
 MICHAEL REEBER
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MEA-NEA Local 1, CHIPPEWA VALLEY AND THE Chippewa Valley Board of Education agree to the following:

Article IV changes

SPLITS

A SPLIT CLASS IS A CLASS WITH STUDENTS IN TWO GRADES (EX. 1ST/2ND) THE MINIMUM FOR SPLIT CLASSES SHALL BE 25 STUDENTS. IT IS AGREED THAT A SPLIT CLASS DOES NOT HAVE TO BE IN BALANCE WITH OTHER SECTIONS OF THE GRADE LEVEL.

ALL VOLUNTARY REQUESTS FOR THE SPLIT ASSIGNMENT, FROM THE GRADE LEVELS AFFECTED, WILL BE CONSIDERED FIRST. IF THERE ARE NO VOLUNTEERS THEN THE LEAST SENIOR TEACHER IN THE GRADE LEVEL AFFECTED WILL BE ASSIGNED TO THE SPLIT. THE TEACHER WILL ACCRUE SENIORITY IN THE GRADE LEVEL THEY WERE PREVIOUSLY IN.

FULL DAY KINDERGARTEN

IN THE EVENT THAT THE DISTRICT ESTABLISHES A FULL DAY KINDERGARTEN PROGRAM, IT IS AGREED THAT THE TEACHER WILL KEEP THE SAME STUDENTS IN BOTH SESSIONS. THE FULL DAY KINDERGARTEN CLASS DOES NOT NEED TO BE IN BALANCE WITH THE HALF DAY SESSIONS.

ASSIGNMENT TO THE FULL DAY KINDERGARTEN PROGRAM WILL BE BASED ON SENIORITY. THE MOST SENIOR KINDERGARTEN TEACHER IN THE BUILDING WHO REQUESTS THE FULL DAY ASSIGNMENTS SHALL BE ASSIGNED THE CLASS.

CLASS SIZE

MIDDLE SCHOOL INSTRUMENTAL MUSIC	48
MIDDLE SCHOOL MUSIC TEACHER PAID FOR UP TO TWO ADDITIONAL STUDENTS	50
(SALARY/#OF DAYS/CLASS MAX/5 HOURS=RATE PER STUDENT PER DAY FOR EACH STUDENT OVER MAXIMUM CLASS SIZE)	
MIDDLE SCHOOL ART	30
MIDDLE SCHOOL PHYSICAL EDUCATION	35
HIGH SCHOOL PHYSICAL EDUCATION	35

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ARTICLE XVIII
LEAVES OF ABSENCE WITH PAY

A. Teachers will have eleven (11) days a year allotted as sick days, with two hundred fifty (250) days accumulation.

As an incentive to save sick days, a teacher who has an employment relationship with the Chippewa Valley Board of Education for at least twenty (20) years and has a minimum of one-hundred (100) personal accumulated sick days may convert sick days to vacation days. The number of vacation days shall be calculated based on the following formula:

$[(\text{Number of sick days}-50) \text{ times } 95\% \text{ of current substitute rate}] \text{ divided by } (\text{contract amount divided by } 184) = \text{number of vacation days}$

LEAVES OF ABSENCE WITH PAY-Cont'd.

Examples:

Years of Service - 23
Accumulated Sick Days - 200
contract amount - \$81,346

$[(200-50)*.95*\$75]/(\$81,346/184)$
 $[150*\$71.25]/\442.10
 $\$10,687.50/\$442.10=$
24.17 Vacation Days

Years of Service - 36
Accumulated Sick Days - 125
contract amount - \$63,929

$[(125-50)*.95*\$75]/(\$63,929/184)$
 $[75*\$71.25]/\347.44
 $\$10,687.50/\$347.44=$
15.38 Vacation Days

The percentage may be changed on an annual basis depending on the costs incurred by the district. This percentage must be mutually agreed to by both parties.

Vacation day pay shall be included in the pay check for the pay period following the pay period during which the vacation day(s) was scheduled.

These monies shall be placed in the teacher's 403b account as a non-elective employer contribution. No employee shall have a cash option to this employer contribution.

~~For the 2003-2004 school year a teacher may use a maximum of 25 vacation days.~~

~~For the 2004-2005 school year a teacher may use a maximum of 15 vacation days.~~

For the 2005-2006 school year and thereafter, a teacher may use a maximum of 10 vacation days per year.

The maximum number of sick days that can be converted to vacation days during a teacher's employment with Chippewa Valley is two hundred (200).

Any exceptions to the above day limits may be mutually agreed to by the Association and the Board.

Vacation days shall be scheduled by the teacher. Vacation days must be scheduled for a calendar day other than one of the minimum required workdays (as defined in this agreement) of the school fiscal year.

It is only necessary to qualify once in regard to the one-hundred (100) day accumulation of sick days.

