

Collective Bargaining Agreement between the
Bartholomew Consolidated School Corporation and the
Columbus Educators Association

July 1, 2019 to June 30, 2020
Ratified on November 12, 2019



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ARTICLE I RECOGNITION

Section 1.

The Bartholomew Consolidated School Corporation Board of School Trustees, hereinafter called the “Board”, hereby recognizes the Columbus Educators Association, hereinafter called the “Association”, as the exclusive bargaining agent, as provided in Section 2, below, of part-time and full-time certificated employees licensed by the Indiana Department of Education and under regular contract with the Bartholomew Consolidated School Corporation except: the Office of the Superintendent of Schools, Assistant Superintendents, Elementary Principals, Secondary Principals, Directors of Curriculum and Instruction, Secondary Assistant Principals, Elementary Assistant Principals, all Middle/High School Department Chairpersons, High School Athletic Directors, Assistant Director of Special Education, Director of Bartholomew Special Services Cooperative, Director of Vocational Education, Director of Adult Education, and Director of Technology.

Section 2.

Such representation is and shall be in accordance with the provisions of Acts 1973, P.L. 217, an Act concerning Collective Bargaining between School Corporations and their Certificated Employees and Senate Enrolled Act 1.

Section 3.

This Agreement sets forth the terms and conditions to which each party agrees to be bound.

Section 4.

When used in this Agreement, the word “teacher” shall refer to certificated employees as defined under Ind. Code § 20-29-2-4 and identified in Section 1 of this Article as included in the bargaining unit. This Agreement shall cover only those certificated employees included in the bargaining unit.

Section 5.

It is understood that the Association has an affiliation with certain other organizations, to wit: the Indiana State Teachers Association and the National Education Association.

ARTICLE II SALARY AND WAGE PROVISIONS

Section 1.

The performance-based compensation plan is set forth in Appendix A, which is attached hereto and incorporated herein as a part of this Agreement.

Section 2.

The starting salary for teachers for employment or re-employment is set forth in Appendix A-1, which is attached hereto and incorporated herein as a part of this Agreement.

Section 3. Pay Options

Basic salaries for teachers shall be paid according to the following options:

- A. Twenty-six (26) equal installments paid throughout the contract year (this is the default which automatically occurs unless a teacher makes the notification described in B).
- B. Twenty-six (26) equal installments, with the last/"summer" checks simultaneously deposited by the last teacher day of the school year. The teacher selecting this option must notify the Business Office in writing no later than July 31 prior to the beginning of the school year.

All new teachers will be paid in 27 equal installments.

Section 4. Compensation for Extended Contracts, Non-Athletic Assignments, and Athletic Assignments

- A. Compensation for non-classroom and extra-curricular responsibilities are set forth in Appendices B and C which are attached hereto and incorporated herein as a part of this Agreement. Such salary schedules for additional compensation shall remain in full force and effect for the term of this Agreement.
- B. It is understood personnel paid stipends or with extended contracts will have duties that fall outside of the regular school day and school year.

Section 5. Ancillary Duty Pay

- A. Each teacher directed to take part in in-service training, curriculum writing, workshops, or training seminars which take place outside of regular school hours, will be reimbursed at the rate of Twenty Dollars (\$20.00) per hour of actual attendance in such training. Any teacher who is required to give up his regularly scheduled plan time for a required meeting or assignment as verified by the building principal or program director shall receive the \$20 curriculum rate of pay for this period.
- B. Teachers who are scheduled to supervise extracurricular athletic events when there is an admission fee charged will be paid at least \$10.00 per event worked.
- C. Posted Bus Duty positions that extend beyond the normal school day will be paid at the hourly rate of Fifteen Dollars (\$15.00) per hour.

Section 6. Payroll Deductions

Upon appropriate written authorization from the teacher on a form acceptable to the Board, the Board shall deduct from the salary of said teacher and make appropriate remittance for contributions including, but not limited to, the following: for retirement plan contributions (including INPRS), credit union, savings bonds, insurances, Health Savings Account, Teacher Association dues and contributions to IPACE, and teacher retirement.

Section 7. Teacher Retirement Fund Board Contribution

The Board will contribute three percent (3%) of a teacher's gross salary to the Indiana Public Retirement System (INPRS) on behalf of each teacher. The INPRS contribution is based on total school corporation compensation to the teacher during the year.

ARTICLE III OTHER WAGE RELATED FRINGE BENEFITS

Section 1. General Insurance Provisions

- A. The Bartholomew Consolidated School Corporation Health Trust (“Trust”) was established by the Board to hold, invest and reinvest trust funds; and pay benefits under the health and dental plan from the assets of the Trust. The Trust is regulated by the Trust Agreement, effective January 1, 1994, as amended.
- B. The coverage provided and effective dates of such coverage under insurance programs offered to eligible teachers under this Agreement are set forth in separate insurance policies. The provisions of such policies shall outline the coverage and effective dates in the event of any dispute concerning same.
- C. As the parties determine they shall meet for the purpose of reviewing the insurance programs provided pursuant to this agreement and to discuss such programs to assist the employer in determining whether or not it may be desirable to rebid such programs or to consider new programs at the appropriate time. Unless required to comply with applicable laws, any material changes in the insurance programs provided pursuant to this agreement including but not limited to the carrier, coverage or employee contribution level may only be made by mutual agreement of the parties in accordance with Article VIII of this agreement.
- D. The effective date of insurance coverage for new teachers will be the date of employment or the date the new teachers’ enrollment form is returned to the Office of Personnel, whichever is later. The effective date of a teachers change from one plan to another plan shall be no later than two (2) weeks after the date of receipt of the required premium and teacher’s enrollment form to the personnel office. It is understood any coverage is subject to the provisions of the insurance contract, and that the contract in the event of conflict with this agreement shall control.
- E. The teacher must elect to participate in a benefit plan by executing the proper forms at the time of initial employment. The teacher shall have 30 days from initial employment to enroll in the benefit plans. Enrollment forms will be available on the BCSC webpage. If a teacher chooses not to enroll in a particular plan, or drops coverage for any reason (including, but not limited to, leaves of absence), the ability to apply for coverage will be available only during each annual open enrollment or a HIPAA qualifying event.
- F. A teacher must regularly work a minimum of 50% of a contractual work week to be eligible for participation in any benefit plans under this Article and must pay a pro-rated amount of premium for these benefit plans based on the percentage worked.
- G. Spouses of teachers are not eligible for health plan if the spouse is eligible to participate in a health plan through his/her employer. Spouses of teachers are not eligible to participate in Bartholomew Consolidated School Corporation’s (“BCSC” or “School Corporation”) dental and vision plan if the spouse is eligible for such plan through his/her employer. A HIPAA qualifying event will allow a spouse an opportunity to enroll in the health plan. If a teacher is found to be in violation of this provision, the claims for the spouse will be the responsibility of the spouse from the time the spouse was eligible for coverage under another plan.

Section 2. Group Life Insurance

- A. The Board shall offer \$55,000 of Group Term Life Insurance and \$55,000 in Accidental Death and Dismemberment coverage for eligible teachers. Such coverage will offer the same benefits as previously existed. An age reduction schedule after the attainment of age 70 will apply. All insurance will terminate upon retirement with the ability to apply for conversion. Life insurance also terminates for events such as last day of employment.
- B. The Board shall pay 100% minus \$2.00 of the annual premium of the Group Life and Accidental Death and Dismemberment coverage.

Section 3. Health Insurance

- A. The health insurance coverage provided hereunder shall continue during the term of this Agreement.
- B. Effective Jan. 1, 2020, the base rates for health premiums, the School Corporation’s share of the total health premium (based on percentage), and the employee premiums will be:

2020 BCSC Health Premiums

Option #1 High-Deductible, (HSA)	2020 Total Premium	2020 Employer Share		2020 Employee Share			
		Annual \$	% of Premium Total	Annual \$	% of Premium Total	Per Pay (20 pay)	Per Pay (26 pay)
Employee	\$ 9,126.87	\$ 7,529.67	82.5%	\$ 1,597.20	17.5%	\$ 79.86	\$ 61.43
Wellness	\$ 8,876.87	\$ 7,529.67	84.8%	\$ 1,347.20	15.2%	\$ 67.36	\$ 51.82
Employee + Spouse	\$ 22,817.17	\$ 18,824.17	82.5%	\$ 3,993.00	17.5%	\$ 199.65	\$ 153.58
Wellness	\$ 22,567.17	\$ 18,824.17	83.4%	\$ 3,743.00	16.6%	\$ 187.15	\$ 143.96
Wellness w/ Spouse	\$ 22,317.17	\$ 18,824.17	84.3%	\$ 3,493.00	15.7%	\$ 174.65	\$ 134.35
Employee + Child(ren)	\$ 19,166.42	\$ 15,812.30	82.5%	\$ 3,354.12	17.5%	\$ 167.71	\$ 129.00
Wellness	\$ 18,916.42	\$ 15,812.30	83.6%	\$ 3,104.12	16.4%	\$ 155.21	\$ 119.39
Employee + Family	\$ 24,642.54	\$ 20,330.10	82.5%	\$ 4,312.45	17.5%	\$ 215.62	\$ 165.86
Wellness	\$ 24,392.54	\$ 20,330.10	83.3%	\$ 4,062.45	16.7%	\$ 203.12	\$ 156.25
Wellness w/ Spouse	\$ 24,142.54	\$ 20,330.10	84.2%	\$ 3,812.45	15.8%	\$ 190.62	\$ 146.63
Option #2 Low-Deductible, PPO Plan							
Employee	\$ 14,218.63	\$ 11,000.00	77.4%	\$ 3,218.63	22.6%	\$ 160.93	\$ 123.79
Wellness	\$ 13,968.63	\$ 11,000.00	78.7%	\$ 2,968.63	21.3%	\$ 148.43	\$ 114.18
Employee + Spouse	\$ 35,546.59	\$ 25,000.00	70.3%	\$ 10,546.59	29.7%	\$ 527.33	\$ 405.64
Wellness	\$ 35,296.59	\$ 25,000.00	70.8%	\$ 10,296.59	29.2%	\$ 514.83	\$ 396.02
Wellness w/ Spouse	\$ 35,046.59	\$ 25,000.00	71.3%	\$ 10,046.59	28.7%	\$ 502.33	\$ 386.41
Employee + Child(ren)	\$ 34,145.43	\$ 25,000.00	73.2%	\$ 9,145.43	26.8%	\$ 457.27	\$ 351.75
Wellness	\$ 33,895.43	\$ 25,000.00	73.8%	\$ 8,895.43	26.2%	\$ 444.77	\$ 342.13
Employee + Family	\$ 38,390.31	\$ 27,500.00	71.6%	\$ 10,890.31	28.4%	\$ 544.52	\$ 418.86
Wellness	\$ 38,140.31	\$ 27,500.00	72.1%	\$ 10,640.31	27.9%	\$ 532.02	\$ 409.24
Wellness w/ Spouse	\$ 37,890.31	\$ 27,500.00	72.6%	\$ 10,390.31	27.4%	\$ 519.52	\$ 399.63

There will be multiple options eligible teachers can choose from for their health coverage. Each of these options are listed in Appendix F. A mail order prescription is for a 90-day supply. The option a teacher selects is effective until the next open enrollment. There will be available wellness plan options that will have participation requirements.

