of 2019.

This chart will help to explain the Use-it or Lose-it rule.

\$25.00 Weekly Contribution x 52 Weeks	\$1,300.00
15% Federal Income Tax Savings	\$195.00
7.65% Social Security Tax Savings	\$99.45
4% State Tax Savings*	\$52.00
Total Tax Savings	\$346.45
Money Left in account at the end of the year	\$100.00
Tax Savings Even With Money Left In Account.	\$246.45

*Tax rates may vary by state.

Use-it or Lose-it. Is it that bad?

Flexible Spending Account regulations require that money not used by the end of the plan year must be forfeited, so it's important to plan carefully. Keep in mind that you cannot transfer Flexible Spending Account monies from the Health Care Account to the Dependent Care Account and vice versa. This table shows the tax savings even if there is money left in the account. As you can see, the example leaves \$100.00 which is forfeited because of non use. Yet because of the tax savings this individual would still be tax dollars ahead by participating.

Can I Change My "Plan Year" Election?

Generally, no. You may not change your contribution during the plan year, unless you have an IRS "change in status," and the change in your contribution is "due to and on account of" the change in status. The IRS defines a change in status as:

- 1 Change in employee's legal marital status – including marriage, divorce, death of spouse, legal separation, and annulment.
- 2 Change in number of dependents – including birth, adoption, placement for adoption, and death.
- 3 Change in employment status – Any of the following events that change the employment status of the employee, the employee's spouse, or the employee's dependent qualify: a termination or commencement of employment; a strike or lockout; a commencement of or return from an unpaid leave of absence; and a change in work site.
- 4 Dependent satisfies (or ceases to satisfy) dependent eligibility requirements – an event that causes the dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, gain or loss of student status, marriage, or any similar circumstances.
- 5 Residence change – a change in the place of residence of an employee, spouse, or dependent (if the residence change affects the employee's eligibility for coverage).

You can also change your contribution to the dependent care account during the plan year in the following situations:

- When the dependent ceases to qualify as a dependent (for example, the child reaches age 13);
- When the employee switches to a new dependent care provider; and,
- When the cost of the dependent care expense increases or decreases. However, a mid-year election change due to cost is not allowed where the dependent care provider is a relative of the employee.

If a change in status occurs, you must inform your employer of your new election within 30 days of the occurrence.

Have Questions?

Email us: Service@Flexadministrators.com



Flex Administrators
3980 Chicago Drive, Suite 230
Grandville, MI 49418
PHONE: 616.456.7908

Outside of 616 area code: 800.968.3539

www.flexadministrators.com

The Flexible Spending Account Plan is as Easy as 1, 2, 3!

- 1 Elect an annual election amount based on your estimated expenses for the next Plan Year. Keep in mind that the Medical FSA and Dependent Care FSA are separate accounts, so please make your elections accordingly.
- 2 Your Employer will begin withholding funds from your check on a PRE-TAX basis and depositing them into your FSA account(s).
- 3 When you incur an expense, submit the itemized receipt to Flex Administrators, Inc. and receive reimbursement with your TAX-FREE money.

How Much Do I Really Save in Taxes Using This Account?

	<u>Without Flex</u>	<u>With Flex</u>
Annual Salary	\$40,000	\$40,000
Health Care or Dependent Care Spending Account	-0-	-2,500
Spending Account Deduction		
Taxable Salary (W-2 Income)	40,000	37,500
Federal Tax (15%)	6,000	5,625
State Tax* (4%)	1,600	1,500
Social Security Tax (7.65%)	3,060	2,869
Total Taxes	10,660	9,994
After-Tax Out-of-Pocket Medical Expenses	2,500	-0-
Annual Take-Home Pay	\$26,840	\$27,506
Annual Tax Savings with Flex Plan		\$666
Your Tax Savings		

* Taxes may vary by state.

** Reimbursement is through W-2, not reimbursed as an expense through third party administrator.



What Kind of Medical FSA Expenses are Eligible?

Qualifying health care expenses may be incurred for you, your legally married spouse, your natural child, your adopted child, a child placed with you for adoption, your step-child or your foster child through December 31 of the calendar year the child turns age 26; or other children, relatives and members of your household who are your "qualifying Child" or "qualifying relative" under IRS guidelines. For a complete definition of Qualifying Child or Qualifying Relative, please contact our office. Your expenses must be incurred means date of service, NOT date of payment) within the plan year or prior to your employment termination date.

What Do I Need to Submit in Order to Get Reimbursement?

We accept the following forms of documentation for reimbursement:

Explanation of Benefits form (EOB) from your insurance company.

Itemized receipt from the Service Provider which includes the provider's name and address, date of service, patient name, description of service(s) and the amount of the charge.

Cash Register Receipt for OTC or Prescription Expenses will be accepted as long as the name of the provider, the date of service and the description of the expense is visible on the receipt.

Eligible Health Care Expenses

The following list is not intended to be comprehensive, but contains some of the more common medical expenses. The Internal Revenue Service determines the expenses that are allowable and disallowable. IRS Publication 502, Medical and Dental Expenses, has a checklist of the medical expenses that can be deducted under the Health Care Spending Account.