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MICHAEL REEBER
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B. ~~Leaves of absence with pay, chargeable against the teacher's allowance, shall be granted upon notification to the Board office one (1) week prior to the anticipated absence, except in emergency situations, for the following reasons:~~

SICK DAYS MAY BE USED FOR THE FOLLOWING REASONS:

1. a. Personal illness or a critical illness in the immediate family.
- b. When emergency illness in the family requires a teacher to make arrangements for necessary medical or nursing care.
- c. Attendance at own graduation to receive a degree, for such portion of the day as is necessary.
- d. One day, unless travel warrants additional time, for attendance at the school graduation of a son, daughter, husband, or wife.
- e. Time necessary for funeral of person whose relationship warrants such attendance.
- f. Time necessary to adopt a child. This is limited to the use of the individual's own sick days to a maximum of six (6) weeks.
- g. INSERT OLD G. HERE
A teacher may use her sick leave days for disability due to pregnancy or childbirth, or medical condition related to pregnancy or childbirth.

2. a. Five (5) days shall be allowed for any business at the teacher's discretion. A MAXIMUM OF THREE (3) PERSONAL BUSINESS DAYS MAY BE USED CONSECUTIVELY WITHOUT THE APPROVAL OF THE SUPERINTEDENT. ONE (1) WEEK ADVANCE NOTICE ON THE APPROPRIATE DISTRICT FORM IS REQUIRED. ~~These days may not be used consecutively without the approval of the Superintendent/Designee.~~ These days may not be used the day before or the day after a holiday or the first or the last week of school, without the approval of the Superintendent.

b. FURTHERMORE, Consecutive personal business days may be used without the approval of the Superintendent/Designee for the following purposes:

- (1) Moving
- (2) Obligation to immediate family, such as attendance at a wedding.
- (3) Marriage when employee is bride, groom, or member of the official wedding party.
- (4) The closing on the purchase of property which necessitates more than one day due to the distance traveled.

(5) Legal proceedings

Other circumstances for consecutive business day usage may be approved by the Superintendent/Designee.

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C. A teacher who is absent because of injury compensable under the Michigan Worker's Compensation law shall receive from the Board the difference between the allowance under the Worker's Compensation law and his regular salary for the duration of the school year, with no subtraction of sick leave.

B. Leaves of absence with pay, not chargeable against the teacher's allowance:

- (1) Death Leave - up to five (5) days because of each death in the immediate family, beginning at the date of death and within one week after death. One day only will be allowed upon the death of a grandparent, grandchild, uncle, aunt, first cousin, niece or nephew, brother-in-law, sister-in-law, daughter-in-law, son-in-law. Immediate family defined: mother, father, mother-in-law, father-in-law, brother, sister, son, daughter and spouse.
- (2) When a teacher is called for jury duty. Amount equal to jury pay to be deducted.
- (3) Court appearance as a witness in any case connected with teacher's own employment or when subpoenaed to attend any proceeding.
- (4) Visitation at other schools and attendance at educational conferences or functions when approved by the Superintendent/Designee.
- (5) Time necessary to take the selective service physical examination.
- (6) Teachers selected by the Association, at the Board's request, to aid the School District in hiring new teachers.

E. Communicable Diseases

1. A teacher absent from work due to an outbreak in his/her school of mumps, scarlet fever, measles, chicken pox, scabies or lice, or conjunctivitis shall suffer no loss of compensation when contracting said disease, and shall not be charged with loss of sick leave days.
2. In the event the Board of Education authorizes the development or subsequent revision of Board Policies and/or Administrative Regulations dealing with communicable diseases, the employer will provide the Association, prior to adoption or implementation, with notice and opportunity to bargain on said policies and/or regulations as they impact the working conditions and health and safety of teachers.

LEAVES OF ABSENCE WITH PAY-Cont'd.

F. Routine health examinations and dental appointments should normally be scheduled outside the school day.

G.INSERTED AFTER 1.F H. Sick days shall be posted on paychecks twice a year, near the end of each semester.

It is understood that sick days or personal leave days should not be used to extend holiday periods.

J. It is understood that an employee will not receive more than 100% of his/her regular base salary (salary as reflected in Appendix B Salary Schedule) amount from the Board and/or Board paid insurance programs. This does not preclude the employee from collecting other monies from damages, legal judgments, or settlements.

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MEA-NEA Local 1, CHIPPEWA VALLEY AND THE Chippewa valley Board of Education agree to the following:

PAY OPTIONS ARTICLE XXV-EFFECTIVE FOR THE 2007-08 CONTRACT YEAR

TEACHERS SHALL BE PAID TWICE A MONTH, ON THE 15TH AND 30TH.