- C. A wellness option continues for teachers and spouses enrolled in the health plan. It consists of a reduction in the teacher’s premium of \$250 per year for single coverage and \$500 per year for those on a family plan with both the employee and spouse completing the wellness requirements. To be eligible for the wellness option during open enrollment for 2020, the teacher must have completed all of the following before the open enrollment period:
- A biometric screening (BMS)
 - A health risk assessment (HRA)
 - A dental and vision exam
 - An annual physical with a primary care physician

All of these conditions must be met for the teacher to sign up for the wellness incentive during open enrollment.

- D. In order to promote a self-insured Health-Trust that is appropriately reserved, the premium-equivalent for each of the health plan options will be set based on a least 100% of the expected costs up to the then current aggregate level as determined by the stop loss insurance carrier and the third-party administrator for that year. If reserves at the time teacher premium equivalents are set for the immediately following calendar year are expected to end the current year at less than 30%, premiums will be based on 100% of expected costs plus the difference between 30% and where reserves are expected to be at the end of the current year, but no higher than the then current aggregate level. The Health Trust will be considered to be appropriately reserved when cash and investments for the Trust equal 30% of expected claims for a given year. At open enrollment each year, if expected cash and investments exceed 30% of the-immediately following calendar year's expected claims, then up to 50% of these excess funds, at the Health Trust's recommendation and the School Board's approval, can be used to make a deposit of up to \$500 into the Health Savings Account (HSA) for teachers who sign up for Option 1 (HDHP) on January 1 of the upcoming plan year.
- E. The Board shall allow teachers who retire before the age of sixty-five (65) years to continue to participate in the health plan as required by Indiana state law. The premium shall be paid by the retired teacher. The teacher must be fifty (50) years of age and have ten (10) years of service in the School Corporation or over fifty-five (55) years of age with at least five (5) years of service in the School Corporation. A retired teacher's eligibility to continue insurance ends when the teacher becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the School Corporation terminates the health plan. A retired teacher who is eligible for coverage may elect to have the teacher's spouse covered (subject to Spousal Exclusion as stated in Section 1, F, of this Article) under the health plan at the time the teacher retires. If a retired teacher's spouse pays the amount the retired teacher would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired teacher. The surviving spouse's eligibility ends on the earliest of the following:
- When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
 - When the School Corporation terminates the health plan.
 - Two (2) years after the date of the teacher's death.
 - The date of the spouse's remarriage.

Section 4. Dental Insurance

Each teacher and his/her immediate family members may elect to be covered by a dental plan paid for by the Board at fifty percent (50%) of the family premium rate and fifty percent (50%) of the single premium rate which meets the following minimum specifications:

- A. 100% No deductibles - Preventive cleaning, oral examinations, emergency office visits, space maintainers, fluoride applications, and x-rays.
- B. 20% coinsurance- Basic/General Services that cover the following: Extractions, Fillings, General Anesthetics, Injectable, Antibiotics, Periodontics, Oral Surgery, Endodontics, and repair of Prosthetic Devices.
- C. Maximum benefits of \$1,500 per year per person.
- D. Ortho - \$1,000 lifetime limit
- E. TMJ - \$1,000 lifetime limit
- F. Calendar year deductible shall be \$50 for single; \$100 for family; maximum benefit of \$1,500.00 per year per person

Section 5. Long-Term Disability Insurance

- A. The Board shall offer long-term disability insurance for teachers with a maximum benefit of sixty-six and two-thirds percent (66 2/3%) of covered earnings throughout the disability period. The Plan shall carry a Consumer Price Index with yearly escalator for those receiving disability benefits and shall not coordinate with retirement plan benefits paid due to disability.
- B. Long term disability benefits will have a ninety (90) calendar day elimination period after the teacher becomes disabled and benefits may be payable until age seventy (70).

Section 6. Vision Insurance

The Board shall offer a vision care plan for teachers. The Board will assume the entire premium cost of the plan.

Section 7. Supplemental Life Insurance

The Board will make available, provided an insurance company is willing to write, group supplemental life insurance covering the teacher, teacher's spouse and/or children. The premium for this coverage shall be paid by the teacher.

Section 8. Short-Term Disability Benefits

Short-term disability insurance coverage will be made available at 100% of premium cost to teachers to supplement the Long Term Disability Insurance provided by the School Corporation.

Section 9. Employee Assistance Plan

An Employee Assistance Plan ("EAP") is available to teachers. This plan offers one to five visits available to teachers and members of their households. The entire cost of this EAP will be paid by the School Corporation.

Section 10. Continuation of Insurance

When offered under the insurance contract, teachers on unpaid non-FMLA leave for one (1) month or longer shall have the option to continue participation in any benefit plan by paying 100% of the premiums within thirty (30) days of the billing date.

Section 11. Background Checks

The Board agrees to pay the fee for the expanded criminal history check required every five (5) years for current employees.

ARTICLE IV ABSENCES AND LEAVES

Section 1. Paid Absence

- A. Teachers shall be granted 18 leave days per year (14 days for sick leave and 4 days of personal leave for business that cannot be conducted outside the school day) to be absent from work while receiving compensation from the corporation. These days may not be used to extend Board approved leaves granted under any other clause in this contract or to extend school vacations, recesses and holidays. Any teacher requiring more than two consecutive personal days or requiring a personal day before or after a vacation or on a snow make-up day shall submit a request to the Assistant Superintendent of Human Resources for prior approval. In establishing these days, the Board and the Association recognize the need for the teacher to be present with students and encourage teachers to use such days in a judicious manner. Any unused sick leave or personal leave days shall accumulate as sick days at the end of the school year. Teachers who have accumulated less than one hundred eighty (180) days will accumulate all unused sick leave days or personal leave days at the end of each school year. Teachers who have accumulated greater than one hundred eighty (180) days will continue to receive 18 leave days annually which will be utilized first for any family or personal illness or personal business, but any unused days will be purchased by the School Corporation according to Article IV, Section 2. Any teacher needing more than 18 days of absence in one year may be asked to provide verification of need with the Human Resources Office.
- B. A teacher may transfer up to ten (10) days of accumulated sick leave earned from another school corporation, beginning the second year of employment in the School Corporation and in each succeeding year, until the number of accumulated sick leave days to which said teacher was entitled in the last place of employment shall be exhausted.
- C. A written account of each category of accumulated days of paid leave shall be made available in "Employee Access" for all teachers.
- D. Days held in the sick leave bank shall be considered to be paid days of absence under the definitions set above. The bank will be administered by a committee of three (3) teachers appointed by the Association and one (1) administrator appointed by the Superintendent under the following criteria and subject to the following conditions and limitations:
 1. Any teacher who chooses to participate in Sick Leave Bank must donate two (2) sick leave days to the bank. The two (2) days shall be deducted from each participating teacher's accumulated sick leave days. These two (2) donated days shall not be counted against the teacher for the purposes of the calculation in Section 2 below.
 2. The minimum number of sick leave days in the bank at the beginning of the school year shall be three hundred (300) days; and so long as the number remains at or above three hundred (300) days, no further contributions shall be required. In the event the number of days in the bank is less than three hundred (300) days at the beginning of a school year, then each member of the bank at such time shall contribute two (2) sick leave days from teacher's accumulated days.
 3. Initial enrollment in the bank by new teachers shall be permitted at any time on or before September 15 each school year, and will not extend beyond this period. A new teacher employed after the enrollment period has expired, shall have two (2) weeks from the date such teacher begins work to donate days.
 4. Eligibility for use of the sick leave bank shall be subject to the following conditions and limitations:
 - a. The teacher must be an active participant in the bank.
 - b. Applications shall be made in writing to the chairperson of the committee and shall be made on a form (Appendix E) provided by the Board signed by a licensed physician, certifying that the teacher is disabled. "Disabled" shall mean physical inability to perform all duties assigned to the teacher. Such doctor's statement shall also include the nature of the disability, treatment being rendered, and

- prognosis for a return to work. Further certification may be required by the committee from time to time.
- c. All accumulated and non-accumulated personal illness and personal business leave days of the applicant shall have been exhausted at the time of utilization of any sick leave bank day awarded by the committee.
 - d. The disability must be of a serious nature and of more than seven (7) consecutive days' duration. Whether or not such disability is of a serious nature shall be determined by the committee. Days may be used only for such disability of the member and may not be used for an illness of any relatives of a member.
 - e. The maximum number of sick leave bank days that may be granted to any teacher shall be limited to the number of days needed for the teacher to meet the elimination period under the long-term disability insurance plan. Additional sick leave bank days may be granted for participants who qualify for long term disability benefits only after proof of application for long-term disability benefits has been made.
 - f. Teachers on leave shall not be eligible for sick leave bank days during the period of their paid leave of absence.
 - g. A full-time teacher using sick leave bank days, who is able to return to work on a half-time basis, as certified by a licensed physician, may return to work half-time and receive up to a period of fifteen (15) sick leave bank days. Wages and other wage related fringe benefits shall be paid under such circumstances, one-half (1/2) of which shall be allocated from the sick leave bank and the remaining one-half (1/2) from the salary owed by the School Corporation.
 - h. The sick leave bank committee may in its discretion waive any of the above conditions in subsection (4) above.
5. The aforementioned committee is empowered to determine the rules and procedures under which days from the bank shall be granted to individual teachers and how such days will be repaid.
 6. Repayment by participant for any such loans shall be made at the rate of a minimum of two (2) sick leave days per year when the teacher owes ten (10) or more days to the bank, one (1) sick leave day per year when the teacher owes less than ten (10) days to the bank. Repayment shall be made on the first day of each school year beginning the second year after the award of sick leave bank days is made to the teacher. With the exception of long-term disability or death, the balance of sick leave days allocated to a teacher's account will be used to repay days to the sick leave bank.
 7. The Human Resources Office shall notify the Association of all sick leave bank applications and note actions taken in regard to their request for additional sick leave days. The committee will report to their participants the balance of days in the sick leave bank two (2) times per year.

Section 2. Attendance Incentive Program

- A. A teacher who uses no paid days of absence during the school year will receive, following the close of said school year, a stipend in the amount of three hundred dollars (\$300). Stipends to be awarded under this section shall be included in the payroll check normally scheduled following the last day of school.

