Ratification Document for the Teacher Contract

between the
Milwaukee Board of School Directors
and the
Milwaukee Teachers' Education Association

July 1, 2009 - June 30, 2013

Introduction

This document includes all the tentative agreements for the 2009-13 teacher contract - the language changes and new salary rates/schedules.

Format of Language Changes

To distinguish the **new** language from **old** language which is deleted or remains unchanged:

♦New contract language is underlined. For example, March 1.

♦Old language to be deleted is shown with a strike through. For example, ~~April 1~~.

♦You will find several provisions where deleted **old** language (struck through) is followed by **new** replacement language (underlined). For example, ~~April 1~~ March 1.

The majority of language which is not struck through or underlined is old language which is **not** changed. It's printed to give you the context needed to understand how new and deleted language change the contract.

Negotiating Notes Explained

You will find several provisions under the heading "Negotiating Note." Although these notes are not underlined, they are new contractual agreements which the parties have agreed will **not** be printed in the contract booklet.

Document in Five Groups Sections

his document is arranged into five distinct groupings. It's designed to help you find items of special interest to you. For example, the 191-Day salary schedule, the one for the vast majority of teachers, is on the back - page 32.

The tentative agreements are arranged in the following five groups:

1. Provisions affecting all or most teachers are on pages **3-5**.
2. The health insurance changes are on pages **6-18**.
3. New provisions tht affect relatively few teachers are on pages **19-23**.
4. The salary schedules affecting few teachers are on pages **24-30**.
5. The salary rates and schedules for most teachers on are pages **31-32**.

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Modify Part I, Section C(1), to read as follows:

C. CONDITIONS AND DURATION OF THE CONTRACT

1. The contract shall remain in full force and effect as binding on the parties from July 1, ~~2007~~ 2009, to and including June 30, ~~2009~~ 2013. Salary and fringe benefits shall be effective July 1, ~~2007~~ 2009. Newly adopted language is not specifically retroactive unless specifically stated to be. The Board and the MTEA, for the life of this contract, each voluntarily and unqualifiedly waives the right and each agrees that the other shall not be obligated to bargain collectively with respect to any subject or matter referred to or covered in this contract or with respect to any subject or matter not specifically referred to or covered in this contract except as otherwise provided herein.

Modify all salary schedules, hourly rates, and additional pay provisions to reflect as follows:

July 1, 2009 0%

July 1, 2010 3.0% - two lump sum payments non-base-building

July 1, 2011 2.5% across the board

July 1, 2012 3.0% across the board

Modify Part IV, Section B(3), to read as follows:

3. BANKING TIME

a. ~~Individual schools seeking to bank time will be permitted to request a modification of the teaching day for the school year.~~ Each year, all schools shall modify the teaching day to bank time. The modification of the teaching day will require an increase in student contact time through a corresponding reduction of teacher preparation/special help supervision or team planning time. ~~c.~~ As the result of the lengthening of the pupil day, students will be dismissed on the same five full days on a districtwide basis. ~~The time will be used for activities leading to improved academic achievements (e.g., staff planning, staff development, and teacher preparation/planning). The teachers on the staff shall determine the use of at least half of each release block and may decide that such time will be available for individual preparation/planning.~~

b. For the 2010-2011 school year, use of the three remaining banking time days will be allocated as follows:

1) Two full days for centrally developed professional development.
2) One full day for individual teacher preparation/planning.
3) The scheduled use of the three banking days remaining in 2010-2011 will be:

January 24, 2011
- Centrally developed professional development – grades 9-12
- Individual preparation/planning – grades K-8

March 14, 2011
- Centrally developed professional development – grades K-8
- Individual preparation/planning – grades 9-12

May 20, 2011 (April 11, 2011 for IB schools)
- Centrally developed professional development – all grades

4) Teachers are guaranteed at least one full day for individual preparation/planning from the date of ratification through the end of their 2010-2011 school year.

~~b. Individual schools will be permitted to request a modification of the teaching day if at least 51 percent of the teachers on the staff at each school vote in favor of the full day student release time. The building representative in each school shall be responsible for conducting the vote of the teachers as well as reporting the vote and making a request in writing to the MTEA before implementation. Principals shall notify Administrative Accountability of the vote in writing.~~

c. For the 2011-2012 school year, use of banking time days will be allocated as follows:

Two full days for centrally developed professional development

Three full days for individual teacher preparation/planning

d. For the 2012-2013 school year, use of banking time days will be allocated as follows:

Two full days for individual preparation/planning
Three full days for centrally developed professional development

e. Thereafter, the above pattern of alternating the use of banking time days will continue.

~~d.~~ f. The workdays/hours of full-time traveling music teachers will not be reduced because of the release day.

Negotiating Note
The placement of the banking time days shall be a part of yearly calendar negotiations.

Modify Part IV, Section I, to read as follows:

a. The Board and the MTEA agree that annual inservice needs exist for the professional staff. As part of developing an annual inservice training program, teachers once every other year shall be surveyed as to suggestions for courses for inservice training. Where teachers are hired to teach the courses, they will be paid their individual hourly rate.

b. A Professional Development Committee shall be created totaling six (6) individuals. Three (3) of the individuals shall be selected by the MPS superintendent and three (3) shall be selected by the MTEA. The Professional Development Committee shall develop an on-line survey to gather teacher recommendations for inservice training. The survey shall be completed and provided to the MTEA and superintendent's office thirty (30) days prior to release of the professional development survey for review.

c. During the December monthly faculty meeting, the principal/school leader shall set aside an appropriate amount of time for staff to complete the aforementioned on-line staff survey to determine the professional development needs of teachers.

d.The results of the survey shall be compiled, categorized, and analyzed by the Professional Development Committee.

e. Based upon the results of the survey, the MPS Office of Professional Development shall develop inservices to be offered the following school year. A course catalogue shall be made available to all MPS staff by April 1 on the MPS Portal listing all courses which will be available the following school year. Courses shall be available for enrollment by June 1 for the following school year via the on-line registration system.

f. At the end of each course, participants shall have the opportunity to complete an on-line course evaluation. The evaluation form will be developed by the Professional Development Committee. Results of the evaluations shall be shared with the MTEA within ten (10) days after the inservice which is being evaluated.

g. In the event a teacher is recruited by the Office of Professional Development to lead one or more of the course offerings, that teacher shall be granted an appropriate amount of time to complete instructional requirements. The instruction of that course shall constitute professional development for teachers so identified. Such instructors shall be released for one (1) hour of preparation time or paid for one (1) hour of pay at their individual hourly rate for each hour of inservice instructional time.

h. Where inservice is deemed to be necessary, teachers will be paid for inservice as follows:

1) At their regular daily rate when the inservice is done during regular work hours.

2) At the part-time certificated rate when the inservice is done after school during a regular workday.

3) At their regular daily rate when the inservice is done on Saturdays or during the summer.

i. The teacher may choose to receive inservice credit rather than payment for the inservice.

j. When voluntary inservice is scheduled:

1) Inservice activities may be conducted on any day except Sundays, holidays, or recess periods (i.e., winter recess, spring recess, MTEA Convention).

2) It shall be scheduled for a time not to exceed the normal workday if conducted on Saturdays or during the summer. One hour within the day will be set aside as a paid break if the inservice is greater than five hours in length.

3) If the inservice is more than 2.5 hours and 5 hours or less, teachers will be entitled to a paid 15-minute break.

4) The MTEA shall receive a minimum of ten workdays notice of all inservice activities that are conducted outside the teachers regularly scheduled workday.

5) Any exceptions to the foregoing shall require prior written agreement with the MTEA.

Modify Part V, Section P(7), to read as follows:

a. A ~~tenured~~ teacher requesting an incompatibility transfer under Part V, Section P, shall ~~confer with his/her evaluator~~ reduce the reasons for his/her request for the transfer to writing. ~~Following this conference, an Incompatibility Transfer form shall be completed.~~ The teacher shall then submit the written request to the MTEA. After review of the written request, the MTEA will provide the written request to the Office of School Administration for review. After receipt of the request, the Office of School Administration will assign a regional executive specialist to confer with the principal regarding the request. If as a result of this conference, there is agreement that the teacher's request is appropriate, ~~T~~the teacher shall be transferred as of the earliest opportunity, the Incompatibility Transfer form shall be destroyed, and there shall be no documentation of the reassignment in the permanent file of the teacher.

b. If as a result of the conference between the principal and the regional executive specialist, there is disagreement with the teacher's request, the regional executive specialist will notify the Director of the Office

of School Administration and the MTEA. As soon as possible thereafter the principal, regional executive specialist, teacher, and the MTEA shall meet to review the teacher's request for the incompatibility transfer.

If as a result of this conference, there is agreement that the teacher should remain in his/her assignment, the teacher's Incompatibility Transfer form shall be destroyed and the teacher will remain in his/her assignment.

If as a result of this conference, there is disagreement as to whether the teacher should remain in his/her assignment, the Incompatibility Transfer form shall be destroyed and the teacher shall be transferred as of the earliest opportunity.

In either case, there shall be no documentation placed in the permanent file of the teacher.

~~b~~c. Teachers who have received an unsatisfactory evaluation form may not be reassigned under this provision.

~~e~~d. First year teachers who have been offered or are working with a mentor teacher pursuant to Part XII of the contract may not be reassigned under this provision.

