

COLLECTIVE BARGAINING AGREEMENT

Between

CSEA, TAFT COLLEGE CHAPTER #543

And

WEST KERN COMMUNITY COLLEGE DISTRICT

2017 - 2020

Ratified: 07/12/2017

Effective: 07/01/2017

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ARTICLE 1 AGREEMENT

- 1.1 This Agreement is made and entered into by and between the **WEST KERN COMMUNITY COLLEGE DISTRICT** ("District" or "Employer") and the **CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION** Taft College Chapter #543 ("Exclusive Representative," "CSEA," or the "Association").
- 1.2 The purpose of this Agreement is to promote the improvement of personnel management and employer-employee relations, provide a procedure for the resolution of differences, and establish rates of pay and other terms and conditions of employment.

ARTICLE 2 RECOGNITION

- 2.1 The District confirms its recognition of CSEA as the exclusive representative of a bargaining unit composed of District classified employees consistent with the Board of Trustees action dated May 5, 1976 (attached as Appendix B).
- 2.2 Excluded from the bargaining unit are all certificated employees of the District and management employees, supervisory employees and confidential employees as designated by the District and substitutes and short-term employees as provided by Education Code §88003.
- 2.3 Should any question arise during the duration of this Agreement as to the appropriate composition of the bargaining unit or as to the inclusion or exclusion of newly created positions or job classifications into or from the bargaining unit, it shall be submitted by either CSEA or the District to the Public Employment Relations Board ("PERB") for resolution.

ARTICLE 3 SUPPORT OF AGREEMENT

- 3.1 The District and CSEA agree that it is in their mutual benefit to encourage the resolution of differences through the meet and negotiation process. Therefore, it is agreed that CSEA will support the terms of this Agreement and will not appear before any public bodies to seek change or improvement in any matters subject to the meet and negotiation process except by mutual agreement.
- 3.2 The District shall not impose or threaten to impose reprisals on employees, discriminate or threaten to discriminate against employees, or otherwise interfere with, restrain, or coerce employees because of their rights guaranteed by this Agreement or the Educational Employment Relations Act.

ARTICLE 4

EFFECT OF AGREEMENT

- 4.1 It is understood and agreed upon that the specific provisions contained in this Agreement shall prevail over District practices and procedures, and that in the absence of specific provisions in this Agreement such practices and procedures are discretionary with the District.

ARTICLE 5 ORGANIZATIONAL RIGHTS

- 5.1 The Association shall be permitted:
- 5.1.1 Access at reasonable times to areas in which unit member's work by an appropriate representative of the Association.
 - 5.1.2 Use of designated institutional bulletin boards, mailboxes, campus mail system, campus email system and Intranet for the posting or transmitting of mass information or notices, provided that a copy of posted or transmitted material is presented to the Superintendent/President at the time of posting or transmission.
 - 5.1.3 Use of institutional facilities and buildings without charge subject to the Civic Center requirements as referenced in Education Code Sections 82537-82548.
 - 5.1.4 The opportunity for a representative of CSEA, who is not an employee of the District to review reviewable material within a unit member's personnel file subject to the condition that the representative be accompanied by or have in his/her possession a written authorization signed by the unit member within one (1) week of the review, and that the representative provides the Human Resources Department twenty-four (24) hours advance notice of his/her desire to review and state the specific reason(s) for the review.
 - 5.1.5 To receive one (1) copy of public Board of Trustee materials on or before scheduled meeting dates of the Board of Trustees.
 - 5.1.6 To designate not more than two (2) job stewards and shall notify the District of the name of each such designated job steward. Such notice will be transmitted in writing within thirty (30) days of the execution of this Agreement and will include the area(s) in which each job steward will be functioning. The Association further agrees to notify the District within fifteen (15) days of any change in designated job stewards.
 - 5.1.7 Upon written request to the District a once a year hire date seniority roster of all bargaining unit employees represented by CSEA, which shall include name, classification, title, hire date, salary range, and step within thirty (30) days of the written request.
 - 5.1.8 Access to Board meeting minutes within fifteen (15) workdays after each Board meeting.
 - 5.1.9 Monthly membership meetings in accordance with past practice as mutually agreed upon between the District and CSEA.

ARTICLE 6 DUES DEDUCTION

- 6.1 The Association shall have the sole and exclusive right to have membership dues, initiation and service fees deducted for its unit members by the District. The District, upon appropriate written authorization from any unit member shall deduct and make appropriate remittance of such deductions as provided for herein to the designated payee of CSEA.
- 6.2 Commencing upon ratification of this Agreement and terminating thirty (30) days prior to the expiration of this Agreement, any employee who is a member of or who becomes a member of the Association shall be required to maintain said membership for the term of this Agreement.
- 6.2.1 Payment for membership shall be made to the Association by payroll deduction. Payment of the service fee for those employees who do not elect membership shall be made to the Association either by payroll deduction or by cash payment.
- 6.2.2 Except as set forth in paragraph 6.2 above, the District shall not process withdrawals of deduction authorizations.
- 6.2.3 The District bears no responsibility for the administration or enforcement of these provisions except to deduct authorized membership and service fee payments. The provisions specified in this Article are not subject to the grievance procedure.
- 6.2.4 The Association shall assume all costs of defending any litigation filed against it or the District and naming the District as a party as a result of the implementation of these provisions. The District, however, retains the sole and exclusive right to select its own counsel in any litigation arising from the provisions herein.
- 6.2.5 Upon remitting the deductions requested by CSEA and authorized by the member pursuant to the provisions of this Article, the District has fulfilled its entire obligation relative to said deductions. CSEA hereby agrees to indemnify and hold the District, its officers, agents, and employees harmless from any claim, demand, action, or liability which may result from, or in any way relate to, the making of said deductions and the transmission of said funds to CSEA; and CSEA further agrees to pay any reasonable attorneys' fee claimed by the District, its officers, agents, or employees for legal services actually performed on behalf of the District, its officers, agents, or employees as a result of any such claim, demand, action or liability.

