

ORIGINAL

AGREEMENT BETWEEN

WATERFORD TOWNSHIP BOARD OF EDUCATION

AND

TEAMSTERS LOCAL UNION NO. 676

2005 – 2008

ORIGINAL

TABLE OF CONTENTS

		PAGE
ARTICLE 1	RECOGNITION	1
ARTICLE 2	OPERATION COVERED	1
ARTICLE 3	DUES DEDUCTION	2
ARTICLE 4	HIRING NEW EMPLOYEES	3
ARTICLE 5	SHOP STEWARDS	3
ARTICLE 6	MILITARY / JURY DUTY	4
ARTICLE 7	ASSIGNMENTS	5
ARTICLE 8	EXTRA CONTRACT AGREEMENT	5
ARTICLE 9	GRIEVANCE PROCEDURE	5
ARTICLE 10	UNION RIGHTS	8
ARTICLE 11	REPORTS OF DEFECTIVE EQUIPMENT	8
ARTICLE 12	REPORTING ACCIDENTS	9
ARTICLE 13	EMPLOYEE DISCHARGE / SUSPENSION / DISCIPLINE	9
ARTICLE 14	DISCRIMINATION	10
ARTICLE 15	MANAGEMENT SECURITY	10
ARTICLE 16	SAVINGS AND SEPARABILITY CLAUSE	10
ARTICLE 17	NO STRIKE CLAUSE	11
ARTICLE 18	MISCELLANEOUS	11
ARTICLE 19	INSURANCE PROTECTION	12
ARTICLE 20	INCLEMENT WEATHER	14
ARTICLE 21	WORK CALENDAR, LENGTH OF DAY, WEEK, YEAR	14
ARTICLE 22	ASSIGNMENTS, TRANSFERS AND REASSIGNMENTS	16

ARTICLE 23	SICK LEAVE	17
ARTICLE 24	PERSONAL LEAVE	18
ARTICLE 25	EXTENDED LEAVES OF ABSENCE	19
ARTICLE 26	HOLIDAYS	19
ARTICLE 27	VACATIONS	21
ARTICLE 28	GENERAL	21
ARTICLE 29	FIELD TRIPS, ASSIGNMENT, RULES AND REGULATIONS	22
ARTICLE 30	CLASSIFICATIONS AND SALARY RATES	22
ARTICLE 31	TOOLS AND EQUIPMENT	23
ARTICLE 32	TERMS OF AGREEMENT	24
APPENDIX A	INSURANCE	
APPENDIX B	SALARY GUIDES	

ARTICLE 1

RECOGNITION

- A. The Waterford Township Board of Education, Waterford Township, Camden County, hereafter known as the "Board," hereby recognizes the Teamsters Local Union No. 676, affiliated with the International Brotherhood of Teamsters, AFL/CIO, hereafter known as the "Union," as the exclusive representative for Collective Negotiation concerning the terms and conditions of employment for personnel under contract and employed by the Board and so assigned as School Bus Drivers, Transportation Aides and Mechanics/Mechanic's Helpers.
- B. Teamsters Local Union No. 676 hereby recognizes the Waterford Township Board of Education as elected representatives of the Waterford Township School District and further recognizes the responsibilities of the Board and the Superintendent for the conduct and operation of the School District in compliance with new Jersey Statutes Title 18A.

ARTICLE 2

OPERATION COVERED

- A. Nothing contained herein shall be construed to deny or restrict to the Board or to any Union member such rights as he/she/it are provided under New Jersey School Law.
- B. The Board reserves to itself sole jurisdiction and authority over matters of policy and retains the right, subject only to the limitations imposed by the language of this Agreement, in accordance with applicable laws and regulations:
 - 1. To direct employees of the School District,
 - 2. To hire, promote, transfer, assign, and retain employees in positions in the School District, and to suspend, demote, discharge or take other disciplinary action against employees,
 - 3. To relieve employees from duty because of lack of work or for other reasons, as permitted by law,
 - 4. To maintain the efficiency of the School District operations entrusted to them,

5. To determine the methods, means and personnel by which such operations are to be conducted,
 6. To take whatever actions may be necessary to carry out the mission of the School district in situations of emergency, and
- C. This Agreement shall cover and govern the following classifications:
1. School Bus Drivers – 54 Seat Capacity
 2. School Bus Drivers – 16 Seat Capacity
 3. Transportation Aides / School Bus Aides
 4. Mechanics / Mechanic Helpers

ARTICLE 3

DUES DEDUCTION

- A. The Board agrees to deduct from the salaries of its employees, who are members of Teamsters Local 676, subject to this Agreement, uniform dues for the Union. Such deductions shall be made in compliance with N.J.S.A. (R.S.) 52:14-15.9e, as amended.
- B. A check off shall commence for each employee who signs an individual authorization card, supplied by the Union and approved by the Treasurer during the month following the filing of such card with the Board.
- C. If during the life of this Agreement there shall be any change in the rate of membership dues, the Union shall furnish the board written notice thirty (30) days prior to the effective date of such change, and shall furnish to the Board new authorizations from its members showing the authorized deduction for each employee. No dues deductions shall be in a percentage amount.
- D. The Union will provide the necessary "check-off authorization" form and the Union will secure the signatures of its members on the forms and deliver the signed forms to the Treasurer.
- E. Any such written authorization may be withdrawn at any time by the filing of notice of such withdrawal with the Treasurer. The filing of notice of withdrawal shall be effective to halt deductions in accordance with N.J.S.A. 52:14-5.93 as amended.

- F. Any dues deduction provisions herein contained will become effective with the execution of the Agreement and will terminate with the termination date of this Agreement. Any employee who is transferred to a job classification which is not within the bargaining unit, as herein defined, or any employee whose employment is terminated by death, resignation, discharge, lay off, retirement, or leave of absence shall cease to be subject to dues deduction beginning with the month in which the termination or transfer occurs.
- G. The employee, after serving the ninety (90) days probationary period, shall be liable for the Union Dues.
- H. The Board will turn over to the Union the dues collected for the month within ten (10) days after that month.
- I. No deduction will be made for any month in which there is insufficient pay available to cover the same after all other deductions required by law have been made. Deduction for a prior month's dues will not be made in respect to such dues, except where the Board's error, oversight, failed to make the deduction in any monthly period.

ARTICLE 4

HIRING NEW EMPLOYEES

- A. The Waterford Township Board of Education shall retain the right to hire as per the New Jersey Statutes Title 18A.
- B. The Waterford Township Board of Education shall execute the standard form of school employees contract incorporating the thirty (30) day termination clause by either party, said contract subject to annual issue in accordance with Title 18A of the New Jersey Statutes.
- C. In case of discharge or resignation of the employee, the Union shall be notified in writing immediately.

ARTICLE 5

SHOP STEWARDS

- A. The Employer recognizes the right of the Union to designate Shop Stewards and Alternates. The authority of Shop Stewards and Alternates so designated by the Union shall be limited to and shall not exceed the following duties and activities:

1. The investigation and presentation of grievances to the Employer or Employer's designated representative shall be in accordance with the provisions of the Collective Bargaining Agreement.
 2. The transmission of such messages and information which shall originate with and are authorized by the Local Union or its' officers, provided such messages and information;
 - a. have been reduced to writing; or
 - b. if not reduced to writing, is of a routine nature and does not involve work stoppages, slowdowns, or any other interference with the Employer's business.
- B. Shop Stewards and Alternates have no authority to take strike action or any other action interrupting the Employer's business. The Employer, in so recognizing such limitations, shall have the authority to impose proper discipline, including discharge, in the event the Shop Steward has taken unauthorized action, slowdowns, or work stoppages in violation of this Agreement.
- C. Shop Stewards and Alternates shall not give orders to employees nor countermand an order of management; Shop Stewards and Alternates shall not receive any compensation or privileges not enjoyed by other Union members.
- D. Shop Stewards shall be permitted to investigate, with knowledge of the Transportation Supervisor, present, and process grievances on the property of the Employer.