~~d. Teachers in their second year of employment are eligible to transfer under this section in the second semester of their second year of employment (or 4th semester of employment). During the first semester of a teacher's second year of employment (or 3rd semester if hired mid year), he/she may file a "Request for Incompatibility Transfer" only if the teacher believes that he/she is not being adequately supported in his/her teaching position. In such situations, the teacher must file the "Request for Incompatibility Transfer — Second Year Teacher" with both the Department of Human Resources and the MTEA.~~

~~Within three workdays of notification, a three-person team made up of a representative designated by the MTEA, a representative designated by the district, and a representative from higher education mutually selected by MPS and the MTEA shall visit the school to which the teacher is assigned. The representative from higher education cannot be from the same higher education institution from which the teacher received his/her certification.~~

~~After meeting with the teacher, the principal, and/or other individuals with relevant information as to the teacher's concerns, it shall be determined whether or not the teacher has adequate support in his/her assignment. If there is consensus that inadequate support exists, the teacher's transfer request shall be granted. If there is not consensus among the three representatives of MPS, MTEA, and higher education, then a two-thirds majority will make the decision. If it is determined that adequate support exists, the teacher may transfer under the incompatibility transfer provision but not until the end of the semester.~~

~~If the team determines that there is not currently adequate support but that an intervention with specific recommendations for additional support from the team may remedy the situation, the teacher is either free to agree to the intervention efforts or transfer. If the teacher agrees to an intervention, but subsequently determines that it is ineffective or has not been implemented, he/she shall be granted the transfer.~~

~~e. Teachers in their third year of employment (or 5th and 6th semesters of employment) are eligible to transfer under subsection (a). If these teachers file a "Request for Incompatibility Transfer" form, the Department of Human Resources may contact the teacher by telephone and conduct an interview for the purpose of determining the teacher's reason(s) for transferring. In lieu of the telephone interview, the teacher may elect to participate in person at the Department of Human Resources and may be accompanied by a representative of his/her choice at the interview. The information from these interviews, either by telephone or in person, will be shared with the MTEA and will not be placed in the teacher's personnel file.~~

~~Part V, Section P(7)(d) & (e), shall sunset on June 30, 2010.~~

~~f~~e. An evaluation will not be completed to accompany the Incompatibility Transfer form. If the principal/evaluator who has signed the Incompatibility Transfer form completes an evaluation of the teacher under Part IV, Section M, of the contract which MBSD wishes to place in the teacher's permanent file, the MTEA shall receive notice of such evaluation. The MTEA can grieve it under the provisions of the contract, including any claim that the evaluation was improperly issued in retaliation for the incompatibility transfer request.

f. Teachers may only exercise the Incompatibility Transfer provision once every two school years.

g. Teachers may not transfer under this provision more than two times within any seven year period.

h. Teachers exercising incompatibility transfers the first time in a seven year period may waive the conference with the principal, regional executive specialist, teacher and MTEA and elect to be transferred as of the earliest opportunity.

j. Teachers reassigned under this provision shall be assigned in accordance with Part V, Section J.

k. No later than May 1st of each year a committee of three (3) MTEA representatives and three (3) administrators will conduct an assessment of the utilization of incompatibility transfers and report the results of the assessment to the respective parties no later than July 15.

Modify Part III, Section B(1)(a)(6) "Third Party Administration" to read:

Effective March 1, 2000, the Board's PPO indemnity health plan TPA shall be Aetna, Inc. Effective no sooner than April 1, 2011, the Board's PPO indemnity health plan TPA shall be United Healthcare (UHC). The Board shall give sixty (60) days notice as to the implementation of UHC as the TPA. Effective November 1, 2005, the TPA for the pharmacy network for the PPO indemnity health plan shall be Medco Health Solutions, Inc. (Medco).

Negotiating Note
An employee/dependent who is under an active course of treatment for pregnancy, illness, or injury with an Aetna network provider when the TPA becomes UHC, but the provider is not in the UHC PPO network, may finish treatment or continue treatment with the provider with benefits provided at in-network levels for a period not to exceed 90 days. Within 30 days after the implementation of UHC as the TPA, an employee must submit an application to UHC on its standard form to receive this benefit.

Add Part III, Section B(22):

Health Insurance Labor Management Committee

1. A joint committee shall be formed no later than January, 2011. The purpose of the committee is to provide a forum for raising issues and solving problems related to health insurance. The committee shall meet at least quarterly at mutually agreeable times and shall be held within two weeks of a request by either the administration or the MTEA committee members. The committee shall consist of an equal number of members (up to five each) appointed by the MBSD and the MTEA. It is understood that, from time to time, either the administration of the MTEA may bring additional individuals with specific knowledge necessary to the committee's work. The chair shall alternate between the MPS and the MTEA.

2. Topics which the committee may discuss include, but are not limited to;

a. Implementation of the TPA

b. Trends and issues related to service quality, coverage of medical services, cost containment, retiree health care costs and network providers

3. When appropriate, the committee shall refer an issue to the negotiation process.

Modify Part III, Section B(4)(a) to read:

a. Except as provided in 4(b) below, the Milwaukee Board of School Directors shall pay the full premium cost (single or family), including vision for eligible employee participation in the PPO indemnity health plan or 100 percent of the premium for the HMO/EPO plan, whichever the employee chooses. Employees on unpaid leave, self-paid retirement, and COBRA extension shall pay the full premium (after tax) as determined by the district.

Replace Part III, Section B(4)(b) with the following:

b. Effective August 1, 2011, a premium contribution shall be deducted from the base salary earnings ("contract Day") on each paycheck of employees enrolled (as contract holders) in the comprehensive PPO indemnity health plan or in the HMO/EPO plan, subject to the following:

1. An employee with single health insurance coverage shall contribute one percent (1.00%) of base salary earnings. An employee with family coverage shall contribute two percent (2.00%) of base salary earnings

2. Premium contributions shall not be deducted from earnings beyond the employee's normal workday and work year.

3. Premium contributions shall not be deducted from additional earnings during the employee's normal workday for class coverage, lunch duty, etc.

4. The employee's share of health and dental premiums will be paid through the MPS plan under Section 125 of the Internal Revenue Code. The employee shall automatically become a participant unless the employee elects not to participate.

5. Employees shall be required to make contributions for pay periods for which they do not receive a paycheck upon their return to pay status, including returning from unpaid FMLA. However, employees on an unpaid leave who are not on FMLA shall pay the full health insurance premium to maintain coverage.

6. The employee premium contribution provision shall not apply to employees who retire with Board-paid health insurance benefits from the Milwaukee Public Schools and shall not alter Part III, Section B(13) "Retiree Health".

Part III, Section B(1)(a)(15)

15) RAPS AND OTHE PROVIDER COVERAGE. When out-of-network radiology, anesthesiology, and pathology (RAPS) services are provided at an in-network facility (hospital or outpatient surgical facility) claims from the out-of-network providers shall be benefited after the deductible at 90 percent of the negotiated UCR allowances in accordance with Part III, Section B(1)(a)(12).

When an employee/dependent receives medical services at an in-network facility (hospital or outpatient surgical facility) and the admitting or attending physician is an in-network physician and it is medically necessary to use the services of a consulting, assisting, or other physician and out-of-network physicians are used, claims from these out-of-network physicians shall be benefited after the deductible at 90 percent of the negotiated UCR allowance in accordance with Part III, Section B(1)(a)(12). The provisions of this paragraph shall not apply if it is determined that the out-of-network physician was selected at the request or direction of the employee/dependent. The TPA shall process claims in accordance with the provisions of this paragraph. ~~Benefits paid under this paragrph shall be capped at $100,000 per fiscal year for 2002 2003,2003 2003, and 2004-2005. Commencing July 1, 2005, and until June 30, 3008 the MPS administration shall manually benefit claims in accordance with the provisions of this paragraph as claims are presented by the employees/dependents or union. representatives. Benefits paid under this paragraph shall be capped at up to $50,000 per fiscal year for 2005 2006 ($20,000 plus up to an additional $30,000 of carry over from unexpected funds from the 2004 2005 fiscal year.) Benefits paid under this pargraph shall be capped at the $20,000 per fiscal year for the 2006 2007 and 2007 2008. The provisions of this paragrph shall sunset en June 30, 2008. As soon as practicable after July 22, 2002 representatives of the MPS administration, the TPA, and the MPS unions shall meet with representatives of provider networks to attempt to ensure that when employees/dependents use n.etwerk hospitals and network admitting or attending physcisians, that out of netwerk consulting, assisting, and other physicians are not used unless specifically requested by employees/dependents.~~

In addition, the standard policies of the TPA shall apply to RAPS and other provider claims, as appropriate, when not specifically addressed above.

When an in-network physician provides office-based medical services, but uses out-of-network diagnostic or other provider services, the following shall apply:

a) If notified of such circumstances by the employee/dependent, the employer, the MTEA, or the TPA shall contact the network physician and remind him/her of the contractual obligation to use network providers.

b) Where deemed appropriate and to the overall benefit of creating a seamless provider network, the TPA shall initiate steps to bring the out-of-network provider into the network.

c) The TPA, the Board, and the MTEA shall use whatever means and take whatever steps are necessary to persuade the network physician and out-of-network provider to write off any deductible and co-insurance charge accruing to the employee/dependent.