- Acupuncture
- Ambulance
- Arch supports, knee and wrist braces
- Artificial limbs
- Breast Pump
- Chiropractors' fees
- Christian Science Practitioners' fees
- Coinsurance
- Contact lens solutions/cleaners
- Crutches
- Dentists' fees including fluoride treatments (cosmetic services are typically not covered)
- Dentures
- Dermatologists
- Diabetic supplies
- Eye exams
- First aid supplies
- Gynecologists' fees
- Health/Dental/Vision insurance deductibles and copays
- Hearing aids/batteries
- Infertility treatments
- Laboratory fees
- Laser eye surgery
- Mileage related specifically to an eligible medical visit
- Nutrition Counseling (specific medical condition)
- Obstetrical fees
- Orthodontia
- Orthopedic shoes
- Over-the-counter items purchased to alleviate or treat an illness or injury
- Physical therapists' fees
- Podiatrists
- Prescription drugs (for non-cosmetic reasons)
- Prescription eyeglasses and/or contact lenses
- Psychiatrists' fees
- Psychologists' fees
- Psychotherapists' fees
- Retin-A used to treat acne
- Routine physicals
- Seeing-eye dog (purchase, training, and care)
- Skilled nurses' fees
- Smoking cessation programs
- Special education for the handicapped
- Speech therapists' fees
- Sterilization fees
- TMJ related treatments
- Therapy treatments (specific medical condition)
- Transportation expenses (for medical reasons)
- Substance addiction treatment
- Wheelchair
- X-rays

Ineligible

- Warranty
- Dates of Service outside of the Plan Year
- Service Fees/Late Fees
- Electric Toothbrushes
- Vitamins & Supplements (unless prescribed by a physician to treat illness or injury.)

Over-the-Counter Medications

As of January 1, 2020, over-the-counter items are once again eligible for reimbursement. The 5 most common expenses eligible without a prescription are: Pain relief medications, cold and flu products, allergy products, heartburn medications and menstrual products. For more information regarding OTC product eligibility, please visit our website.

Orthodontia Reimbursement

Please note: Orthodontia reimbursement is based on when the service is incurred, not when payment is made. Also, all first time orthodontia requests must include the Truth in Lending Statement or treatment contract. For assistance in determining what orthodontia expenses would be eligible for reimbursement from this Plan Year please contact our office directly or reference our website for additional information.



FSA Store

Flex Administrators, Inc. has partnered with FSA Store to help you understand the many available uses of your Flexible Spending Account. The site helps make purchasing FSA eligible items simple. You can access the store through our website at www.flexadministrators.com.

What Kind of Dependent Care FSA Expenses are Eligible?

Who is eligible for the dependent care account?



If you are married, you can use the account if you and your spouse work, or in some situations, if your spouse goes to school. You can also use the account if your spouse is disabled and unable to care for the children. Single parents can also use the account.

Which dependents are eligible?

An eligible person is defined as an individual who qualifies as a dependent for income tax purposes and is:

- Under the age of 13, or physically or mentally unable to care for himself or herself; or
- Your spouse, or other dependent (child and/or parent) who is physically or mentally unable to care for himself or herself.

If the care is provided outside your home, the expenses can be reimbursed only if the eligible person regularly spends at least 8 hours a day in your home.

What Expenses Are Eligible for Reimbursement?

The following types of care are reimbursable from a Dependent Care Spending Account:

- Care provided inside or outside your home by anyone other than: your spouse, a person you list as your dependent for income tax purposes, or one of your children under age 19.
- Cost of care for school-age children through age 12. This includes nursery school expenses, even if the school also furnishes lunch and educational services. Educational expenses for a child in kindergarten or higher are not considered expenses for care. If dependent is in kindergarten or higher, the cost of schooling must be separated from the cost of care.
- A dependent care center or child care center (if the center cares for more than six children, it must comply with applicable state & local regulations).

NOTE: If you participate in the Dependent Care Spending Account, the IRS will require you to report the Social Security number or Taxpayer Identification number of your provider on your federal income tax return by completing Form 2441.

- A housekeeper, au pair, or nanny whose services include, in part, providing care for a qualifying dependent.
- Day care costs while in day camps
- Preschool or nursery school
- Before/after school care
- FICA and FUTA taxes

How Much Can I Contribute to the Dependent Care Spending Account?

The Internal Revenue Service places limits on the amount of money that can be paid to you in a calendar year from your Dependent Care Spending Account.



Generally, your contributions may not exceed the lesser of:

- 1 \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns);
- 2 your taxable income; or
- 3 your spouse's income (for calculation purposes, a spouse who is a full-time student or incapable of caring for himself/herself is considered to have a monthly income of \$250 for one dependent or \$500 for two or more dependents).

What Do I Need to Submit in Order to Get Reimbursement?

You will need an **Itemized Receipt** from the day care provider. The receipt must reference the from/through date of service and be signed by the provider (or on the provider's letterhead).

You can prepare your own receipts for your day care provider to complete using the sample below:

Receipt for Child Care Services	
For the Time Period:	/ / through / /
For the Amount of \$	
Paid by:	
Received by:	
Date:	/ /

How Do I Submit Claims?

In order to receive reimbursement from your account, please collect the proper documentation and submit your claim via one of the options below.

