

NORTH BRUNSWICK TOWNSHIP BOARD OF EDUCATION

AND

NORTH BRUNSWICK TOWNSHIP EDUCATION ASSOCIATION

Contract Agreement

2003- 2004 Through 2005-2006

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Items for Teachers' Handbook

18A:6-1 (Corporal punishment of pupils)

No person employed or engaged in a school or educational institution, whether public or private, shall inflict or cause to be inflicted corporal punishment upon a pupil attending such school institution; but any such person may, within the scope of his/her employment, use and apply such amounts of force as are reasonable and necessary.

1. to quell a disturbance threatening physical injury to others;
 2. to obtain possession of weapons or other dangerous objects upon the person or within the control of a pupil;
 3. for the purpose of self-defense; and
 4. for the protection of persons or property, and such acts, or any of them, shall not be construed to constitute corporal punishment within the meaning and intention of this section. Every resolution, by law, rule, ordinance or other act of authority permitting or authorizing corporal punishment to be inflicted upon a pupil attending a school or educational institution shall be void.
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2. 18A:30-2.1 (Payment of sick leave for services connected disability)

Whenever any employee, entitled to sick leave under this chapter, is absent from his/her post of duty as a result of a personal injury caused by an accident arising out of and in the course of his/her employment, his/her employer shall pay to such employee the full salary or wages for the period of such absence for up to one calendar year without having such absence charged to the annual sick leave or the accumulated sick leave provided in sections 18A:30-2 and 18A:30-3.

Salary or wage payments provided in this section shall be made for absence during the waiting period and during the period employee received or was eligible to receive a temporary disability benefit under Chapter 15 of Title 34, Labor and Worker's Compensation, of the Revised Statutes. Any amount of salary or wages paid or payable to the employee pursuant to this section shall be reduced by the amount of any Worker's Compensation award made for temporary disability.

18A:6-6 (Indemnity of Officers and Employees Against Civil Action)

Whenever any civil action has been or shall be brought against any person holding any office, position or employment under the jurisdiction of any Board of Education, including any student teacher, for any act or omission arising out of and in the course of the performance of the duties as such office, position, employment or student teaching, the Board shall defray fees and expenses, together with the costs of appeal, if any, and shall save harmless and protect such person from any financial loss resulting therefrom; and said Board may arrange for and maintain appropriate insurance to cover all such damages, losses and expenses.

18A:16-6.1 (Indemnity of Officers and Employees in Certain Criminal Actions)

Should any criminal action be instituted against any such person for any such act or omission and should such proceeding be dismissed or result in a final disposition in favor of such person, the Board of Education shall reimburse him/her for the cost of defending such proceeding, including reasonable counsel fees and expenses of the original hearing or trial and all appeals.

APPENDIX B IX

TEACHER STIPENDS

Position	2003-2004	2004-2005	2005-2006
Language Arts Coordinator	1,592	1,666	1,743
Math/Science Coordinator	1,592	1,666	1,743
Coordinator of Gifted/Talented	1,592	1,666	1,743
G/T Elementary Science Coordinator	1,592	1,666	1,743
Subject Area Leaders	1,592	1,666	1,743

Grade Level Leaders (GLL)/Subject Area Leaders (SAL)

1. All GLL/SAL stipends shall depend upon the number of teachers (excluding the GLL him/herself) on grade/department
 2. Where there is only one other teacher on grade/department, the stipends shall be \$948 in 2003-2004, \$992 in 2004-2005, and \$1,038 in 2005-2006
 3. For every additional teacher on grade/department, the stipend shall increase by \$30 in 2003-2004, \$31 in 2004-2005, and \$33 in 2005-2006
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2003 - 2004 SALARY SCHEDULE

Exp/Step	Amount	Longevity Upon completion of:	
A	14.00		
B	15.00	5 years	350
C	15.62	10 years	550
D	16.40	15 years	1,300
E	17.17	20 years	1,900
F	17.80	25+ years	2,500
AA	18.87		

2004 - 2005 SALARY SCHEDULE

Exp/Step	Amount	Longevity Upon completion of:	
A	14.30		
B	15.00	5 years	400
C	15.62	10 years	650
D	16.54	15 years	1,500
E	17.20	20 years	2,200
F	18.34	25+ years	2,900
AA	19.43		

2005- 2006 SALARY SCHEDULE

Exp/Step	Amount	Longevity Upon completion of:	
A	14.50		
B	15.00	5 years	450
C	15.62	10 years	750
D	16.54	15 years	1,700
E	17.50	20 years	2,500
F	18.92	25+ years	3,300
AA	20.02		

NORTH BRUNSWICK BOARD OF EDUCATION

PREFERRED PROVIDER ORGANIZATION BENEFIT SUMMARY

This is a summary of benefits for your PPO plan. *All plan deductibles, plan out-of-pocket maximums, plan maximum and service specific maximums (dollar and occurrence) cross accumulate between in and out-of-network unless otherwise noted.*