ARTICLE 7 DISTRICT RIGHTS

- 7.1 It is understood and agreed that the District retains all of its powers and authority to direct, manage and control in conformance with the law. Included in those duties and powers are the exclusive right to: determine its organization, direct the work of its employees; determine the times and hours of operation; determine the type and level of service to be provided and the method and means of providing them; establish its educational policies, goals and objectives; insure the rights and educational opportunities of students; determine staffing patterns; determine the number and type of personnel required; maintain the efficiency of District operation; determine the curriculum; build, move or modify facilities; establish budget procedures and determine budgetary allocations; determine the methods of raising revenue; contract out work and take action on any matter in the event of an emergency. In addition, the District retains the right to hire, assign, classify, evaluate, promote, terminate and discipline employees. An emergency, as referred to herein, shall be considered as a momentous, tragic, sudden event which disrupts the operation of the District. In the event the District declares an emergency exists and such action required by an emergency situation impinges on the rights of the CSEA or its bargaining unit members as stated in this Agreement, such action will be restricted to the period in which the emergency exists. The declaration of an emergency shall not be restricted by Section 7.2 of this article.
- 7.2 The exercise of the foregoing powers, rights, authority, duties and responsibilities by the District, the adoption of policies, rules, regulations and practices in furtherance thereof, and the use of judgment and discretion in connection therewith, shall be limited only by the specific and express terms of this Agreement, and then only to the extent such specific and express terms are in conformance with the law.
- 7.3 The exercise of any right reserved to the District herein in a particular manner or the non-exercise of any such right shall not be deemed a waiver of the District's right or preclude the District from exercising the right in a different manner at a different time.

ARTICLE 8

CLASSIFIED EMPLOYER-EMPLOYEE RELATIONS COMMITTEE

- 8.1 There shall be a committee established of up to three (3) members appointed by the Association President and up to three (3) members appointed by the Superintendent/President.

- 8.2 The committee will meet on an as needed basis. Scheduled meetings may be canceled by mutual agreement and additional meetings may be scheduled by mutual agreement.

- 8.3 The sole purpose of the committee is to maintain a channel of communication between the District and the Association and to provide a forum for discussion of items pertinent to employer/employee relations.

- 8.4 The District and Association agree that it is not the intent of this Article to change the provisions of this Agreement.

ARTICLE 9 DUTY HOURS

- 9.1 Work Day: The work day for each unit member shall be established and fixed by the District. Each employee will be provided with an annual written notice of the beginning and ending times of the workday. During the academic year, an employee's beginning and ending time may be changed by mutual agreement between the employee and the supervisor.

- 9.2 Work Week: The work week for full-time unit members shall be forty (40) hours. The work week will normally be rendered in units of eight (8) hours per day. Such day shall be exclusive of a lunch period but inclusive of any rest periods prescribed by the District. Workweeks, for the purposes of determining overtime, are from 12:01 a.m., Monday, through midnight the following Sunday.
 - 9.2.1 The work week shall normally consist of five (5) consecutive days for unit members rendering service averaging four (4) or more hours per day.

 - 9.2.2 Unit members employed full-time and scheduled to work Monday through Friday prior to the execution of this Agreement shall not, subsequent to the execution of this Agreement be rescheduled to other than Monday thru Friday for arbitrary or capricious reasons. This section shall not restrict the District

- 9.2.2 from requiring overtime or extended hours service as provided elsewhere in this Agreement.
- 9.3 Individual Alternative Work Schedule: Any regularly scheduled workweek whereby an employee may work more than eight (8) hours in a twenty-four (24) hour period. Upon the proposal of a supervisor and with mutual agreement between the employee and supervisor, a regularly scheduled alternative workweek may be adopted that authorizes work by the affected employee for no longer than ten (10) hours per day within a forty (40) hour workweek without the payment of the affected employee of an overtime rate of compensation pursuant to this section.
- 9.4 Rest Periods: Unit members working four (4) or more consecutive hours per day shall normally receive a fifteen (15) minute rest period during each four (4) consecutive hour period of service. The rest period herein described may be scheduled by the immediate supervisor.
- 9.5 A Non-Compensated Lunch Period: A non-compensated lunch period of not less than thirty (30) minutes nor more than one (1) hour shall normally be provided unit members who render service of at least six (6) consecutive hours. The lunch period may be assigned by the immediate supervisor.
- 9.6 Over-time and Extended Hours Service: Over-time or extended hours service for unit members is described as work in excess of the work day or the work week. Over-time shall be performed at the direction of the District and shall be compensated for in accordance with Article 17 of this Agreement.
- 9.6.1 Over-time worked must have prior approval of the immediate supervisor.
- 9.6.2 Over-time of a part-time unit member normally scheduled four (4) hours or more per day, is defined as hours worked in excess of eight (8) hours per day or hours worked in excess of a five (5) day work week.
- 9.6.3 With regards to an employee who has an alternative workweek schedule, overtime shall be paid for any work in excess of the regularly scheduled hours established by the alternative workweek agreement and for any work in excess of forty (40) hours per week. Overtime shall be paid at double the regular rate for any work in excess of twelve (12) hours per day. Any work performed on days beyond the number of scheduled workdays shall be paid at one and one-half times the regular rate for the first eight (8) hours and double times the regular rate for the work thereafter.

- 9.6.4 The District may require extended hours of service or over-time of unit members. However, an employee may decline an overtime assignment unless the employee is the only available qualified employee and there is an urgent need for the work to be performed. An employee shall be provided as much advance notification of an overtime assignment as possible. Opportunities for scheduled over-time will be distributed as equitably as possible among unit members in the department or area who are capable of performing the duties.
- 9.7 Extra Hours: When non-permanent extra hours of work become available, first consideration will be given to permanent part-time employees within the department, then district-wide, who meet the qualifications for the work. If two (2) or more employees satisfy the standards set forth above, then the most senior employee will be assigned the extra hours. The provisions of this paragraph shall not apply to the assignment of an employee's regular work on an overtime basis.

ARTICLE 10 EVALUATION

- 10.1 Each permanent employee is evaluated on an on-going basis with a formal written evaluation at least once each academic year. A permanent employee may also request a special evaluation no more than quarterly. A probationary employee should receive at least one formal written evaluation and review meeting prior to completion of the twelve (12) month probation period.
- 10.2 The purpose of the evaluation process is to provide a mechanism for reviewing District standards and expectations and for assessing an employee's work performance as it relates to the standards and expectations.
- 10.2.1 Except in the case of less than satisfactory or deficient work, the evaluation process is not considered as a disciplinary tool.
- 10.2.2 An evaluation shall not be based on a document or documents that have not been placed in the personnel file.
- 10.3 As a part of the evaluation process, there shall be a formal evaluation review meeting between the employee and the evaluator. The meeting should provide an opportunity to review the evaluation and plan for the following school year. The employee shall sign the evaluation form, a copy of which shall be provided to the employee at the meeting. The employee's signature indicates only that a copy of the evaluation form has been provided to the employee but does not indicate that the employee agrees with the evaluation rating.