Teachers shall select (1) of the following options:

24 PAYS

19 PAYS

24 PAYS WITH THE LAST FIVE (5) IN A LUMP SUM PAYMENT ON THE LAST PAY DAY OF THE REGULAR SCHOOL YEAR.

**COMPUTER EDUCATION CURRICULUM COUNCIL ARTICLE XV
CHANGE TO INFORMATION TECHNOLOGY**

* **TEACHER TECHNOLOGY INITIATIVE**
TEACHERS MAINTAIN EQUIPMENT RECEIVED UNDER TTI GRANT

ARTICLE XXIII
INSURANCE PROTECTION

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A. HEALTH INSURANCE

1. Each teacher covered by this Agreement shall be eligible to receive hospital MEDICAL and surgical insurance benefits under the Blue Cross/Blue Shield HMS COMPREHENSIVE PLAN CURRENTLY IDENTIFIED AS CHIPPEWA VALLEY SCHOOLS #68457-002MVF II, ~~Master Medical Option II \$100/\$200 deductible/90% co-pay/\$1,000 co-pay maximum per calendar year with the FAE RC and WITH Preferred Prescription Drug Program (\$5 GENERIC/\$10 BRAND NAME FIXED DOLLAR Co-Pay) riders and additional riders as described in Appendix C "Description of HMS COMPREHENSIVE Traditional Chippewa Valley Teacher Blue Cross/Blue Shield Health Care Insurance Program." (Traditional Chippewa Valley Teacher Blue Cross/Blue Shield Plan.)~~

2. ~~A member may choose, as an alternative to the Traditional Chippewa Valley Blue Cross/Blue Shield Plan, to have a Blue Cross/Blue Shield Preferred Provider Option Plan (Chippewa Valley Teacher PPO) for hospital and physician services, laboratory services, and prescription plan identical to the Blue Cross/Blue Shield Plan described above with the following additions to coverage:~~

~~The Preferred Provider Option Plan (Chippewa Valley Teacher PPO) provides 100% reimbursement of reasonable and customary charges to physicians for covered services once the deductible has been met. Home, office and outpatient visits and outpatient consultations personally performed by a physician are covered. The following additional services are included:~~

- ~~(a) Well baby care for children up to one (1) year old.~~
- ~~(b) Immunizations for children to age six (6).~~
- ~~(c) Allergy testing paid at 100%.~~
- ~~(d) Medical emergency treatment~~

~~The only exception to the Traditional Chippewa Valley Teacher Blue Cross/Blue Shield Plan is that the Blue Cross/Blue Shield Preferred Provider Option (Chippewa Valley Teacher PPO) is not compatible with Medicare.~~

3. BECOMES 2. The Board shall pay the cost of the Blue Cross/Blue Shield plans above.

If during the life of this agreement a Government Insurance Plan affects the benefits described in Article XXIII, the parties agree to negotiate its impact. If a plan is mandated, which reduces the benefits described in this agreement, the Board and the Association agree to negotiate the impact on the members.

B. OPTIONS TO HEALTH INSURANCE

Employees not wishing health care protection may apply the equivalent of an individual employee's HMS COMPREHENSIVE ~~Traditional Chippewa Valley Teacher Blue Cross/Blue Shield plan (paragraph A 1) premium toward the following options:~~

1. Dependent Term Life Insurance

3. A cash payment in compliance with Article XXVI, paragraph R.

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C. PART TIME EMPLOYEE OPTIONS

Teachers employed on a part time basis may apply a percentage of the actual dollar cost of an individual employee's ~~Traditional Chippewa Valley Teacher~~ HMS COMPREHENSIVE Blue Cross/Blue Shield plan (paragraph A 1) premium toward any of the following:

1. Blue Cross/Blue Shield Plan (paragraph A)
2. A cash payment of \$32.00 per month in compliance with Article XXVI, paragraph R.
3. Dependent Term Life Insurance

This percentage shall be equal to the percent of the teaching load for which they have been employed.

D. LIFE INSURANCE

1. The Board agrees to provide term life insurance in the amount of \$75,000 for school year 1996/97 and thereafter. In the event of accidental death, the insurance will pay double the specified amount. In the event of accidental dismemberment the insurance will pay according to the schedule. The Board retains the right to select the carrier.
2. The Board agrees to offer, at the employee's expense, dependent life insurance for the employee's spouse and each dependent child.

E. DENTAL INSURANCE

1. For those members of the bargaining unit who are not covered by other dental insurance, the Board will provide a dental insurance plan with Delta Dental Plan "Auto + " with Orthodontic Rider or equivalent coverage. The Board retains the right to select the carrier. There shall be a combined maximum of \$1,300 on Class I and II benefits per year. The Orthodontic Rider shall specify a lifetime maximum of \$1,800 on Orthodontic coverage at 90% of reasonable and customary fees.
2. For those members of the bargaining unit who are covered by other dental insurance (including District provided insurance) the Board will provide Delta Dental Plan C with Orthodontic Rider or equivalent coverage with internal and external coordination of benefits as the basis for minimum coverage. The Board retains the right to select the carrier. There shall be a combined maximum of \$1,000 on Class I and II benefits per year. The Orthodontic Rider shall specify a lifetime maximum of \$1,200 on Orthodontic coverage at 50% of reasonable and customary fees.