Ways to File a Claim

- 1 Via your online account at <https://flexadministrators.lh1ondemand.com>.
- 2 Via "Flex Administrators Mobile", our mobile app available for your phone or tablet, available at the App Store, or Google Play. Mobile App login is the same as website login.
- 3 E-mail your Claim to: claims@flexadministrators.com*
- 4 Submit via Fax at 616-454-6090*
- 5 Submit via Mail at*: Flex Administrators, Inc.
3980 Chicago Drive, Suite 230
Grandville, MI 49418

* If you choose to file your claim via email, fax or mail, please use a Request for Reimbursement Form.

FREE App



For Apple iOS



For Android

Also, please note we cannot accept Word (.doc, .docx), Excel (.xls, .xlsx), TIF (.tif) or Photoshop PSD (.psd) file types as attachments for claims submissions. In order to ensure claim receipt, please submit attachments as either an Image (.jpg) or Adobe Acrobat (.pdf) file type.

If you submit a claim by email you will receive an email response verifying that your claim was received.

CLAIM PROCESSING TIME PERIOD: 2 Business Days from time claim is received.

(This includes processing documentation requested for Flex Administrators VISA Card Transactions.)

Fill This Out To Save

Worksheet: Estimated Unreimbursed Health Care Expenses

The following is a worksheet to assist you in identifying your health care expenses.

This worksheet only identifies a few of the most common expenses. There are many more eligible expenses reimbursable under the plan. Please refer to your communication brochure for a more extensive list of eligible expenses.

Medical

Deductibles	\$ _____
Coinsurance payments*	\$ _____
Copayments	\$ _____
Office Visit Copays	\$ _____
Well-baby care	\$ _____
Physicals/Annual checkups	\$ _____
Pap Smears	\$ _____
Immunizations	\$ _____
Prescription Drugs	\$ _____
Contraceptives	\$ _____
Insulin	\$ _____
Laboratory tests	\$ _____
Splints, supports, corrective devices	\$ _____
Hearing devices	\$ _____
Therapy treatments (medical reasons only)	\$ _____
Other expenses	\$ _____

Dental

Deductibles	\$ _____
Coinsurance payments*	\$ _____
Fillings/crowns/bridges	\$ _____
X-Rays	\$ _____
Cleaning	\$ _____
Fluoride treatments	\$ _____
Dentures	\$ _____
Orthodontia**	\$ _____

** Please see Brochure regarding Orthodontia before entering your estimated cost here.

Vision

Deductibles	\$ _____
Coinsurance payments*	\$ _____
Examinations	\$ _____
Lenses	\$ _____
Frames	\$ _____
Contact Lenses	\$ _____
Contact Solution	\$ _____

Over-the-Counter Items & Medications

Used to treat or alleviate an injury or illness. Common OTC items are pain relief medications, cold and flu products, allergy products, heartburn medications, and menstrual products.

\$ _____

Total Annual Unreimbursed Health Care Expenses

Cannot exceed your plan maximum as noted on the other side of this form. \$ _____

Estimated Dependent Day Care Expenses

(when you *and* your spouse work)

Child care/Day care centers	\$ _____
Child care in home	\$ _____
After-school care	\$ _____
Care of other dependents	\$ _____

Total Annual Dependent Day Care Expenses (Cannot exceed \$5,000 per calendar year or earned income of employee or spouse, whichever is less.)

Total Dependent Care \$ _____

* Please keep in mind that any coordination of benefits with another group plan will reduce your out-of-pocket expenses.

Flex Administrators Visa Debit Card 101

**Following the steps below will
make using your Debit Card easy.**



1

Activate Your Debit Cards

You can activate your debit cards by calling the toll-free number located on the activation sticker on the front of your flex card or by visiting the website on the back of the card.

2

Use Your Flex Card to Pay

Use your Flex Administrators VISA card when paying for eligible medical, dental, vision or dependent care expenses. Your eligible expenses will be determined by your plan design.

3

Save Your Statements

You may be asked to submit documentation to verify that your expenses comply with IRS guidelines. Each itemized statement must show: the provider/merchant's name, the service received or items purchased, the date of service/purchase, and the amount charged for the services/items purchased. You may also submit an Explanation of Benefits (EOB) from

4

Check Your Email

You may be required to support a purchase. If documentation is requested, you will receive a request via email only, 1-2 days following your debit card swipe. You will have 30 days from the date of the first emailed request to submit your documentation. If it is not received at the end of 30 days, your debit card will automatically be suspended until either the documentation is submitted or a repayment is made to your account. Please see your Flex Administrators brochure for instructions on how to submit documentation.

Log Into Your Account Any Time

Access your account with the online portal or the Flex Administrators Mobile App at any time to check your balance, view required tasks, submit receipts, and more! You may also call Flex Administrators at (616) 456-7908 from Monday-Friday 8:30am - 5:00pm EST and speak with our receptionist who will assist you with questions, or connect you with your account manager for further assistance.

**The other side of this sheet contains answers
to the most frequently asked questions.**

Flex Administrators Debit Card FAQs



1 Is the Flex Card Just Like Other Visa® Cards?

No. The Flex Card is a special-purpose Visa Card that can be used only for eligible health care/benefits expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

2 How Many Flex Cards Will I Receive?

You will receive two Cards, both in the participant's name. An eligible Dependent can use the other card by signing the back.