- 10.4 In the event the written evaluation indicates that the employee is not performing satisfactorily, the supervisor, in coordination with the Human Resources Department, shall describe the specific areas of unsatisfactory performance either in the evaluation or in a separate document.
- 10.4.1 Following receipt of the written evaluation, the supervisor shall meet with the employee and shall make specific recommendations as to areas of improvement in the employee's performance. In addition, the supervisor shall endeavor to assist the employee in the improvement of such performance.
- 10.4.2 The employee and the supervisor shall develop an improvement plan which is designed to alleviate the unacceptable performance. The improvement plan shall include:
 - 10.4.2.1 A statement of the expectations for the employee related to each area of performance that was rated as unsatisfactory;
 - 10.4.2.2 A listing of activities that are designed to remediate the unsatisfactory performance and the time line or time lines related to the activities;
 - 10.4.2.3 A statement of the measures of improvement and/or resources that the supervisor will provide to the employee as a part of the plan; and
 - 10.4.2.4 A schedule of observations and/or conferences to monitor and determine progress toward achievement of the plan.
- 10.4.3 If subsequent instructional improvements sufficiently modify the employee's performance and identified deficiencies to the satisfaction of the supervisor, a notification to that effect shall be attached to the evaluation.
- 10.5 Each employee shall have the right to make written comments on any perceived derogatory evaluation items within 20 days of the evaluation review meeting. Such comments shall be included with the evaluation at the time of placement in employee's personnel file.
- 10.6 If the District determines to release a probationary employee prior to the end of the probationary period in the absence of a formal written evaluation, the District shall disclose the name of the employee to the Exclusive Representative.
- 10.7 Substantive judgment of the supervisor shall not be subject to the grievance procedure (Article 21) of this Agreement.

**ARTICLE 11
VACANT POSITIONS**

- 11.1 **First Consideration:** The District shall have the sole responsibility for the establishment of qualifications and criteria for filling any vacant position and any vacant position shall be filled based upon the needs of the District. An internal applicant will be given first consideration for the position unless a non-employee applicant possesses demonstrably superior qualifications for the position. Interested unit members must notify the District of his/her interest in a position in accordance with District application procedures.
- 11.2 **Posting of Notice:** Notice of bargaining unit job vacancies, other than temporary increases in an employee's regular hours or substitute or temporary hours, shall be posted. The job vacancy notice shall normally remain posted for a period of six (6) workdays, during which time a bargaining unit member shall apply for the vacant position if he/she desires to be considered. The notice period shall be shortened on mutual agreement between the District and the Exclusive Representative if more immediate action is required by the State or by the terms of a specific program.
- 11.3 **Filing:** Bargaining unit members may file for the vacancy by submitting written notice within the filing period in accordance with District application procedures.
- 11.4 **Lateral Transfer/Promotion:** Bargaining unit member(s) applying for lateral transfers or promotional positions who meet minimum qualifications will be interviewed and/or notified in writing of their status relative to the promotional vacancy. Unsuccessful applicants shall be notified in writing and may request a conference with the Superintendent/President. The request for a conference shall be made in writing within ten (10) days of the notification. If requested, the Superintendent/President will make a written response.
- 11.4.1 A bargaining unit member who receives a lateral transfer or promotion shall serve a five (5) month trial period in the new classification and shall be evaluated at least once during that period. If the District determines that the employee has not successfully served during the trial period or if the employee requests, the employee shall be returned to his or her original position, which may result in the bumping, displacement, or layoff of less senior employees.
- 11.4.2 Placement pursuant to this paragraph shall effect the employee's step change date. The first step change will occur on the first day of the sixth month. The next step increase will be granted at the end of each year of service 12 (twelve) calendar months following the subsequent step increase until the employee reaches the top step of the schedule.

ARTICLE 12 HOLIDAYS

- 12.1 **Scheduled Holidays:** The District agrees to provide any full-time unit members with the following fourteen (14) paid holidays:

New Year's Day
Martin Luther King Jr. Day
Lincoln's Day
Washington's Day
Memorial Day
Independence Day
Labor Day
One day in lieu of Admission Day
Veterans' Day
Thanksgiving Day
The Friday following Thanksgiving Day (Local Holiday)
Christmas Eve or alternate (Local Holiday)
Christmas Day
New Year's Eve or alternate (Local Holiday)

Part-time unit members would receive the same 14 paid holidays if the holiday falls on a unit member's regular work day.

Any unit member who is not regularly scheduled to work on a holiday will receive pay or banked time off at their regular pay rate based on their normal daily work day. The normal daily workday will be calculated by dividing the unit member's scheduled hours per week worked divided by scheduled number of days worked.

12.2 Holidays on Districtwide Non-Scheduled Work Days: When a scheduled holiday falls on Districtwide non-scheduled workday, the preceding workday not a holiday, or the following workday not a holiday, whichever is the closest to the non-scheduled workday shall be deemed to be that holiday.

12.3 Holiday Eligibility: Except as otherwise provided in this section, a unit member must be in a paid status on the scheduled workday immediately preceding or succeeding the holiday to be paid for the holiday.

12.3.1 Christmas/New Years Holiday Eligibility: Regular employees of the District who are not normally assigned to duty during the District holidays of December 25 and January 1 shall be paid for those two holidays if they were in a paid status during any portion of the working day of their normal assignment immediately preceding or succeeding the holiday period.

ARTICLE 13 LEAVES OF ABSENCE

13.1 General Provisions

Unit members on a paid leave of absence, unless otherwise provided herein, shall receive wages, fringe benefit contribution, and retirement credit, the same

as if they were not on leave. Those who are granted an unpaid leave during any pay period shall receive their fringe benefit contribution for the balance of the pay period. Thereafter, they shall be allowed to continue participation pursuant to terms of the insurance plan(s) or program(s) selected, at their own expense, provided they make advance payment of the premium(s) in a manner required by the District.

- 13.2 Part-time regular employees shall be entitled to leaves of absence to that portion of the leave as their assignment relates to that of a full-time regular unit member.
- 13.3 "Member(s) of the immediate family" as used in this Article shall mean spouse, domestic partner (must be registered with Human Resources), parents, step parents, foster parents, legal guardians, children, foster children, step children, grandparents, grandchildren, sons and daughters-in-law, brothers or sisters of the unit member or the unit member's spouse, or any relative living in the immediate household of the unit member. Under special circumstances persons not specifically enumerated above may, at the discretion of the Superintendent/President, be included under this definition for purposes of utilizing applicable leave provisions of this Agreement.
- 13.4 Sick Leave: Full-time regular unit members shall be credited with twelve (12) days of Sick Leave per fiscal year. Sick Leave will be credited as of July 1 of each fiscal year.
 - 13.4.1 Unused Sick Leave may be accrued from one year to the next.
 - 13.4.2 Sick Leave utilization shall be for physical and mental disability absences which make continued employment impractical. In addition, any available sick leave may be utilized for appointments related to physical or mental health for unit member or immediate family member (as defined in Article 13.3).
 - 13.4.3 Except under abnormal circumstances, the District shall not require a statement of verification from a physician or a notarized statement verifying the cause and condition of illness for periods of absence of less than two (2) consecutive days. The District may require the unit member to visit a physician of the District's selection at District expense to obtain a statement of verification relative to the unit member's ability to fulfill his/her responsibilities in a safe, healthful and satisfactory manner.
 - 13.4.4 After all earned paid leave (sick leave, vacation and comp time) at full pay as provided herein has been used and additional absence due to illness or injury is necessary, unit member shall receive that amount of pay equal to fifty (50) percent of the unit member's regular contracted salary. A maximum of one hundred (100) days shall be provided for this purpose. To be eligible for the one hundred (100) days at fifty (50) percent of the unit member's regular contracted