INSURANCE PROTECTION – Cont'd.

3. Any changes in benefits provided in the above mentioned plans in 1 and 2 above after September, 1990, must be mutually agreed to by the Parties.
4. IN THE EVENT THE BOARD IMPLEMENTS A DIFFERENT NETWORK AND/ OR PROVIDER FOR DENTAL COVERAGE, THE LEVEL OF BENEFITS WILL NOT BE LESS THAN PROVIDED BY DELTA DENTAL PLAN (AUTO +).

F. LONG TERM DISABILITY

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The Board shall provide a Long Term Disability Plan which will guarantee 66 2/3% of a teacher's contract amount after a waiting period of 120 calendar days. Such policy shall include recurrent disability, rehabilitation, two-year own occupation, and social security freeze provisions. The Board will pay the full premium cost and the Board shall select the carrier. While on Long Term Disability the Board shall provide only health insurance, as long as the teacher was enrolled in Chippewa Valley Health Insurance at the time they became disabled. It will be provided in the following manner:

1. Teachers who have served in the district for one to five (1-5) years shall receive six (6) months of Board paid health insurance benefits.
2. Teachers who have served in the district for over five (5) years but less than ten (10) years shall receive twelve (12) months of Board paid health insurance benefits.
3. Teachers who have served in the district for ten (10) or more years shall receive eighteen (18) months of Board paid health insurance benefits.

G. VISION PLAN

The Board will provide teachers optical insurance. The basis for coverage shall be the M.E.S.S.A. VSP-3, or equivalent coverage. The Board retains the right to select the carrier. When both spouses work in the District as teachers, the Board shall be obligated to pay only one premium. Any changes in benefits provided in M.E.S.S.A. VSP-3 after September, 1990, must be mutually agreed to by the parties.

- H. The insurance benefits provided in this section shall begin when the teacher has properly completed the necessary forms and actually begins (continued) employment. The Board's responsibility to pay premiums on such insurance shall terminate when the teacher's employment is terminated or when the teacher is on a leave of absence without pay, except as specifically provided for elsewhere in this Agreement. The Board shall be responsible for providing all necessary forms.
- I. The terms of any contract or policy issued by an insurance company hereunder shall be controlling as to all matters concerning benefits eligibility and termination of coverage and other required matters except as provided by Federal and/or State Law.
- J. The Board, by payment of the premium payments required to provide the coverage set forth, shall be relieved from all liability with respect to the benefits provided by the insurance coverage's as above described.
- K. Subject to the terms of the contract with the respective insurance carriers, it is the intent of the parties that insurance benefits provided for in this Article shall commence on the first working day of teachers and that coverage shall be paid for by the Board continuously for the duration of the Agreement as long as the teacher is employed by the Board. The parties agree that benefits earned during the school year shall be provided for the full year.

APPENDIX A2
SCHOOL CALENDAR 2007-08

Dr. J. J. J.
MICHAEL REEBER
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AUGUST 27	Teacher Association Meeting (A.M.) Teacher Report to Building (P.M.)	
AUGUST 28	Professional Development-All Day	
SEPTEMBER 4	Classes Begin	
NOVEMBER 21, 22, 23	Thanksgiving Break	
DECEMBER 21	Holiday Break begins at the end of the day	
JANUARY 7	Classes Resume	
JANUARY 21	Martin Luther King Jr. Day-No Students Teacher full day staff development	
JANUARY 25	End of First Semester:	Students (A.M.) – 90 days Records (P.M.)
FEBRUARY 8	Mid-Winter Break begins at the end of the day	
FEBRUARY 18	Classes Resume	
MARCH 20	Spring Break begins at the end of the day	
MARCH 31	Classes Resume	
MAY 26	Memorial Day – No School	
JUNE 17	Last Day of School	Students (A.M.) Teachers – All Day
JUNE 18	Records Day*	

Dates for the following will be determined by a sub-committee of not more than three (3) administrators and three (3) teachers: APPOINTED BY THE ASSOCIATION. THIS COMMITTEE WILL MEET TO BARGAIN CHANGES TO THIS CALENDAR. ANY CHANGES MUST BE MUTUALLY AGREED TO BY BOTH PARTIES.