ARTICLE 6

MILITARY / JURY DUTY

- A. New Jersey Statutes must prevail.
- B. In the event any employee covered by this Agreement is required to serve jury duty, the Employer agrees to supplement his/her jury duty compensation with an amount sufficient to equal his/her regular weekly earnings at the straight time rate for his/her job classification.

ARTICLE 7

ASSIGNMENTS

- A. All employees within this Agreement shall have equal opportunity to qualify for any assignment within the scope of this Agreement. In assigning employees to jobs coming within this Agreement, the Employer shall have the right to select the most qualified persons.
- B. Bus driver routes shall be picked by drivers during the summer in accordance with Board policy as per past practice.

ARTICLE 8

EXTRA CONTRACT AGREEMENT

- A. The Employer and employee shall not enter into an Agreement or Contract with his/her employees or his/her Employer individually or collectively which in any way conflicts with the terms and provisions of this Agreement. Any such Agreement shall be null and void.
- B. Any amendments to this Agreement must be by mutual consent of the Board and the Union.
- C. Aides shall select routes over the summer in the same manner as drivers.

ARTICLE 9

GRIEVANCE PROCEDURE

- A. Grievance is defined in accordance with the PERC Law definition.

B. Purpose

The purpose of this procedure is to secure, at the lowest possible level, solutions to the problems which may from time to time arise affecting employees. Both parties agree that these proceedings will be kept as informal and confidential as may be appropriate at any level of the procedure. All meetings and hearings under this procedure shall not be conducted in public except as may be required by law, and shall include only such parties in interest and their designated or selected representatives, heretofore referred to in this Article, unless requested otherwise by the parties concerned.

C. Procedure

Step 1. Any person who has a problem which could result in a grievance may discuss it first, either personally or through a representative, with his immediate supervisor in an attempt to resolve the matter informally at that level. If the matter is not resolved informally, the aggrieved may file a formal written grievance with the immediate supervisor within 5 work days from the time when grievant knew or should have known of the grievance. The immediate supervisor shall give his decision in writing, within 5 work days of receipt of the written grievance. The written grievance shall include:

- a. The contract article allegedly violated;
- b. Remedy sought;

Step 2. The grievant, no later than 5 work days after receipt of the decision of his/her immediate supervisor may appeal the decision to the Superintendent of Schools. The Superintendent or his designee shall attempt to resolve the matter as quickly as possible, but within a period not to exceed 5 work days from the receipt of the appeal. The Superintendent or his designee shall communicate his decision in writing to the grievant, to the Union, and the immediate supervisor.

Step 3. If the grievance is not resolved to the grievant's satisfaction, he/she, no later than five (5) work days after receipt of the Superintendent's or his designee's decision, may request a review by the Board. The request shall be submitted in writing through the Superintendent who shall attach all related papers and forward the request to the Board. The Board, or a committee thereof, shall review the grievance and shall hold a hearing with the grievant, render a decision in writing and forward copies thereof to the grievant and to the Union within twenty-five (25) work days of the receipt of the appeal.

Step 4. If the decision of the Board does not resolve the grievance to the satisfaction of the grievant and he/she wishes review by a third party, and if the Union determines that the matter should be reviewed further, it shall advise the Board through the Chief Administrator, within fifteen (15) days of receipt of the Board's decision, and the Union shall submit the grievance to arbitration within fifteen (15) days thereafter.

D. Securing Services of an Arbitrator

1. The following procedure shall be used to secure the services of an arbitrator:

- a. Either party may request the New Jersey Public Employment Relations Commission to hear the dispute.
 2. The arbitrator shall limit himself to the issues submitted to him and shall consider nothing else. He can add nothing to, nor subtract anything from, the Agreement between the parties. The recommendations of the arbitrator shall be binding. In the event that arbitrability of a grievance is at issue between the parties, jurisdiction to resolve the issue shall rest solely with the arbitrator selected.
- E. The costs for the services of the arbitrator shall be borne equally by the Board and the Union. Any other expenses incurred shall be paid by the party incurring same. Any necessary document not previously supplied will be supplied at 15 cents per copy. If previously supplied, it will be provided at cost per Board policy.
- F.
1. Failure at any step of this procedure to communicate the decision on a grievance within the specified time limits shall permit the aggrieved person to proceed to the next step. Failure at any step of this procedure to appeal a grievance to the next step within the specified time limits shall be deemed waiver of further appeal of the decision.
 2. It is understood that any aggrieved person shall, during and notwithstanding the pendency of any grievance, continue to observe all assignments and applicable rules and regulations of the Board until such grievance and effect thereof shall have been duly determined.
 3. Time Limits – Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each level should be considered as a maximum and every effort should be made to expedite the process.
 - a. In the event one of the parties is on an excused absence, the time limits may be extended by mutual consent.

ARTICLE 10

UNION RIGHTS

- A. The Board shall permit the Union to use the school buildings for meetings at all reasonable hours. The Union shall submit a schedule of meetings in advance for Board approval. Request for meetings of an emergent nature which cannot be approved by the Board due to time factors shall be submitted for approval to the Chief Administrator, which approval shall not be unreasonably withheld. All Union meetings in school buildings shall be concluded by 9:00 p.m. All costs incurred by the Board of Education as a result of a granted request which would not be otherwise incurred shall be the responsibility of the Union.
- B. An employee, or an authorized agent of the Union, may request, at a time that is mutually agreeable to the Supervisor and employee/Union agent, a review of personnel files and/or payroll records in order to resolve any questions/concerns regarding an employee's wages, benefits, or working conditions.

ARTICLE 11

REPORTS OF DEFECTIVE EQUIPMENT

- A. Employees shall immediately, or at the end of their shifts, report all defects in equipment. Such reports shall be made on a suitable form furnished by the Employer and shall be made in multiple copies, one (1) copy to be retained by the employee, two (2) copies are to be given to the Transportation Supervisor. The Employer shall not ask or require any employee to operate any equipment that has been reported in an unsafe operating condition until same has been approved as being safe by management or the mechanical department.
- B. When the occasion arises where an employee gives a written report on forms in use by the Employer regarding any equipment being in an unsafe operating condition, and receives no consideration from the Employer, he/she shall take the matter up with the Supervisor.

ARTICLE 12

REPORTING ACCIDENTS

- A. Any employee involved in an accident involving injury and/or property damage shall immediately report said accident to the transportation supervisor prior to sign off time.
- B. Consistent with the Omnibus Transportation Employee Testing Act of 1991, 49 C.F.R. Part 40 (Procedures), and commencing on January 1, 1996, the School District shall, as soon as practicable following an accident involving a School Bus, test each surviving driver;
 - 1. Who was performing safety-sensitive functions with respect to the vehicle, if the accident involved the loss of human life; and/or
 - 2. Who received a citation under State or Local Law for a moving traffic violation arising from the accident, or if any involved vehicle required towing from the accident scene, and/or if any involved persons required medical treatment away from the accident scene.

ARTICLE 13

EMPLOYEE DISCHARGE / SUSPENSION / DISCIPLINE

- A. No employee shall be discharged or disciplined, reduced in rank or compensation, or deprived of any professional advantage except in accordance with standards established by law, this agreement or the Waterford Township Board of Education procedures.
- B. Any employee not renewed may request a closed session hearing with the Board of Education. The Board's decision shall be final.
- C. Progressive Discipline
The Board believes in the concept of progressive discipline and will utilize steps relative to disciplining employees; however, the Board retains management prerogative to determine the severity of imposed penalty depending upon the infraction under consideration.

ARTICLE 14

DISCRIMINATION

- A. There shall be no discrimination by the Employer against employees because of Union activities, nor shall there be any discrimination against any employee because of race, color, creed, sex, age or nationality in the placement and retention of employment or in hours, wages or working conditions of the employees.