Modify Part III, Section B(20)(f) to read:

…Qualifying employees for the second program year shall receive $250 contributed into a health reimbursement account by February 28, 2010, and qualifying employees who retire before payment shall receive $250 in cash by March 31, 2010. <u>Qualifying employees for the 2010 program year and subsequent years shall receive $350 contributed into a health reimbursement account by February 28th of the year following the year the incentive was earned and qualifying employees who retire before payment shall receive $350 in cash by March 31st in the year following the year the incentive was earned.</u>

Modify Part III, Section B(1)(a)(3) "Plan Design" to read:

3) **PLAN DESIGN**

a) In-Network. The PPO indemnity health plan shall be subject to an annual $100 per individual/$300 per family deductible, after which all covered medical services and supplies obtained in-network shall be subject to a 10 percent individual-paid co-insurance amount until the annual in-network co-insurance limit of $200 per individual/$600 per family is reached. Effective when UHC becomes the TPA but no sooner than April 1, 2011, the PPO indemnity health plan shall be subject to an annual $75 per individual/$225 per family deductible, after which all covered medical and supplies obtained in-network shall be subject to a 10 percent individual-paid co-insurance amount until the annual in-network co-insurance limit of $200 per individual/$600 per family is reached….

b) Out-of –Network. The PPO indemnity health plan shall be subject to an annual $100 per individual/$300 per family deductible, after which all covered medical services and supplies obtained out-of-network shall be subject to a 20 percent individual-paid co-insurance amount until the annual out-of-network co-insurance limit of $500 per individual/$1,500 per family is reached. Effective when UHC becomes the TPA but no sooner than April 1, 2011, the PPO indemnity health plan shall be subject to an annual $326 per individual/$500 per family deductible, after which all covered medical and supplies obtained out-of-network shall be subject to a 30 percent individual-paid co-insurance amount until the annual out-of-network co-insurance limit of $1,100 per individual/$2.800 per family is reached….

The in-network and out-of-network deductibles and co-insurance limits cross apply between in-network and out-of-network. Effective when UHC becomes the TPA but no sooner than April 1, 2011, the in-network and out-of-network deductibles do not cross-apply.

Negotiating Note
In the event that the TPA is unable to administer the cross-application of coinsurance, the Board shall make affected plan participants whole for any amount billed above the co-insurance limits.

Modify Part III, Section B(1)(a)(8) "Pharmacy Network" to read:

The pharmacy management prescription drug program offered by the TPA, containing a Milwaukee and national network of pharmacies, shall be made available to all participants in the PPO indemnity health plan. Prescription medications obtained from pharmacies in the network shall be subject to a10 percent co-pay off the discounted amount payable to the network pharmacy at the time medications are received. Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011. prescription medications obtained from pharmacies in the network shall be subject to a co-pay off the discounted amount payable to the network pharmacy at the time medications are received with a $3 co-pay for generics, a 10 percent co-pay for preferred brands with a $15 minimum, and a 20 percent co-pay for non-preferred brands with a $30 minimum. The TPA is solely responsible for establishing, revising, and administering the pharmacy network and the brand name formulary and the non-brand formulary. Participants in the PPO indemnity health plan shall be provided with a booklet listing the pharmacies which belong to the pharmacy network. The booklet shall also be provided to new plan participants upon enrollment and periodically to all participants as updates are prepared….

Modify Part III, Section B(1)(a)(9) "Mail-Order Pharmacy Program" to read:

Effective November 1, 2005, the mail-order prescription medication program offered through Medco shall be offered to MTEA-represented employees enrolled in the PPO indemnity health plan and shall require a $10 generic and $20 brand name co-payment by employees/dependents for a 90-day supply of medication per prescription. Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, the mail-order prescription program offered through Medco shall require a $6 tier 1 generic drug co-pay, a $30 tier 2 brand name formulary co-pay, and a $60 tier 3 brand name non-formulary co-pay by employees/dependents for a 90-day supply of medication per prescription. Medication shipments shall continue to be provided at no cost to employees/dependents.

Modify Part III, Section B(1)(a)(2) to read as follows:

SUMMARY DESCRIPTION. A summary description of some of the more important covered medical services and plan design features of the PPO indemnity health plan are listed below. Where there is a difference between negotiated contract language (contained herein) and language in the plan document, the negotiated contract shall govern. Where the contract is silent, the plan document shall govern.

Covered Medical Services/ Plan Design Features	**In-Network Payment***	**Out-of-Network Payment***
Plan Deductible (per calendar year; applies before co-insurance is payable. Deductibles for in-network and out-of-network are not combined.*****	$100 individual $300 family $75 individual***** $225 family*****	$100 individual $300 family $326 individual***** $500 family*****
Annual Co-Insurance Limit (excludes deductible and co-pays; once family co-insurance limit is met, all family members will be considered to have met their co-insurance limit for the remainder of the calendar year.)	$200 individual $600 family	$500 individual $1,500 family $1,100 individual***** $2,800 family*****
Lifetime Maximum	~~$2,382,000****~~ $2,882,000**** No lifetime limit beginning 1/1/11 ~~(indexed to the medical CPI adjusted each January 1 thereafter)***~~	~~$2.382,000****~~ $2,882,000**** No lifetime limit beginning 1/1/11 ~~(indexed to the medical CPI adjusted each January 1 thereafter)***~~

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

***Maximums are a combined limit for in-network and out-of-network.

****Lifetime maximum is a combined limit for benefits paid by any MPS self-funded health plan.

*****Effective when UHC becomes the new TPA but no sooner than 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Hospital Services		
Inpatient coverage	90% after deductible	80% after deductible 70% after deductible*****
Outpatient coverage	90% after deductible	80% after deductible 70% after deductible*****
Emergency room (for emergency as defined by the third party administrator [TPA]), including in-network and out-of-network physician services	$50 co-pay	$50 co-pay
Non-emergency use of the emergency room	50% after deductible	50% after deductible
Physician Services		
Office visits (non-surgical) to non-specialists	$10 co-pay	80% after deductible 70% after deductible*****
Routine physicals/immunizations: well-baby care to age 2 (up to 10 routine exams annually); children age 2+ to age 7 (2 routine exams annually); children age 7+ to adult (1 routine exam annually); adults (1 routine exam annually)	$10 co-pay (immunizations at 100% with co-pay waived for children, birth to age 6)	80% after deductible 70% after deductible***** (immunizations at 100% with deductible waived for children, birth to age 6)
Routine ob/gyn exam (1 routine exam per calendar year, including 1 pap smear and related fees)	$10 co-pay	80% after deductible 70% after deductible*****

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

*****Effective when UHC becomes the new TPA but no sooner than 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Routine mammography (One mammogram per calendar year for covered females 40 and over)	90% after deductible	80% after deductible 70% after deductible*****
Specialist (office visits)	90% after deductible	80% after deductible 70% after deductible*****
Surgery	90% after deductible	80% after deductible 70% after deductible*****
Physician in-hospital services	90% after deductible	80% after deductible 70% after deductible*****
Allergy testing and treatment	90% after deductible	80% after deductible 70% after deductible*****
Allergy injections	90% after deductible	80% after deductible 70% after deductible*****
Immunizations and injections	90% after deductible (immunizations at 100% with deductible waived for children, birth to age 6)	80% after deductible 70% after deductible***** (immunizations at 100% with deductible waived for children, birth to age 6)
Other physician services	90% after deductible	80% after deductible 70% after deductible*****
Maternity (coverage includes voluntary sterilization and voluntary abortion)	90% after deductible	80% after deductible 70% after deductible*****

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

*****Effective when UHC becomes the new TPA but no sooner than 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Contraceptives (including injectable contraceptives that are not self-administered and inserted and implanted contraceptive devices)	90% after deductible	80% after deductible 70% after deductible*****
Infertility Treatment Artificial insemination (6 cycles lifetime maximum). Advanced reproductive technology, including in vitro fertilization, GIFT, ZIFT to lifetime maximum of $30,000.	90% after deductible	80% after deductible 70% after deductible*****
Diagnostic X-Ray & Laboratory (other than physician's office)	90% after deductible	80% after deductible 70% after deductible*****
Durable Medical Equipment	90% after deductible	80% after deductible 70% after deductible*****
Prescription Drugs		
Retail pharmacies (local and nationwide)	100% after10% co-pay off discounted charge, for 30-day supply at Medco participating pharmacies	100% after a 20% co-pay for 30-day supply
Contraceptives (oral, transdermal, and intravaginal), fertility drugs (oral and injectable), and diabetic supplies included. No mandatory generics.		
	Tier 1 Generic $3***** Tier 2 Brand Name Formulary 10% with a $15 Minimum***** Tier 3 Brand Name Non-Formulary 20% with a $30 Minimum*****	100% after a 30% co-pay for 30-day supply*****