- Parent-Teacher Conferences 2 half-days and 2 evenings per semester (elementary and middle school)
- Parent-teacher conferences 1 half-day and 2 evenings per semester (high school)
- The Friday following evening conferences will be A.M. only for students. Teachers will receive compensatory time in the P.M. on this day (one-half (1/2) day compensatory time per semester). The evening Parent-Teacher Conferences will be scheduled so no level (elementary, middle, high school) will have conferences on the same night.
- MEAP test schedule 3 half (1/2) days high school only. Each teacher is responsible for administering the test on 2 of the half days and receiving professional development on the other half day.
- Elementary teachers shall have one-half (1/2) professional development day to review curriculum related to the district assessment and MEAP tests. This day shall be scheduled during the last 2 weeks of the assessment testing window period.
- ~~Banked Professional Development Time~~
- Professional Development Day ~~three~~ TWO half (1/2) days first semester, ~~three~~ TWO half (1/2) days and one full day second semester
- 184 Teacher Days/~~181~~ 180 Student Days

*Records Day as per current Memo of Understanding - Honors Records Day

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CHIPPEWA VALLEY SCHOOLS						
SALARY SCHEDULE						
Increase the previous payscale by:				2006 - 2007		
1.5	percent					
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and CERT. + 30 HR or MSW	2nd M.A. or EC. and CEF	PH.D or ED.D and CERT.
0.0	36,400	41,050	42,776	44,500	46,224	48,387
0.5	38,086	42,736	44,463	46,185	47,872	50,071
1.0	39,771	44,422	46,150	47,872	49,596	51,758
1.5	42,097	45,281	47,013	48,731	50,680	53,261
2.0	44,422	46,150	47,872	49,596	51,758	54,771
2.5	45,281	47,013	48,955	50,680	52,828	56,495
3.0	46,150	47,872	50,030	51,758	53,912	58,221
3.5	47,013	48,955	51,541	53,260	55,419	59,949
4.0	47,872	50,030	53,045	54,771	56,928	61,678
4.5	49,166	51,316	54,772	56,495	58,655	63,402
5.0	50,455	52,616	56,497	58,221	60,379	65,125
5.5	51,758	53,911	58,221	60,155	62,324	66,857
6.0	53,045	55,196	59,939	62,100	64,260	68,568
6.5	54,345	56,495	61,890	64,047	66,207	70,517
7.0	55,598	57,794	63,826	65,988	68,134	72,454
7.5	57,144	59,307	65,768	68,147	70,293	74,614
8.0	58,649	60,808	67,713	70,305	72,455	76,767
8.5	60,591	62,745	70,083	72,455	74,614	79,136
9.0	62,536	64,686	72,455	74,607	76,767	81,511
9.5	63,612	65,770	74,826	76,982	79,136	83,664
10.0	64,863	67,033	77,194	79,357	81,511	85,827
10.5			79,563	81,726	83,883	89,865
11.0			82,121	84,270	86,419	90,741

TEACHER'S PAYCHECKS WILL BE ADJUSTED TO REFLECT THE SALARY INCREASE RETROACTIVE TO THE BEGINNING OF THE SCHOOL YEAR.

THIS ADJUSTMENT WILL BE DETERMINED BY A MUTUALLY AGREED UPON PROCEDURE.

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9/20/08

MICHAEL REEBER
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CHIPPEWA VALLEY SCHOOLS						
SALARY SCHEDULE						
Increase the previous payscale by:				2008 - 2009		
1.5	percent					
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and CERT. + 30 HR or MSW	2nd M.A. or EC. and CEF	PH.D or ED.D and CERT.
0.0	37,501	42,291	44,070	45,846	47,622	49,850
0.5	39,238	44,029	45,807	47,582	49,320	51,586
1.0	40,974	45,766	47,546	49,320	51,096	53,324
1.5	43,370	46,651	48,435	50,204	52,213	54,871
2.0	45,766	47,546	49,320	51,096	53,324	56,427
2.5	46,651	48,435	50,436	52,213	54,426	58,204
3.0	47,546	49,320	51,543	53,324	55,542	59,982
3.5	48,435	50,436	53,100	54,870	57,095	61,762
4.0	49,320	51,543	54,649	56,427	58,649	63,544
4.5	50,653	52,868	56,428	58,204	60,429	65,320
5.0	51,981	54,208	58,206	59,982	62,205	67,094
5.5	53,324	55,541	59,982	61,974	64,208	68,878
6.0	54,649	56,865	61,752	63,978	66,203	70,641
6.5	55,989	58,204	63,762	65,984	68,210	72,649
7.0	57,279	59,541	65,756	67,983	70,195	74,645
7.5	58,873	61,100	67,757	70,208	72,419	76,871
8.0	60,422	62,647	69,760	72,431	74,646	79,088
8.5	62,423	64,643	72,203	74,646	76,871	81,529
9.0	64,428	66,642	74,646	76,863	79,088	83,976
9.5	65,536	67,759	77,089	79,310	81,529	86,193
10.0	66,824	69,060	79,528	81,757	83,976	88,422
10.5			81,969	84,197	86,420	92,582
11.0			84,604	86,819	89,032	93,485