ARTICLE 15

MANAGEMENT SECURITY

- A. The Union recognizes that the Employer covered by the Agreement must complete and keep abreast of developments in methods of distribution; and must operate efficiently and economically if he/she is to be able to meet the rising costs of operation, including rates of pay and working conditions to members of the Union. Accordingly, the Union agrees that it will cooperate with the Employer to the end that his/her business may be operated efficiently, and further agrees that it will not interfere in any way with the Employer's right to operate and manage his/her business, provided that nothing herein will permit the Employer to violate any terms and/or conditions of this Agreement.
- B. If the Union feels that the Employer in any way violates this Agreement, the matter shall be handled in the manner outlined by the grievance procedure in this Agreement.

ARTICLE 16

SAVINGS AND SEPARABILITY CLAUSE

- A. The parties to this Agreement believe it complies with Chapter 123, New Jersey Public Laws of 1974. Accordingly, it is agreed that nothing contained in this Agreement shall require the Union or the Employer to do anything which violates the law.

- B. The parties agree that all of the clauses of this Agreement shall be severable. Any clause which may be prohibited by, invalid under, or in contravention of any operable federal or state law, or under which the Employer or the Union is required to do any act which is in contravention of any federal or state law, shall be null and void, but in such event, the remaining clauses shall continue in full force and effect for the term of this Agreement and any renewal thereof.
- C. The parties agree, in good faith, to attempt to replace any such null and void clause with a clause which conforms with the law.
- D. The parties further agree that if during the term of this Agreement, or any renewal thereof, any such null and void clause shall become legal or permissible to legislative enactment, a subsequent decision of the courts, or otherwise, such null and void clause shall again become part of this Agreement.

ARTICLE 17

NO STRIKE CLAUSE

- A. All grievances shall be processed in an orderly fashion through the steps provided in this Agreement. There shall be no strikes, work stoppage, slowdown, lockouts or threats thereof, for any reason whatsoever during the term of this Agreement.

ARTICLE 18

MISCELLANEOUS

- A. The Board will be informed only through the Superintendent, or his designee, in any matter requiring its decision. Any employee or employee group should communicate through the proper channels of authority. When the matter requires Board action, it shall be directed through proper channels to the Board of Education.
- B. Whenever any notice is required to be given by either party of this Agreement to the other, pursuant to the provisions of this Agreement, either party shall do so in writing with signed receipt of delivery at the following addresses:

1. If by Teamsters Local Union No. 676 to the Waterford Township Board of Education:

Waterford Township Board of Education

1106 Old White Horse Pike

Waterford, New Jersey 08089

2. If by the Waterford Township Board of Education to Teamsters Local Union No. 676:

Teamsters Local Union No. 676

101 Crescent Boulevard

Collingswood, New Jersey 08108

- C. The parties agree to enter into collective negotiations over a successor Agreement and they agree that this Agreement shall remain in force until times as a new Agreement is reached in accordance with Chapter 13 Public Laws of 1974. Such negotiations shall begin not later than the third (3rd) Thursday of October of the calendar year preceding the calendar year in which this Agreement expires.
- D. This Agreement shall not be modified in whole or in part without mutual consent of the parties. Board Policy shall prevail on all matters not covered by this Agreement.
- E. The Board agrees to pay tuition and other expenses incurred in connection with course of work taken in a recognized program, but only with prior approval of the Superintendent of Schools. This refers to tuition, registration fees, and books. This request must be made in writing.
- F. Verification of expenses and tuition shall be submitted with voucher for payment in writing.

ARTICLE 19

INSURANCE PROTECTION

- A. The Board will pay complete individual coverage and family coverage as per the benefits listed in Appendix A (Health Insurance) throughout the term of this agreement, except that individuals hired after March 1, 1999 shall receive single coverage until they have completed three (3) years of service to the district. Payroll deduction shall be available for these individuals receiving single only, but desiring coverage for eligible dependents.

- B. During the term of this contract, the Board of Education shall maintain dental insurance for employees as per the benefits listed in Appendix A-2 (Dental Insurance).
- C. The Board will provide, at its own expense, the present prescription coverage level for both individual coverage and family coverage except that individuals hired after March 1, 1999 shall receive single coverage until they have completed three (3) years of service to the district. Payroll deduction shall be available for those individuals receiving single only coverage, but desiring coverage for eligible dependents. The co-pay program shall include a \$5.00 fee for prescriptions of generic drugs, \$15.00 fee for prescriptions of brand name drugs and a \$5.00 / \$15.00 co-pay for mail order as outlined in Appendix A.
- D. No insurance carrier will be changed except by the mutual agreement of the parties; however, the Board shall have the right to change an insurance carrier provided that coverage levels required by this Agreement are maintained. If a carrier change will result in any change of coverage levels, there must be agreement between the Board and the Union before such change is effected.
- E. During each year of the Agreement, the Board will insist that the health insurance agent or carrier provide an individual to answer questions as to forms and coverage. This program shall be held at least once during the school year.
- F. The parties agree to establish a Section 125 (I.R.S. Code) plan for the purpose of making available a cash option.
1. An employee otherwise entitled to insurance coverage shall have the option to withdraw from any such coverage and to be paid a sum equal to one (1) of the eligible premium coverage(s) for each year that the withdrawal remains in effect. All withdrawals from insurance coverage shall be for a minimum of one (1) year corresponding to the benefits period established by the carrier. The cash payment shall be in the form of a stipend payable bi-monthly and shall be fifty percent (50%) of the employee's eligible coverage under the traditional plan (medical, dental, prescription).
 2. Notwithstanding the above, employees who have a change in status (e.g. termination of employment, divorce (copy of decree required), legal separation (copy of decree required), death

(copy of certificate required), military discharge (form DD214 required), which causes them to lose coverage elsewhere shall be entitled to re-enroll in the health plan during the year provided the employee gives the Board notice of the change in status within sixty (60) days of the event causing change. Otherwise, all elections for a cash option shall be in effect for the entire (12) month benefit period. The Board's obligation for the cash option shall be prorated for those employees subject to a change in status.

3. Return to the benefits plan for reasons other than change of status is subject to the terms of the carrier.

ARTICLE 20

INCLEMENT WEATHER

- A. All full time twelve (12) month employees are required to work when there is inclement weather. The Superintendent may, however, exercise his/her discretion to excuse an employee or to allow a late reporting to work. The Superintendent may also require, upon excusing an employee, that the time off be charged to personal leave or vacation.

ARTICLE 21

WORK CALENDAR, LENGTH OF DAY, WEEK, YEAR

- A. The work year of twelve (12) month employees is from July 1 through the following June 30.
 1. The Union agrees that the Employer shall be entitled to a "day's work for a day's pay."
 2. The work calendar shall be as set forth by the Board of Education.
 3. The working day shall be an eight (8) hour day exclusive of lunch, with two (2) fifteen (15) minute breaks, one (1) in the a.m. and one (1) in the p.m. Working hours shall be designated by the Board of Education.
 4. Excess of forty (40) hours per week exclusive of lunch time shall be compensatory.

5. The work week shall consist of five (5) full working days, Monday through Friday inclusive, except where legal holidays and vacation periods are included in the work calendar.
 6. The work year shall be:
Twelve (12) month contract July 1 to June 30 excepting holidays as per Article 25.
 7. Any employee who is called in to work on any day beyond normal assignment, shall be paid for time worked.
 8. All regular employees covered under this Agreement shall be paid in accordance with pay procedures of the District.
 9. When the regular pay day occurs on a holiday, the employer shall pay the employees on the regular work day immediately preceding the holiday.
 10. Each employee shall be provided with a statement of all deductions made for any purpose.
 11. Any employee required to work in excess of forty (40) hours per week shall receive time and one half (1-1/2). No employee shall be entitled to receive overtime pay except for overtime actually worked.
 12. Any employee who has completed his/her work day and has left the Board's premises and is then called back to work shall receive pay for a minimum of one hour at one and one half times his/her regular straight time hourly rate.
 13. All employees who are required to work on a Holiday outside the master work calendar of the District upon which their work year is based shall receive one and one half times his/her applicable hourly rate of pay plus holiday pay.
 14. All employees are required to work, if scheduled, Monday through Friday, the day before and after a holiday in order to receive compensation for the holiday, excluding sick leave.
- B. The work year of ten (10) month employees is from September 1 to June 30.
1. The work day of transportation drivers and aides is four (4) hours per day, 180 days per year. Drivers and aides may be required to attend in-service meetings and to drive students to nonpublic schools or special education programs on days when the Waterford Township Schools are not in session.