In any one year, the unused days shall accumulate. The absence calculation will be applied at the end of each school year. At the start of each school year, a teacher will have their previously accumulated days, up to the maximum, and the additional eighteen (18) days for the new school year. For a teacher who begins employment after the start of the school year the eighteen (18) day absence entitlement will be prorated for the remainder of the current school year. The maximum accumulated days of absence for the purpose of this incentive shall be one hundred eighty (180) days.

- B. Any accumulated unused sick leave days over one hundred eighty (180) will be bought by the School Corporation at the rate of forty-three dollars (\$43) per day. These amounts will be contributed on behalf of the teacher into the VEBA plan by August 1.
- C. For the purposes of this section, a teacher receiving contributions into the VEBA plan is considered vested without further service requirements. Consequently, if a teacher ceases to be employed by BCSC, the teacher is entitled to benefits in the VEBA plan as of that date.
- D. At retirement (as defined by Article V, Section 2A), a teacher shall receive eleven dollars and twelve cents (\$11.12) per day up to a maximum of one hundred eighty (180) accumulated unused sick and personal leave days. This amount shall be included in the payroll check normally scheduled following the last day of school and shall be calculated into the teacher's final average salary for purposes of INPRS.

If a teacher who is eligible to retire from BCSC according to Article V, Section 2A passes, the teacher is considered vested for the eleven dollars and twelve cents (\$11.12) per day for each day up to one hundred eighty (180) accumulated sick and personal leave days.

- E. The administrator of the VEBA plan cannot be changed without mutual agreement by the Association and the School Corporation.

Section 3. Leaves, General Provisions

- A. Leaves as defined within this Article may be extended. All approval for such extensions shall be made at the sole discretion of the Board following consideration of the recommendation of the Superintendent.
- B. Upon return from any leave, a teacher shall be assigned to the same position, or if not, to at least a substantially equivalent position. A new assignment shall be based on a conference between the teacher and the Superintendent concerning the position or positions available for which he is qualified.
- C. Any other reason for a leave of absence not specifically set forth in this Article may be considered by the Board based on individual merits. However, this provision shall not require the Board to grant such leave with pay.

Section 4. Health Leave

Medical leaves of absence may be granted to teachers for a school year or portion of a school year with appropriate medical doctor's certification and subsequent approval by the Board.

Section 5. Adoptive Leave

- A. A teacher may use up to 15 days accumulated paid days of absence for adopting a minor child. The teacher may continue adoptive leave without pay for a period of up to one (1) school year. Upon application for the adoption, the teacher shall notify the Superintendent of the intent to take such leave and the length of leave. The Superintendent shall be given as much advance notice as possible of the date of commencement of such leave.
- B. Such leave shall not be considered as credit toward professional status or retirement.

Section 6. Parent Leave

- A. When a teacher becomes the parent of a child born to the parent's spouse, the teacher shall be granted five days parent leave with pay, such days being deducted from the teacher's accumulated paid days of absence. The leave shall be used within one week of birth of the child or within one week of discharge date of child from the hospital.
- B. A teacher may extend such leave, upon proper notice as required by the Employer, and be absent for a period of up to one (1) year without pay for purposes of infant care. The leave request shall state the period and dates of requested leave. Such leave shall not be considered as credit toward professional status or retirement.

Section 7. Family and Medical Leave Act

Notwithstanding any provision in this Agreement to the contrary, each of the parties reserves all rights and responsibilities provided employers and employees under the Family and Medical Leave Act of 1993 (the Act). Additional information pertaining to FML, including information on Maternity Leave, can be found in BCSC Board Policy, 3430.01.

Section 8. Extended Family Illness Leave

A leave of absence without pay or increment of up to one (1) year shall be granted for the purpose of caring for a sick member of the teacher's immediate family, as defined in Section 10 of this Article.

Section 9. Employment Injury Leave

- A. Time needed for a teacher to recuperate from any personal injury arising out of and in the course of his employment shall result in no loss of salary or days of paid absence for the remainder of the current teacher's contract year, or until the teacher becomes eligible for long-term disability benefits, whichever occurs first, provided that:
1. The injury results in a disability preventing such teacher from performing the normal duties required of said teacher
 2. The teacher qualifies for, requests, and receives worker's compensation benefits
 3. The teacher receives an amount of money equal to such disability or worker's compensation benefits from the School Corporation.
- B. This section does not limit a teacher from using days of paid absence leave instead of employment injury leave.

Section 10. Bereavement Leave

- A. Each teacher shall be entitled to be absent from work without loss of compensation for a period not to exceed five (5) school days in the event of the death of a teacher's father, mother, grandparent, grandchild, brother, sister, husband, wife, child, person of similar relationship established by marriage, or any person domiciled in the teacher's home; provided, however, that in the event such person's death is the teacher's spouse or child, the teacher shall have an additional three (3) school days bereavement leave beyond the five (5) days bereavement leave provided herein. Up to two (2) of these days, if unused during the above timeframe, may be utilized by the teacher for bereavement, attending any funeral or memorial services or any business connected with the death, funeral and/or estate matters within ninety (90) calendar days from the day of death. These five (5) days shall not reduce any accumulated paid days of absence nor shall said additional three (3) school days reduce any accumulated paid days of absence.
- B. If more than one death should occur at the same time in the family members as defined in paragraph A, more bereavement leave may be granted.
- C. Up to two (2) bereavement leave days per year shall be granted a teacher for time needed to travel to and attend a funeral of any other relative not listed in this section or that of a close friend. It is understood that this leave may be used no more than one time per school year.

Section 11. Professional Leave

Teachers may upon request to the principal and subject to the subsequent approval of the Superintendent, or designee, visit other schools and/or attend meetings or conferences of an educational nature relating to the development of programs or curriculum. It is the responsibility of the building administrator or program director to find the appropriate substitute fund number for professional leave forms. Said request on a form mutually acceptable to the Board and the Association must be submitted in writing at least two (2) weeks in advance of the date or dates of such leave.

Section 12. Association Work Leave

A teacher who is elected to a full-time position with the Association as a State or National Association officer, upon proper written request to the Board, shall be granted a leave of absence without pay, benefits, salary progression or progress toward professional status. Time spent on such leave shall be used in determining a teacher's retirement credit, subject to the applicable provisions of the retirement plan. Such request must be received by the Board no later than thirty (30) days prior to the requested date of commencement of such leave and shall contain a statement of the expected length of the leave. Such leave shall not extend beyond the term of this Agreement. Upon thirty (30) days' notice of his or her desire to again return to work with the School Corporation, such person shall be placed pursuant to the provisions of Section 3.

Section 13. Military Leave

Any teacher who is a member of a US armed forces, Reserves, or National Guard unit and who shall be required to attend a meeting or other activity of the unit during a school day or days shall be excused from said teacher's contracted obligations to the school corporation for the period of mandatory training, not to exceed fifteen (15) school days during any calendar year. The teacher's compensation for this period of time shall be the regular salary less military compensation. In the event that active duty call-up necessitates days beyond 15 and notwithstanding obligations imposed under USERRA, the regular salary compensation will continue up to a period of one year. Applications for renewal beyond one year will be received during the 10th month of active duty.

Section 14. Jury Duty or Witness Leave

A teacher who is called to serve on jury duty or is subpoenaed to appear as a witness in a work-related court case shall receive his/her salary while absent, provided the teacher assigns and remits to the School Corporation any compensation received (less mileage reimbursed) for such duty. It is the teacher's responsibility to certify the amount of compensation received to the Payroll Department.

Section 16. Voluntary Leave

A leave of absence for up to one school year without pay and benefits may be granted solely at the discretion of the employer to a teacher provided the teacher properly requests such leave in writing to the Superintendent at least sixty-five (65) calendar days prior to the requested start of leave. Such request shall include the exact dates requested for the starting and ending of the leave. Any leave granted will be conditioned on the School Corporation obtaining a replacement teacher that the School Corporation determines is properly licensed and sufficiently qualified to replace the teacher in all duties of the teacher. In the event the School Corporation fails to obtain such replacement by thirty (30) calendar days prior to the requested start of said leave, the teacher shall be required to return to his or her position and forego any such requested leave. Any unemployment compensation the School Corporation may have credited to its experience account or be required to pay to any such replacement teacher upon the return of a teacher from leave shall be reimbursed to the School Corporation by the teacher to whom such leave was granted. Such reimbursement shall occur within fifteen (15) days after distribution of each unemployment check to said teacher.

Voluntary leaves will not be granted to teachers who while on leave will receive compensation for work performed excepting work as part of a professional development project, a university work study program, or in the best interests of the School Corporation.

Section 17. Association Leave

- A. The Association President, or his/her designee, shall be entitled to paid time for attending formal grievance hearings without loss of compensation.
- B. The Association President, or his/her designee, shall have seven (7) days per year of paid leave for the conduct of lawful Association business. Except in cases of emergencies, forty-eight (48) hours' notice of such leave shall be provided to the teacher's principal. Substitute teacher compensation shall be shared equally by the Association and the Board. The Superintendent may, at his discretion, grant additional Association leave days, which will be paid for by the School Corporation.

ARTICLE V RETIREMENT PROGRAM

Section 1. BCSC RETIREMENT PLAN

- A. Each teacher shall have the option of contributing to the 403(b) plan up to the maximum allowable under Federal law. The Board shall match such teacher contributions on a dollar for dollar basis up to 3% of the teacher's salary for the duration of this contract.
- B. The BCSC shall deposit the employer contributions on behalf of each teacher into the 401(a) plan. Such contribution will be made within reasonable amount of time following each payroll period.
- C. All teachers shall be able to elect to participate in or make changes in contributions to the retirement plan(s) on a quarterly basis, i.e. January 1, April 1, July 1 and October 1 (or before the start of a new contract year). All elections or changes shall be made pursuant to the terms and conditions of said plan(s). Requests may be sent in at any time; however, changes will be effective on January 1, April 1, July 1, and October 1 or on the last work day prior to that date if any of these dates fall on a non-work day. Requests must be received by BCSC business office at least fifteen (15) days prior to any of the above dates to be effective on that date.
- D. Any contributions made by the teacher and all earnings derived there from are 100% vested. Any contributions made by the School Corporation on behalf of the teacher and all earnings derived there from become vested after a five (5) year service period following the date contributions began. Should the teacher leave the School Corporation prior to the five (5) year vesting period, then all contributions made by the School Corporation on behalf of that teacher and all earnings derived there from are forfeited. To the extent allowed by IRS regulations, any funds forfeited by a teacher as a result of the teacher separating from employment, will be placed in the plan's forfeiture suspense account, used to pay for the plan's administrative expenses, and/or offset future contributions.