- salary, the unit member must provide documentation from a licensed physician or recognized practitioner but not including any confidential medical information.
- 13.4.5 All eligible bargaining unit members shall be allowed to use credited sick leave for the purpose of caring for ill members of the employee's immediate family.
- 13.4.6 An employee shall be eligible for Family Medical Leave Act benefits pursuant to State and Federal law.
- 13.4.6.1 In order to be granted leave benefits pursuant to this paragraph, the employee must have been employed by the district for one (1) calendar year and must have served in at least sixty percent (60%) of a regular full-time assignment as reflected by the employee's wage rate based on appropriate salary schedule placement. In addition, the reason for the leave itself must satisfy the statutory requirements.
- 13.4.6.2 Leave benefits granted pursuant to this paragraph are concurrent with other sick leave benefits. In cases of financial hardship, a qualifying employee may request that the District extend the District's contributions set forth in ARTICLE 18, FRINGE BENEFITS, PARAGRAPH 18.1, inclusive, for up to twelve (12) weeks following exhaustion of the employee's extended sick leave benefits.
- 13.4.7 Catastrophic Leave benefits may be available to an eligible employee as provided by Appendix C.
- 13.5 Personal Necessity Leave: Unit members may elect to use not more than seven (7) days per year of unused sick leave for purposes of approved Personal Necessity Leave. Personal Necessity Leave may be utilized by a unit member who has sufficient sick leave credit from the entitlements of Section 13.4 Personal Necessity Leave may be used for the following: 1) Death of a member of the employee's immediate family when additional leave is required beyond that provided both in Education Code, Section 88194 and in Section 13.6 of the collective bargaining agreement; 2) Accident involving the person or property of the employee or of a member of his or her immediate family; 3) Appearance in any court or before any administrative tribunal as a litigant, party, or witness under subpoena or any order made with jurisdiction. This type of leave provision may not be utilized for any other reason, unless prior written authorization is obtained from the District.
- 13.5.1 Unit members shall, when possible, submit a request for Personal Necessity Leave approval to the immediate supervisor, normally not less than three (3) working days prior to the beginning date of the leave.
- 13.5.2 When prior approval is not possible, the unit member shall notify the

appropriate supervisor of the reason for and expected duration of the absence.

- 13.5.3 The unit member shall provide, upon District request, additional clarification of the use of this leave provision.
- 13.6 Bereavement Leave: A unit member shall be eligible for a temporary leave of absence for the death of any member of the immediate family, without loss of salary. This leave will be for no longer than three (3) working days, except that in instances where travel out-of-state of more than two hundred (200) miles one way is required, five (5) working days will be authorized. Additional days of absence beyond those described herein may be provided under the terms of the personal necessity leave. Use of this leave for immediate family members as defined in Article 13.3 shall be taken consecutively, unless prior written authorization is obtained from the District Superintendent/President.
- 13.7 Judicial and Official Appearance Leave: Judicial and Official Appearance Leave shall be granted for purposes of regularly called jury duty, appearance as a witness in court other than as a litigant, or to respond to an official order from other governmental jurisdiction for reasons not brought about through the initiation, connivance or misconduct of the unit member.
- 13.7.1 Jury Duty: A leave of absence without loss of salary shall be granted to a unit member who is officially required to serve on jury duty. Juror's fees, inclusive of mileage, received by the unit member shall be retained by the unit member.
- 13.7.2 Court Appearance: For any necessary court or agency appearances, the unit member may utilize Personal Necessity Leave.
- 13.8 Maternity/Paternity Leave: A leave of absence without pay may be granted a unit member during any period of the pregnancy of the unit member or the spouse or domestic partner of the unit member. Notification of such leave shall be required a minimum of thirty (30) days in advance of the leave commencement date. The leave will continue until that date following child birth or miscarriage that the unit member or spouse or domestic partner of the unit member) is able to return to work as certified by a licensed physician or recognized practitioner.
- 13.9 Maternity Disability: The female unit member may elect to utilize sick leave during any period of disability resulting from pregnancy, miscarriage, childbirth or the recovery wherefrom. The dates of such disability shall be certified by the unit member's physician or recognized practitioner.
- 13.10 Child Rearing Leave: A leave may be granted a unit member from the date of the birth or the adoption of a child, such leave will normally be for a period of six (6) months and may be extended up to an additional year. Such leave shall be without compensation or credit toward service. Under special circumstances,

a childrearing leave of one (1) year may be granted for purposes of attending to a dependent child.

- 13.11 Military Leave: Military leave of absence shall be granted and compensated so as not to be in conflict with the Education Code and the Military and Veteran's Code.
- 13.12 Industrial Accident and Illness Leave: In addition to any other benefits that a unit member may be entitled to under the Workers' Compensation laws of this state, a permanent employee who is a member of the bargaining unit with one (1) or more years of consecutive District service shall be entitled to the following benefits:
- 13.12.1 A unit member suffering an injury or illness arising out of and in the course and scope of his/her employment shall be entitled to a leave of up to sixty (60) working days in any one (1) fiscal year for the same accident or illness. This leave shall not be accumulated from year to year, and when any leave will overlap a fiscal year, the unit member shall be entitled to only that amount remaining at the end of the fiscal year in which the injury or illness occurred.
- 13.12.2 Payment for wages lost on any day shall not, when added to an award granted the unit member under the Workers' Compensation laws of this state exceed the normal wage for the day.
- 13.12.3 The industrial accident or illness leave is to be used in lieu of normal sick leave benefits. When entitlement to industrial accident or illness leave under this section has been exhausted, entitlement to other sick leave, vacation or other paid leave may then be used. If, however, a unit member is still receiving temporary disability payments under the Worker's Compensation laws of this state at the time of the exhaustion of benefits under this section, he/she shall be entitled to use only so much of his/her accumulated and available normal sick leave and vacation leave, which, when added to Worker's Compensation award, provides for a day's pay at the regular rate of pay.
- 13.13 Association Leave: The Association shall be provided with 10 days of paid leave for purposes of conducting Association business. The Association agrees to provide position coverage or to pay the cost of a substitute if a substitute must be utilized. The Association President shall designate in writing to the Associate Vice President of Human Resources, at least five (5) days in advance of the requested leave date the Association Representative(s) who is (are) utilizing the leave and the date(s) thereof along with the proposed position coverage arrangements. Unless such coverage arrangements are approved by the Associate Vice President of Human Resources, a substitute will be utilized and compensated as provided herein.