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CHIPPEWA VALLEY SCHOOLS							
SALARY SCHEDULE							
Increase the previous payscale by:				2007 - 2008			
1.5	percent						
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and ERT. + 30 HR or MSW	2nd M.A. or REC. and CEF	PH.D or ED.D and CERT.	
0.0	36,946	41,666	43,418	45,168	46,918	49,113	
0.5	38,658	43,378	45,130	46,878	48,591	50,823	
1.0	40,368	45,089	46,843	48,591	50,340	52,535	
1.5	42,729	45,961	47,719	49,462	51,441	54,060	
2.0	45,089	46,843	48,591	50,340	52,535	55,593	
2.5	45,961	47,719	49,690	51,441	53,621	57,343	
3.0	46,843	48,591	50,781	52,535	54,721	59,095	
3.5	47,719	49,690	52,315	54,059	56,251	60,849	
4.0	48,591	50,781	53,841	55,593	57,782	62,604	
4.5	49,904	52,086	55,594	57,343	59,535	64,354	
5.0	51,212	53,406	57,345	59,095	61,285	66,102	
5.5	52,535	54,720	59,095	61,058	63,259	67,860	
6.0	53,841	56,024	60,839	63,032	65,224	69,597	
6.5	55,161	57,343	62,819	65,008	67,201	71,575	
7.0	56,432	58,661	64,784	66,978	69,157	73,541	
7.5	58,002	60,197	66,755	69,170	71,348	75,734	
8.0	59,529	61,721	68,729	71,360	73,542	77,919	
8.5	61,500	63,687	71,135	73,542	75,734	80,324	
9.0	63,475	65,657	73,542	75,727	77,919	82,734	
9.5	64,567	66,757	75,949	78,137	80,324	84,919	
10.0	65,836	68,039	78,352	80,548	82,734	87,115	
10.5			80,757	82,952	85,142	91,213	
11.0			83,353	85,535	87,716	92,103	

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HMS Comprehensive Benefits-at-a-Glance for Chippewa Valley Schools #68457-002

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

Preventive Care Services

Health Maintenance Exam	Not covered
Routine Gynecological Exam Note: Benefits are payable once every 12 months.	Covered – 90%
Routine PAP Smear Note: Benefits are payable once every 12 months.	Covered – 90%
Well-Baby and Child Care	Not covered
Immunizations	Covered – 90%
Proctoscopic Exam	Not covered
Prostate Specific Antigen (PSA) Screening	Not covered

Mammography

Routine Mammography Screening Note: Benefits are payable for one baseline for ages 35-40, one annually after age 40.	Covered – 100%
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Physician Office Services

Office Visits – medically necessary	Covered – 90%
Outpatient and Home Medical Visits – medically necessary	Covered – 90%
Office and Outpatient Consultations – payable as office visits	Covered – 90%

Emergency Medical Care

Hospital Emergency Room	Covered – 100%
Ambulance Services – medically necessary	Covered – 90%; emergency treatment of accidental injuries and medical emergencies covered at 100%

Diagnostic Services

Laboratory and Pathology Services	Covered – 100%
Diagnostic Tests and X-rays	Covered – 100%
Therapeutic Radiology	Covered – 100%

Maternity Services Provided by a Physician

Prenatal and Postnatal Services	Covered – 100%
Delivery and Nursery Care	Covered – 100%

Hospital Care

Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies Note: Benefits are payable for unlimited days of care. Nonemergency services must be rendered in a participating hospital.	Covered – 100%
Inpatient Consultations	Covered – 100%
Outpatient Chemotherapy	Covered – 90%

Alternatives to Hospital Care

Skilled Nursing Care – in approved facilities only Note: Benefits are payable up to 730 days of inpatient care; days renew following 60 consecutive days from date of last discharge.	Covered – 100%
Hospice Care Note: Benefits are limited to dollar maximum that is reviewed and adjusted periodically.	Covered – 100%
Home Health Care	Covered – 100%
Home Infusion Therapy	Covered – 90%
BlueHealthConnection Program	Covered

10% Co-pay applies to dollar max *md*

Surgical Services

Surgery – includes presurgical consultations, related surgical services and medically necessary facility services by a participating ambulatory surgery facility	Covered – 100%
Voluntary Sterilization	Covered – 100%

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MICHAEL REEBER
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Human Organ Transplants

Specified Organ Transplants – in designated facilities only, when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504) Note: Benefits are payable up to \$1 million lifetime maximum per transplant type per member.	Covered – 100%
Bone Marrow Transplants – when coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504); specific criteria applies	Covered – 100%
Kidney, Cornea and Skin Transplants	Covered – 100%

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care Note: Psychiatric day treatment and psychiatric night treatment are covered in a participating hospital.	Covered – 100%, subject to \$1million lifetime maximum
Inpatient Substance Abuse Treatment Note: Benefits are payable for up to 45 days of care. Days renew following 60 consecutive days from date of last discharge.	Covered – 100%
Outpatient Mental Health Care – in participating facilities only Note: Benefits are payable up to 50 visits per calendar year.	Covered – 75%
Outpatient Substance Abuse Treatment – in approved facilities Note: Benefits are payable up to the state-dollar amount which is adjusted annually.	Covered – 100%