Section 2. BCSC Retirement Insurance Options

- A. For purposes of this article, a teacher who retires and wishes to participate in the health plan must meet one of the following criteria:
 - 1. At least 55 years of age and having satisfied the rule of 85 (INPRS qualification)
 - 2. At least 60 years of age with at least 15 years of experience (INPRS qualification)
 - 3. At least 50 years of age with 10 years of BCSC experience.
 - 4. At least 55 years of age with 5 years of BCSC experience
- B. The retiring teacher shall be provided the option to apply for, in accordance with the insurance contracts and Section 3 below, any or all of the following group insurance coverage:

Health: Single, Retiring Teacher and Spouse, Retiring Teacher and Children or Family Plan

Dental: Single or Family Plan

Vision: Single or Family Plan

Term Life Insurance: \$55,000 on the retired teacher's life only

Section 3. Insurance Benefit Provisions

- A. The premium cost under the benefit plans to the retired teacher shall be the entire amount of the cost of the premium of active full time teachers.
- B. The retired teacher must remain enrolled in those benefit plans for the full year of enrollment.
- C. In the event a retiring teacher does not enroll in a particular benefit plan and is not a participant in that plan at the time of retirement, the teacher will not be entitled to later participate in that plan.

Section 4. Retiring Year Procedure

- A. If allowed under the insurance contract, the retiring teacher can apply to continue to participate in the benefit plans following retirement. Participation in some benefit plans ceases as of the last day of work or end of month.
- B. Each retiring teacher will be supplied the premium costs for continued participation in each plan.
- C. The retiring teacher must timely apply and elect to continue participation in the plan.

Section 5. Enrollment and Re-enrollment February/March Cycle.

Continued enrollment, withdrawal, or decisions to modify coverages or method of premium payment must be made by February 15 and will subsequently take effect March 1 and remain in force until each subsequent February 28, or until the month the retiree ceases to remain eligible.

ARTICLE VI GRIEVANCE PROCEDURE

Section 1. Purpose

It is the objective of the Board and the Association to have all grievances resolved informally or at the earliest possible stage of this grievance procedure.

Section 2. Definition

- A. A “grievance” is a claim, submitted by a grievant, that there has been a violation or misinterpretation of a specific article or section of this Agreement.
- B. A “grievant” may be a teacher or group of teachers or the Association.
- C. A “day” when used in this Article shall refer to teacher days as that term is used in the school calendar. During the summer recess, however, the term shall mean weekdays (Monday through Friday).

Section 3. Informal Procedure

Before submitting a written grievance, the grievant shall attempt to resolve the grievance informally by contacting the building principal or his/her designee concerned within twenty (20) days of the time that the grievant knew, or reasonably should have known of the grievance. The building principal or his/her designee shall respond to the grievant within five (5) days of notification of the problem. The grievant and the person so contacted shall discuss such grievance at a mutually acceptable time and place. The grievant may choose to have an Association representative, the Association building representative or another teacher in the building present at the informal grievance step. If an Association representative other than the building representative is present at such informal grievance, then the building principal or his designee may also have an administrative representative in attendance.

Section 4. Formal Procedure Step One - Building Principal or Designee

- A. If resolution is not achieved through discussion with the building principal or his/her designee, a formal written grievance may be presented. The grievance, on the form attached as Appendix D, shall state the specific provision of the Agreement violated and the relief requested. The grievance shall be dated and signed by the grievant. Such written grievance must be received by the building principal or his/her designee within five (5) days of the Informal Grievance discussion.
- B. The building principal or his/her designee may request a meeting with the grievant in an effort to resolve the grievance. If such meeting is requested, the building principal or his/her designee shall arrange such meeting within five (5) days, unless an extension of such limit is mutually agreed to by the grievant and the building principal or his/her designee. If no meeting is requested, the building principal or his/her designee shall submit his response in writing to the grievant within five (5) days after receipt of the grievance. If a meeting has been requested, the building principal or his/her designee shall submit his/her response in writing to the grievant within five (5) days following the grievance meeting date.

Step Two - Superintendent

- A. If resolution is not achieved through the written response in Step One, the grievant may submit the grievance to the Superintendent or his/her designee. The grievance must be received by the Superintendent or his/her designee within five (5) days of the grievant’s receipt of the written response in Step One.
- B. The Superintendent or his/her designee may request a meeting with the grievant in an effort to resolve the grievance. Such request for a meeting shall be submitted in writing at the time the grievance is submitted to the Superintendent. If such a meeting is requested, the Superintendent or his/her designee shall arrange such meeting within five (5) days, unless an extension of such time limit is mutually agreed to be the grievant and the superintendent or his designee.

If no meeting is requested, the Superintendent or his/her designee shall submit his/her response in writing to the grievant within five (5) days after receipt of the grievance.

If a meeting has been requested, the Superintendent shall submit his/her response in writing to the grievant within five (5) days following grievance meeting date.

Section 5. Provisions Relating to the Grievance Procedure

- A. A grievance must be processed within the time limits set forth in the foregoing provisions.
- B. If the grievance is filed by the Association as grievant, and if such grievance is limited to one school, the grievance shall be submitted to the building principal involved. Otherwise, such grievance shall be submitted to the Superintendent in Step Two.
- C. Where the grievance is one properly submitted to the Superintendent in Step Two, it shall be received by the Superintendent within fifteen (15) days, as they are defined in Section 2, paragraph C, of the time that any officer or official of the Association knew, or reasonably should have known of the grievance and shall thereafter be subject to all other provisions of this Article with respect to grievances as defined in Section 2, A.
- D. A grievant may, upon request, be accompanied by a representative of the Association at all steps in Section 4 of the Formal Procedure.
- E. All documents, communications, and records dealing with grievances shall be filed separately from the personnel files of the participants and shall not be used for evaluations.
- F. Time limits herein may be extended only by mutual agreement, signed by both Parties.

ARTICLE VII SEPARABILITY

Section 1.

Should any provision of this Agreement at any time during its term be found in conflict with federal or state law, or rule or regulation thereunder, then such provision shall continue in effect only to the fullest extent permissible under the applicable law. If at any time thereafter such provision is no longer in conflict with the law, then such provision of the Agreement as originally embodied herein shall be restored in full force and effect, as if it had never been in controversy or violation.

Section 2.

It is further understood and agreed that the provisions of this Agreement are deemed to be separable to the extent that if and when a court or government agency of competent jurisdiction adjudges any provision of this Agreement to be in conflict with any law, or rule or regulation thereunder, such decision shall not affect the validity of the remaining provisions of this Agreement, and the remaining provisions shall continue in full force and effect.

ARTICLE VIII TERM OF AGREEMENT

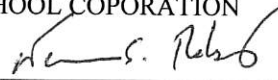
This agreement shall be effective as of July 1, 2019 and shall continue in full force and effect until June 30, 2020.

The parties mutually agree that the terms set forth in the Agreement represent full and complete understanding and commitment between the parties hereto and may be altered, changed, added to, deleted from or modified only by the voluntary mutual consent of the parties expressed in a written amendment hereto.

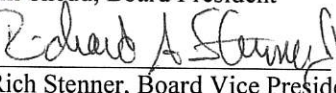
THIS AGREEMENT is made and entered into at Columbus, Indiana on this day, by and between the Board of School Trustees of the Bartholomew Consolidated School Corporation, County of Bartholomew, State of Indiana, heretofore called the "Board", and the Columbus Educators Association, affiliated with the Indiana State Teachers Association and the National Education Association, heretofore called the "Association".

THIS AGREEMENT is so attested by the parties whose signatures appear below:

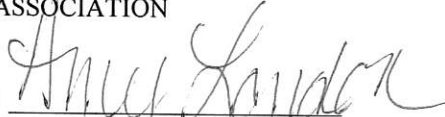
BOARD OF SCHOOL TRUSTEES
OF THE BARTHOLOMEW CONSOLIDATED
SCHOOL CORPORATION

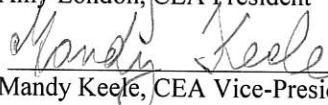
By 
James S. Roberts, Superintendent

By 
Jill Shedd, Board President

By 
Rich Stenner, Board Vice President

COLUMBUS EDUCATORS
ASSOCIATION

By 
Amy London, CEA President

By 
Mandy Keele, CEA Vice-President

APPENDIX A
SALARY INFORMATION BARTHLOMEW CONSOLIDATED SCHOOL
CORPORATION

The overall teacher salary range is \$38,750.00 to \$80,077.00 prior to any increases under this Agreement.

Qualifying Base Salary Increase Factors

For the 2019-2020 school year, the factors for teachers to qualify for a salary increase are as follows:

1. Evaluation rating (\$315) = Did not receive an “Improvement Necessary” or “Ineffective” in the prior school year, unless they are in their first two years of instructing students. Teachers hired for the 2019-2020 school year are eligible for an increase.
2. Academic Needs = The Academic Needs factor is a teacher retention catch-up factor defined as retaining quality teachers by creating parity between returning and new hire salaries, and which for 2019-2020 will result in the following salary increases, in addition to the amount based on evaluation:
 - a. Eligible returning teachers whose 2018-2019 salary was \$38,751-\$74,749 will receive \$1,200 under this factor.
 - b. Eligible returning teachers whose 2018-2019 salary was more than \$74,750 will receive \$285 under this factor.

Representative salaries of teachers who met the above factors are shown in the 2019-2020 Salary Schedule.

Qualifying Stipend Factors

For the 2019-2020 school year, the factors for teachers to qualify for a \$400 stipend are as follows:

1. Year of experience = employed by the corporation at least 120 days in the prior school year.
2. Evaluation rating = “Effective” or “Highly Effective” in the prior school year, unless they are in their first two years of instructing students.
3. A teacher who satisfies both factors will qualify for a \$400 stipend.

Salary Schedule 2019-2020

Step	Salary
A	\$39,065
B	\$40,265
C	\$41,465
D	\$42,665
E	\$43,865
F	\$45,065
G	\$46,265
H	\$47,465
I	\$48,665
J	\$49,865
K	\$51,065
L	\$52,265
M	\$53,465
N	\$54,665
O	\$55,865
P	\$57,065

Step	Salary
Q	\$58,265
R	\$59,465
S	\$60,665
T	\$61,865
U	\$63,065
V	\$64,265
W	\$65,465
X	\$66,665
Y	\$67,865
Z	\$69,065
AA	\$70,265
BB	\$71,465
CC	\$72,665
DD	\$73,865
EE	\$75,065
FF	\$76,265

Note: Teachers who earned an evaluation rating of “Ineffective” or “Improvement Necessary” are not eligible for salary increases unless they are in their first two years of instructing students.