- C. The work day shall start when the bus driver begins driving to the first stop and ends when the bus is parked for the day.
- D. Work Week: The work week shall consist of five (5) working days, Monday through Friday inclusive, when so assigned.
- E. Work Year: The work year shall coincide with the student calendar year for the school to which the employee drives a majority of the time.
- F. An employee who is resigning from his or her position shall give a minimum of thirty (30) days notice.
- G. Drivers must be employed under contract on or before September 1 of the school year in order to receive credit for a year of driving experience for the following year.
- H. In addition to actual driving time, the employees' four hour work day shall include fifteen (15) minutes for the following work related activities:
 - 1. Gas up time – Non Hammonton routes and emergency fueling may be done at Gulf. (In the event Hammonton fueling of vehicles becomes a lengthy process, the parties agree to meet to discuss the issue.)
 - 2. Bus warm up time.
 - 3. Completing paperwork.
- I. Effective January 1, 2006, aides shall not be compensated for the driver duties above. Aides shall be compensated for attendance at meetings at their aide rate of pay. Employees who work at least fifteen (15) minutes in excess of the normal four hour day shall receive credit for additional time worked. Time worked calculations at the end of the pay period shall be computed to the completed quarter hour. Drivers shall be paid their regular driver hourly rate for attendance at Transportation Department safety meetings.

ARTICLE 22

ASSIGNMENTS, TRANSFERS AND REASSIGNMENTS

- A. Transfers of personnel shall be affected by the Chief Administrator.

- B. **Employee Initiated Transfer:** The employee shall submit his/her request for transfer to the Superintendent of Schools in writing by February 28th. This request shall include the placement desired and the reasons for the request.
- C. The Superintendent or his designee shall notify the employee whose transfer is pending. The employee or his representative shall be provided the opportunity of discussing the pending transfer and any objections shall be duly considered. After the completion of the consultation, the Superintendent shall notify the employee as to the decision of the transfer.
- D. **Contracted transportation personnel** will be offered first opportunity to sub for aides on midday runs.
- E. Whenever a driver is absent for at least three (3) months or leaves the district, the supervisor will consider years of service in making a replacement assignment and his decisions shall be final.

ARTICLE 23

SICK LEAVE

- A. **Definition of Sick Leave:** Sick leave is hereby defined to mean the absence from duty of any person because of their physical disability, illness or injury, or quarantine or exclusion from work by medical authorities.
- B. **Sick Leave Allowable:** All persons who are steadily employed by the Board of Education shall be allowed sick leave with full pay as follows:

10 Month Term	-	10 days
11 Month Term	-	11 days
12 Month Term	-	12 days
- C. **Accumulated Sick Leave:** Allowable sick leave not utilized in any year shall be cumulative to be used for additional sick leave in subsequent years. Each year, during the month of September, the Board shall provide each employee with an accounting of all sick time accumulated.
- D. In case of a sick leave claim, the Board or the Board's designee may require a physician's certificate to be filed with his/her office in order to obtain sick leave.

- E. Worker's Compensation: Worker's Compensation awards shall be deducted from the regular salary of the employee for the days' absence covered under the Worker's Compensation Act. The time lost from employment under the Worker's Compensation Act shall not be deducted from the days permitted for regular sick leave allowance.
- F. Any employee who retires pursuant to PERS with at least fifteen (15) continuous years of District service shall be reimbursed, at the rate established below, per day of accumulated sick leave. Any employee hired prior to December 1, 1989, who leaves the school district after fifteen (15) continuous years of service, shall be reimbursed, at the rate established below, per day of accumulated sick leave:

Salary x .0015 – payment per day.

Regardless of date of hire, accumulated sick leave days will be limited to 150 days. If the amount accumulated is over \$500.00, the total will be paid at time of termination only if the Board of Education has been provided with one (1) year's notice. This provision shall be waived during the first two (2) years of this Agreement. However, it shall be in full force during the third year of the Agreement.

ARTICLE 24

PERSONAL LEAVE

- A. All 10, 11 and 12 month employees shall be eligible to receive three (3) days personal leave without loss of pay. Application should be made to the Superintendent three (3) days in advance, except in cases of emergency, and be approved by the immediate supervisor. Employees shall not be required to state reasons for such leaves.
- B. Personal leaves shall not be accumulative, but any unused personal leave days shall, at the end of the school year, be converted into sick days and shall accumulate as sick days.
- C. Employees will be excused from duty with pay for two (2) days in the event of death of a grandparent or grandchild.

- C. Employees will be excused from duty with pay for two (2) days in the event of death of a grandparent or grandchild.
- D. Employees will be excused from duty with pay for a maximum of three (3) days in the event of the death of a brother or sister by blood relationship, a mother-in-law or father-in-law.
- E. Employees will be excused from duty for a maximum of five (5) days in the event of death of husband, wife, child, parent, stepparent, stepchild or domestic partner.
- F. Employees will be excused from duty with pay for a maximum of one (1) day in the event of the death of an aunt, uncle, brother-in-law or sister-in-law.
- G. Any work related court appearance required by the Board of Education shall be paid by the Board. Written verification and documentation must be presented by the driver and approved by the Superintendent of Schools or his designee in order to receive payment.

ARTICLE 25

EXTENDED LEAVES OF ABSENCE

Disabilities caused or contributed to by pregnancy, miscarriage, abortion, child birth, and recovery there from are, for all job related purposes, short term disabilities. All employment policies and practices involving commencement and duration of leave, availability of extension, accrual of seniority and other benefits and privileges, and reinstatement and payment, shall be applied to disabilities due to the above cause as they are applied to other short term disabilities incurred by members of the bargaining unit. The employee shall notify the Board of Education of pregnancy at least sixty (60) days prior to the requested disability or child rearing leave, with anticipated date of return. The State and Federal Family Leave acts shall apply and be recognized by the Board.

ARTICLE 26

HOLIDAYS

Twelve (12) month employees shall be entitled to the following paid holidays:

3. Martin Luther King Day
4. Lincoln's Birthday *
5. President's Day
6. Good Friday
7. Easter Monday (when schools are closed)
8. Memorial Day
9. Independence Day
10. Labor Day
11. Columbus Day
12. General Election Day *
13. Veteran's Day *
14. Thanksgiving Day
15. Friday after Thanksgiving
16. Christmas Eve Day
17. Christmas Day

- B. Ten (10) month employees shall be entitled to the above holidays, but shall not receive a Holiday on Independence Day, as said Holiday is outside the ten month work year.
- C. Holidays falling on Saturday shall be celebrated on Friday and those falling on Sunday shall be celebrated on Monday.
- D. Personnel required to work on the following holidays shall receive their regular pay plus .5x holiday pay effective 9/1/99: (* Unless these days are taken at another time during the school year.)

Columbus Day, Veteran's Day *,

Martin Luther King's Birthday, Lincoln's Birthday *

ARTICLE 27

VACATIONS

A. Twelve (12) Month Employees:

1. Twelve (12) month employees shall be entitled to paid vacation as follows:

- After one (1) year of employment - Five (5) days;
- After two (2) years of employment - Ten (10) days;
- After eight (8) years of employment - Fifteen (15) days;
- After fifteen (15) years of employment - Twenty (20) days.

- a. An employee must work a minimum of twelve (12) months prior to being entitled to vacation under the above schedule.
- b. Any employee changing from part time to full time shall receive one (1) year credit for each two (2) years of part time service toward vacation eligibility.

ARTICLE 28

GENERAL

- A. The Board of Education shall have available a bulletin board for Union notices.
- B. The Board may establish such rules as it deems necessary or desirable provided that such rules are not in conflict with the terms of this Agreement.
- C. The Board agrees that if any employee is required to wear any kind of uniform or rain gear as a condition of continued employment, such uniform shall be furnished and maintained by the Employer, free of charge at the Standard required by the Employer.
- D. The Employer shall attempt to provide suitable sanitary conditions for his/her employees as are within the employer's control.
- E. When the Board and the Union shall have agreed in writing upon interpretations of this Agreement, such interpretations or rules and regulations shall be regarded as part of this Agreement.