Benefits	HORIZON BLUE CROSS BLUE SHIELD OF NJ Preferred Provider Organization-Coinsurance	
	In-Network	Out-of-Network
Lifetime Maximum:	Unlimited	
Calendar Year Deductible: Individual Family Maximum Aggregate	Not applicable	\$200 \$400
Out-of-Pocket Maximum: Includes deductible Individual Family Maximum Aggregate	Not applicable	\$1,200 \$2,400
Outpatient Doctor's Office Visits: For illness/injury Allergy Treatment	\$10 Copay per Visit	\$80% coinsurance
Preventive Care: Routine Preventive Care for children Through age 2 (including immunizations)	\$10 Copay per Visit	No copay
Routine Mammogram	\$10 Copay per Visit	80% coinsurance
Second Opinions for Surgery (Voluntary)	\$10 Copay per Visit	80% coinsurance
Outpatient Preadmission Testing: Office Visit Outpatient Facility	In Full – No Copay	80% coinsurance
Inpatient Hospital – Facility Services: Semi-private Private Room Intensive Care Unit	In Full – No Copay Limited to the semi-private negotiated rate Limited to the semi-private negotiated rate Limited to the negotiated rate	80% coinsurance Limited to the negotiated rate Limited to the negotiated rate Limited to the negotiated rate
Inpatient Hospital Doctor's Visits/Consultations	In Full – No Copay	80% coinsurance

<i>Inpatient Hospital Professional Services</i> Surgeon Radiologist Pathologist Anesthesiologist	In Full – No Copay	80% coinsurance
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This is provided as an overview of the plan benefits and does not supersede the plan contract, All benefits are subject to the actual contracted benefits.

NORTH BRUNSWICK BOARD OF EDUCATION

PREFERRED PROVIDER ORGANIZATION BENEFIT SUMMARY

Benefits	<i>HORIZON BLUE CROSS BLUE SHIELD OF NJ Preferred Provider Organization-Coinsurance</i>	
	<i>In-Network</i>	Out-of-Network
<i>Outpatient Surgical Facility Services:</i>		
<i>Outpatient Professional Services:</i> Surgeon Radiologist Pathologist Anesthesiologist	In Full – No Copay	80% coinsurance
<i>Emergency Care:</i> Doctor's Office (Participating/Non-participating) Hospital Emergency Room, Outpatient Facility or other Urgent Care Facility Ambulance	\$10 Copay per Visit \$50 Copay per Visit	\$10 Copay \$50 Copay *except if not a coinsurance Same as Em Deductible/C
<i>Skilled Nursing Facility</i> Up to a max. of 60 days/calendar year No prior hospitalization required	In Full – No Copay	80% coinsurance
<i>Independent Lab and X-ray Services:</i> (Facility and Professional Services) Hospital Outpatient Lab and X-ray Facility Doctor's Office	In Full – No Copay	80% coinsurance
<i>Outpatient Short Term Rehabilitation</i> Includes: Physical Therapy Speech Therapy Occupational Therapy	\$10 Copay per Visit 60 Consecutive Day Maximum Per Condition	80% coinsurance 60 Consecutive C

Chiropractic Therapy (includes Chiropractors)		
Home Health Care: Up to a maximum of 60 visits per calendar year	In Full – No Copay	80% coinsurance
Outpatient Private Duty Nursing	In Full – No Copay	80% coinsurance
Maternity: Initial visit to determine pregnancy All subsequent Prenatal visits, Postnatal visits and Delivery Hospital/Birthing Center	\$10 Copay per Visit In Full – No Copay	80% coinsurance

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PREFERRED PROVIDER ORGANIZATION BENEFIT SUMMARY

Benefits	<i>HORIZON BLUE CROSS BLUE SHIELD OF NJ Preferred Provider Organization-Coinsurance</i>	
	<i>In-Network</i>	Out-of-Network
Organ Transplants: (Includes all medically appropriate, non-experimental transplants) Inpatient Facility Physician's Services	I In Full – No Copay	80% coinsurance
Durable Medical Equipment	\$10 Copay	80% coinsurance
External Prosthetic Appliances	\$10 Copay	80% coinsurance
Mental Health: <u>Inpatient</u> up to 30 days/calendar year; \$50,000 lifetime maximum <u>Outpatient:</u> up to 60 visits/calendar year; up to \$2,500 per calendar year; \$50,000 lifetime maximum	100% Coinsurance \$25 Copay per Visit	80% coinsurance 50% coinsurance
Drug Abuse Rehabilitation: <u>Inpatient</u> up to 30 days/calendar year; \$50,000 lifetime maximum <u>Outpatient:</u> up to 60 visits/calendar year; up to \$2,500 per calendar year; \$50,000 lifetime maximum	100% Coinsurance \$25 Copay per Visit	80% coinsurance 50% coinsurance

<p>Dental Care: Limited to accidental injury of sound and natural teeth sustained while covered under the Medical plan.</p>	<p>Not applicable</p>	<p>80% coinsurance</p>
<p>Prescription Drugs:</p>	<p>Effective 11/1/00 \$6 copayment: Name Brand \$3 copayment: Generic \$0 copayment: Mail Order</p>	
<p>Preadmission Certification – Continued Stay Review (required for all Inpatient Admissions)</p>	<p>Mandatory 20% penalty reduction up to \$500 applied to hospital inpatient charges. Contact Contemporary Health Care Management (CHCM) to request reduction (employee responsible for contacting CHCM). 20% reduction up to \$500 for any admission reviewed by CHCM and not certified. 20% reduction up to \$500 (room and board) for any additional days not certified.</p>	