Redistribution Plan

Both parties agree that all funds for salary increases that would otherwise have gone to teacher rated ineffective or improvement necessary will be added to the stipends for eligible teachers whose base salaries are at the maximum of the salary range.

**APPENDIX A-1 SALARY SCHEDULE FOR NEWLY HIRED TEACHERS
BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION**

All teachers hired will be placed at a salary within the overall teacher salary range established in Appendix A.

-The Superintendent and/or the superintendent's designee shall reserve the right to place a newly hired teacher on the salary table within two steps (above or below) of the step commensurate with employees of the same level of experience.

- If the superintendent and/or the superintendent's designee determines that a salary outside the above referenced parameter is appropriate, the representative will consult with the Association president and/or designee prior to making an offer outside the commensurate experience level.

New Hire Placement Guidelines

Experience	Salary
0-1	\$39,065
2-3	\$40,265
4-5	\$41,465
6-7	\$42,665
8-9	\$43,865
10-11	\$45,065
12-13	\$46,265
14-15	\$47,465
16-17	\$48,665
18-19	\$49,865
20+	\$51,065
20+	\$52,265
20+	\$53,465

2019-20 APPENDIX B: COMPENSATION for NON-ATHLETIC EXTRACURRICULAR AND EXTENDED CONTRACTS

Added days and the number of positions in the Corporation were not bargained and are included in this document for informational purposes.

Sources of funding for positions outside the general fund:

1. Special Ed. coop positions (autism coordinator, low incidence coordinator): shared funding with area corporations
2. HS auditorium director: auditorium rental fees, except in cases of auditorium use by BCSC
3. HS/MS bus duty: operations fund
4. HS prom advisor fund: prom ticket sales

	# in Corp.	Added Days		19-20 Stipend	
HS Band Director	2	0		\$5,212	
HS Choral Director	2	0		\$4,412	
Corp. Psychologist	4	15		\$3,608	
C4 Team Leader	1	15			
HS Guidance Director	2	25			
HS Special Education Coordinator	2	5			
HS Dean	6	5			
HS Asst. Band Director	2	0			
MS Activity Director	2	0			
Elem. Pupil Services Coordinator	1	0			
HS Yearbook Advisor	2	0			\$3,208
HS Library/Media Specialist	2	10			
HS Newspaper Advisor	2	0			
HS Budget Supply Coordinator FTE of 7.0 or more		3		\$2,405	
MS Budget Supply Coordinator FTE of 7.0 or more		3			
Corp. Television Consultant	1	10			
HS Counselor	7	8			
HS Speech Coach	2	0			
HS Pep Stepper Director - CNHS	1	0			
HS Color Guard Director - CEHS	1	0			
MS Dean	2	5			
MS Counselor	4	5			
MS Library/Media Specialist	2	5			
MS Band Director	2	0			
Elem. Library/Media Specialist	1	5			

	# in Corp.	Added Days		19-20 Stipend
HS Musical Director/Producer	2	0		\$2,005
HS Musical Orchestra Director	2	0		
HS Musical Vocal Director	2	0		
HS Testing Coordinator - CEHS	1	0		
HS Student Council Advisor	2	0		
HS Senior Project Coordinator	2	0		
MS Choral Director	2	0		
MS Theater	1	0		
Elem. Counselor	11	0		
HS Budget Supply Coordinator FTE of 4.0 - 6.99		3		\$1,603
MS Budget Supply Coordinator FTE of 4.0 - 6.99		3		
C4 Youth Leadership - BPA	1	0		
C4 Youth Leadership - DECA	2	0		
C4 Youth Leadership - FFA	1	5		
C4 Youth Leadership - HOSA	2	0		
C4 Youth Leadership - Skills USA	2	0		
C4 Youth Leadership FCLA	2	0		
C4 Youth Leadership - Technology Event Coordinator	1	0		
HS Drama Director/Non-Musical	2	0		
HS Publications Bureau Director	1	0		
HS Student Activities Advisor - CEHS	1	0		
HS Lead Academic Coach	2	0		
HS Asst. Academic Coach	8	0		
MS Lead Academic Coach	2	0		
MS Asst. Academic Coach	2	0		
HS Prom Fund Advisor	2	0		
HS Orchestra/Strings Director	2	0		\$1,199
MS Orchestra/Strings Director	2	0		
MS Drama Director	2	0		
MS Newspaper Advisor	2	0		
MS Yearbook Advisor	2	0		
Elem. Academic Coach	11	0		

	# in Corp.	Added Days		19-20 Stipend
HS Budget Supply Coordinator FTE of 1.0 - 3.99		3		\$802
MS Budget Supply Coordinator FTE of 1.0 - 3.99		3		
HS Business - CEHS	1	0		
HS Family Consumer Science	2	0		
HS Music	2	0		
MS Department Team Leader				
MS Art	2	0		
MS Family Consumer Science	2	0		
MS Foreign Language	2	0		
MS Health/PE	2	0		
MS Industrial Tech	2	0		
MS Music	2	0		
MS Special Education	2	0		
Added Days Only:				
Corp. Autism Coordinator	1	20		
Corp. Low Incidence Coordinator	1	10		
Corp. Student Assistance Director	1	15		
C4 School to Work Coordinator				
C4 Building Trades	2	5		
C4 Business/Office Education	1	3		
C4 Child Care	2	2		
C4 Health Occupations	2	2		
C4 ICT/ICE	2	3		
Hourly Rate Only:				
HS Auditorium Director	2	0		\$63.62

2019-20 APPENDIX C: COMPENSATION for ATHLETIC ASSIGNMENTS

Added days and the number of positions in the Corporation were not bargained and are included in this document for informational purposes.

A head varsity coach and his/her assistant varsity coaches and basketball and football cheerleaders' sponsors whose team progresses past the sectional tournament level into regional, semi-final and state tournament levels in a sport that may or may not be sanctioned by the IHSAA will be paid an additional stipend for each full week worked beyond the sectional tournament level (including each sectional week beyond the first sectional week in football). Such stipend should be calculated by dividing the length of the season, including practice weeks during which a game or games are held, into the regular athletic salary as provided above. For purposes of this computation only, the commencement of the length of the season shall be fourteen (14) calendar days prior to the first official game or meet. Provided that this provision shall only apply to sports where the teams progress past said sectional level and where the team qualifies for competing for a team championship pursuant to the rules of the Indiana High School Athletic Association. For trainers of boys football and boys basketball who are assigned to work during the weeks set forth in this paragraph, an extra stipend will be paid and calculated in the manner set forth in this paragraph for coaches.

Credit of experience on this schedule is determined in the following manner:

In-Corporation Experience

1. Experience gained in a specific sport or assignment at either middle school or high school shall be granted for the same sport or assignment within our corporation at other levels.

Out-of-Corporation Experience

2. Previous experience out of the corporation must be verified in writing prior to placement in a coaching assignment subject to review and approval of the Superintendent.

2019-2020 APPENDIX C: COMPENSATION for ATHLETIC ASSIGNMENTS

# in Corp		2019-2020		
Years of Experience		0-2	3-5	6+
Group I				
HS Football	2	\$8,981	\$9,567	\$10,137
HS Boys' Basketball	2			
HS Girls' Basketball	2			
HS Asst. AD	2			
Group II				
HS Asst. Football	12	\$4,184	\$4,948	\$5,710
HS Asst. Boys' Basketball	6			
HS Asst. Girls' Basketball	6			
HS Baseball	2			
HS Softball	2			
HS Boys' Soccer	2			
HS Girls' Soccer	2			
HS Boy's Swimming	2			
HS Girls' Swimming	2			
HS Boys' Track	2			
HS Girls' Track	2			
HS Girls' Gymnastics	2			
HS Weight Training	2			
HS Boys' Wrestling	2			
HS Girls' Volleyball	2			
Group III				
HS Boys' Cross Country	2	\$4,185	\$4,567	\$4,948
HS Girls' Cross Country	2			
HS Boys' Golf	2			
HS Girls' Golf	2			
HS Boys' Tennis	2			
HS Girls' Tennis	2			
Group IV				
Boys' Football 7	2	\$2,362	\$2,667	\$3,058
Boys' Football 8	2			
Boys' Basketball 7	2			
Boys' Basketball 8	2			
Girls' Basketball 7	2			
Girls' Basketball 8	2			

# in Corp		2019-2020		
Years of Experience		0-2	3-5	6+
Group V				
MS Boys' Cross Country 7-8	2			
MS Girls' Cross Country 7-8	2			
Asst. Football 7	2			
Asst. Football 8	2			
Asst. Boys' Basketball 7	2			
Asst. Boys' Basketball 8	2			
Asst. Girls' Basketball 7	2			
Asst. Girls' Basketball 8	2			
Boys' Track 7	2			
Boys' Track 8	2			
Girls' Track 7	2			
Girls' Track 8	2			
Girls' Volleyball 7	2			
Girls' Volleyball 8	2			
MS Wrestling	2			
MS Golf	2			
MS Boys' Tennis 7-8	2			
MS Girls' Tennis 7-8	2			
HS Asst. Baseball	6	\$2,083	\$2,390	\$2,763
HS Asst. Softball	6			
HS Asst. Girls' Gymnastics	2			
HS Asst. Boys' Soccer	4			
HS Asst. Girls' Soccer	4			
HS Asst. Boys' Swimming	2			
HS Asst. Girls' Swimming	2			
HS Asst. Diving Coach	2			
HS Asst. Boys' Track	6			
HS Asst. Girls' Track	6			
HS Asst. Girls' Volleyball	6			
HS Asst. Boys' Wrestling	2			
HS Asst. Boys' Tennis	2			
HS Asst. Girls' Tennis	2			
HS Asst. Boys' Cross-Country	2			
HS Asst. Girls' Cross-Country	2			
HS Asst. Boys' Golf	2			
HS Asst. Girls' Golf	2			

# in Corp		2019-2020		
Years of Experience		0-2	3-5	6+
Group VI				
MS Asst. Cross Country Boys' 7-8	2	\$648	\$788	\$917
MS Asst. Cross Country Girls' 7-8	2			
MS Asst. Boys' Track 7	2			
MS Asst. Boys' Track 8	2			
MS Asst. Girls' Track 7	2			
MS Asst. Girls' Track 8	2			
MS Asst. Wrestling	2			
MS Asst. Girls' Volleyball 7	2			
MS Asst. Girls' Volleyball 8	2			
MS Pom - Pom Sponsor	2			
Cheerleader Sponsor 7	2			
Cheerleader Sponsor 8	2			
Elem. Boys' Basketball	11			
Elem. Girls' Basketball	11			
Group VII				
Elem. Basketball Coordinator	2		\$1,310	
HS Asst. Cheerleader	2		\$1,570	
HS Unified Track	2		\$1,570	
MS Boys' Intramural 7-8	2		\$993	
MS Girls' Intramural 7-8	2		\$993	
MS Concessions Manager	2		\$1,162	
HS Cheerleader Sponsor	2		\$2,763	

**APPENDIX D
GRIEVANCE REPORT FORM**

(Must be filed within 5 days after the Informal Grievance Discussion)

Grievance # _____

Name of Grievant _____ Date _____

Building Assignment _____ Position _____

Date on Which Cause of Grievance Occurred _____

Specific article(s) of the contract which the grievant claims to be in violation

Statement of Grievance

Relief Requested

I ___ DO ___ DO NOT request a meeting to discuss the grievance.