Other Services

Outpatient Diabetes Management Program – medically necessary	Covered – 90%
Allergy Testing and Therapy	Covered – 90%
Chiropractic Spinal Manipulation Note: Benefits are payable up to 38 visits per year.	Covered – 90%
Outpatient Physical, Speech and Occupational Therapy	Covered – 90%; accidental injuries covered at 100%
Durable Medical Equipment	Covered – 90%
External Prosthetic and Orthotic Appliances	Covered – 90%
Private Duty Nursing Services	Covered – 90%

Deductible, Copays and Dollar Maximums

Note: If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

Deductible	None
Copays	10% of approved amount for selected outpatient services, and 25% of approved amount for outpatient mental health services
Copay Dollar Maximum – excludes outpatient mental health care copays	\$1,000 per family per calendar year
Dollar Maximums	\$1 million lifetime per member and a separate \$1 million lifetime per member per covered specified human organ transplant type

Additional Riders

Rider EBMT, Experimental Bone Marrow Transplants	Establishes the criteria and clarifies which conditions are payable for experimental bone marrow transplants. Donors must meet genetic marker criteria. Requires prior approval by Blue Cross Blue Shield.
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Blue Cross
Blue Shield
of Michigan

A nonprofit corporation and an independent licensee of the Blue Cross and Blue Shield of Michigan

Michael Heeber
MICHAEL HEEBER
MJ

Blue Preferred Rx Prescription Drug Coverage with \$5 Generic/\$10 Brand Name Fixed Dollar Copay Benefits-at-a-Glance for Chippewa Valley Schools Group #68457-002

Network Pharmacy

Non-Network Pharmacy

Covered Services

Federal Legend Drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
State-controlled Drugs	Covered – 100% less plan copay	Covered – 75% less plan copay
Needles and Syringes – dispensed with insulin	Covered – 100% less plan copay for insulin	Covered – 75% less plan copay for insulin
Mail Order Prescription Drugs – up to 90-day supply of medication by mail from Merck-Medco Rx Services	Covered – 100% less plan copay	Not Covered

Copays

Generic Drugs	\$5 for each generic drug	\$5 for each generic drug
Brand Name Drugs	\$10 for each brand name drug	\$10 for each brand name drug
Out-of-Network Sanction	Not Applicable	25% plus applicable copay
Mail Order Prescription Drugs (Rider MOPD)	Copay for up to 90 day supply: \$5 for each generic drug; \$10 for each brand name drug	Not Applicable

Optional Riders

Rider CI, Contraceptive Injections, Rider PCD, Prescribed Contraceptive Devices and Rider PD-CM, Prescription Contraceptive Medications	Adds benefits for contraceptive injections, physician-prescribed contraceptive devices such as diaphragms and IUDs; and federal legend oral or injectable contraceptive medications. Note: These riders are available only with prescription drug coverage. Riders CI and PCD are part of your medical-surgical coverage and are subject to the same deductible and copay, if any, you pay for medical-surgical services. Rider PD-CM is part of your prescription drug coverage and is subject to the same copay you pay for prescription drugs
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Note: A network pharmacy is a Preferred Rx pharmacy in Michigan or a Merck-Medco Managed Care PAID Prescriptions (PAID) Coordinated Care Network-Level III (CCN-III) pharmacy outside Michigan. A non-network pharmacy is a pharmacy not part of the Preferred Rx or PAID CCN-III networks.

This is intended as an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. For an official description of benefits, please see the applicable Blue Cross Blue Shield certificate and riders. Payment amounts are based on the Blue Cross Blue Shield approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.

LETTER OF UNDERSTANDING
BETWEEN CHIPPEWA VALLEY MEA-NEA, LOCAL 1 AND
CHIPPEWA VALLEY

Re:Fingerprinting

The District agrees to pay for the cost of fingerprinting of current employees as necessary and required by the state under the Pupil Protection Act.

Maryanne Levine

Maryanne Levine
President
MEA-NEA Local 1, Chippewa Valley

[Signature]

Michael Reeber
Assistant Superintendent
Chippewa Valley Schools

9-22-06

9/22/06

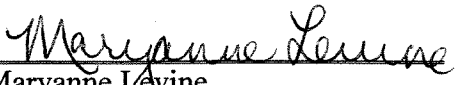
LETTER OF UNDERSTANDING
BETWEEN CHIPPEWA VALLEY MEA-NEA, LOCAL 1 AND
CHIPPEWA VALLEY

THE BOARD AND THE ASSOCIATION AGREE TO REFER THE FOLLOWING
ISSUES INTO A STUDY COMMITTEE COMPOSED OF REPRESENTATIVES
APPOINTED BY THE BOARD AND REPRESENTATIVES OF THE ASSOCIATION
WHO SERVED ON THE BARGAINING TEAM.