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

*****Effective when UHC becomes the new TPA but no sooner than 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Mail-order pharmacy program (Medco)	100% after $10 generic and $20 brand co-pay for a 90-day supply Tier 1 Generic $6***** Tier 2 Brand Name Formulary $30***** Tier 3 Brand Name Non-Formulary $60*****	N/A
Mental Health Services		
Inpatient coverage	90% after deductible up to 120 days per calendar year***	80% after deductible 70% after deductible***** up to 40 days per calendar year***
Outpatient coverage (including all mandated providers)	90% after deductible** up to 120 visits per calendar year***	80% after deductible** 70% after deductible***** up to 30 visits per calendar year***
Alcohol/Drug Abuse		
Inpatient coverage	90% after deductible up to 120 days per calendar year***	80% after deductible 70% after deductible***** up to 40 days per calendar year***
Outpatient coverage (including all mandated providers)	90% after deductible** up to 120 visits per calendar year***	80% after deductible** 70% after deductible***** up to 30 visits per calendar year***
Ambulance (covers medically necessary transportation only – if ambulance called unnecessarily, no coverage is provided)	100% (deductible waived)	100% (deductible waived)

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

**Does not apply to co-insurance limit and expenses continue to be subject to co-insurance.

***Maximums are a combined limit for in-network and out-of-network.

*****Effective when UHC becomes the TPA but no sooner that 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Short-Term Rehabilitation (acute conditions only)	90% after deductible	80% after deductible 70% after deductible*****
Organ Transplants (see National Program for Medical Excellence)	90% after deductible	80% after deductible 70% after deductible*****
Physical/Speech/Occupational Therapy (inpatient and out-patient)	90% after deductible	80% after deductible 70% after deductible*****
Radiation Therapy (inpatient and outpatient)	90% after deductible	80% after deductible 70% after deductible*****
Chemotherapy (inpatient and out-patient)	90% after deductible	80% after deductible 70% after deductible*****
Blood/Blood Plasma	90% after deductible	80% after deductible 70% after deductible*****
Chiropractic	90% after deductible up to 50 visits per calendar year***	80% after deductible 70% after deductible***** up to 50 visits per calendar year***
Oral Surgery (procedures covered by Aetna U.S. Healthcare on October 27, 2000)	90% after deductible	80% after deductible 70% after deductible*****
TMJ (surgical and non-surgical diagnosis and treatment)	90% after deductible	80% after deductible 70% after deductible*****
Prosthetic/Orthotic Appliances	90% after deductible	80% after deductible 70% after deductible*****

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

***Maximums are a combined limit for in-network and out-of-network.

*****Effective when UHC becomes the TPA but no sooner that 4/1/11.

Covered Medical Services/ Plan Design Features	In-Network Payment*	Out-of-Network Payment*
Podiatrist Services	90% after deductible	80% after deductible 70% after deductible*****
Weight Loss	90% after deductible	80% after deductible 70% after deductible*****
Urgent Care/Walk-In Clinic (not considered an emergency)	$35 co-pay	80% after deductible 70% after deductible*****
Skilled Nursing Facility	90% after deductible up to 120 days per calendar year***	80% after deductible 70% after deductible***** up to 120 days per calendar year***
Home Health Care	90% after deductible up to 120 visits per calendar year***	80% after deductible 70% after deductible***** up to 120 visits per calendar year***
Private Duty Nursing	90% after deductible up to 70 eight-hour shifts per calendar year***	80% after deductible 70% after deductible***** up to 70 eight-hour shifts per calendar year***
Hospice Care		
Inpatient coverage	90% after deductible up to 45 days***	80% after deductible 70% after deductible***** up to 45 days***
Outpatient coverage	90% after deductible up to a maximum benefit of $10,000***	80% after deductible 70% after deductible***** up to maximum benefit of $10,000***

*Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all medical services received for the remainder of the calendar year are benefited at 100 percent (except for: office visit, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse and non-emergency use of emergency room services; and penalty payments).

***Maximums are a combined limit for in-network and out-of-network.

*****Effective when UHC becomes the TPA but no sooner that 4/1/11.

Modify Part III, Section B(2) Dispute Resolution

a). Individuals, who believe they have been improperly denied benefits under the provisions of the PPO indemnity health plan or an HMO/EPO plan, shall first utilize and exhaust the appeal procedures available under their health plan.
If a claim denial is upheld in the plan appeal process, the individual may then file a request for ~~grievance under the previsions of the contract except that where the denial is based en the proper application of medical necessity criteria and/or general plan exclusions, it shall net proceed to arbitration~~. an independent review under the procedures set forth in b) below.

The MTEA may file a grievance over any matter involving a claim denial or any other matter involving a violation of the contract including:

1. Matters impacting a group of bargaining unit members.

2. Matters having a substantial impact on benefits provided under the plan.

Add the following NEW LANGUAGE:

b) Independent Review Procedure. The PPO indemnity health plan and any HMO/EPO plan shall each provide for review of any adverse benefit determination by an independent review organization (IRQ).

(1) To request an independent review, a plan member or his or her authorized representative shall file a written request with the TPA for independent review within 125 days after the member receives the TPA's final disposition of the internal appeal. The parties shall agree upon 3 independent review organizations (IROs) as the organizations to perform the independent review. A plan member shall be assigned one of the three IROs on a rotating basis. For each independent review in which it is involved, the Plan shall pay any fee required by the IRO.

(2) The plan will perform the preliminary review of the request as provided in paragraph A.2 of D.O.L. Technical Release 2010-01.

(3) Within 5 business days after the date of assignment of the IRO, the TPA shall submit to the IRO copies of all of the following:

a. Any information submitted to the TPA by the plan member in support of the member's position in the appeal process.

b. Any documents and information considered by the TPA in making the adverse benefit determination.

c. If the TPA falls to timely provide such documents and information, the IRO may terminate the external review and make a decision to reverse the adverse benefit determination. The IRO must provide written notice of its decision to the TPA and p member within one business day after making the decision.

(4) The assigned IRO will timely notify the claimant in writing of the request's eligibility and acceptance for external review. This notice will include a statement that the claimant may submit in writing to the assigned IRO within ten business days following the date of receipt of the notice of additional information that the IRO must consider when conducting the external review. The IRO is not required to, but may, accept and consider additional information submitted after ten business days.

(5) An independent review under this section shall not include appearances by the member or his or her authorized representative, any person representing the TPA or health plan or any witness on behalf of either the member or the TPA or health plan.

(6) Upon receipt of any information submitted by the member, the IRO shall within one business day forward the information to the TPA. Upon receipt of any such information, the TPA may reconsider its adverse benefit determination that is the subject of the external review. Reconsideration by the TPA must not delay the external review. The external review may be terminated as a result of the reconsideration only if the TPA decides, upon completion of its reconsideration, to reverse its adverse benefit determination and provide coverage or payment. Within one business day after making such a decision, the TPA must provide written notice of its decision to the member and the IRO. The IRO shall terminate the external review upon receipt of the notice from the TPA.

(7) The IRO will review all of the information and documents timely received. In addition to the documents and information provided, the IRO, to the extent the information or documents are available and the IRO considers them appropriate, will consider the following in reaching a decision:

a. The member's medical records;

b. The attending health care professional's recommendation;

c. Reports from appropriate health care professionals and other documents submitted by the plan, TPA, member or member's treating provider;

d. The terms of the plan to ensure that the IRO's decision is not contrary to the terms of the plan, unless the terms are inconsistent with applicable law;

e. Appropriate practice guidelines, which must include applicable evidence-based standards and may include any other practice guidelines developed by the Federal government, national or professional medical societies, boards and associations;

f. Any applicable clinical review criteria developed and used by the plan, unless the criteria are inconsistent with the terms of the plan or with applicable law; and

g. The opinion of the IRO's clinical reviewer or reviewers after considering the information described in this notice to the extent the information or documents are available and the clinical reviewer or reviewers consider appropriate.

(8) In reaching a decision, the IRO must review the claim de novo and is not bound by any decision or conclusions reached during the plan's internal claims and appeals process. A decision of an IRO must be consistent with the terms of the health plan under which the denial of the claim was made.

(9) The IRO shall, within 45 days after the IRO received the request for external review, make a decision on the basis of the documents and information submitted under this subsection. The decision shall be in writing, signed on behalf of the IRO and served by personal delivery or by mailing a copy to the member or his or her authorized representative and to the TPA and the Plan. A decision of an IRO is binding on the member, the plan and the Board.

(10) A plan member or his or her authorized representative may request an expedited review and must submit with the request all information that the plan member believes is pertinent to the claim and the request for expedited review.

(11) A plan member shall be entitled to expedited review in either of the following situations:

a. The member's health condition is such that following the procedure outlined in pars. (2) to (9) would seriously jeopardize the member's life or health or jeopardize his or her ability to regain maximum function;

b. The adverse benefit determination concerns an admission, availability of care, continued stay, or health care item for which the claimant received emergency services, but has not been discharged from a facility.

(12) Immediately upon receipt of a request for expedited review, the Plan shall determine whether the request meets the reviewability requirements for standard external review under applicable federal law. If eligible, the TPA shall immediately par. (1), and shall submit to the IRO within one business day after receiving the request for expedited review, electronically or by facsimile or any other available expeditious method, the information described in par. (2), along with the information submitted by the plan member pursuant to paragraph (10).

(13) Within 72 hours after its receipt of the submission described in par. (12), the IRO shall decide whether the request meets the requirements for expedited review set forth in par. (11), and shall notify the member and the TPA of its decision electronically or by telephone or facsimile or any other available expeditious method. If the notice is not in writing, within 48 assign an IRO, in the manner described in hours after the date of providing that notice, the IRO must provide written confirmation of the decision to the member and the TPA.