3 Will I Receive a New Flex Card Each Year?

No, you will not receive a new Card each year. The Card will be loaded with the new annual election amount at the start of each plan year or incrementally with each pay period, based on the type of account you have. If you have a card that will expire, new cards will automatically be requested and mailed for you with adequate time to be received before the current card expiration date.

4 What if the Flex Card is Lost or Stolen?

Contact Flex Administrators at (616) 456-7908 or email service@flexadministrators.com. Report a Card lost or stolen as soon as you realize it is missing, so your card can be canceled and a replacement card can be issued. There may be a fee for replacement cards.

5 How Much is on the Flex Card When it is Activated?

For Health Care FSAs, your annual election amount will be loaded onto the card. Some other types of accounts, like HSAs and HRAs, are funded incrementally at each pay period, so it is especially important to be aware of your account balances in order to avoid having your Card declined at the point of service. When you incur an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. (Check with the merchant.)

6 If Asked, Should I Select "Debit" or "Credit"?

If the you have elected to use a PIN (Personal Identification Number) with your Flex Card, you should select "Debit" and enter the PIN when prompted. If you are not using a PIN with your Flex Card, you should select "Credit" and you will be asked to sign for the benefit card purchase. You cannot get cash with the Flex Card.

7 How Will I Know to Submit Receipts to Verify a Charge?

You will receive an email from our automated system if there is a need to submit documentation. All documentation should be saved per the IRS regulations.

8 Will Supporting Documentation Be Required for All Purchases Made with the Flex Card?

No. Typically purchases made at major pharmacies and/or copay amounts from your group's medical health plan will auto-process – meaning you will not need to turn in supporting documentation. However, if automated processing is unable to approve a transaction, the IRS requires that either an itemized statement or Explanation of Benefits be submitted to validate the expense. These notifications will be sent by email.



Get the Free "Flex Administrators Mobile" App By Pointing Your Camera at the QR Code



For Apple



For Android



Flex Administrators
3980 Chicago Drive, Suite 230
Grandville, MI 49418
PHONE: 616.456.7908
Outside of 616 area code: 800.968.3539
www.flexadministrators.com

Appendix IV

Location:
OAISD Ottawa Area Center

Current Status:
Online

Type:

Formal Informal Walkthrough

Second Type:

Face To Face Virtual

Evidences:

Universal ELA/Literacy

Math

Evaluation:

Results count towards
annual evaluation

Date Started:

TBAISD Marzano "Center Based" Focused Teacher Evaluation Model

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Domain One: Standards-Based Planning

1. Planning Standards-Based Lessons/Units
2. Aligning Resources to Standard(s)
3. Planning to Close the Achievement Gap Using Data

Domain Two: Standards-Based Instruction

4. Identifying Critical Content from the Standards (*Required evidence in every lesson*)
5. Previewing New Content
6. Helping Students Process New Content
7. Using Questions to Help Students Elaborate on Content
8. Reviewing Content
9. Helping Students Practice Skills, Strategies, and Processes
10. Helping Students Examine Similarities and Differences
11. Helping Students Examine Their Reasoning
12. Helping Students Revise Knowledge
13. Helping Students Engage in Cognitively

Domain Three: Conditions for Learning

14. Using Formative Assessment to Track Progress
15. Providing Feedback and Celebrating Progress
16. Organizing Students to Interact with Content
17. Establishing and Acknowledging Adherence to Rules and Procedures
18. Using Engagement Strategies
19. Establishing and Maintaining Effective Relationships in a Student-Centered Classroom
20. Communicating High Expectations for Each Student to Close the Achievement Gap

Domain Four: Professional Responsibilities

- 21. Adhering to
School/District Policies
and Procedures
- 22. Maintaining Expertise in
Content and Pedagogy
- 23. Promoting Teacher
Leadership and
Collaboration

▼ Maintaining Expertise in Content and Pedagogy

Focus Statement: Teacher continually deepens knowledge in content (subject area) and classroom instructional strategies (pedagogy).

Desired Effect: Teacher provides evidence of developing expertise in content area and classroom instructional strategies.

Evidences:

▼ Example Teacher Evidence:

(Check all that apply)

- | | |
|---|--|
| ☐ Participates in professional development opportunities | ☐ Demonstrates content expertise and knowledge in the classroom |
| ☐ Demonstrates knowledge of disabilities and the impact of disabilities on student performance | ☐ Demonstrates knowledge of evidence-based practices and pedagogical strategies |
| ☐ Seeks mentorship from subject area experts | ☐ Seeks mentorship from highly effective teachers |
| ☐ Actively seeks help and input from appropriate school personnel to address issues that impact instruction | ☐ Demonstrates a growth mindset and/or seeks feedback |
| ☐ Implements a deliberate practice or professional growth plan | ☐ Seeks innovative ways to improve student achievement |
| ☐ Gathers and keeps evidence of the effects of specific classroom strategies and behaviors on specific categories of students (i.e., different socio-economic groups, different ethnic groups) | ☐ Uses a reflection process for analysis of specific strengths and weaknesses of individual lessons and units |

- ☐ Uses a reflection process for analysis of specific instructional strengths and weaknesses
- ☐ Explains the differential effects of specific classroom strategies on closing the achievement gap
- ☐ Seeks opportunities to develop deeper understanding of cultural responsiveness
- ☐ Uses formative and summative data to make instructional planning decisions
- ☐ Teacher observational data is correlated to student achievement data
- ☐ Identifies specific areas of strengths and weaknesses within instructional strategies or conditions for learning
- ☐ Keeps track of identified focus areas for improvement within instructional strategies or conditions for learning

Resources:

[Scale](#) | [Reflection Questions](#)

Scale:

Not Applicable Not Using Beginning Developing Applying Innovating

Comments:

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Attachments:

> Using Engagement Strategies

Focus Statement: Teacher uses engagement strategies to engage or re-engage students with the content.