- F. All employees covered by this Agreement may independently elect to have a portion of their salary withheld and deposited to their credit in the South Jersey Federal Credit Union.
- G. Employees who are required to use their own automobiles in the performance of their duties shall be compensated at the rate determined by the Internal Revenue Service for personal automobile usage for employment purposes.

ARTICLE 29

EXTRA TRIPS, ASSIGNMENT, RULES AND REGULATIONS

- A. Extra trips will be issued on a rotating list basis as per present practice. If a permanent extra trip becomes available, the trip shall be offered to the most senior driver, as per present practice.
- B. If a driver has been assigned a trip and has to cancel it, the driver's name next on the list, as per present practice, will be assigned the trip. If no names are available, then the supervisor will pick a driver.
- C. All drivers who show up for a trip and it has been cancelled without notification, he/she shall be guaranteed one (1) hour pay, at miscellaneous rate.
- D. If a trip is cancelled and run within two (2) working days, the same drivers will also be assigned.

ARTICLE 30

CLASSIFICATION AND SALARY RATES

- A. The classifications covered by this Agreement are as follows:
 - 1. Mechanics
 - 2. Mechanic's Helper
 - 3. School Bus Driver
 - 4. Driver Aides
 - 5. School Bus Aides
- B. The salary of each current employee shall be increased as follows:

- Effective July 1, 2005 - Four point nine percent (4.9%)
- Effective July 1, 2006 - Four point nine percent (4.9%)
- Effective July 1, 2007 - Four point nine percent (4.9%)

C. Extra Time:

1. Assigned regular route driving shall be paid at the driver's regular hourly rate.
2. Miscellaneous assignments (e.g., field trips, bus repairs, etc.) shall be paid as follows:
 - 2005/2006 - \$23.38 per hour
 - 2006/2007 - \$24.53 per hour
 - 2007/2008 - \$25.73 per hour
3. Casual office help shall be paid at the rate of \$12.36 for 2005/2006, \$12.97 for 2006/2007 and \$13.61 for 2007/2008.
4. Summer routes and after-school activity runs will be paid at the regular rate of pay.

D. All employees who work twenty (20) hours or more shall receive an additional Two Hundred Forty-Four Dollars (\$244.00) in 2005/2006, Two Hundred Fifty-Six Dollars (\$256.00) in 2006/2007 and Two Hundred Sixty-Nine (\$269.00) in 2007/2008 after fifteen (15) years in the District and an additional Five Hundred Eighty-Three Dollars (\$583.00) in 2005/2006, Six Hundred Twelve Dollars (\$612.00) in 2006/2007 and Six Hundred Forty-Two Dollars (\$642.00) in 2007/2008 after twenty (20) years in the District. This money shall be incorporated into the daily base rate of pay for each employee.

ARTICLE 31

TOOLS AND EQUIPMENT

- A. The Board will provide all electric tools, all power tools and all special tools. These tools shall be the property of the Board of Education.
- B. The Board shall provide the Mechanic and Mechanic Helper with eleven sets of uniforms (shirts and pants) each.

- C. The Board shall provide the Mechanic and Mechanic Helper, on a fair wear and tear basis, one pair of steel toed shoes, one pair of rubber boots, one rain gear (jacket and pants) and one pair of gloves.
- D. Drivers and aides on vehicles with wheelchair lifts shall be provided with light rain jackets with hoods.
- E. Upon employment termination, all equipment and/or uniforms, other than shoes, shall be returned to the Board of Education.

ARTICLE 32

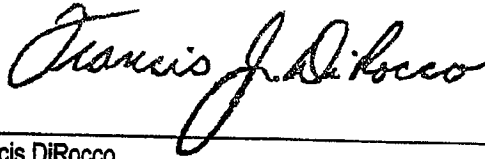
TERMS OF AGREEMENT

It is understood between the Waterford Township Board of Education and Teamsters Local Union No. 676 that the content of this Agreement shall be effective from July 1, 2005 to June 30, 2008.

Resolution of Adoption by the Board of Education

Date: 4/25/06

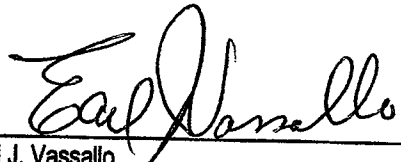
Waterford Township Board President:



Francis DiRocco

Attested:

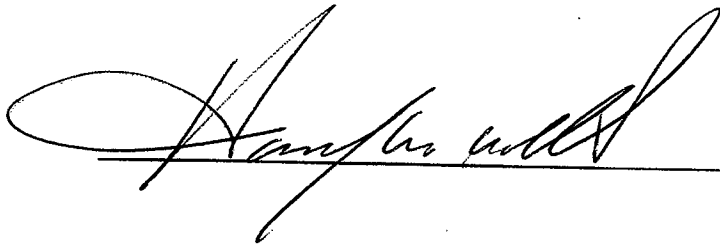
Waterford Township Board Secretary:



Earl J. Vassallo

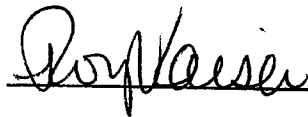
Teamsters Local Union No. 676

President:



Attested:

Secretary:

 Trustee BIA

Dated: _____

WATERFORD TOWNSHIP BOARD OF EDUCATION

SALARIES GUIDE TRANSPORTATION DRIVERS

<u>STEP</u>	<u>2005-2006</u>	<u>2006-2007</u>	<u>2007-2008</u>
1	6466	6539	6615
2	6710	6783	6859
3	6966	7039	7115
4	7234	7308	7384
5	7515	7588	7666
6	7807	7883	7960
7	8111	8189	8270
8	8419	8508	8590
9	8743	8832	8925
10	9180	9172	9265
11	9640	9630	9621
12	10120	10113	10101
13	10753	10616	10608
14	11458	11280	11136
15	12250	12020	11833
16	13116	12850	12609
17	13979	13758	13480
18	14843	14664	14432
19	15780	15571	15382
20	16796	16553	16334
21	17897	17619	17364
22	19112	18774	18482
23	20447	20048	19694
24	21771	21449	21031
25	23103	22838	22500
26	24756	24235	23957
27	26298	25969	25423
28		27587	27242
29			28939

LONGEVITY: Employees working 20+ hours/week.

15 YEARS	244	256	269
20 YEARS	583	612	642
Total	827	868	911

WATERFORD TOWNSHIP BOARD OF EDUCATION

SALARIES GUIDE TRANSPORTATION AIDES

<u>STEP</u>	<u>2005-2006</u>	<u>2006-2007</u>	<u>2007-2008</u>
1	5429	5490	5554
2	5634	5695	5759
3	5849	5910	5974
4	6075	6136	6200
5	6310	6372	6436
6	6554	6619	6685
7	6809	6875	6943
8	7071	7143	7212
9	7342	7418	7493
10	7580	7702	7781
11	7822	7951	8079
12	8062	8206	8341
13	8303	8457	8608
14	8546	8710	8871
15	8786	8965	9136
16	9112	9217	9404
17	9438	9558	9669
18	9762	9900	10026
19	10089	10240	10385
20	10413	10584	10742
21	10742	10924	11102
22	10928	11268	11459
23		11464	11820

LONGEVITY: Employees working 20+ hours/week.