(14) If the IRO determines that the request meets the requirements for expedited review, the IRO shall, within the same 72-hour period described in par. (13), issue its external review decision and shall notify the member and the TPA in the manner described in par. (13).

15) If the IRO determines that the request does not meet the requirements for expedited review, it shall notify the member and the TPA of that decision in the manner described in par. (13) Thereafter the procedures set forth in pars. (2) through (9) shall apply.

(16) In the event there is a determination that any procedure or standard provided in this subparagraph (b) does not comply with federal or state mandates applicable to self-funded nonfederal governmental group health plans, the parties shall negotiate modifications necessary for such compliance.

(17) The internal appeal process and the independent review process shall be printed in the open enrollment book, including the address, fax number, and email address to which requests for independent review may be sent. The independent review process shall also be printed in the TPA's communication to the claimant of any adverse benefit determination in the internal appeal process.

Create a new Part III, Section 5(1)(b)(1)(d), to read as follows and reletter subsequent sections:

d) Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, Medco shall administer the retail prescription and mail-order pharmacy plans.

Add Part Ill, Section B(1)(b)(l)(e):

Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, the HMO/EPO plan shall be subject to an annual $50 per individual/$150 per family deductible.

Modify Part III, Section B(1)(b)(1)(b) and (c) "Health Maintenance Organization(HMO)/Exclusive Provider Organization (EPO) Options" to read:

b. The retail prescription mediation co-pay shall be 10 percent from a participating pharmacy for a 30-day supply. Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, the retail prescription medication co-pay shall be a $3 co-pay for generics, a 10 percent co-pay for preferred brands with a $15 minimum, and a 20 percent co-pay for non-preferred brands with a $30 minimum.from a participating pharmacy for a 30-day supply.

c. Effective November 1, 2005, the mail-order prescription medication program offered through the Choice EPO third party administrator shall be offered to MTEA-represented employees enrolled in the Choice EPO plan and shall require a $10 generic and $20 brand name co-payment by employees/dependents for a 90-day supply of medication per prescription. Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, the mail-order prescription program medication co-pay shall require a $6 tier 1 generic drug co-pay, a $30 tier 2 brand name formulary co-pay, and a $60 tier 3 brand name non-formulary co-pay for a 90-day supply of medication per prescription. Medication shipments shall continue to be provided at no cost to employees/dependents.

Negotiating Note
Early Retirement Reinsurance Program

The parties agree to follow the law regarding the use of Early Retirement Reinsurance Program funds. The MBSD agrees to discuss with the MTEA the use of the Early Retirement Reinsurance Program funds. The parties agree to reduce the outcome of the discussions to writing.

Modify Part III, Section B(17) to read:

The Board shall continue to pay the fall premium, single or family, as appropriate, for participation in the vision plan described below:

Participants may only obtain plan benefits from providers, including ophthalmologists, listed in the "Directory of Participating Vision Care Providers."

The vision plan shall be provided on the same basis to all active employees (including employees on leave) enrolled in the PPO indemnity health plan and to all employees (including employees on leave) and retirees enrolled in any of the HMO/EPO options offered by the Board.

Effective with the implementation of UHC as the TPA for the PPO indemnity health plan but no sooner than April 1, 2011, the vision plan shall no longer be provided to retirees enrolled in any of the HMO/EPO options offered by the Board.

Modification of Part III, Section B (1) (a) (6) (d)

d) After notice and discussion with the MTEA of the rationale for the need to rebid, the Board may rebid the TPA for the PPO indemnity health plan. Should the MTEA raise demonstrable and substantive performance deficiencies on the part of the TPA, the Board shall rebid the TPA. In this event, the current TPA may be excluded by either the MTEA or the Board. The Board shall not rebid or change the TPA(s) for this bargaining unit unless such rebid or change in the TPA is for all MTEA bargaining units. The change to any new TPA(s) shall apply to all MTEA bargaining units and have a uniform effective date. Any new TPA considered in the rebidding process must provide benefits that conform to all provisions of this contract and the negotiated plan document. The Board will provide the MTEA copies of the proposed bid specifications for review and analysis for conformance to plan benefits prior to bids being solicited. Upon conclusion of the rebidding process, the Board and the MTEA will meet to negotiate the selection of a new TPA.

Following selection of a new TPA, the Board shall conduct an annual performance audit of the TPA by an independent auditor, mutually selected by the parties, that shall include review of:

- ♦Claim denials based on lack of medical necessity and procedure/service deemed experimental/investigational and the resolution of appeals/independent review of denials;
- ♦Processing time for claims;
- ♦Provider complaints regarding unpaid claims;
- ♦Claims processing accuracy, including upcoding and unbundling of claims;
- ♦Processing time for pre-certification approval/denial;
- ♦Time for resolving patient and provider appeals;
- ♦Review of MTEA member survey regarding service by TPA.

The audit shall be designed jointly by MTEA and the Board, including the criteria and measures for acceptable performance by the TPA. The Board and the TPA agree to provide the information necessary to conduct the audit, including but not limited to the above items. If the audit finds unacceptable performance in accordance with the determined criteria and measures, the Board shall rebid the TPA. In this event, the current TPA may be excluded by either the MTEA or the Board.

Modify Part III, Section B(5) Dependent Eligibility to read:

Dependent coverage shall be provided to employee/dependents, and to domestic partners and domestic partner dependent children effective November 1, 2011 under the PPO indemnity health plan or the optional HMO/EPO plan in accordance with the following:

c. Domestic Partner—when in a domestic partner relationship with the covered employee for which an MPS affidavit is on file with the MPS Division of Benefits and Insurance Services. An individual is defined as a domestic partner if the individual and the employee:

1) Are the same or opposite sex
2) Are in a domestic relationship of mutual support, caring, and commitment, and intend to remain in that relationship
3) Are 18 year of age or older and competent to enter into a contract
4) Are not married to any other person
5) Are not related by kinship to a degree that would bar marriage in the state of Wisconsin
6) Live together in the same principal residence
7) Have not been in a domestic partnership with another individual during the six (6) months immediately preceding the application date

d. Domestic Partner Dependent Child—includes the following when the domestic partner is enrolled in an MPS health plan:

1) Natural or adopted child of the domestic partner
2) Legal Ward—a child for whom the domestic partner is the legal guardian and for whom the subscriber and/or domestic partner provides more than 50 percent of the child's support during a calendar year
3) Grandchild—a child of the domestic partner's dependent child for whom the subscriber and/or spouse provides more than 50 percent of the grandchild's support during a calendar year when the grandchild's parent is under age 18

Modify Part III, Section B(5)(c) to the following:

~~e~~e Coverage Ceases
1…..
2…..
3) Domestic Partner—coverage will end the earlier of the following:

a). As of the last day of the month that contains the date that any of the eligibility requirements for the domestic partner relationship are not met, including the termination of the domestic partner relationship.
b) As of the last day of the month of the subscriber's death, termination, layoff, reduction in hours, retirement, or resignation.
c) As of the subscriber's loss of eligibility due to nonpayment of premium.

4) Domestic Partner Dependent child
a) Marriage—coverage ends at the end of the month in which the child marries
b) Age 27–coverage ends at the end of the month in which the child attains age 27 unless they are employed and eligible for coverage under an employer-sponsored health insurance in which the child's costs are less than the parent's costs, regardless of support, unless prior to attaining age 27, the child is and continues to be both incapable of self-sustaining employment by reason or mental or physical disability and chiefly dependent upon the subscriber and/or subscriber's spouse for support and maintenance, and provided, however, that proof of such incapacity and dependency must be furnished by the subscriber to the employee's health plan, at no expense to the employee's health plan, within 31 calendar days of the child's attainment of age 27, and subsequently, when and as often as the employee's health plan may reasonably require, but not more frequently than annually after the two-year period following the child's attainment of age 27. An adult child who is not married and was called to federal active duty in the national guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher education and was under the age of 27 when called to federal active duty does not have coverage end until the child is no longer a full-time student, regardless of age)
c) Grandchild—coverage ends at the end of the month when the grandchild's parent of the domestic partner loses dependent status or the grandchild's parent turns age 18
d) Loss of Legal Status—coverage ends at the end of the month in which the child of the domestic partner no longer meets the definition of stepchild of legal ward. For example, a stepchild's parent is no longer the domestic partner of the subscriber.
e) Emancipation—coverage ends at the end of the month in which the child of the domestic partner is legally emancipated, even in the emancipation occurs prior to the attainment of age 19.
f) When the domestic partner's coverage terminates.
g) At the end of the month of the subscriber's date of termination, resignation, layoff, reduction in hours, retirement, or death.
h) As of the subscriber's loss of eligibility due to nonpayment of premium.

Add to Part III, Section B(5)(g): Addition of Domestic Partner and Domestic Partner Dependent Child
1) A subscriber can add a domestic partner and domestic partner dependent child(ren)
a) By completing and filing for an MPS Affidavit for Domestic Partnership and Enrollment Application

b) During an open enrollment period by completing and filing an MPS Affidavit of Domestic Partnership and Enrollment Appication before the end of the open enrollment period
c) Within 31 days of the employee's hire date by completing and filing an MPS Affidavit of Domestic Parntership and Enrollment Application
2) A subscriber can add a newborn or adopted child that is born to or place with the subscriber and/or domestic partner in accordance with Part III, Section B(5)(f) "Addition of Dependent".

