

SAUCON VALLEY SCHOOL DISTRICT
HELLERTOWN, PENNSYLVANIA

COMPENSATION AND BENEFITS PLAN
BOARD OF SCHOOL DIRECTORS

and

TECHNOLOGY DEPARTMENT EMPLOYEES

EFFECTIVE

July 1, 2025 to June 30, 2028

COMPENSATION AND BENEFITS PLAN
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AND THE
TECHNOLOGY DEPARTMENT EMPLOYEES

July 1, 2025 to June 30, 2026

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COMPENSATION AND BENEFITS PLAN

I. EFFECTIVE DATE OF PLAN

This plan is effective July 1, 2025 and shall continue until June 30, 2026.

II. BENEFITS

The Technology Department employees will receive all benefits listed in the current Administrative Assistants /Clerical Compensation and Benefits Plan with the exception of the items listed below.

III. VACATION SCHEDULE

a. Technology department employees are entitled to Fifteen (15) working days per year.

b. Twenty (20) working days after 10 years plus one (1) additional day for every consecutive year of service not to exceed twenty-five (25) working days.

IV. BASE SALARY

Base salary will be negotiated independent from the Administrative Assistants/Clerical Compensation and Benefits Plan upon hire.

V. SALARY INCREASES

a. Technology Department employees are to follow the yearly percent structural increases as listed in the current Administrative Assistants /Clerical Compensation and Benefits Plan.

b. Structural increases as follows:

2025-2026	2.5%
2026-2027	2.5%
2027-2028	2.5%

VI. HEALTHCARE BENEFITS PROGRAM

a. Technology Department employees shall be eligible to participate in the District's healthcare benefits program (medical, prescription drug, vision, dental) consistent with the eligibility requirements, plan designs, premium contributions, and copayments required of the employees in the Administrative Assistant's compensation plan. All plan designs and plan requirements shall be applicable to the Technology Department employees and are subject to change in the event such plans change for the Administrative Assistants.

VIII. SPOUSAL COORDINATION OF BENEFITS

a. eEffective for all Employees in the 2020-2021 school year and each subsequent year thereafter, spousal coverage under the District healthcare program shall be extended to an employee's spouse only in the event the Employee's spouse's employer does not provide healthcare insurance.

VIX. REOPENER CLAUSE

In any year during the term of the Compensation and Benefits Plan, the District reserves the right to reopen the Compensation and Benefits Plan.

APPENDIX A: HEALTHCARE PLAN DESIGNS

Benefits	Plan 1		Plan 2 - only plan option available for new hires after July 1, 2021	
Medical:	PPO		PPO	
	In Network	Out of Network	In Network	Out of Network
Deductible: In network	\$500 / \$1000		\$750 / \$1500 / \$2250	
Out of Network		\$500 / \$1000		\$1500 / \$3000 / \$4500
PCP Copay:	\$20	20% after ded	\$25	20% after ded
Specialist Copay:	\$40	20% after ded	\$50	20% after ded
Urgent Care Copay:	\$50	20% after ded	\$75	20% after ded
ER Copay: Waived if admitted from ER.	\$130	20% after ded	\$180	20% after ded
Inpatient Hospital Stays	\$0	20% after ded	\$200 copay per admission	20% after ded
Diagnostic Testing	100% after ded	20% after ded	100% after ded	20% after ded
Hi Tech Imaging Copay (EX: MM, CT):	100% after ded	20% after ded	\$75 copay after ded	20% after ded
Outpatient Surgery Facility	\$0	20% after ded	\$50	20% after ded
PT - Unlimited; ST, OT - 10 visits	\$40	20% after ded	\$50	20% after ded
Chiropractic Copay - unlimited	\$40	20% after ded	\$50	20% after ded
Private Duty Nursing:	100% after ded	20% after ded	100% after ded	20% after ded
RX: (Copays)				
Retail: Tier 1:	\$10	No Benefits Available	\$20	No Benefits Available
Tier 2:	\$30		\$40	
Tier 3:	\$60		\$80	
Mail Order: Tier 1:	\$20		\$40	
Tier 2:	\$60		\$80	
Tier 3:	\$120		\$160	