15 YEARS	244	256	269
20 YEARS	583	612	642
Total	827	868	911



PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

PLAN FEATURES	PARTICIPATING PROVIDERS / REFERRED		NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED	
	Deductible (per calendar year)	None	Individual Family	\$300

Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Member cost sharing for certain services including member cost sharing for prescription drugs, as indicated in the plan, are excluded from charges to meet the Deductible. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

Member Coinsurance	Covered 100%	20%
Out-of-Pocket Maximum (per calendar year)	\$1,500 Individual \$3,000 Family	\$2,000 Individual \$4,000 Family

Member cost sharing for certain services may not apply toward the Out-of-Pocket Maximum. Only those participating providers/referred and non-participating providers/participating providers self referred out of pocket expenses resulting from the application of coinsurance percentage, deductibles and copays (except any penalty amounts and pharmacy cost sharing) may be used to satisfy the Out-of-Pocket Maximum. Once Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

Lifetime Maximum	Unlimited except where otherwise indicated.	Unlimited
Primary Care Physician Selection	Required	Not applicable
Precertification Requirement	Precertification is encouraged, but not required. No penalty.	

Referral Requirements	Required for all non-emergency, non-urgent and non-Primary Care physicians services, except direct access services.	None
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PREVENTIVE CARE	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Routine Adult Physical Exams/ Immunizations (Age and frequency schedules apply)	\$15 copay	100%, deductible waived, subject to \$150 combined maximum for all preventive care.
Well Child Exams / Immunizations (Age and frequency schedules apply)	\$15 copay	100%, deductible waived, subject to \$150 combined maximum for all preventive care.

includes coverage for blood lead level screenings.

Routine Gynecological Care Exams (Includes Pap smear and related lab fees. Direct access to participating providers without a referral.)	\$20 copay One routine exam per 365 days.	100%, deductible waived, subject to \$150 combined maximum for all preventive care.
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Routine Mammograms	\$20 copay	100%, deductible waived, subject to \$150 combined maximum for all preventive care.
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One baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over. Direct access to participating providers without a referral

Routine Digital Rectal Exams / Prostate Specific Antigen Test (Males age 40 and over.)	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
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PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

Colorectal Cancer Screening For all members 50 and over. Frequency schedule applies.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Coverage includes Sigmoidoscopy every 5 years for all covered members age 45 and over.		
Routine Eye Exam Age/Frequency Schedule may apply. Direct access to participating providers without a referral	\$20 copay	Not Covered
Routine Hearing Screening	Subject to Routine Physical Exam cost sharing.	Not Covered
Newborn Hearing Testing and Monitoring	Subject to Routine Physical Exam	20%; deductible waived
PHYSICIAN SERVICES		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Primary Care Physician Visits	Office Hours : \$15 copay After Office Hours/Home : \$20 copay	20%
Specialist Office Visits	\$20 copay	All Surgery 100% of UCR, else 20%
Maternity OB Visits	\$20 copay; for initial visit only, thereafter covered 100%	20%
Allergy Treatment	Same as applicable participating provider office visit member cost sharing	20%
Allergy Testing	Same as applicable participating provider office visit member cost sharing	20%
DIAGNOSTIC PROCEDURES		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Diagnostic Laboratory If performed as a part of a physician's office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit cost sharing.	\$20 copay	100% of UCR covered
Diagnostic X-ray Outpatient hospital or other Outpatient facility	\$20 copay	100% of UCR covered
EMERGENCY MEDICAL CARE		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Urgent Care	\$50 copay; waive if admitted	Covered 100% of UCR if denied in network
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$50 copay; waive if admitted	Covered 100% of UCR if denied in network
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Ambulance	100% covered	Refer to participating provider benefit.
HOSPITAL CARE		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	Precert Encouraged; 100% of UCR coverage
Inpatient Maternity Coverage	Covered 100%	Precert Encouraged; 100% coverage



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	Covered 100%	Precert Encouraged; 100% of UCR coverage
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

MENTAL HEALTH SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
	Inpatient Biologically Based Mental Illness	Covered 100%

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Non-Biologically Based Mental Illness	Covered 100%	Precert Encouraged; 90d Life; 0-30 days @100%; 31+ days at 20%
--------------------------------------------------------	--------------	----------------------------------------------------------------

Limited to 35 days per 365 days

Limited to 30 days per calendar year

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Biologically Based Mental Illness	Covered 100%	20% per visit
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Outpatient Non-Biologically Based Mental Illness	Covered 100%	20% per visit
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Limited to 20 visits per 365 days

The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

ALCOHOL/DRUG ABUSE SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
	Inpatient Detoxification - Alcohol Abuse	Covered 100%

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Detoxification - Drug Abuse	Covered 100%	100% of UCR; 7 days per admission, 4 admissions per lifetime.
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Detoxification - Alcohol Abuse	\$20 per visit copay	100% of UCR
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Outpatient Detoxification - Drug Abuse	\$20 per visit copay	100% of UCR
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Inpatient Rehabilitation - Alcohol Abuse	Covered 100%	Precert Encouraged; 0-30d 100% of UCR; 31+ days at 20%
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Rehabilitation - Drug Abuse	Covered 100%	Precert Encouraged; 0-30d 100% of UCR; 31+ days at 20%
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Limited to 30 days per 365 days

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Rehabilitation - Alcohol Abuse	\$20 per visit copay	20% per visit
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Outpatient Rehabilitation - Drug Abuse	\$20 per visit copay; deductible waived	Precert Encouraged; 20% per visit, 30v/cal; 120v life
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Limited to 60 visits per 365 days.

The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

OTHER SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Skilled Nursing Facility	Covered 100%	Precert Encouraged: 100% of UCR Limited to 240 days and 35 physician
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Home Health Care	Covered 100%	100% of UCR Limited to 60 visits per calendar year
Limited to 1 (one) intermittent visit per day by a Participating home health care agency; 1 visit equals a period of 4 hrs or less.		
Hospice Care - Inpatient	Covered 100%	Precert Encouraged; 100% of UCR coverage
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Bariatric Surgery	Covered 100%	Not Covered
Hospice Care - Outpatient	Covered 100%	20% per visit (\$10,000 lifetime maximum combined inpatient and outpatient care.)
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Private Duty Nursing	Not Covered unless pre-authorized	Not Covered unless pre-authorized
Outpatient Rehabilitation Therapy (Includes speech, physical and occupational therapy)	\$20 per visit copay	100% of UCR covered
Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment.		
Subluxation	\$20 per visit copay; deductible waived Limited to 20 visits per calendar year	20% per visit ; unlimited visits
Durable Medical Equipment	Covered 100%	20%; Precert Encouraged
Diabetic Supplies	\$15 copay	Must Precertify if over \$1,500 20%
Pediatric Preventive Dental	\$15 copay	Not Covered
Transplants	Covered 100% Coverage is provided at an IOE contracted facility only	20% per admission Coverage is provided at an Non-IOE contracted facility only
FAMILY PLANNING	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Infertility Treatment Diagnosis and treatment of the underlying medical condition	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Comprehensive Infertility Services	Applicable copay applies	20%
Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures covered by any Aetna plan or where no other coverage was provided, except where prohibited by law.		
Advanced Reproductive Technology (ART)	Covered 100%	20%



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

ART coverage includes In-Vitro Fertilization (IVF), Zygote Intra-Fallopian Transfer (ZIFT), Gamete Intra-Fallopian Transfer (GIFT), cryopreserved embryo transfers, Intra-Cytoplasmic Sperm Injection (ICSI) or ovum microsurgery.

Voluntary Sterilization

Including tubal ligation and vasectomy.

Subject to applicable service type
 member cost sharing

Subject to applicable service type
 member cost sharing

Exclusions and Limitations

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. If your plan covers

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to

Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification), inpatient and outpatient rehabilitation). When the Member obtains covered services from participating providers, the provider will obtain precertification. If the Member obtains covered services from a nonparticipating provider, the Member must obtain the precertification. Precertification requirements

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are *generally not covered*. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.
- Cosmetic surgery.
- Custodial care.
- Dental care and dental x-rays.
- Donor egg retrieval.
- Durable medical equipment.
- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).
- Hearing aids.
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents.
- Nonmedically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures.



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and therefore, cannot guarantee any results or outcomes. Consult the plan document (i.e. Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step-therapy, please refer to Aetna's website at www.aetna.com, or the Aetna Medication Formulary Guide. Many drugs, including many of those listed on the formulary, are subject to rebate arrangements between Aetna and the manufacturer of the drugs.