ARTICLE 14

VACATIONS

- 14.1 Unit members shall be entitled to ten (10) working days of vacation pay following twelve (12) months of employment. Each regular classified employee shall be entitled to the following vacation time with pay per the following schedule:

Ten (10) working days commencing with the first anniversary of service.

Fifteen (15) working days commencing with the fifth anniversary of service.

Seventeen (17) working days commencing with the eighth (8) anniversary of service.

Twenty (20) working days commencing with the tenth anniversary of service.

Twenty-three (23) working days commencing with the fifteenth (15) anniversary of service.

Twenty-five (25) working days commencing with the twentieth anniversary of service.

14.2 Effective July 1, 2010 all vacation time will be accrued on a monthly basis. Between the board approval date and up until July 1, 2010, during the first year of employment, earned vacation will be prorated on a monthly basis to the end of the fiscal year and subsequent vacation will be earned on a fiscal year basis according to the above schedule.

14.3 The time during which unit members will be granted vacation will be at the discretion of their immediate supervisor who will refer requests to the appropriate Vice President.

14.4 If an employee has more than fifteen (15) unused vacation days as of June 30, he/she shall be compensated for the extra unused days at the rate of pay in effect at the time the vacation was earned.

14.5 No vacation leave may be taken during the first twelve (12) months of employment with the District. No vacation leave may be used before it has been credited.

14.6 Upon separation from employment, vacation time accrued and not used will be paid at the employee's salary rate in effect at the time the vacation was earned.

ARTICLE 15 TRAINING

15.1 Should the District require a unit member's participation in any form of in-service training program, the unit member shall be reimbursed for the total cost of tuition, fees or books, if any, when such costs are incurred as a result of District directed participation.

ARTICLE 16 EMPLOYEE EXPENSES AND MATERIALS

16.1 The District shall purchase, lease or reimburse unit members the complete cost of the purchase or lease of uniforms, identification badges, emblems, cards or

safety garments or equipment when a unit member is required to wear or carry such items by the District as a condition of continued employment.

- 16.2 The District shall fully compensate a bargaining unit member for the documented loss or damage, excluding normal wear and tear, to personal tools required to be used by the District in the performance of the unit member's duties provided that:
 - 16.2.1 The value of the tool was agreed to in advance in writing by the unit member and his/her immediate administrator.
 - 16.2.2 The loss or damage was not due to the negligence of the unit member.
 - 16.2.3 The District's maximum obligation under this provision shall be no more than five hundred (\$500.00) dollars per unit member per year or more than one thousand (\$1,000.00) dollars per year in combination whichever is less.

ARTICLE 17 WAGES

- 17.1 Step Increases: The initial step increase on the Salary Schedule is granted to an employee after completion of six (6) months of employment. The next step increase will be granted at the end of each year of service (twelve (12) calendar months) following the subsequent step increase until the employee reaches the top step of the schedule.
- 17.2 Call-In Pay Guarantee: A unit member called into work on other than a scheduled workday for the unit member shall receive a minimum of two (2) hours pay at the appropriate rate as provided in this Agreement. A unit member is considered to be in a "call in" status if he/she was not notified of the additional assignment prior to the end of his/her last scheduled work shift or the unit member has not received twenty-four (24) hours' notice of the additional assignment.
- 17.3 Call-Back Pay Guarantee: A unit member called to work shall receive a minimum of two (2) hours pay at the appropriate rate as provided in this Agreement. A unit member is considered to be in "call back" status if he/she has completed his/her regular assignment, has left the worksite, and has returned to work as a result of direction received from an appropriate supervisor subsequent to leaving the work site.
- 17.4 Conference Attendance: A unit member who is required to attend a conference or workshop will receive compensation at the appropriate rate of pay for actual travel and actual conference attendance outside of work hours.
- 17.5 Holiday Pay: A unit member assigned to work on a scheduled holiday as provided for in this agreement will receive compensation at the overtime rate for all such hours worked in addition to regular pay for the holiday if eligible pursuant to Article 12: Holidays.

- 17.6 Overtime Pay: A unit member who is assigned and who performs service for the District on an overtime basis as provided for in this agreement shall receive compensation equal to one and one half (1½) times his/her regular rate of pay for all such hours worked.
- 17.7 Compensatory Time: Compensatory time is time off in lieu of compensation for hours worked in overtime status. Compensatory time shall be equal in value to overtime compensation.
- 17.7.1 Compensatory time in lieu of cash compensation shall be at the request of the unit member.
- 17.7.2 Compensatory time earned may not be carried beyond the fiscal year it was earned or accumulated beyond forty (40) hours. In either instance, excess time earned will be compensated for at the appropriate rate.
- 17.8 Shift Differential: An employee whose regular assigned work shift commences at or before 6:30 a.m. or concludes at or after 10:00 p.m. or includes Saturday or Sunday, shall receive a shift differential of two and one-half (2 ½%) percent for all hours worked. An employee whose assigned shift qualifies for a shift differential under both criteria is entitled to only one shift differential.
- 17.9 Medical Examination: The District shall provide reasonable reimbursement toward the cost of any medical examination required by the District which is not a condition of initial employment in a class or of promotional advancement in the District.
- 17.10 Longevity Pay: Unit members who complete fifteen (15) years of satisfactory service in the District shall, commencing the first day of the month following the fifteenth (15th) anniversary, receive a five percent (5%) longevity increment based on the employee's current step.
- 17.11 Professional Development Program. The District offers a professional development program for classified employees which is designed to promote activities which assist the classified employee in acquiring the knowledge and skills needed to do the job well; to promote safe working practices and procedures; to provide opportunities to learn better and more efficient ways to do the job; to stimulate the employee to reach and maintain acceptable levels of productivity and job effectiveness; to broaden opportunities for promotion; and to encourage the employee to improve relations with students, other employees and the public.
- 17.11.1 Professional Growth Program: Salary credit for professional growth activities completed outside of work hours and at no cost to the District may be earned if the course is determined to significantly improve the employee's potential contribution to the District.
- 17.11.1.1 Units shall be completed at an accredited institution, workshop, or at another approved equivalent learning activity.