Negotiating Note
The parties shall mutually agree upon the domestic partner affidavit and COBRA premium for imputed income.

Negotiating Note
Imputed Income: Domestic Partner and Domestic Partner's Dependent Children for Health and Dental Plan Coverage

The parties have agreed as follows regarding imputed income for domestic partner health and dental plan coverage:

The MTEA's and the Board's actuaries will determine the imputed income, using a mutually agreed to methodology (i.e. the actuarial value of the premium), for the domestic partner and for the children of the domestic partner.

Modify Part III, Section B(20) "Health and Productivity Management to read:

A health and productivity management (H&PM) program shall be established to promote the health and well-being of MPS employees, retirees, and their family members. Active employees, their spouses, dependents, and domestic partners and domestic partners' dependent children, and non-Medicare retirees and non-Medicare spouses of retirees enrolled in MPS health plans shall be eligible to participate, subject to the specific provisions set below…

Modify Part III, Section B(20)(e) to read:

The current health care flexible spending account program will be made available through the Board's vendor on a voluntary basis for employees enrolled as subscribers in an MPS health plan commencing no later than January 1, 2009. Employees will be permitted to make contributions via payroll deduction which shall be limited to those in accordance with Section 213 of the Internal Revenue Code and shall not exceed $2000 in a calendar year per employee (subscriber). The employee's share of the health and dental premiums will be paid through the MPS plan under Section 125 of the Internal Revenue Code. The employee shall automatically become a participant unless the employee elects not to participate. This program will be contingent on the federal government continuing to allow favorable tax treatment for such employee contributions. The Board will also establish a health reimbursement arrangement account by January 1, 2009, for employer contributions which shall be limited to those in accordance with Section 213 of Internal Revenue Code.

Modify Part III, Section B(20)(f) to read:

Case management, lifestyle management, and wellness activities shall be available…
Eligibility for Board contributions for earned incentive payments to an MPS sponsored health reimbursement arrangement account for the employee is expressly contingent upon the employee's (and spouse's and the domestic partner's) completion of the annual health assessment.

Modify Part III, Section B (20)(g) to read:

Effective July 1, 2007, the annual personal health assessment will be made to complete online on SHPS/ Staywell's website for MPS employees and spouses and domestic partners and non-Medicare retirees and non-Medicare spouses of retirees who are enrolled in an MPS health plan. StayWell will mail a paper personal health assessment to those individuals who request one. (Note: The paper personal health assessment must be requested by November 15 and returned by the annual December 15 deadline for the employee to be eligible to earn the health assessment health plan premium contribution waiver.)

During the annual open enrollment commencing in September, 2007, MPS employees and spouses and domestic partners and non-Medicare spouses will be reminded/advised to complete their annual health assessment by the annual deadline in order for active employees and spouses and domestic partners to earn

their annual health assessment health plan premium contribution waiver and incentive payment or in the case of non-Medicare retirees and non-Medicare spouses, the $25 equivalent payment incentive as provided in this agreement.

For active employees and spouses and domestic partners enrolled in a MPS health plan with an effective date on or before October 1 of that year and who each complete their annual personal health assessment by the annual December 15 deadline, the employee shall have the annual $200 health assessment premium contribution waived. For such employees and spouses and domestic partners who do not each complete the personal health assessment during the completion period, the employee will have a $100 health assessment health plan premium contribution deducted from his/her second paycheck in February and a $100 health assessment health plan premium contribution deducted from his/her second paycheck in March. (Note: New hires or employees returning from unpaid leave whose health benefits become effective November 1 or December 1 will be required to complete the annual personal health assessment starting in the following calendar year by the annual December 15 deadline to earn the health assessment health plan premium contribution waiver.) The parties agree that the timelines of this paragraph g shall be adjusted if 2005 implementation of the H&PM is delayed beyond July, 2005.

If either an active employee or the spouse or domestic partner of an active employee is medically unable to complete a personal health assessment, the annual health assessment health plan premium contribution shall be waived. The active employee or spouse or domestic partner of the active employee shall provide to Staywell, prior to December ~~1~~ 15 of that year, written certification from a physician that the employee or spouse or domestic partner is medically unable to complete a personal health assessment. If written certification is requested and not provided, a $100 health assessment health plan premium contribution shall be deducted from the second paycheck of February and a second $100 deduction shall be made from the second paycheck in March.

The parties agree that if the annual $200 health assessment health plan premium contribution for those employees/spouses/domestic partners who do not complete a personal health assessment does not produce 95 percent or greater completion of the personal health assessment by employees/spouses/domestic partners, the health assessment plan premium contribution shall be increased in subsequent school years as necessary until 95 percent or greater completion is achieved. The parties shall meet in May of each school year to agree upon the amount of the health assessment health plan premium contribution for the following fiscal year.

Modify Part III, Section G(1)(d) "Sick Leave" to read as follows:

…"Member of the immediate family" is defined as husband, wife, domestic partner, child, domestic partner's child, stepchild, brother, sister, parent, or stepparent, where they may reside, or other relatives living in the same dwelling unit.

Modify Part III, Section G(3)(a) and (c) "Absence on Account of Death" to read as follows:

a. If explicitly reported on the time sheet, absence of a regularly appointed teacher due to the death of a wife, husband, domestic partner, parent, parent-in-law, domestic partner's parent, stepparent, child, domestic partner's child, brother, sister, stepchild, or relative residing in the same household shall be permitted without loss of pay for not to exceed three full school days provided the days are used within the calendar week (any seven consecutive days) starting with the day of death.

b. In case the death of a relative, as listed in subsection 3(a) above, occurs when such relative is in the armed services of the United States, these provisions may apply to leave for the purpose of attending memorial or religious services held because of such death, without regard to the place where the death occurred or to the place where services are held.

c. Absence of one day without loss of pay within the calendar week, starting with the day of the death, shall be permitted in case of the death of a grandparent, grandchild, brother-in-law, sister-in-law, son-in-law, daughter-in-law, uncle, aunt, nephew, niece, ~~or~~first cousin, domestic partner's brother, sister, spouse of a domestic partner's child, or nephew or niece of a domestic partner.

Modify Part III, Section G(4)(h)(i) and (j) "Miscellaneous" to read as follows:

h. Absence to attend the graduation of a son or daughter or the domestic partner's son or daughter from high school or an institution of higher learning.

i. Absence due to the attendance at the employee's wedding, the employee's commitment ceremony, ~~or~~ the wedding of the employee's son or daughter, or the wedding of the domestic partner's son or daughter.

j. Absence due to the participation/involvement of the employee in the activities at the school of a son or daughter or the domestic partner's son or daughter with 48 hours prior notice to the principal, providing not more than 10 percent of the teachers (but not less than one nor more than five teachers) in each school will be using this leave at the same time.

Add a new Appendix B(10) as follows:

Athletics Labor Management Committee

a. A joint committee shall be formed no later than November 1, 2010. The purpose of the committee shall be to improve communication between the parties over issues related to school athletics, to review policies and procedures relating to athletics in the district, and to provide a forum for raising issues and solving problems.

b. The committee shall meet at mutually agreeable times to resolve issues of concern to both parties and provide reports in January and June of each year to the superintendent of schools and the executive director of MTEA. Such meetings must be conducted once a month, where a meeting is requested by either the administration or the MTEA committee. More frequent meetings will be held where the situation warrants.

c. The following criteria shall guide the committee in its work:

1. Does this promote healthy and fair athletic competition that benefits student athletics?
2. Is it good for parents?
3. Is it fair to coaches, teachers, and other staff?
4. Does it address the needs of student athletes and the school community?

d. The committee shall consist of an equal number of members appointed by the MBSD and the MTEA. It is understood that from time to time, either the administration or the MTEA may bring additional individuals, including parents and community representatives with specific knowledge necessary to the committee's work. The meeting location shall alternate monthly between the MPS and MTEA.

e. Topics which the committee may discuss include, but are not limited to:

1. The hiring process for athletic directors and coaches.
2. Job responsibilities and working conditions for athletic directors and coaches.
3. Making sure adequate/appropriate equipment and resources are made available to athletic directors and coaches to fulfill their contractual obligations and those of the athletic program.
4. Developing a system to ensure due process rights for athletic directors and coaches.
5. Develop a Handbook for MPS coaches and review as future needs dictate.

f. When appropriate, the committee shall refer an issue to the negotiation process.

Modify Appendix F to read as follows:

The Board shall apply the uniform transportation policy for employees providing their reimbursement for authorized travel of $12.125 $13.75 per day for "citywide authorized and reported travel ~~or $9.70 per day for "areawide" authorized and reported travel~~. Employees will have an option of selecting once yearly an alternative of ~~48.5¢~~ 55¢ per mile. The selection for the calendar year must be made prior to November 1 of each year for the succeeding calendar year and must be continued through the entire calendar year. The flat rate will be subject to the normal determination of travel which may include a list of destinations or schools to which an employee traveled. Selection of the ~~48.5¢~~ 55¢ per mile option will necessitate the employee filing a detailed statement on forms provided by the Board of monthly destinations, times traveled, and odometer readings. In the event the IRS increases changes the allowable mileage rate, this higher new rate shall replace the ~~48.5¢~~ 55¢ rate. The daily rate will also be adjusted to reflect ~~this increase~~ such change. Employees are strongly encouraged to turn in their reimbursement request by the end of the pay period in which the travel occurred.