Rebates received by Aetna from drug manufacturers are not reflected in the cost paid by a member for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage. Aetna Rx Home Delivery® refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by a non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage.

Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification), inpatient and outpatient rehabilitation). When the Member obtains covered services from participating providers, the provider will obtain precertification. If the Member obtains covered services from a nonparticipating provider, the Member must obtain the precertification. Precertification requirements may vary. Members may refer to their plan documents for a complete list of medical services that require precertification. Certain benefits like comprehensive infertility and advanced reproductive technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.



PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

PLAN FEATURES	PARTICIPATING PROVIDERS/ REFERRED		NONPARTICIPATING PROVIDERS/ PARTICIPATING PROVIDERS SELF REFERRED	
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Deductible (per calendar year)	None	Individual	\$100	Individual
	None	Family	\$200	Family

Unless otherwise indicated, the Deductible must be met prior to benefits being payable.

Member cost sharing for certain services including member cost sharing for prescription drugs, as indicated in the plan, are excluded from charges to meet the Deductible.

Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.

Member Coinsurance	Covered 100%	30%
Out-of-Pocket Maximum (per calendar year)	\$1,500 Individual	\$2,000 Individual
	\$3,000 Family	\$4,000 Family

Member cost sharing for certain services may not apply toward the Out-of-Pocket Maximum

Only those participating providers/referred and non-participating providers/participating providers self referred out of pocket expenses resulting from the application of coinsurance percentage, deductibles and copays (except any penalty amounts and pharmacy cost sharing) may be used to satisfy the Out-of-Pocket Maximum.

Once Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the calendar year.

Lifetime Maximum	Unlimited except where otherwise indicated.	\$5,000,000 maximum
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Primary Care Physician Selection	Required	Not applicable
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Precertification Requirement Precertification is encouraged, but not required. No penalty.

Utilization Requirements	Required for all non-emergency, non-urgent and non-Primary Care physicians services, except direct access services.	None
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PREVENTIVE CARE	PARTICIPATING PROVIDERS/ REFERRED		NONPARTICIPATING PROVIDERS/ PARTICIPATING PROVIDERS SELF REFERRED	
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Routine Adult Physical Exams/ Immunizations (Age and frequency schedules apply)	\$10 copay	30%
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Well Child Exams / Immunizations (Age and frequency schedules apply)	\$10 copay	30%
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includes coverage for blood lead level screenings.

Routine Gynecological Care Exams Includes Pap smear and related lab fees.	\$15 copay	Not Covered
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Direct access to participating providers without a referral. One routine exam per 365 days.

Routine Mammograms	\$15 copay	30%
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One baseline mammogram for females age 35 - 39; and one annual mammogram for females age 40 and over.

Direct access to participating providers without a referral

Routine Digital Rectal Exams / Prostate Specific Antigen Test Females age 40 and over.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
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PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

Colorectal Cancer Screening For all members 50 and over. Frequency schedule applies.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Coverage includes Sigmoidoscopy every 5 years for all covered members age 45 and over.		
Routine Eye Exam Age/Frequency Schedule may apply. Direct access to participating providers without a referral	\$15 copay	Not Covered
Routine Hearing Screening	Subject to Routine Physical Exam cost sharing.	Not Covered
Newborn Hearing Testing and Monitoring	Subject to Routine Physical Exam	30%; deductible waived
PHYSICIAN SERVICES		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Primary Care Physician Visits	Office Hours : \$10 copay After Office Hours/Home : \$20 copay	30%
Specialist Office Visits	\$15 copay	30%
Maternity OB Visits	\$15 copay; for initial visit only, thereafter covered 100%	30%
Allergy Treatment	Same as applicable participating provider office visit member cost sharing	30%
Allergy Testing	Same as applicable participating provider office visit member cost sharing	30%
DIAGNOSTIC PROCEDURES		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Diagnostic Laboratory If performed as a part of a physician's office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit cost sharing.	\$15 copay	30%
Diagnostic X-ray Outpatient hospital or other Outpatient facility	\$15 copay	30%
EMERGENCY MEDICAL CARE		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Urgent Care	\$50 copay; waive if admitted	Covered if denied in network; 30%
Non-Urgent use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$50 copay; waive if admitted	Covered if denied in network; 30%
Non-Emergency Care in an Emergency Room	Not Covered	Not Covered
Ambulance	100% covered	Refer to participating provider benefit.
HOSPITAL CARE		
	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	Covered 100%	Precert Encouraged; 30%
Inpatient Maternity Coverage	Covered 100%	Precert Encouraged; 30%



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	Covered 100%	Precert Encouraged; 30%
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

MENTAL HEALTH SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
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Inpatient Biologically Based Mental Illness	Covered 100%	Precert Encouraged; 30%
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Non-Biologically Based Mental Illness	Covered 100%	Precert Encouraged; 30%
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Limited to 35 days per 365 days Limited to 60 days per calendar year

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Biologically Based Mental Illness	\$25 per visit copay	30% per visit
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Outpatient Non-Biologically Based Mental Illness	\$25 per visit copay	30% per visit
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Limited to 30 visits per 365 days

The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

ALCOHOL/DRUG ABUSE SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
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Inpatient Detoxification - Alcohol Abuse	Covered 100%	Precert Encouraged; 30% per admission
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Detoxification - Drug Abuse	Covered 100%	Precert Encouraged; 30% per admission; 7 days per admission, 4 admissions per lifetime.
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Detoxification - Alcohol Abuse	Covered 100%	Precert Encouraged; 30% per admission
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Outpatient Detoxification - Drug Abuse	Covered 100%	Precert Encouraged; 30% per admission
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

Inpatient Rehabilitation - Alcohol Abuse	Covered 100%	30% per admission
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Inpatient Rehabilitation - Drug Abuse	Covered 100%	Precert Encouraged; 30% per admission, 30d/cal, 90 life
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Limited to 30 days per 365 days

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.

Outpatient Rehabilitation - Alcohol Abuse	Covered 100%	30% per admission
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Precert Encouraged; 30% per admission, 30v/cal; 120v life

Limited to 60 visits per 365 days.

The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.

OTHER SERVICES	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
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Skilled Nursing Facility	Covered 100%	Precert Encouraged; 30%
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PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Home Health Care	Covered 100%	30%
Limited to 240 days and 35 physician visits per calendar year		
Limited to 1 (one) intermittent visit per day by a Participating home health care agency; 1 visit equals a period of 4 hrs or less.		
Hospice Care - Inpatient	Covered 100%	30% per admission (\$10,000 lifetime maximum combined inpatient and outpatient care.)
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.		
Bariatric Surgery	Covered 100%	Not Covered
Hospice Care - Outpatient	Covered 100%	30% per visit (\$10,000 lifetime maximum combined inpatient and outpatient care.)
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit.		
Private Duty Nursing	Not Covered unless pre-authorized	Not Covered unless pre-authorized
Outpatient Rehabilitation Therapy (Includes speech, physical and occupational therapy)	\$15 per visit copay	30%; unlimited visits
Treatment over a 60-day consecutive period per incident of illness or injury beginning with the first day of treatment.		
Subluxation	\$15 per visit copay Limited to 20 visits per calendar year	30% per visit ; unlimited visits
Durable Medical Equipment	Covered 100%	30%; standard precert
Diabetic Supplies	\$10 copay	Must Precertify if over \$1,500 30%
Pediatric Preventive Dental	\$15 copay	Not Covered
Transplants	Covered 100% Coverage is provided at an IOE contracted facility only	30% per admission; \$250k Coverage is provided at an Non-IOE contracted facility only
FAMILY PLANNING	PARTICIPATING PROVIDERS / REFERRED	NON-PARTICIPATING PROVIDERS / PARTICIPATING PROVIDERS SELF REFERRED
Infertility Treatment Diagnosis and treatment of the underlying medical condition	Member cost sharing is based on the type of service performed and the place of service where it is rendered.; deductible waived	Member cost sharing is based on the type of service performed and the place of service where it is rendered.
Comprehensive Infertility Services	Applicable copay applies	30%
Coverage includes Artificial Insemination (limited to six courses of treatment per member's lifetime) and Ovulation Induction (limited to six courses of treatment per member's lifetime). Lifetime maximum applies to all procedures covered by any Aetna plan or where no other coverage was provided, except where prohibited by law.		
Advanced Reproductive Technology (ART)	Covered 100%	30%
ART coverage includes In-Vitro Fertilization (IVF), Zygote Intra-Fallopian Transfer (ZIFT), Gamete Intra-Fallopian Transfer (GIFT), cryopreserved embryo transfers, Intra-Cytoplasmic Sperm Injection (ICSI) or ovum microsurgery.		
Voluntary Sterilization Including tubal ligation and vasectomy.	Subject to applicable service type member cost sharing	Subject to applicable service type member cost sharing



PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

Exclusions and Limitations

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. If your plan covers

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to

Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification), inpatient and outpatient rehabilitation). When the Member obtains covered services from participating providers, the provider will obtain precertification. If the Member obtains covered services from a nonparticipating provider, the Member must obtain the precertification. Precertification requirements

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are *generally not covered*. However, your plan documents may contain exceptions to this list based on the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents, including costs of services before coverage begins and after coverage terminates.