- 17.11.1.2 Salary credit for periodic in-service activities provided by the District and completed outside of work hours may be earned if the course is determined to significantly improve the employee's potential contribution to the District.
- 17.11.1.3 Units shall be approved in advance by the Superintendent/President, using the Classified Request for Professional Growth form.
- 17.11.1.4 Units shall, in the judgment of the Superintendent/President, be designed to increase the skills of the employee beyond the minimum requirements for the assigned job as defined in the employee's job description and significantly improve the employee's potential contribution to the District.
- 17.11.1.5 A semester unit for credit shall be defined as a semester unit awarded by an accredited institution. Any credit earned that is not a semester unit shall follow the Procedure for Granting Credit for Nonacademic Courses and Individual Instruction outlined in Appendix G.
- 17.11.1.6 Units must be completed with a grade of "C" or better; if a letter grade is not available for the course, an evaluation letter from the instructor indicating the employee performed course work at an average level equivalent to a college level "C" grade is required.
- 17.11.1.7 Each three (3) semester units of credit, to a maximum of sixty (60) units of credit, shall increase the classified member's base salary by one hundred dollars (\$100) per year, to a maximum of two thousand dollars (\$2,000) per year.
- 17.11.1.8 A maximum of six (6) semester units may be earned and applied to the employee's salary in any fiscal year.
- 17.11.1.9 If an employee plans to earn additional between May 1 and June 30 and apply those units for professional growth credit in the upcoming fiscal year's salary, an approved Classified Request for Professional Growth form must be received by the Human Resources Department by May 1.
- 17.11.1.10 Verification of units and grades must be received by July 10 (11 and 12 month employees) or September 10 (9 and 10 month employees) to affect salary for the current fiscal year. Otherwise, the salary increase shall become effective as of July 1 of the next fiscal year.
- 17.11.2 Enrollment Fee Reimbursement Program. A classified employee shall submit an Enrollment Fee Reimbursement Request form prior to any course taken at West Kern Community College District (WKCCD).
 - 17.11.2.1 Supervisory approval of the enrollment fee reimbursement request shall be contingent upon the following conditions:
 - a) The course must be a WKCCD course;

- b) If the course is taken during regular work hours, the absence of the employee will not adversely affect the normal working operations of his/her department or work unit;
- c) The course will improve the employee's service to the District; or the course is, or units shall be, part of the employee's verified enrollment in a degree, credential, or certificate program that relates to the employee's present assignment;
- d) If the course is taken during regular work hours, adjusted work hours shall be made up during the same week they are taken. If an employee does not make up the work hours missed due to course attendance during the week the hours were adjusted, either the employee shall utilize vacation pay or their pay shall be reduced in proportion to the time taken from the regular work week.
- e) The supervisor has the discretion to determine if two (2) or more employees in the same department or work unit may take a course on an adjusted work schedule basis, and be gone from the department or work unit at the same time;
- f) When two (2) employees in the same department or work unit have applied for the same hours of release time to attend a course, the employee with the most seniority will have priority;
- g) The number of adjusted hours per week which may be allowed will be determined by the employee's immediate supervisor;
- h) Employees shall be allowed to take a WKCCD course during their assigned lunch break provided the course does not interfere with the assigned work schedule;

17.11.2.2 Up to 3 units per year for part-time employees and up to 6 units per year for full-time employees will be reimbursed to the employee upon completion of the course with a grade of "C" or better and upon submission of a receipt to the Human Resources Department for processing. Units that are reimbursed are not eligible for the Professional Growth Program;

17.11.2.3 Reimbursements shall be limited to \$2,000 per employee maximum and a total of \$5,000 annual maximum for the entire bargaining unit.

17.12 Reclassification Process: Reclassification means the changing of a position to a different classification with a higher rate of pay as a result of a change of duties performed by the incumbent in the position through the modification or

accretion of duties or through structural reorganization when implemented by the District. Reclassification may be granted for, but not limited to, the slow accretion of duties and responsibilities that have changed the basic nature of the position or when the duties of a position or positions have been changed due to a redistribution of tasks and/or responsibilities.

- 17.12.1 The Reclassification Committee shall consist of three members appointed by the Superintendent/President and three members appointed by the President of the Exclusive Representative. The chairperson shall be elected by the Committee.
- 17.12.1.1 A quorum will be any time four or more Committee members are present.
- 17.12.1.2 Votes shall be by secret ballot.
- 17.12.1.3 All votes will be taken from an equal number of members appointed by the Exclusive Representative and Superintendent/President. (Example: If three members appointed by the Exclusive Representative and two members appointed by the District are in attendance, one member of the Exclusive Representative will not vote.)
- 17.12.2 Reclassification requests due to accretion of duties will be accepted every October and February. Reclassification requests for positions affected by reorganization shall be reviewed by the committee within 40 days of approval of the reorganization by the Board of Trustees.
- 17.12.2.1 A meeting shall be called by the President of the Exclusive Representative no later than five work days from the close of the reclassification request period. The chairperson may call meetings at the request of any committee member.
- 17.12.2.2 Reclassification requests that are submitted during October shall be answered by January 15 of the following year, and, if approved, shall become effective on March 1 of that year. Reclassification requests that are submitted in February shall be answered by May 15 of the same year, and, if approved, shall become effective on July 1 of that same year.
- 17.12.2.3 Approved reclassification requests due to reorganization or the redistribution of duties will be retroactive to the date that the reorganization or redistribution was approved by the Board.
- 17.12.2.4 A copy of each request for reclassification shall be submitted to the Exclusive Representative.
- 17.12.3 Requests for reclassification must be submitted in writing. The request shall include, at a minimum, the employee's name, current position, and salary placement, a copy of the employee's current job description, a written

statement detailing the change in duties, the specific reasons for the request, and justification for the salary range requested. The completed request shall be transmitted to the President of the Exclusive Representative for submission to the Committee.