Desired Effect: Evidence (formative data) demonstrates students engage or re-engage as a result of teacher action.

Evidences:

▼ Example Teacher Instructional Techniques:

(Check all that apply)

- | | |
|---|---|
| ☐ Take action or use specific strategies to engage/re-engage students <ul style="list-style-type: none"> • Preventative strategies • Immediate strategies • Reinforcement strategies • Learning-style strategies • Coaches classroom assistants to facilitate engagement • Explicit instruction of expectations for engagement | ☐ Implement self-management systems with students appropriately in order to facilitate their own re-engagement |
| ☐ Use academic games | ☐ Manage response rates/provide appropriate wait time |
| ☐ Ensure that all students have opportunities to respond and participate | ☐ Use physical movement <ul style="list-style-type: none"> • Plans for movement breaks within daily schedule • Incorporates opportunities for movement within lessons • Implements individual sensory diets • Utilizes equipment to facilitate functional mobility opportunities |
| ☐ Maintain a lively pace while providing the appropriate amount of time for processing and responding | ☐ Use crisp transitions from one activity to another, providing the necessary supports for students to make transitions (visual schedule, first/then, transition routine) |
| ☐ Demonstrate intensity and enthusiasm for the content | ☐ Use friendly controversy |
| ☐ Provide opportunities for students to talk about themselves as it relates to the content (i.e. incorporate cultural connections) or connect the content to the students' personal lives (for example, use books about the students or about topics that relate to students' own experiences or interests) | ☐ Present unusual or intriguing information about the content |

▼ **Example Student Evidence of Desired Effect:**

(Check all that apply)

Student evidence is obtained during group activities and/or student work.

Percent of students that demonstrate achievement of the desired effect. %

- | | |
|--|--|
| ☐ Behaviors show awareness that the teacher is noticing students' level of engagement | ☐ Behaviors show the engagement strategy increases engagement |
| ☐ Student-centered tasks and processes produce high levels of engagement | ☐ Talk with groups or in response to questions is focused on critical content |

- ☐ Engage in the critical content with enthusiasm
- ☐ Self-regulate engagement and engagement of peers
- ☐ Adapt to transitions and re-engage when a new activity begins
- ☐ Actions show students are motivated by the teacher
- ☐ Behaviors show students are inspired by the teacher
- ☐ Multiple students or the entire class respond to questions posed by the teacher
- ☐ Artifacts/student work indicate students are engaged in the critical content

▼ Example Adaptations:

(Check all that apply)

Example Adaptations a teacher can make after monitoring student evidence and determining how many students demonstrate the desired effect

- ☐ Vary engagement technique
- ☐ Reorganize groups
- ☐ Modify task or methods of output
- ☐ Utilize peer resources
- ☐ Vary resources

Resources:

[Scale](#) | [Reflection Questions](#)

Scale:

Not Applicable Not Using Beginning Developing Applying Innovating

Comments:

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Attachments:

> Overall Comments and Notifications

Overall Comments:

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Acknowledgements:

☐ Require _____ to acknowledge observation results

Notifications:

☒ Send notification email to _____ that a new observation has been posted

Additional message in notification email:

B	<i>I</i>	<u>U</u>	~~S~~		A			

OAEA 2025-2026 Wage Scale																				
2025 -																				
2026 DAYS STEP	YOUNG ADULT SERVICES					EARLY ON HIRED PRIOR TO 2022					OTTAWA AREA CENTER					EARLY ON HIRED 2022 AND BEYOND				
	185 BA	185 MA	185 MA+30	189 BA	189 MA	189 MA+30	190 BA	190 MA	190 MA+30	195 BA	195 MA	195 MA+30	195 BA	195 MA	195 MA+30	195 BA	195 MA	195 MA+30	195 BA	195 MA+30
1	55,000.00	60,000.00	65,000.00	56,189.19	61,297.30	66,405.41	56,486.49	61,621.62	66,756.76	57,972.97	63,243.24	68,513.51	57,972.97	63,243.24	68,513.51	57,972.97	63,243.24	68,513.51	57,972.97	63,243.24
2	56,000.00	61,250.00	66,500.00	57,210.81	62,574.32	67,937.84	57,513.51	62,905.41	68,297.30	59,027.03	64,560.81	70,094.59	59,027.03	64,560.81	70,094.59	59,027.03	64,560.81	70,094.59	59,027.03	64,560.81
3	57,000.00	62,500.00	68,000.00	58,232.43	63,851.35	69,470.27	58,540.54	64,189.19	69,837.84	60,081.08	65,878.38	71,675.68	60,081.08	65,878.38	71,675.68	60,081.08	65,878.38	71,675.68	60,081.08	65,878.38
4	58,000.00	63,750.00	69,500.00	59,254.05	65,128.38	71,002.70	59,567.57	65,472.97	71,378.38	61,135.14	67,195.95	73,256.76	61,135.14	67,195.95	73,256.76	61,135.14	67,195.95	73,256.76	61,135.14	67,195.95
5	59,000.00	65,000.00	71,000.00	60,275.68	66,405.41	72,535.14	60,594.59	66,756.76	72,918.92	62,189.19	68,513.51	74,837.84	62,189.19	68,513.51	74,837.84	62,189.19	68,513.51	74,837.84	62,189.19	68,513.51
6	60,000.00	66,250.00	72,500.00	61,297.30	67,682.43	74,067.57	61,621.62	68,040.54	74,459.46	63,243.24	69,831.08	76,418.92	63,243.24	69,831.08	76,418.92	63,243.24	69,831.08	76,418.92	63,243.24	69,831.08
7	61,000.00	67,500.00	74,000.00	62,318.92	68,959.46	75,600.00	62,648.65	69,324.32	76,000.00	64,297.30	71,148.65	78,000.00	64,297.30	71,148.65	78,000.00	64,297.30	71,148.65	78,000.00	64,297.30	71,148.65
8	62,000.00	68,750.00	75,500.00	63,340.54	70,236.49	77,132.43	63,675.68	70,608.11	77,540.54	65,351.35	72,466.22	79,581.08	65,351.35	72,466.22	79,581.08	65,351.35	72,466.22	79,581.08	65,351.35	72,466.22
9	63,000.00	70,000.00	77,000.00	64,362.16	71,513.51	78,664.86	64,702.70	71,891.89	79,081.08	66,405.41	73,783.78	81,162.16	66,405.41	73,783.78	81,162.16	66,405.41	73,783.78	81,162.16	66,405.41	73,783.78
10	64,000.00	71,250.00	78,500.00	65,383.78	72,790.54	80,197.30	65,729.73	73,175.68	80,621.62	67,459.46	75,101.35	82,743.24	67,459.46	75,101.35	82,743.24	67,459.46	75,101.35	82,743.24	67,459.46	75,101.35
11	65,000.00	72,500.00	80,000.00	66,405.41	74,067.57	81,729.73	66,756.76	74,459.46	82,162.16	68,513.51	76,418.92	84,324.32	68,513.51	76,418.92	84,324.32	68,513.51	76,418.92	84,324.32	68,513.51	76,418.92
12	66,000.00	73,750.00	81,500.00	67,427.03	75,344.59	83,262.16	67,783.78	75,743.24	83,702.70	69,567.57	77,736.49	85,905.41	69,567.57	77,736.49	85,905.41	69,567.57	77,736.49	85,905.41	69,567.57	77,736.49
13	67,000.00	75,000.00	83,000.00	68,448.65	76,621.62	84,794.59	68,810.81	77,027.03	85,243.24	70,621.62	79,054.05	87,486.49	70,621.62	79,054.05	87,486.49	70,621.62	79,054.05	87,486.49	70,621.62	79,054.05
14	68,000.00	76,250.00	84,500.00	69,470.27	77,898.65	86,327.03	69,837.84	78,310.81	86,783.78	71,675.68	80,371.62	89,067.57	71,675.68	80,371.62	89,067.57	71,675.68	80,371.62	89,067.57	71,675.68	80,371.62
15	69,000.00	77,500.00	86,000.00	70,491.89	79,175.68	87,859.46	70,864.86	79,594.59	88,324.32	72,729.73	81,689.19	90,648.65	72,729.73	81,689.19	90,648.65	72,729.73	81,689.19	90,648.65	72,729.73	81,689.19