- Cosmetic surgery.

- Custodial care.

- Dental care and dental x-rays.

- Donor egg retrieval.

- Durable medical equipment.

- Experimental and investigational procedures, (except for coverage for medically necessary routine patient care costs for Members participating in a cancer clinical trial).

- Hearing aids.

- Home births

- Immunizations for travel or work

- Implantable drugs and certain injectable drugs including injectable infertility drugs.

- Infertility services including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents.

- Nonmedically necessary services or supplies.

- Orthotics except diabetic orthotics.

- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies

- Radial keratotomy or related procedures.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and therefore, cannot guarantee any results or outcomes. Consult the plan document (i.e. Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.



PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA HEALTH INC. AND CORPORATE HEALTH INSURANCE COMPANY - FULL RISK

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. If your plan covers outpatient prescription drugs, your plan may include a drug formulary (preferred drug list). A formulary is a list of prescription drugs generally covered under your prescription drug benefits plan on a preferred basis subject to applicable limitations and conditions. Your pharmacy benefit is generally not limited to the drugs listed on the formulary. The medications listed on the formulary are subject to change. For information regarding how medications are reviewed and selected for the formulary, formulary information, and information about other pharmacy programs such as precertification and step-therapy, please refer to Aetna's website at www.aetna.com, or the Aetna Medication Formulary Guide. Many drugs, including many of those listed on the formulary, are subject to rebate arrangements between Aetna and the manufacturer of the drugs.

Rebates received by Aetna from drug manufacturers are not reflected in the cost paid by a member for a prescription drug. In addition, in circumstances where your prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member. Members should consult with their treating physicians regarding questions about specific medications. Refer to your plan documents or contact Member Services for information regarding the terms and limitations of coverage. Aetna Rx Home Delivery® refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., that is a licensed pharmacy providing mail-order pharmacy services. Aetna's negotiated charge with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services.

Certain primary care providers are affiliated with integrated delivery systems or other provider groups (such as independent practice associations and physician-hospital organizations), and members who select these providers will generally be referred to specialists and hospitals within those systems or groups. However, if a system or group does not include a provider qualified to meet member's medical needs, member may request to have services provided by a non-system or non-group providers. Member's request will be reviewed and will require prior authorization from the system or group and/or Aetna to be a covered benefit.

Certain services require precertification, or prior approval of coverage. Failure to precertify for these services may lead to substantially reduced benefits or denial of coverage.

Some of the benefits requiring precertification may include, but are not limited to, inpatient hospital, inpatient mental health, inpatient skilled nursing, outpatient surgery, substance abuse (detoxification), inpatient and outpatient rehabilitation). When the Member obtains covered services from participating providers, the provider will obtain precertification. If the Member obtains covered services from a nonparticipating provider, the Member must obtain the precertification. Precertification requirements may vary. Members may refer to their plan documents for a complete list of medical services that require precertification. Certain benefits like comprehensive infertility and advanced reproductive technology (ART) services, if covered under your plan, are subject to a select network of participating providers, from which you will be required to seek care to receive covered benefits.

Appendix A-2

WATERFORD TOWNSHIP
BOARD OF EDUCATION

Delta Premier

Fee Basis: The following Delta Premier Program is based upon the Usual Customary and Reasonable Fee Concept.

Program I	Co-Payment - Presentive and Diagnostic	100%
	Remaining Basic Benefits	
	(Includes Repair of Dentures):	80/20
	Crowns, Inlays and Gold	
	Restorations:	
	Prosthodontic Benefits	60/40

The maximum amount payable Delta for the above dental services provided an eligible patient in any calendar year is \$2000.00 and a \$25.00 annual deductible.

Individuals at their option, if permitted by the carrier, may select additional dependent coverage which shall be made through payroll deductions.

Individuals may select eligible dependent coverage at no cost provided they select the "Flagship Program."

Delta Preferred

If a Delta Preferred Program is included on an optional basis, then at least 10 employees must enroll in order to implement the benefits.

FLAGSHIP DENTAL

SCHEDULE OF BENEFITS AND COPAYMENTS: (Board pays full cost for employee & dependent)

Subject to the limitations, exclusions and member co-payments set forth herein the following services shall be performed as needed and deemed necessary by the Plan Dentist.

1. PRIMARY BENEFITS to be performed by your selected Primary Care Dentist:

	<u>MEMBER PAYS</u>
VISITS AND DIAGNOSTIC	N/C
PROPHYLAXIS AND FLORIDE TREATMENT	N/C
X-RAYS	N/C
ORAL SURGERY	N/C
PERIODONTICS	N/C
ENDODONTICS	N/C
RESTORATION	
Silver Restorations – Pri mary Teeth	N/C
Silver Restorations – Per manent Teeth	N/C
Acrylic, Plastic Restoration – Anterior Teeth Primary and Permanent	N/C
Crowns (Caps)	
Acrylic 75	
Acrylic with metal	230
Porcelain	220
Porcelain with metal	240
Full metal crown	240
Gold onlay or ¾ crown	230
Stainless steel (primary)	50
Stainless steel (permanent)	50
Removable acrylic space maintainer	N/C
Fixed spacer, band type	N/C
PROSTHETICS (includes Fixed Bridges)	
Artificial Tooth Replacement	

Tru-pontic type	240
Porcelain metal	240
Plastic processed to gold	230
Dentures	
Complete upper denture	250
Complete lower denture	270
Partial upper/lower (each)	270
Denture and partial adjustments	N/C
Denture and partial repairs	20
Adding teeth/clasps to existing partial or denture (per tooth)	30
Office reline	55
Laboratory reline	75
Recementation	N/C
Other Procedures	
Failure to cancel appointment (24 hr. notification)	25
Emergency visit after normal visiting hours	25

2. SPECIALTY SERVICES to be performed by Plan Dental Specialist only if approved in advance by FLAGSHIP after referral by the patient's Primary Care Dentist.

PERIODONTICS	N/C
ORAL SURGERY	N/C
REMOVAL OF CYST AND NEOPLASM	N/C
EXCISION OF BONE TISSUE	N/C
SURGICAL INCISION	N/C
OTHER SERVICES	N/C
ENDODONTICS	N/C

OUT-OF-AREA EMERGENCY CARE

Flagship will reimburse actual charges up to \$50.00 per covered person when receiving emergency care while temporarily more than 35 miles from the attending Flagship dental office.

Appendix A-3

**WATERFORD TOWNSHIP
BOARD OF EDUCATION**

**Prescription Drug Program
Benefits Summary**

\$5/\$15 Generic Incentive Program

\$5/\$15 Mail Order

Includes Needles & Syringes

Includes Oral Contraceptives

Excludes Smoking Deterrents

Excludes Rogaine

Excludes Retin A

Excludes Fertility Drugs

Excludes Anti-Obesity Drugs

Excludes Vitamins & Minerals

Dependent Children to Age 23