- 17.12.3.1 The Committee shall meet and consider each request.
- 17.12.3.2 The Committee shall send its recommendations for reclassification, denial of any reclassification request, or a report of a tie vote that could not be resolved, to the President of the Exclusive Representative who will forward a copy to the employee.
- 17.12.3.3 The President of the Exclusive Representative will attach his/her recommendation to the request and forward it to the Superintendent/President.
- 17.12.3.4 The Superintendent/President will forward his/her recommendation in support of a classification request, or to deny a reclassification request, to the Board.
- 17.12.3.5 The Board's decision is final, except as set forth in paragraph 17.13.4 inclusive.
- 17.12.3.6 Approved reclassification requests shall result in the affected employee being placed on the lowest step of the new salary range that yields an increase in pay. Placement pursuant to this paragraph does not affect the employee's step change date.
- 17.12.4 An employee whose reclassification request is denied may appeal, in writing, to the level where the request was first denied, i.e., to the Committee, to the Superintendent/President, or to the Board. In an appeal at any level, the employee may appear on his/her own behalf and/or may be represented by the Exclusive Representative.
- 17.12.4.1 An appeal to the Committee shall be considered within ten (10) work days of its filing. A written decision of the Committee shall be issued within three (3) work days of the Committee meeting. If the Committee recommends the request on appeal, their request shall be processed pursuant to paragraphs 17.12.3.3 through 17.12.3.5.
- 17.12.4.2 An appeal to the Superintendent/ President shall be considered within ten (10) workdays of its filing. The written decision of the Superintendent/President shall be issued within three (3) work days of his/her consideration. If the Superintendent/President recommends the request on appeal, the request shall be processed pursuant to paragraphs 17.12.3.3 through 17.12.3.5.

- 17.12.4.3 An appeal to the Board shall be considered at the first regular meeting of the Board following receipt of the appeal. The written decision of the Board shall be issued to the employee within five (5) work days of the Board meeting. The Board's decision shall be final.
- 17.12.4.4 An appeal that is rejected at 17.12.4.1 or 17.12.4.2, or any appeal that is rejected after being processed pursuant to 17.12.3.3 through 17.12.3.5 may not be appealed further.
- 17.12.5 Nothing in this reclassification procedure shall preclude an employee from filing an out of classification grievance pursuant to Article 17, section 17.14, Working Out of Classification of this Agreement. The grievance, which shall conform to the requirements of Article 21, Section 21.3.1.2, shall be filed with the Board of Trustees pursuant to Section 21.3.3 of this Agreement.
- 17.13 Working Out of Classification: An employee may be required to perform duties that are inconsistent with the duties prescribed for the employee's position by the Board of Trustees. However, no employee shall be required to perform inconsistent duties for any period of time that exceeds five work days within a 15 calendar day period unless the employee is compensated at a rate which reasonably reflects the duties performed. If the employee is assigned to perform duties that are normally performed by an employee in a higher classification, the employee shall receive the regular rate of pay for that higher classification at the step that reflects an increase in salary.

ARTICLE 18 INSURANCE BENEFITS

	Employee Hire Date			
	On or Before 8/15/2002	8/16/2002- 4/30/2010	On or After 5/1/2010	On or After 5/1/2016
Years of Service & Age Requirement	10	20 @ Age 55 OR 15 @ Age 60	20 @ Age 55 OR 15 @ Age 60	20
Length of District Paid Benefit	Life	Life	Age 65	Up to 5 years or Retiree Age 65
Includes Dependents	Yes to Retiree Age 65	Yes to Retiree Age 65	Yes	Yes, up to 5 years or Retiree Age 65

- 18.1 Active Full-Time Member Insurance Benefits: The District shall provide health and welfare benefits for active full-time unit members and their eligible dependents as follows: Payment of monthly premiums for District Options C to include medical, prescription, employee assistance program (EAP), vision, dental with orthodontia and life insurance coverage. Active full-time unit members and their eligible dependents may select District Option Plan B, however, the full-time unit member shall pay the difference in cost between Plans B and C by monthly payroll deductions through the District's Section 125 plan. Further details regarding the health insurance benefits are described in Appendix E.
- 18.2 Eligibility requirements and procedures relative to fringe benefit programs shall be established and administered by the District in accordance with prior district practice.
- 18.3 Retiree Health Benefits Program: The District shall make a contribution for the health benefit program on behalf of a regular full-time classified member who has retired from District employment into the Public Employees Retirement System ("PERS") or the State Teachers Retirement System ("STRS") as follows:
- 18.3.1 A regular full-time classified member hired on or before 8/15/2002 who was employed by the District for at least ten (10) complete calendar years, or serves a pro-rated* equivalency of ten (10) full-time calendar years with the final five (5) years at full-time status, shall be eligible to participate in a District paid health benefits program upon retirement for the life of the retiree. A Board approved leave of absence shall not constitute a breach in service for the purpose of calculating a complete calendar year of service. The District contribution shall be the same amount as the District's monthly health benefits program contribution for a regular classified member who has not retired, as those contributions may change from time-to-time. (See Appendix E) The retiree's eligible dependents are entitled to receive District paid health benefits until the retiree reaches the age of 65. At that time, the eligible dependents are entitled to continue the health benefits program for the life of the retiree at the retiree's cost.
- A regular full-time classified member hired on 8/16/2002 or thereafter and through 4/30/10 who was employed by the District for at least twenty (20) complete calendar years and who is age 55 or older, (or serves a pro-rated* equivalency of twenty (20) full-time calendar years with the final ten (10) years at full-time status and who is age 55 or older) or who was employed by the District for at least fifteen (15) complete calendar years and who is age 60 years or older (or serves a pro-rated* equivalency of fifteen (15) full-time calendar years with the final seven and one half (7.5) years at full-time status) and who is age 60 or older shall be eligible to participate in a District paid health benefits program upon retirement for the life of the retiree. The District contribution shall be the same amount as the District's monthly health benefits program contribution for a regular classified member who has not retired, as those contributions may change from time-to-time. (See Appendix E) The retiree's eligible dependents are entitled to receive District paid health benefits

until the retiree reaches the age of 65. At that time, the eligible dependents are entitled to continue the health benefits program for the life of the retiree at the retiree's cost.

A regular full-time classified member hired on 5/1/2010 or thereafter through 4/30/16 who was employed by the District for at least twenty (20) complete calendar years and who is age 55 or older (or serves a pro-rated* equivalency of twenty (20) full-time calendar years with the final ten (10) years at full-time status and who is age 55 or older) or who was employed by the District for at least fifteen (15) complete calendar years and who is age 60 years or older (or serves a pro-rated* equivalency of fifteen (15) full-time calendar years with the final seven and one half (7.5) years at full-time status) and who is age 60 or older and his/her eligible dependents shall be entitled to participate in

District paid health benefits program upon retirement until the retiree reaches 65 years of age. At that time, the retiree and eligible dependents are entitled to continue the health benefits program at the retiree's cost.

A regular full-time classified member hired on 5/1/2016 or thereafter, who was employed by the District for at least twenty (20) complete calendar years and his/her eligible dependents shall be eligible to participate in a District paid health benefits program for up to (5) years or until the retiree reaches 65 years of age. In order to receive the health benefits a 2.5% annual premium co-pay is required. Example: Current benefit package cost \$20,000. $\$20,000 \times .025 = \500 per year or \$41.67 per month.) Hire date is defined as the employee's first paid date of service.