~~Lower Rate~~

~~Traveling Music Teacher~~
~~Traveling Kindergarten Teacher~~
~~Guidance Counselors~~
~~Specialty Teachers~~
~~Speech Pathologists~~
~~Head Start~~
~~Curriculum/Learning Coordinator~~

~~Higher Rate~~

~~Coordinating Teachers of Cooperative Programs~~
~~Vocational Counselors~~
~~Diagnostic Teachers and Itinerant Diagnostic Teachers~~
~~Personal Assigned Case Manager Responsibilities~~
~~Human Relations Curriculum Coordinators~~
~~Human Relations Community Coordinators~~
~~Program Implementers~~
~~Social Workers~~
~~Occupational Therapists~~
~~Physical Therapists~~

~~Teachers who are required to travel from one duty site to another during the day and who are not included above will be added to the list if the type of travel required is comparable to that specified above.~~

~~Teachers of the four year old kindergarten programs are authorized to receive mileage reimbursement at the lower per diem rate in the mileage section of the contract for authorized travel for days on which they make home visits.~~

Modify Appendix H, to read as follows:

OUTSIDE EXPERIENCE CREDIT

The minimum salary shall apply to new social workers who have not had previous paid social work experience, thus not qualifying for state school social work certification. School social workers hired after January 1, 1976, shall be given credit for appropriate outside experience on the salary schedule, beginning one increment above the minimum up to five years paid experience. School social workers hired on or after July 1, 2010, shall be given credit for appropriate outside experience on the salary schedule, beginning one increment above the minimum up to seven years paid experience.

Modify Appendix 0, to read as follows:

SALARY SCHEDULE FOR
SCHOOL NURSES

~~JULY 1, 2007 – JUNE 30, 2008~~

MINIMUM	MAXIMUM	INCREMENT
~~$36,026~~	~~$52,729~~	~~$1,724~~

~~JULY 1, 2008 – JUNE 30, 2009~~
JULY 1, 2010 – JUNE 30, 2011

MINIMUM	MAXIMUM	INCREMENT
~~$36,927~~	~~$54,047~~	~~$1,767~~
$43,000	$60,095	$1,767

OUTSIDE EXPERIENCE CREDIT

Effective July 1, 2009, nurses shall be given credit for appropriate 36 hours per week or more outside Bachelors RN nursing experience on the salary schedule, beginning one increment above the minimum up to seven years paid experience.

Nurses with an earned Master's Degree in nursing or a related health field shall receive $500 (non-base building, above their annual salary per year).

PENSION

Effective July 1, 1996, the Board will pay 6.5 percent of the individual teacher's gross salary to the Wisconsin Retirement System as the employee's share of the pension payment. Effective January 1, 1997, the Board will pay 6.4 percent of the employee's gross salary.

WORKDAY/WORKYEAR

The normal workday for school nurses shall consist of an eight-hour day with a 45-minute duty-free lunch period.

The normal workday for a school nurse may be modified to begin no sooner than 7:00 a.m. or later than 10:00 a.m. and end no more than eight hours later.

The work year for school nurses shall be 200 days

ASSIGNMENTS

Any nursing position not filed by an MTEA bargaining unit nurse shall be considered a vacancy.

By June 1 each year, school nurses shall be notified of vacancies during the prior school year, including newly created positions and vacancies which resulted from reassignment. Annually, but no later than June 15, school nurses may express in writing their preference for assignments for consideration by their supervisor.

2011-12 Salary

Teacher Interns

36,622

2012-13 Salary

Teacher Interns

37,721

2011-12 Salary Schedule

Nurses

Minimum	Maximum	Increment
37,850	55,398	1,811

2012-13 Salary Schedule

Nurses

Minimum	Maximum	Increment
38,986	57,060	1,865

2011-12 Salary Schedule

191 Day Physical Therapist

Minimum	Maximum	Increment
45,645	74,491	2,207

2012-13 Salary Schedule

191 Day Physical Therapist

Minimum	Maximum	Increment
47,014	76,726	2,273

2011-12 Salary Schedule

Social Workers- 200 Day

Minimum	Maximum	Increment
49,851	77,863	2,308

2012-13 Salary Schedule

Social Workers- 200 Day

Minimum	Maximum	Increment
51,347	80,199	2,377

2011-12 Salary Schedule

Traveling Instrumental Music Teachers
(Per Class Instructional Hour)

STEP	RATE
A	$ 31.80
B	$ 30.89
C	$ 30.08
D	$ 29.34
E	$ 28.57
F	$ 27.74
G	$ 26.96
H	$ 26.12
I	$ 25.43
J	$ 24.62
K	$ 23.77
L	$ 23.03
M	$ 22.26
N	$ 21.46
O	$ 20.65
P	$ 19.95
Q	$ 19.13

2012-13 Salary Schedule

Traveling Instrumental Music Teachers
(Per Class Instructional Hour)

STEP	RATE
A	$ 32.75
B	$ 31.82
C	$ 30.98
D	$ 30.22
E	$ 29.43
F	$ 28.57
G	$ 27.77
H	$ 26.90
I	$ 26.19
J	$ 25.36
K	$ 24.48
L	$ 23.72
M	$ 22.93
N	$ 22.10
O	$ 21.27
P	$ 20.55
Q	$ 19.70

2011-12 Salary Schedule

Instrumental Music Teachers
(Per 45 minute period)

STEP	RATE
0	$ 20.59
1	$ 21.41
2	$ 22.21
3	$ 23.00
4	$ 23.69
5	$ 24.55
6	$ 25.35
7	$ 26.10
8	$ 26.92

2012-13 Salary Schedule

Instrumental Music Teachers

STEP	RATE
0	$ 21.21
1	$ 22.05
2	$ 22.88
3	$ 23.69
4	$ 24.40
5	$ 25.29
6	$ 26.11
7	$ 26.88
8	$ 27.73

2011-12 Salary Schedule

12-Month Teachers

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	45,044	47,139	50,495	52,596	54,695
2	47,041	49,238	52,754	54,952	57,149
3	49,042	51,334	55,012	57,306	59,607
4	51,037	53,432	57,271	59,667	62,065
5	53,034	55,525	59,529	62,025	64,521
6	55,030	57,632	61,784	64,382	66,979
7	57,029	59,724	64,041	66,741	69,438
8	59,027	61,825	66,299	69,093	71,894
9	61,021	63,926	68,556	71,455	74,350
10	63,023	66,020	70,813	73,813	76,810
11	65,019	68,116	73,072	76,170	79,268
12	67,021	70,216	75,811	79,010	81,723
13	67,989	71,348	78,807	80,893	84,177
14			80,325	82,473	85,845
15			81,857	85,182	88,882
16			83,388	87,892	91,921

2012-13 Salary Schedule

12-Month Teachers

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	46,395	48,553	52,010	54,174	56,336
2	48,452	50,715	54,337	56,601	58,863
3	50,513	52,874	56,662	59,025	61,395
4	52,568	55,035	58,989	61,457	63,927
5	54,625	57,191	61,315	63,886	66,457
6	56,681	59,361	63,638	66,313	68,988
7	58,740	61,516	65,962	68,743	71,521
8	60,798	63,680	68,288	71,166	74,051
9	62,852	65,844	70,613	73,599	76,581
10	64,914	68,001	72,937	76,027	79,114
11	66,970	70,159	75,264	78,455	81,646
12	69,032	72,322	78,085	81,380	84,175
13	70,029	73,488	81,171	83,320	86,702
14			82,735	84,947	88,420
15			84,313	87,737	91,548
16			85,890	90,529	94,679

2011-12 Salary Schedule

Team Mentors

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	40,509	42,395	45,413	47,303	49,190
2	42,307	44,282	47,444	49,420	51,397
3	44,106	46,167	49,475	51,538	53,608
4	45,900	48,054	51,506	53,661	55,818
5	47,695	49,939	53,537	55,783	58,027
6	49,492	51,831	55,565	57,901	60,236
7	51,289	53,713	57,595	60,024	62,449
8	53,086	55,602	59,625	62,139	64,657
9	54,883	57,491	61,656	64,263	66,867
10	56,680	59,374	63,686	66,385	69,079
11	58,475	61,261	65,718	68,504	71,291
12	60,275	63,148	68,181	71,058	73,498
13	61,146	64,167	70,876	72,750	75,708
14			72,241	74,171	77,204
15			73,619	76,607	79,936
16			74,994	79,046	82,669

2012-13 Salary Schedule

Team Mentors

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	41,724	43,667	46,775	48,722	50,666
2	43,576	45,610	48,867	50,903	52,939
3	45,429	47,552	50,959	53,084	55,216
4	47,277	49,496	53,051	55,271	57,493
5	49,126	51,437	55,143	57,456	59,768
6	50,977	53,386	57,232	59,638	62,043
7	52,828	55,324	59,323	61,825	64,322
8	54,679	57,270	61,414	64,003	66,597
9	56,529	59,216	63,506	66,191	68,873
10	58,380	61,155	65,597	68,377	71,151
11	60,229	63,099	67,690	70,559	73,430
12	62,083	65,042	70,226	73,190	75,703
13	62,980	66,092	73,002	74,933	77,979
14			74,408	76,396	79,520
15			75,828	78,905	82,334
16			77,244	81,417	85,149