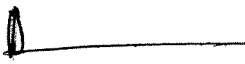
THE STUDY COMMITTEE AGREES TO DISCUSS ALL ISSUES LISTED BELOW:

- SOCIAL PROMOTION
- PRE-PAYMENT FOR PROFESSIONAL DEVELOPMENT
- SEPARATE CHECKS FOR ACTIVITIES OVER \$100
- STAGGERED START TIMES FOR NINTH GRADE CENTER
- TECHNOLOGY CONSULTANTS-DUTIES AND STIPEND

ALL DECISIONS MADE BY THE STUDY COMMITTEE REGARDING THE
ABOVE ISSUES MUST BE MUTUALLY AGREED TO BY BOTH PARTIES.



Maryanne Levine
President
MEA-NEA Local 1, Chippewa Valley



Michael Reeber
Assistant Superintendent
Chippewa Valley Schools

9-22-06

9-22-06

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8/9/06

MICHAEL REEBER
MR

CHIPPEWA VALLEY SCHOOLS						
SALARY SCHEDULE						
CASH PAYOUT		2006 - 2007				
0.5	percent					
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and CERT. + 30 HR or MSW	2nd M.A. or EC. and CEF	PH.D or ED.D and CERT.
0.0	182	205	214	223	231	242
0.5	190	214	222	231	239	250
1.0	199	222	231	239	248	259
1.5	210	226	235	244	253	266
2.0	222	231	239	248	259	274
2.5	226	235	245	253	264	282
3.0	231	239	250	259	270	291
3.5	235	245	258	266	277	300
4.0	239	250	265	274	285	308
4.5	246	257	274	282	293	317
5.0	252	263	282	291	302	326
5.5	259	270	291	301	312	334
6.0	265	276	300	311	321	343
6.5	272	282	309	320	331	353
7.0	278	289	319	330	341	362
7.5	286	297	329	341	351	373
8.0	293	304	339	352	362	384
8.5	303	314	350	362	373	396
9.0	313	323	362	373	384	408
9.5	318	329	374	385	396	418
10.0	324	335	386	397	408	429
10.5			398	409	419	449
11.0			411	421	432	454

THIS PAYMENT WILL BE ISSUED IN A SEPARATE CHECK PRIOR TO THE BEGINNING OF HOLIDAY BREAK FOR THE 2006-07, 2007-08, AND 2008-09 SCHOOL YEAR.

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9/20/06

MICHAEL REEBER
MR

CHIPPEWA VALLEY SCHOOLS						
SALARY SCHEDULE						
CASH PAYOUT		2007 - 2008				
0.5	percent					
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and CERT. + 30 HR or MSW	2nd M.A. or REC. and CEF	PH.D or ED.D and CERT.
0.0	185	208	217	226	235	246
0.5	193	217	226	234	243	254
1.0	202	225	234	243	252	263
1.5	214	230	239	247	257	270
2.0	225	234	243	252	263	278
2.5	230	239	248	257	268	287
3.0	234	243	254	263	274	295
3.5	239	248	262	270	281	304
4.0	243	254	269	278	289	313
4.5	250	260	278	287	298	322
5.0	256	267	287	295	306	331
5.5	263	274	295	305	316	339
6.0	269	280	304	315	326	348
6.5	276	287	314	325	336	358
7.0	282	293	324	335	346	368
7.5	290	301	334	346	357	379
8.0	298	309	344	357	368	390
8.5	308	318	356	368	379	402
9.0	317	328	368	379	390	414
9.5	323	334	380	391	402	425
10.0	329	340	392	403	414	436
10.5			404	415	426	456
11.0			417	428	439	461

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9-22-08 =

MICHAEL REEBER
MR

CHIPPEWA VALLEY SCHOOLS						
SALARY SCHEDULE						
CASH PAYOUT						
2008 - 2009						
0.5	percent					
STEP	B.A. and CERT.	B.A. and VOC. CERT.	M.A. and CERT.	M.A. and CERT. + 30 HR or MSW	2nd M.A. or EC. and CER	PH.D or ED.D and CERT.
0.0	188	211	220	229	238	249
0.5	196	220	229	238	247	258
1.0	205	229	238	247	255	267
1.5	217	233	242	251	261	274
2.0	229	238	247	255	267	282
2.5	233	242	252	261	272	291
3.0	238	247	258	267	278	300
3.5	242	252	266	274	285	309
4.0	247	258	273	282	293	318
4.5	253	264	282	291	302	327
5.0	260	271	291	300	311	335
5.5	267	278	300	310	321	344
6.0	273	284	309	320	331	353
6.5	280	291	319	330	341	363
7.0	286	298	329	340	351	373
7.5	294	306	339	351	362	384
8.0	302	313	349	362	373	395
8.5	312	323	361	373	384	408
9.0	322	333	373	384	395	420
9.5	328	339	385	397	408	431
10.0	334	345	398	409	420	442
10.5			410	421	432	463
11.0			423	434	445	467