16	70,000.00	78,750.00	87,500.00	71,513.51	80,452.70	89,391.89	71,891.89	80,878.38	89,864.86	73,783.78	83,006.76	92,229.73	73,783.78	83,006.76	92,229.73	73,783.78	83,006.76	92,229.73	73,783.78	83,006.76
17	71,000.00	80,000.00	89,000.00	72,535.14	81,729.73	90,924.32	72,918.92	82,162.16	91,405.41	74,837.84	84,324.32	93,810.81	74,837.84	84,324.32	93,810.81	74,837.84	84,324.32	93,810.81	74,837.84	84,324.32
18	72,000.00	81,250.00	90,500.00	73,556.76	83,006.76	92,456.76	73,945.95	83,445.95	92,945.95	75,891.89	85,641.89	95,391.89	75,891.89	85,641.89	95,391.89	75,891.89	85,641.89	95,391.89	75,891.89	85,641.89
19	73,000.00	82,500.00	92,000.00	74,578.38	84,283.78	93,989.19	74,972.97	84,729.73	94,486.49	76,945.95	86,959.46	96,972.97	76,945.95	86,959.46	96,972.97	76,945.95	86,959.46	96,972.97	76,945.95	86,959.46
20	74,000.00	83,750.00	93,500.00	75,600.00	85,560.81	95,521.62	76,000.00	86,013.51	96,027.03	78,000.00	88,277.03	98,554.05	78,000.00	88,277.03	98,554.05	78,000.00	88,277.03	98,554.05	78,000.00	88,277.03
21	75,000.00	85,000.00	95,000.00	76,621.62	86,837.84	97,054.05	77,027.03	87,297.30	97,567.57	79,054.05	89,594.59	100,135.14	79,054.05	89,594.59	100,135.14	79,054.05	89,594.59	100,135.14	79,054.05	89,594.59
22	76,000.00	86,250.00	96,500.00	77,643.24	88,114.86	98,586.49	78,054.05	88,581.08	99,108.11	80,108.11	90,912.16	101,716.22	80,108.11	90,912.16	101,716.22	80,108.11	90,912.16	101,716.22	80,108.11	90,912.16
23	77,000.00	87,500.00	98,000.00	78,664.86	89,391.89	100,118.92	79,081.08	89,864.86	100,648.65	81,162.16	92,229.73	103,297.30	81,162.16	92,229.73	103,297.30	81,162.16	92,229.73	103,297.30	81,162.16	92,229.73
24	78,000.00	88,750.00	99,500.00	79,686.49	90,668.92	101,651.35	80,108.11	91,148.65	102,189.19	82,216.22	93,547.30	104,878.38	82,216.22	93,547.30	104,878.38	82,216.22	93,547.30	104,878.38	82,216.22	93,547.30
25	79,000.00	90,000.00	101,000.00	80,708.11	91,945.95	103,183.78	81,135.14	92,432.43	103,729.73	83,270.27	94,864.86	106,459.46	83,270.27	94,864.86	106,459.46	83,270.27	94,864.86	106,459.46	83,270.27	94,864.86
26	80,000.00	91,250.00	102,500.00	81,729.73	93,222.97	104,716.22	82,162.16	93,716.22	105,270.27	84,324.32	96,182.43	108,040.54	84,324.32	96,182.43	108,040.54	84,324.32	96,182.43	108,040.54	84,324.32	96,182.43
27	81,000.00	92,500.00	104,000.00	82,751.35	94,500.00	106,248.65	83,189.19	95,000.00	106,810.81	85,378.38	97,500.00	109,621.62	85,378.38	97,500.00	109,621.62	85,378.38	97,500.00	109,621.62	85,378.38	97,500.00
28	82,000.00	93,750.00	105,500.00	83,772.97	95,777.03	107,781.08	84,216.22	96,283.78	108,351.35	86,432.43	98,817.57	111,202.70	86,432.43	98,817.57	111,202.70	86,432.43	98,817.57	111,202.70	86,432.43	98,817.57
29	83,000.00	95,000.00	107,000.00	84,794.59	97,054.05	109,313.51	85,243.24	97,567.57	109,891.89	87,486.49	100,135.14	112,783.78	87,486.49	100,135.14	112,783.78	87,486.49	100,135.14	112,783.78	87,486.49	100,135.14
30	84,000.00	96,250.00	108,500.00	85,816.22	98,331.08	110,845.95	86,270.27	98,851.35	111,432.43	88,540.54	101,452.70	114,364.86	88,540.54	101,452.70	114,364.86	88,540.54	101,452.70	114,364.86	88,540.54	101,452.70
31	85,000.00	97,500.00	110,000.00	86,837.84	99,608.11	112,378.38	87,297.30	100,135.14	112,972.97	89,594.59	102,770.27	115,945.95	89,594.59	102,770.27	115,945.95	89,594.59	102,770.27	115,945.95	89,594.59	102,770.27