2011-12 Salary Schedule

12-Month Employment & Training Specialist

LANE	BA	BA + 16	MA	MA + 16	MA + 32
STEP					
0	0	0	0	0	0
1	49,660	51,971	55,671	57,990	60,302
2	51,863	54,285	58,161	60,585	63,007
3	54,069	56,596	60,650	63,180	65,717
4	56,268	58,909	63,141	65,783	68,427
5	58,470	61,220	65,631	68,383	71,135
6	60,671	63,539	68,117	70,981	73,843
7	62,875	65,846	70,605	73,582	76,555
8	65,077	68,161	73,095	76,176	79,263
9	67,280	70,479	75,584	78,779	81,971
10	69,484	72,787	78,071	81,380	84,683
11	71,683	75,099	80,562	83,977	87,394
12	73,891	77,413	83,582	87,109	90,100
13	74,958	78,661	86,874	89,184	92,809
14			88,559	90,926	94,643
15			90,247	93,913	97,992
16			91,934	96,900	101,343

2012-13 Salary Schedule

12-Month Employment & Training Specialist

LANE	BA	BA + 16	MA	MA + 16	MA + 32
STEP					
0	0	0	0	0	0
1	51,150	53,530	57,341	59,730	62,111
2	53,419	55,914	59,906	62,403	64,897
3	55,691	58,294	62,470	65,075	67,689
4	57,956	60,676	65,035	67,756	70,480
5	60,224	63,057	67,600	70,434	73,269
6	62,491	65,445	70,161	73,110	76,058
7	64,761	67,821	72,723	75,789	78,852
8	67,029	70,206	75,288	78,461	81,641
9	69,298	72,593	77,852	81,142	84,430
10	71,569	74,971	80,413	83,821	87,223
11	73,833	77,352	82,979	86,496	90,016
12	76,108	79,735	86,089	89,722	92,803
13	77,207	81,021	89,480	91,860	95,593
14			91,216	93,654	97,482
15			92,954	96,730	100,932
16			94,692	99,807	104,383

2011-12 Salary Schedule

10-Month Emploment & Training/ Literacy Specialists

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	40,376	42,255	45,262	47,146	49,028
2	42,167	44,135	47,287	49,258	51,226
3	43,960	46,015	49,312	51,368	53,430
4	45,749	47,895	51,336	53,485	55,634
5	47,538	49,775	53,360	55,598	57,836
6	49,328	51,660	55,382	57,712	60,038
7	51,120	53,536	57,405	59,825	62,243
8	52,911	55,419	59,428	61,935	64,444
9	54,702	57,302	61,453	64,051	66,647
10	56,493	59,179	63,475	66,165	68,851
11	58,282	61,058	65,501	68,277	71,055
12	60,076	62,940	67,955	70,823	73,255
13	60,944	63,955	70,641	72,511	75,457
14			72,002	73,926	76,950
15			73,375	76,355	79,671
16			74,747	78,785	82,397

2012-13 Salary Schedule

10-Month Emploment & Training/ Literacy Specialists

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	41,587	43,523	46,620	48,560	50,499
2	43,432	45,459	48,706	50,736	52,763
3	45,279	47,395	50,791	52,909	55,033
4	47,121	49,332	52,876	55,090	57,303
5	48,964	51,268	54,961	57,266	59,571
6	50,808	53,210	57,043	59,443	61,839
7	52,654	55,142	59,127	61,620	64,110
8	54,498	57,082	61,211	63,793	66,377
9	56,343	59,021	63,297	65,973	68,646
10	58,188	60,954	65,379	68,150	70,917
11	60,030	62,890	67,466	70,325	73,187
12	61,878	64,828	69,994	72,948	75,453
13	62,772	65,874	72,760	74,686	77,721
14			74,162	76,144	79,259
15			75,576	78,646	82,061
16			76,989	81,149	84,869

2011-12 Salary Schedule

Orientation & Mobility/Teachers-in-Residence/MTEC Mentors

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	38,453	40,243	43,107	44,901	46,693
2	40,160	42,034	45,035	46,912	48,788
3	41,867	43,824	46,963	48,922	50,886
4	43,570	45,615	48,891	50,937	52,985
5	45,274	47,401	50,820	52,950	55,081
6	46,980	49,200	52,744	54,963	57,179
7	48,685	50,987	54,671	56,977	59,279
8	50,391	52,779	56,598	58,985	61,375
9	52,094	54,573	58,526	61,001	63,473
10	53,803	56,361	60,453	63,015	65,572
11	55,507	58,151	62,382	65,026	67,672
12	57,216	59,943	64,720	67,451	69,767
13	58,043	60,910	67,278	69,057	71,862
14			68,574	70,406	73,285
15			69,881	72,719	75,878
16			71,187	75,033	78,473

2012-13 Salary Schedule

Orientation & Mobility/Teachers-in-Residence/MTEC Mentors

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	39,607	41,450	44,400	46,248	48,094
2	41,365	43,295	46,386	48,319	50,252
3	43,123	45,139	48,372	50,390	52,413
4	44,877	46,983	50,358	52,465	54,575
5	46,632	48,823	52,345	54,539	56,733
6	48,389	50,676	54,326	56,612	58,894
7	50,146	52,517	56,311	58,686	61,057
8	51,903	54,362	58,296	60,755	63,216
9	53,657	56,210	60,282	62,831	65,377
10	55,417	58,052	62,267	64,905	67,539
11	57,172	59,896	64,253	66,977	69,702
12	58,932	61,741	66,662	69,475	71,860
13	59,784	62,737	69,296	71,129	74,018
14			70,631	72,518	75,484
15			71,977	74,901	78,154
16			73,323	77,284	80,827

2011-12 Salary Schedules

Interscholastic Athletics

Assignment	Minimum (to start)	Maximum (after 1 year)
Head Coach—Major Sport	$ 4,017	$ 4,658
First Asst. Coach—Football	$ 3,213	$ 3,728
Asst. Coach—Major Sport	$ 3,012	$ 3,493
Head Coach—Minor Sport	$ 2,698	$ 4,017
Asst. Coach—Minor Sport	$ 2,023	$ 3,012
Equipment Mgr(per semester)	$ 4,017	$ 4,658
CheerleaderAdvsr(per semester)	$ 4,017	$ 4,658
Athletic Director	$ 8,921	$ 8,921

2011-12

Part-Time Certificated Rate

Per Hour	$25.56

2011-12

Assumption of Administrative Duties

Per Day	$15.08
Per Semester	$451

2011-12

Doctoral Pay

Per Year	$1,131

2012-13 Salary Schedules

Interscholastic Athletics

Assignment	Minimum (to start)	Maximum (after 1 year)
Head Coach—Major Sport	$ 4,138	$ 4,798
First Asst. Coach—Football	$ 3,309	$ 3,840
Asst. Coach—Major Sport	$ 3,102	$ 3,598
Head Coach—Minor Sport	$ 2,779	$ 4,138
Asst. Coach—Minor Sport	$ 2,084	$ 3,102
Equipment Mgr(per semester)	$ 4,138	$ 4,798
CheerleaderAdvsr(per semester)	$ 4,138	$ 4,798
Athletic Director	$ 9,189	$ 9,189

2012-13

Part-Time Certificated Rate

Per Hour	$26.33

2012-13

Assumption of Administrative Duties

Per Day	$15.53
Per Semester	$465

2012-13

Doctoral Pay

Per Year	$1,165

2011-12 Salary Schedule

191 Day Teachers

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	36,622	38,326	41,054	42,763	44,470
2	38,247	40,032	42,891	44,679	46,464
3	39,874	41,737	44,727	46,592	48,463
4	41,495	43,443	46,564	48,512	50,462
5	43,119	45,144	48,399	50,429	52,458
6	44,742	46,857	50,233	52,346	54,456
7	46,367	48,558	52,068	54,264	56,456
8	47,992	50,266	53,904	56,176	58,453
9	49,613	51,975	55,740	58,096	60,450
10	51,241	53,677	57,574	60,014	62,450
11	52,863	55,382	59,411	61,929	64,449
12	54,491	57,088	61,637	64,239	66,445
13	55,278	58,009	64,074	65,769	68,439
14			65,308	67,053	69,795
15			66,553	69,256	72,265
16			67,798	71,460	74,736

2012-13 Salary Schedule

191 Day Teachers

LANE STEP	BA	BA + 16	MA	MA + 16	MA + 32
0	0	0	0	0	0
1	37,721	39,476	42,286	44,046	45,804
2	39,394	41,233	44,178	46,019	47,858
3	41,070	42,989	46,069	47,990	49,917
4	42,740	44,746	47,961	49,967	51,976
5	44,413	46,498	49,851	51,942	54,032
6	46,084	48,263	51,740	53,916	56,090
7	47,758	50,015	53,630	55,892	58,150
8	49,432	51,774	55,521	57,861	60,207
9	51,101	53,534	57,412	59,839	62,264
10	52,778	55,287	59,301	61,814	64,324
11	54,449	57,043	61,193	63,787	66,382
12	56,126	58,801	63,486	66,166	68,438
13	56,936	59,749	65,996	67,742	70,492
14			67,267	69,065	71,889
15			68,550	71,334	74,433
16			69,832	73,604	76,978