Building

Signature of Grievant

STEP I BUILDING PRINCIPAL/MANAGER

Meeting Date _____

Names of Persons in Attendance

Decision

Date of Decision

Signature of Principal/Manager

(Must be decided within 5 days of receipt of grievance or meeting date)

STEP II

Name of Grievant _____ Grievance # _____

Initial Filing Date _____

(Must be filed within 5 days of receipt of Step I response; within 15 days if grievance filed by the Association as Grievant)

Specify those issues which you maintain have not been resolved to your satisfaction at the previous level, and your reasons for same

___ DO ___ DO NOT request a meeting to discuss the grievance.

Date

Grievant's Signature

DISPOSITION

Date Received _____ Meeting Date _____

Names of Persons in Attendance

Decision

Date of Decision

Signature of Principal/Manager

APPENDIX E
APPLICATION FOR SICK LEAVE BANK USAGE

Name _____ School _____

Date of Request _____

Date when first sick leave usage occurred for this disability _____

Has the illness caused continuous absences since the above date? YES ____ NO ____

How many continuous school days of absence have occurred since the onset of illness or injury? _____

PHYSICIAN'S STATEMENT

I hereby certify that _____ is disabled due to the following illness or injury: (Please state the condition and cause of the disability.)

Treatment Provided:

Prognosis for Return to Work:

Physician's Signature _____

Physician's Printed Name _____

Address _____

Date _____

(Applicant is to return this form to the Personnel Office.)

OBLIGATION TO REPAY SICK LEAVE BANK

Sick Leave Bank Repayment Provision

Repayment by a teacher for any such loans from the sick leave bank shall be made at the rate of a minimum of two (2) sick leave days per year when the teacher owes ten (10) or more days to the bank, one (1) sick leave day per year when the teacher owes less than ten (10) days to the bank. Repayment shall be made on the first year after the sick leave bank day is allocated to the teacher. A teacher who resigns, retires, dies, or whose contract is non-renewed or cancelled for any reason prior to repayment in full of sick bank days used shall not be required to repay the balance of any such days owed to the sick leave bank.

I hereby understand and agree to all provisions as it applies to sick leave bank usage.

Signed _____

Date _____

Witness _____

Witness _____

APPENDIX F HEALTH PLAN OPTIONS

(See Article III for additional details, exclusions, etc. Unless otherwise noted, the changes below take effect January 1, 2020)



Benefit Guide

Bartholomew County School Corporation



www.siho.org

417 Washington Street | P.O. Box 1787 | Columbus, IN 47202-1787 | 812.378.7000

INTRODUCTION

The Bartholomew Consolidated School Corporation administration, the health trust and teachers have worked with SIHO, your employee benefits administration company, to develop a benefits plan for you and your eligible dependents.

One of the advantages of SIHO is their focus on and attention to customer service. SIHO's helpful staff is ready to assist you with any questions or concerns you may have. Employees are encouraged to contact SIHO by phone at (812) 378-7070 or (800) 443-2980 toll free.

The local customer service staff includes:

- **Member Services**—Representatives who will help you understand your health care benefits and walk you through the claims process with phone and walk-in accessibility.
- **Medical Management**—Nurses are available on-site in Columbus to answer any medical questions you might have or to work with your physician to ensure you receive the highest quality health care.
- **Account Management**—These individuals work with your employer and claims representatives to help them improve the benefit program and to resolve any concerns during the contract period.

Though BCSC cannot avoid the impact of rising health care costs, we believe this health care plan will provide many advantages while living within the corporation's budget demands.

Advantages of the BCSC Plan:

- Two health plans - offering a choice in health care coverage
- Preventive health care coverage

Working Spouse Rule:

The purpose of the Working Spouse Rule is to share the costs of the medical, dental and vision expenses with other plans or insurance carriers when the spouse of an Employee is eligible for medical, dental and vision coverage where the spouse is employed. It is the Employer's responsibility to determine who is eligible for this coverage on a non-discriminatory basis.

1. If a spouse of an eligible Employee is employed with a company which offers group medical, dental and vision insurance coverage and that spouse is eligible for that plan, that spouse will not be eligible for this Plan.
2. If the spouse is employed with a company that does not offer group medical, dental and vision coverage and is eligible to be enrolled, the spouse may be enrolled in this Plan as primary at the family rate which is currently in effect. (A statement from the spouse's employer that verifies they have no coverage available with that employer will be required.)*

If an employee and spouse are found to be in violation of the provision, claims for the spouse will be the responsibility of the employee from the time the violation began.

**Note: Medicare does not count as an employer-sponsored plan for the purposes of this rule.*

DEFINING TERMS

Below are terms that will appear in this benefit or on an Explanation of Benefits (EOB)

Allowed Amount: The amount allowed by the Plan after subtracting the negotiated discount.

Amount Billed: This is the amount the Provider billed for your claim before any adjustments, co-pays, deductible, or any ineligible amount.

Amount Not Covered: This amount indicates the portion of your bill that is not covered by your Plan.

Annual deductible: The amount you pay first before the plan begins paying expenses for covered services.

Out-of-pocket maximum: The maximum amount you can pay each year in deductibles and coinsurance for covered services.

Coinsurance: The percentage you pay when you receive care once you have met the annual deductible.

Co-pays: The flat fee charged by the plan for certain services such as physician office visits and prescription drugs.

Deductible: This amount reflects the deductible requirement at the time the charges were processed. You are responsible to pay this for covered health care services, before your Plan begins paying.

In-Network and Out-of-Network Providers: In-network providers are doctors, hospitals and other health care facilities that have agreed to accept a discounted payment, thereby reducing the cost of health care for you and your employer. This means you can see any provider, but the health plan pays a greater share of the costs when you use the service of an in-network provider.

Pre-certification: The process you should follow if you or a dependent is hospitalized. Pre-certification will avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Network: Doctors and hospitals who've agreed to accept your insurance. Each Plan has its own network and getting care from your network is a good way to get quality care at a more reasonable cost.

Other Insurance Paid: The amount paid by another health plan or insurance company toward services you received. Examples include other health insurance, automobile insurance, homeowners' insurance, disability insurance, etc.

Out-of-Pocket Maximum: The maximum dollar amount you'll pay for covered services during your Plan year. After that, your Plan will pay for the rest of your covered care that year.

What Your Plan Paid: The amount paid by your Plan.

Your Member Discount: Your Plan negotiates discounts with health care professionals and facilities to help you

Customer Service:

SIHO has customer service representatives available to answer your questions relating to eligibility, benefits and claim status. You can also log on to their website and click on *Contact Us* to reach a customer service representative.

Phone: 812-378-7070

Website: www.siho.org

Address: 417 Washington Street

P.O. Box 1787

Columbus, IN 47202-1787

SUMMARY OF BENEFITS

Your Plan Features	Option 1 - HIGH DEDUCTIBLE PLAN			OPTION 2 - PPO PLAN		
	Inspire Health Partners	Encore Combined SIHO	Out-of-Network	Inspire Health Partners	Encore Combined SIHO	Out-of-Network
Annual Maximum	Unlimited			Unlimited		
Calendar Year Deductible						
Individual	\$3,500	\$5,000	\$6,000	\$1,000	\$2,000	\$3,500
Family	\$7,500	\$10,000	\$12,000	\$2,000	\$4,000	\$7,000
	The High Deductible Health Plan (Option 1) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible and the remaining family member(s) can accumulate the remaining amount to meet the family deductible in each tier.			The Preferred Provider Plan (Option 2) has an <i>embedded</i> deductible. This means that one member must meet the individual deductible and the remaining family member(s) can accumulate the remaining amount to meet the family deductible in each tier.		
Members Coinsurance	100% plan paid coinsurance after meeting deductibles			15% After Deductible	35% After Deductible	45% After Deductible
Maximum Out-of-Pocket	100% plan paid coinsurance after meeting deductibles			\$3,000 \$6,000	\$4,500 \$9,000	\$7,000 \$14,000
Individual				All tier deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket		
Family						
Hospital Room, Services, Supplies	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Inpatient Surgery	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Emergency Room Facility Charges	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Urgent Care	100% After Deductible			85% after deductible	65%after Deductible	55% after deductible
Outpatient Surgery	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Office Visits	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Preventive Health Benefit	100% covered-subject to Preventive Health Benefits Guidelines			100% covered-subject to Preventive Health Benefits Guidelines		
Diagnostic X-Ray and Lab	100% After Deductible			85% after deductible	65%after Deductible	55% after deductible
Ambulance	100% After Deductible			85% after deductible	65%after Deductible	55% after deductible
Inpatient Mental Health and Substance Abuse	100% After Deductible			85% after deductible	65%after Deductible	55% after deductible
Outpatient Mental Health and Substance Abuse	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Physical, Speech & Occupational Therapy	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible

SUMMARY OF BENEFITS

Option 1 - HIGH DEDUCTIBLE PLAN				OPTION 2 - PPO PLAN		
You Plan Features	Inspire Health Partners	Encore/SIHO Landmark	Out-of-Network	Inspire Health Partners	Encore/SIHO Landmark	Out-of-Network
Chiropractic Services	Annual Maximum: 6 visits			Annual Maximum: 20 visits		
	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Durable Medical Equipment	Precertification required for purchases over \$750 and all rentals			Precertification required for purchases over \$750 and all rentals		
	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Hospice Care	Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient			Precertification required; combined Calendar year maximum: 3 months outpatient; 6 months inpatient		
	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Home Health Care Outpatient	Precertification required; Annual max 60 visits			Precertification required; Annual max 60 visits		
	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible
Other Covered Benefits	100% After Deductible			85% after deductible	65% after Deductible	55% after deductible

PHARMACY BENEFITS

Your Plan Features*	Option 1 - High Deductible Health Plan*		Option 2 - Preferred Provider Plan	
	Retail Service (30 day supply)	Mail Order Service (90 day supply)	Retail Service (30 day supply)	Mail Order Service (90 day supply)
Generic	100% after Deductible	100% after Deductible	\$12	\$24
Brand	100% after Deductible	100% after Deductible	\$40	\$80
Non Formulary Brand	100% after Deductible	100% after Deductible	Greater of \$100 or 20%	Greater of \$200 or 20%

* Prescription Drugs listed on the Optum High Deductible Health Plan Preventive Select List will be covered and not subject to the annual deductible.