OAEA 2026-2027 Wage Scale

2026 - 2027	3.00%		EARLY ON HIRED 2022 AND BEYOND																	
	YOUNG ADULT SERVICES			EARLY ON HIRED PRIOR TO 2022						OTTAWA AREA CENTER						EARLY ON HIRED 2022 AND BEYOND				
	185	185	185	189	189	189	189	189	190	190	190	190	190	190	195	195	195			
DAYS	BA	MA	MA+30	BA	MA	MA	MA+30	BA	MA	MA	MA+30	BA	MA	MA	MA+30	BA	MA	MA+30		
STEP																				
1	56,650.00	61,800.00	66,950.00	57,874.86	63,136.22	68,397.57	68,397.57	58,181.08	63,470.27	68,759.46	68,759.46	59,712.16	65,140.54	70,568.92						
2	57,650.00	63,050.00	68,450.00	58,896.49	64,413.24	69,930.00	69,930.00	59,208.11	64,754.05	70,300.00	70,300.00	60,766.22	66,458.11	72,150.00						
3	58,650.00	64,300.00	69,950.00	59,918.11	65,690.27	71,462.43	71,462.43	60,235.14	66,037.84	71,840.54	71,840.54	61,820.27	67,775.68	73,731.08						
4	59,650.00	65,550.00	71,450.00	60,939.73	66,967.30	72,994.86	72,994.86	61,262.16	67,321.62	73,381.08	73,381.08	62,874.32	69,093.24	75,312.16						
5	60,650.00	66,800.00	72,950.00	61,961.35	68,244.32	74,527.30	74,527.30	62,289.19	68,605.41	74,921.62	74,921.62	63,928.38	70,410.81	76,893.22						
6	61,650.00	68,050.00	74,450.00	62,982.97	69,521.35	76,059.73	76,059.73	63,316.22	69,889.19	76,462.16	76,462.16	64,982.43	71,728.38	78,474.32						
7	62,650.00	69,300.00	75,950.00	64,004.59	70,798.38	77,592.16	77,592.16	64,343.24	71,172.97	78,002.70	78,002.70	66,036.49	73,045.95	80,055.41						
8	63,650.00	70,550.00	77,450.00	65,026.22	72,075.41	79,124.59	79,124.59	65,370.27	72,456.76	79,543.24	79,543.24	67,090.54	74,363.51	81,636.49						
9	64,650.00	71,800.00	78,950.00	66,047.84	73,352.43	80,657.03	80,657.03	66,397.30	73,740.54	81,083.78	81,083.78	68,144.59	75,681.08	83,217.57						
10	65,650.00	73,050.00	80,450.00	67,069.46	74,629.46	82,189.46	82,189.46	67,424.32	75,024.32	82,624.32	82,624.32	69,198.65	76,998.65	84,798.65						
11	66,650.00	74,300.00	81,950.00	68,091.08	75,906.49	83,721.89	83,721.89	68,451.35	76,308.11	84,164.86	84,164.86	70,252.70	78,316.22	86,379.73						
12	67,650.00	75,550.00	83,450.00	69,112.70	77,183.51	85,254.32	85,254.32	69,478.38	77,591.89	85,705.41	85,705.41	71,306.76	79,633.78	87,960.81						
13	68,650.00	76,800.00	84,950.00	70,134.32	78,460.54	86,786.76	86,786.76	70,505.41	78,875.68	87,245.95	87,245.95	72,360.81	80,951.35	89,541.89						
14	69,650.00	78,050.00	86,450.00	71,155.95	79,737.57	88,319.19	88,319.19	71,532.43	80,159.46	88,786.49	88,786.49	73,414.86	82,268.92	91,122.97						
15	70,650.00	79,300.00	87,950.00	72,177.57	81,014.59	89,851.62	89,851.62	72,559.46	81,443.24	90,327.03	90,327.03	74,468.92	83,586.49	92,704.05						
16	71,650.00	80,550.00	89,450.00	73,199.19	82,291.62	91,384.05	91,384.05	73,586.49	82,727.03	91,867.57	91,867.57	75,522.97	84,904.05	94,285.14						
17	72,650.00	81,800.00	90,950.00	74,220.81	83,568.65	92,916.49	92,916.49	74,613.51	84,010.81	93,408.11	93,408.11	76,577.03	86,221.62	95,866.22						
18	73,650.00	83,050.00	92,450.00	75,242.43	84,845.68	94,448.92	94,448.92	75,640.54	85,294.59	94,948.65	94,948.65	77,631.08	87,539.19	97,447.30						
19	74,650.00	84,300.00	93,950.00	76,264.05	86,122.70	95,981.35	95,981.35	76,667.57	86,578.38	96,489.19	96,489.19	78,685.14	88,856.76	99,028.38						
20	75,650.00	85,550.00	95,450.00	77,285.68	87,399.73	97,513.78	97,513.78	77,694.59	87,862.16	98,029.73	98,029.73	79,739.19	90,174.32	100,609.46						
21	76,650.00	86,800.00	96,950.00	78,307.30	88,676.76	99,046.22	99,046.22	78,721.62	89,145.95	99,570.27	99,570.27	80,793.24	91,491.89	102,190.54						
22	77,650.00	88,050.00	98,450.00	79,328.92	89,953.78	100,578.65	100,578.65	79,748.65	90,429.73	101,110.81	101,110.81	81,847.30	92,809.46	103,771.62						
23	78,650.00	89,300.00	99,950.00	80,350.54	91,230.81	102,111.08	102,111.08	80,775.68	91,713.51	102,651.35	102,651.35	82,901.35	94,127.03	105,352.70						
24	79,650.00	90,550.00	101,450.00	81,372.16	92,507.84	103,643.51	103,643.51	81,802.70	92,997.30	104,191.89	104,191.89	83,955.41	95,444.59	106,933.78						
25	80,650.00	91,800.00	102,950.00	82,393.78	93,784.86	105,175.95	105,175.95	82,829.73	94,281.08	105,732.43	105,732.43	85,009.46	96,762.16	108,514.86						
26	81,650.00	93,050.00	104,450.00	83,415.41	95,061.89	106,708.38	106,708.38	83,856.76	95,564.86	107,272.97	107,272.97	86,063.51	98,079.73	110,095.95						
27	82,650.00	94,300.00	105,950.00	84,437.03	96,338.92	108,240.81	108,240.81	84,883.78	96,848.65	108,813.51	108,813.51	87,117.57	99,397.30	111,677.03						
28	83,650.00	95,550.00	107,450.00	85,458.65	97,615.95	109,773.24	109,773.24	85,910.81	98,132.43	110,354.05	110,354.05	88,171.62	100,714.86	113,258.11						
29	84,650.00	96,800.00	108,950.00	86,480.27	98,892.97	111,305.68	111,305.68	86,937.84	99,416.22	111,894.59	111,894.59	89,225.68	102,032.43	114,839.19						
30	85,650.00	98,050.00	110,450.00	87,501.89	100,170.00	112,838.11	112,838.11	87,964.86	100,700.00	113,435.14	113,435.14	90,279.73	103,350.00	116,420.27						