An important part of any medical plan is prescription drug coverage. You receive coverage for both generic and brand name drugs, but you pay less for brand name drugs that are a part of the plan's formulary, or preferred drug list. The plan's formulary drugs are chosen by the plan based on their quality, safety, and cost-effectiveness.

You also have the option to take advantage of the Mail Order Service program. By using the mail order program you can receive 90 days of medication for less than the cost of three 30-day prescription fills at a retail pharmacy. This saves you time and money.

For questions on your prescription coverage, please contact Optum at: www.optumrx.com or Toll Free: 855-524-0381

BCSC WELLNESS PROGRAM

Employees participating in the wellness program will receive a \$250 credit or a \$500 (if the spouse participates) credit towards their contributions to the health plan. All requirements must be completed in year 2020 to be eligible to sign up for wellness for 2021. All of the following criteria must be met by both employee and spouse, if applicable, **before October 15th, 2020**:

1. Completion of the Health Risk Assessment;
2. Completion of the Biometric Screening;
3. Complete an annual Preventive Health exam.
4. Complete an annual vision and dental exam.

SUMMARY OF BENEFITS

YOUR COST FOR COVERAGE

Your cost for **medical coverage** is based upon the plan you choose level of coverage. The table below shows your contribution for each

Option #1 (HSA)	2020 Per Pay	2020 Per Pay	Option #2 (PPO)	2020 Per Pay	2020 Per Pay
	Employee Share (20 pay)	Employee Share (26 pay)		Employee Share (20 pay)	Employee Share (26 pay)
Single	\$79.86	\$61.43	Single	\$160.93	\$123.79
Employee & Spouse	\$199.65	\$153.58	Employee & Spouse	\$527.33	\$405.64
Employee + Children	\$167.71	\$129.00	Employee + Children	\$457.27	\$351.75
Family	\$215.62	\$165.86	Family	\$544.52	\$418.86
Single - Wellness	\$67.36	\$51.82	Single - Wellness	\$148.43	\$114.18
Employee & Spouse Wellness	\$187.15	\$143.96	Employee & Spouse Wellness	\$514.83	\$396.02
Employee & Spouse Wellness w/Spouse Participating	\$174.65	\$134.35	Employee & Spouse Wellness w/Spouse Participating	\$502.33	\$386.41
Employee & Children Wellness	\$155.21	\$119.39	Employee & Children Wellness	\$444.77	\$342.13
Family - Wellness	\$203.12	\$156.25	Family - Wellness	\$532.02	\$409.24
Family Wellness w/Spouse Participating	\$190.62	\$146.63	Family Wellness w/Spouse Participating	\$519.52	\$399.63

SUMMARY OF DENTAL COVERAGE

Another advantage of the BCSC plan is dental coverage through Delta Dental. This plan includes a comprehensive dental plan that emphasizes preventive care, covering 100% of the preventive dental care, 80% of basic and major services and 60% of orthodontic services. Please refer to the Delta Dental brochures for further details on benefits, limitations and procedures for obtaining benefits under the Plan. This coverage is not associated with the BCSC health insurance plan through SIHO. For benefit questions or to find a participating provider, call Delta Dental at (800) 524-0149 or go to their website at www.deltadentalin.com. Coverage only available upon new employee orientation or following a HIPAA qualifying event.

Here is an overview of some of the services and coverage you receive:

MAXIMUM BENEFITS

Annual Deductible Individual Family	\$50 \$100
Maximum Annual Benefit per Person	\$1,500
Maximum Lifetime benefit for Orthodontia	\$1,000

COINSURANCE

Benefit	Participating Provider	Non-Participating Provider
Preventive / Diagnostic Services	100%, no deductible	90%, no deductible
Basic Services	80% after deductible	60% after deductible
Major Services	80% after deductible	60% after deductible
Orthodontia for Children under age of 19	60% after deductible	50% after deductible

The following table shows your contribution for **dental coverage**:

Employee Premiums	(26 pay periods)	Support/ Adm. Assistants (20+ pay periods)	Support (9 month employees)
Individual Coverage	\$8.12	\$10.56	\$10.56
Family Coverage	\$23.03	\$29.94	\$29.94

VISION COVERAGE



Your Vision Benefits Summary

Get access to the best in eye care and eyewear with BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you. Visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit vsp.com to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at eyeconic.com®, VSP's preferred online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2019
VSP Provider Network: VSP Signature

BARTHOLOMEW CONSOLIDATED SCHOOL CORPORATION and VSP provide you with an affordable eyecare plan.

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$10
Prescription Glasses		
\$25		
Frame	<ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • \$140 allowance for featured frame brands • 20% savings on the amount over your allowance • Every 24 months 	Included in Prescription Glasses
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 24 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Tints/Photochromic adaptive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 24 months 	\$0 \$0 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 24 months 	Up to \$60
Glasses and Sunglasses		
<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
Extra Savings	Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	
Your Coverage with Out-of-Network Providers		
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.		
VSP guarantees coverage from VSP network providers only. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.		

1. Brands/Promotion subject to change.
 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
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DID YOU KNOW?

SIHO Insurance Services & Inspire Health Partners

have partnered to improve your patient experience!

1. Understanding the Network

Your health plan has multiple tiers, in order to get healthcare services at the best benefit, you should see providers and receive services at hospitals in the Inspire Network (tier 1).

To find an Inspire Provider go to: www.siho.org/provider-directory/html and select the Inspire Network



2. About Inspire Health Partners

Inspire was created by Columbus Regional Hospital and Schneck Medical Center with the goal to keep members healthy and coordinate patient care, while keeping costs low.

The Inspire name was created as an acronym in which “in” represents both the location of the networks’ founding members and clinical providers in **IN**diana, as well as the fact the organization intends to function as a clinically **IN**tegrate network. “**spire**” is intended to convey both the vision of the organization, to the pinnacle of community-based healthcare, as well as the values that Inspire health network is built upon:

Service (to our patients and our communities)

Patient-centered

Innovation (value-based)

Results (in regard to continuously moving healthcare forward)

Excellence (in terms of patient experience and clinical outcomes)



Preventative Health Benefit

These benefits are fully compliant with the Affordable Care Act (PPACA).

Wellness Exam:

Men - One per year

Women - One per year with family physician, one per year with OB/GYN, if needed

Childhood Immunizations																
Vaccine	AGE>	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years	7-10 years	11-12 years	13-18 years	16-18 years
Diphtheria, Tetanus, Pertussis				DTap	DTap	DTap		DTap				DTap		Tdap		
Human Papillomavirus														HPV 3 Doses		
Meningococcal ACWY														1 dose		1 dose
Influenza							Influenza (yearly)									
Pneumococcal				PCV	PCV	PCV	PCV					PPSV				
Hepatitis A							Hep A 2 Doses			Hep A Series						
Hepatitis B		Hep B	Hep B			Hep B							Hep B Series			
Inactivated Poliovirus				IPV	IPV		IPV					IPV				
Measles, Mumps, Rubella							MMR					MMR				
Varicella*							Varicella					Varicella				
Rotavirus				RV	RV	RV										
Haemophilus Influenzae Type B				HIB	HIB	HIB	HIB									
Meningococcal B																MenB 2 Doses

*Varicella expanded for 2nd dose to ages 18 and over.

Services for Children and Adolescents			
<ul style="list-style-type: none"> Gonorrhea preventative medication for eyes Hearing Screening Hemoglobinopathies (sickle cell) Congenital Hypothyroidism Phenylketonuria (PKU) 	Newborns	Developmental/ Behavioral Assessment/Autism	All Ages
Fluoride Supplement	Children without fluoride in water source	Hematocrit or Hemoglobin Screening	All Ages
Iron Screening and Supplementation	All Ages	Lead Screening	For children at risk of exposure
HIV Screening	Age 12 and above	Screening for latent tuberculosis infection	Children determined at risk
Visual Acuity Screening	Up to age 5	Dyslipidemia Screening	All Ages
Oral Dental Screening	During PHB visit	Height, Weight and Body Mass Index measurements	All Ages
Urinalysis	All Ages	Medical History	All children throughout development
Depression Screening	Ages 12 to 18 years		

Services for Pregnant Women	
Aspirin	For Those At Risk
HIV Screening	1 per Pregnancy
Bacteriuria	Lab test
Hepatitis B	Lab test
Iron Deficiency Anemia Screening	Lab test
Gestational Diabetes Screening (between 24 & 28 weeks)	Lab test
Rh Incompatibility	Lab test
Syphilis Screening	Lab test
Chlamydia Screening	Lab test
Gonorrhea Screening	Lab test
Breast Feeding Interventions	Counseling, Support & Supplies
Tobacco and/or Nicotine	Screening & Counseling
Folic Acid	Women capable of becoming pregnant
Referral to Counseling Intervention	For pregnant and postpartum at risk for perinatal depression

Services for All Women	
Domestic Violence Screening & Counseling	Annually
Contraceptive Methods	Covered unless religious exemption applies
Age 21+, HPV DNA testing and/or cervical cytology	Every 3 years
BRCA Risk Assessment and Appropriate Genetic Counseling/Testing	

Adult Immunizations		Adult Procedures/Services		Adult Labs	
Tetanus, Diphtheria, Pertussis	Tdap once, then Td booster every 10 years after age 18	Bone Mineral Density Screening	Every 2 years age 65 or older or every 2 years less than 65 with risk factors (men and women)	Lipid Panel	Yearly
Human Papillomavirus	Women and Men to age 26			Total Serum Cholesterol	Yearly
Meningococcal	2 doses ages 19+	Mammogram - including 3D	Baseline - women, once between ages 35 - 39	PSA	Yearly Men over 50
Influenza	Every year			Fecal Occult Testing	Yearly after age 50
Pneumococcal*	Age 19-64: 1 PPSV23 dose + 1 PCV13 dose	Mammogram - including 3D	Yearly for women over 40	Highly Sensitive Fecal Occult Blood Testing	Yearly after age 50
	Age 65+: 1 PPSV23 dose + 1 PCV13 dose			FBS (Fasting Blood Sugar)	Yearly
Hepatitis A	2 to 3 doses/lifetime	Sigmoidoscopy	Every 3 years after age 50	Hgb A1C	Yearly
Hepatitis B	3 doses/lifetime	Colonoscopy	Every 10 years after age 50	HIV Testing	Yearly age 15 to 65 Age range may deviate based on risk.
Shingles*	Shingrix: 2 doses after age 50 Zostavax: 1 dose after age 50	Abdominal Aortic Aneurysm Screening	For men who have smoked - one time between ages 65 - 75		Syphilis Screening
Measles, Mumps and Rubella	Once after age 19 (up to two vaccinations per lifetime)	Low Dose Aspirin	At risk initiate treatment ages 50-59	Chlamydia Infection Screening	Yearly - All ages
Tamoxifen/Raloxifene	At risk Women	Lung Cancer Screening	At risk Ages 55 - 80	Gonorrhea Screening	Yearly - All ages
Varicella	2 doses			Statin Preventative Medication	At risk Ages 40-75
Meningococcal B	2 doses, if not done between ages 16-18			Urinalysis	Yearly
				Screening for latent tuberculosis infection	At risk
				Intensive multicomponent behavioral interventions	Primary care adult patients with MBI > 30

*This means adult patients may get as many as 2 doses of PPSV23 and 2 doses of PCV13

It is recommended that a preventive health visit include screenings and counseling for:

Healthy Diet	Intimate Partner Violence for Men and Women
Obesity	Alcohol Misuse
Tobacco Use & FDA Approved Medication	Sexually Transmitted Infections
Blood Pressure	Depression
Skin Cancer Prevention	Developmental/Behavioral Assessment/Autism
Breast Cancer Chemoprevention for Women at High Risk	Fall Risk

The **Preventive Health Benefit Guidelines** are developed and periodically reviewed by our Quality Management Committee, a group of local physicians and health care providers. The QMC reviews routine care services from the American Academy of Family Practice Standards, American College of OB/GYN Standards, Center for Disease Control Recommendations, American Cancer Society Recommendations, American Academy of Pediatric Standards and U.S. Preventive Services Task Force Recommendations.

These recommendations were combined with input from local physicians and the standard Preventive Health Benefit was developed. These standards and recommendations are reviewed every one to two years, and the benefits are updated as needed.

Please note that your physician may recommend additional tests or screenings not included in this benefit. If you receive routine screenings that are not listed in this brochure you may have financial responsibility for those charges.

A screening procedure performed when there is a family history or personal history of a condition (and which does not fall within the listed age/frequency criteria of the Preventive Health Benefit) will be covered under the major medical benefit.

*Please contact SIHO Member Services at 800.443.2980 for specific coverage information.

BCSC Health Center

What is the BCSC Health Center?

The BCSC Health Center is a physician's office managed through a collaborative relationship with Columbus Regional Health. BCSC has contracted for this dedicated employee healthcare solution to exclusively serve our employees and family members. There is no co-pay required for clinic services.

Who is eligible to use the BCSC Health Center? What determines eligibility?

The BCSC Health Center is available for use by any employee or dependent covered under BCSC health insurance (SIH0). Use of the clinic is a win-win for BCSC and employees. You receive healthcare services in the center with no co-pay, and the BCSC Health Plan saves on healthcare costs, which will keep your premiums from increasing.

How much does it cost per visit at the BCSC Health Center?

There is NO CO-PAY for visits, labs, or medications provided within the center. Services in the center are paid for by the BCSC Health Plan at a discounted cost, allowing you and the plan to save money.

Do I need to schedule an appointment?

Appointments are needed; you can schedule appointments, either by calling 812-375-8810 or by using the online appointment system link at: www.bcsc.k12.in.us/BCSCHealthCenter or www.crh.org/mychart.

Hours

Monday: 8 a.m. - 6 p.m.

Tuesday & Thursday: 9 a.m. - 5 p.m.

Wednesday: 8 a.m. - 12 p.m.

Friday: 8 a.m. - 4 p.m.

Saturday: 7 a.m. - 12 p.m.

Sunday: Closed

We are closed for lunch Monday - Friday from 1 p.m. - 2 p.m.

Services available at the BCSC Health Center

Wellness: Health consultation to address any health related concerns or questions.

Preventive: Wellness services include routine annual screenings and physical exams, PAP (well-women) visit, nutrition counseling, health education, and more.

Primary Care: Primary level care to treat and manage acute and chronic health conditions.

Labs: Lab services to collect blood and other specimens for analysis and diagnostic needs (including outside lab orders).

Medications: While medications may be available in the clinic; prescriptions will be written to meet medical needs and referred to the lowest cost vendor.

- \$4 & \$10 retail outlets or other local pharmacy
- In clinic medications as available

Education: Disease education and routine monitoring of chronic health conditions.

Chronic Care: Management of chronic health conditions and disease management.



1950 Doctors Park Drive, Suite C Columbus, IN 47203 Phone: 812.375.8810
Schedule Appointments: www.bcsc.k12.in.us/BCSCHealthCenter or www.crh.org/mychart

NEW BENEFIT

Available after 1 year of employment

Treatment Cost Containment

How to Reduce Specialty Pharmaceutical Costs



BROUGHT TO YOU BY:
PRICEMDs
Bundled Medical Care™

PriceMDs' Treatment Cost Containment (TCC) is a regulatory compliant solution for providing high cost specialty pharmaceuticals at greatly reduced prices inclusive of all travel to our participating medical facilities on the Cayman Islands.

PriceMDs' innovative Pharmaceutical Treatment Cost Containment solution is offered to you by your employer and is designed specifically for plan members suffering from several costly, chronic conditions including rheumatoid arthritis, colitis, psoriasis, Crohn's disease, multiple sclerosis and more.

This all-inclusive solution (*travel, lodging, meals, physician consult, pharmaceuticals, etc.*) reduces your and your employer's treatment costs significantly.

All treatments are coordinated by our highly trained US Registered Nurses and are administered by accredited physicians at the DaVinci Medical Centre; a high-quality medical facility located on Grand Cayman.

Treatment Cost Containment with PriceMDs

What's in the all-inclusive package:

- Nurse Navigators to coordinate your care
- 2 round-trip coach airfare to Grand Cayman
- 2-nights at luxury resort
- Expedited customs service on Grand Cayman
- Chauffeured transportation on Grand Cayman
- Meals and incidentals allowance
- Physician consultation, treatment at Davinci Centre



To learn more, please contact a PriceMDs' Nurse Navigator:

Phone: 813-833-7158 or 813-833-3267

Email: TCCNurse@pricemds.com

NEW BENEFIT

No Cost To Members

Our health plan has partnered with Edison Healthcare to provide VIP access to some of the nation's top medical centers. These Smart Care Centers are extensively vetted by Edison's veteran team and feature integrated care teams who meet specific criteria for ethics, quality, safety and effectiveness, and who have an extraordinary history providing the best possible outcomes for complex conditions.

Edison is here to help you and your family when facing one or more of the following diagnosis*:

- Spine Surgery
- Orthopedic Surgery
- Heart Surgery
- Valve Replacement / Surgery
- Hepatitis-C Treatment
- Transplant Surgery
- Cancer Diagnosis
- Other Complex Surgical Care

** Edison Healthcare is the required provider for Spinal Surgery, Transplants and High-cost Curative Cell Therapy . The plan is optional for other procedures such as joint replacements, heart surgery, cancer treatment and other eligible treatments.*

How does Edison Healthcare work?

The participant and a companion will travel to a specific Edison Healthcare medical center where they will receive top-quality care. All medical costs (co-pays, coinsurance, deductibles) and travel expenses (flight, hotel, food, transportation) for the participant and a companion will be covered. An Edison Care Coordinator will walk the employee through all necessary forms, coordinate flights & transportation, arrange accommodations, and help ensure the Smart Care Medical Center's surgical team has received all necessary documentation. The participant and their companion will receive an itinerary before the trip that provides all pertinent travel information and contact numbers for questions. In addition, a nurse from the Medical Navigation Team at the Smart Care Center will be there to greet the patient upon arrival and accompany them to tests, appointments, and surgery. It is a truly VIP experience that will ultimately lead to a more accurate diagnosis and far superior health outcomes!

To learn more about this added health benefit visit edisonhealthcare.com or call 1-866-982-7988 to speak with our Care Coordinators today.

IMPORTANT INFORMATION

Newborns' & Mothers' Health Protection Act

Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Plans may not require providers to obtain authorization from the plan for prescribing the stay. In addition, plans may not deny a stay within the 48-hour (or 96-hour) period because the plan's utilization reviewer does not think such a stay is medically necessary.

The plan must eliminate this preauthorization requirement with respect to hospital stays in connection with childbirth for the first 48 hours (or 96 hours in the case of a cesarean section). The plan may impose such an authorization requirement for hospital stays beyond this period. In addition, the plan may impose a requirement on the mother to give notice of a pregnancy in order to obtain a certain level of cost-sharing or to use certain medical facilities. However, the type of preauthorization required by this plan (within the 48/96 hour period and based on medical necessity) must be eliminated.

Women's Health & Cancer Rights Act of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, SIHO Insurance Services' covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetric appearance.
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

Premium Assistance Under Medicaid & the Children's Health Insurance Program

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>

MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT – Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Contacts

Medical Insurance

SIHO Insurance Services
(800) 443-2980
www.siho.org
Email: memberservices@siho.org



Pharmacy

Optum
800-524-0381
www.optumrx.com



Edison Healthcare

1-866-982-7988
Edisonhealthcare.com



Price MD

813-883-7158
www.Pricemds.com
E-Mail: tccnurse@pricemds.com



Dental

Delta Dental IN
800-524-0149
www.deltadentalin.com



Vision

Vision Service Plans (VSP)
800-877-7195
www.vsp.com



Health Center

1950 Doctors Park Dr., Suite C
812-375-8810
Appt's: www.bcsc.k12.in.us/bcschealthcenter



inspire

Bartholomew County School Corporation

Heather Downin
Benefits Specialist/Human Resources
812-376-4203
Email: downinh@bcsc.k12.in.us



Network

SIHO
812-378-7070



Encore Combined

888-574-8180



Inspire

812-376-5444



Provider Search:
www.siho.org/provider-directory.html

CLICK

www.siho.org



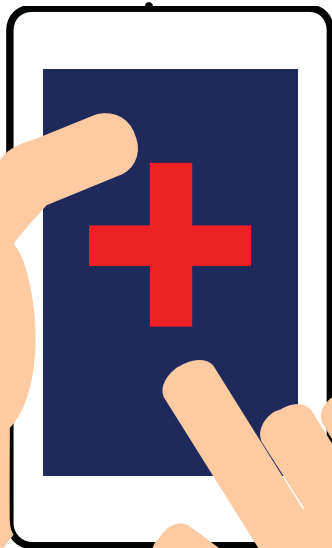
CALL

812.378.7000



CONNECT

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**INSURANCE
SERVICES**

The plans illustrated in this brochure are representative examples. Because plan details change from time to time, your plan may have different benefits. Refer to your Certificate of Coverage for the specific benefits available to you. For more information on these plans, contact your authorized SIHO agent/broker or SIHO account coordinator.