All full-time classified employee members retiring between the ages of 55 to 63 have the option to opt-out of retiree health benefits and receive a one-time cash incentive based on the current dollar amount for active employees as shown in the table below:

Age at Retirement	20% of current dollar amount of active employee benefit package
55	Multiplied by 9
56	Multiplied by 8
57	Multiplied by 7
58	Multiplied by 6
59	Multiplied by 5
60	Multiplied by 4
61	Multiplied by 3
62	Multiplied by 2
63	Multiplied by 1

(Example: Assume current benefit package is \$20,000. 20% of \$20,000 is \$4,000. A 58-year old employee retires and opts out of retiree health benefits. For opting out the member receives a one-time cash payout of \$24,000.)

Note: Once a classified member accepts the incentive to opt out of the retiree health benefit program, they will not be able to opt back in.

Any regular full-time classified member who has retired from the District and is ineligible or becomes ineligible for District provided retiree benefits has the option to continue on the District health benefit program or the District supplemental program at the retiree's cost.

*For the purposes of pro-rating part-time service, a forty (40) hour work week will be used. Once an employee is in full benefit status, they are considered to be in full-time status.

- 18.3.2 A retiree or eligible dependent who is covered by the provisions of paragraph 18.3.1 and who reaches the age of 65 or becomes eligible for Medicare, whichever occurs first, must enroll in and pay the cost of Medicare Part A and Part B within one month of eligibility or the District contribution shall be terminated.
- 18.3.3 Upon enrollment in Medicare Part A and Part B, the District's monthly medical insurance contribution shall be reduced to the amount necessary to provide the AARP Plan F Medicare supplement insurance program. (See Appendix E)
- 18.3.4 A retiree, as a condition of receiving the medical insurance contribution benefit under paragraph 7.4, inclusive, must maintain continuous medical insurance coverage and eligibility pursuant to the provisions of current district medical insurance plans.
- 18.3.5 The District and Association recognize that changes to this article may need to be negotiated from time-to-time depending upon the District's financial condition, provider/benefit changes, and other changes in the law and in the health care field; accordingly, the parties agree that nothing in this article shall be considered as creating a vested right of any unit member.

ARTICLE 19 SAFETY CONDITIONS

- 19.1 The District shall make a reasonable effort to provide employment and a place of employment which is as safe as the nature of the employment and assigned duties reasonably permit. A unit member shall not be required to perform duties under conditions which pose an immediate and serious threat of serious bodily harm to the unit member, provided that he or she has exhausted all reasonable means within his or her discretion to remedy the condition. Unit member's concerns relative to safety conditions may be a topic of discussion in the Employer/Employee relations committee.

ARTICLE 20 GRIEVANCE PROCEDURE

- 20.1 General Provisions: A grievance is defined as a formal written statement by a unit member or the association alleging that the District has violated an express provision of this Agreement. All other matters and disputes of any

nature are beyond the scope of these procedures. Also excluded from these procedures are Articles I, II, and III as well as those matters so indicated elsewhere in this Agreement.

- 20.1.1 The respondent in all cases shall be the District itself rather than any individual. The District may be represented by the appropriate administrator. The filing or the status of a pending grievance shall not delay or interfere with implementation of any District action during the processing thereof.
- 20.1.2 A "Day" is a day in which the District Administration Office is open for business.
- 20.2 Informal Stage: Before filing a formal written grievance, the grievant shall attempt to resolve the problem by means of an informal conference with his/her immediate supervisor.
- 20.3 Formal Stage Level I: Within twenty (20) days after the occurrence of the act or omission giving rise to the grievance, or within twenty (20) days of when the grievant, or the Exclusive Representative could reasonably have known of the act or omission, the grievant must present such grievance in writing to the supervising Vice President.
 - 20.3.1 The written statement shall be a clear and concise statement of the grievance, including the express provision(s) of this Agreement alleged to have been violated, the circumstances involved, the date of the informal conference, and the specific remedy sought.
 - 20.3.2 Either party may request and shall be entitled to a personal conference with the other party. The supervising Vice President, in coordination with Human Resources, shall communicate a decision to the grievant in writing within ten (10) days after receiving the grievance, or the conference set forth above, and such action will terminate Level I.
- 20.4 Level II: In the event the grievance is denied at Level I, the grievant may appeal the denial, in writing, to the Superintendent/President or designee within ten (10) days after the termination of Level I.
 - 20.4.1 This appeal shall include a copy of original grievance, the Level I denial, and a clear and concise statement of the reason(s) for the appeal. Either the grievant or the Superintendent/President or designee may request and shall be entitled to a personal conference.
 - 20.4.1.1 Either party, on written notice to the other party within two (2) workdays of the filing of the Level II appeal, may request conciliation from the California State Mediation and Conciliation Service in lieu of the meeting specified herein.
 - 20.4.1.2 The conciliator shall attempt to find a mutually acceptable resolution to the grievance.

- 20.4.1.3 The conciliator shall not issue any public statements of fact or opinion on the issue. The conciliation or settlement positions of either party shall not be introduced into any other grievance level.
- 20.4.2 The Superintendent/President or designee shall communicate a decision within ten (10) days after receiving the appeal, or the conference set forth above, and such a decision will terminate Level II.
- 20.5 Level III: In the event that the grievance is denied at Level II, the grievant may appeal the denial in writing within five (5) days to the Board of Trustees.
- 20.5.1 The appeal shall contain a copy of the materials filed at each level, and the Level I and II denials, and a statement of the reason(s) for the appeal.
- 20.5.2 The Board alone has the power to render a final and binding determination of the grievance. If, upon review of the written record, the Board determines that it is unable to render a final determination on the record, it may reopen the record for the taking of additional evidence.
- 20.6 Failure to Meet Time Limits: If a grievance is not processed by the grievant in accordance with the time limits set forth in this Article, the grievance shall be considered to be waived and settled on the basis of the action or decision made by the appropriate level. If the District fails to respond to the grievance in a timely manner at any level, the expiration of the time limit shall be deemed to be a denial of the grievance and termination of the level involved. The grievant may then proceed to the next level. Time limits may be lengthened or shortened in any particular case only by mutual written agreement.
- 20.7 Representation: The grievant shall be entitled upon request to representation by the Exclusive Representative at all formal level grievance meetings. In situations where the Exclusive Representative has not been requested to represent the grievant, the District will not agree to a final resolution of the grievance until the Exclusive Representative has received a copy of the grievance and the proposed resolution and has been given the opportunity to state views on the matter. Five (5) days will be considered an opportunity in this instance.
- 20.8 Reasonable Released Time: Reasonable released time will be provided a designated representative for the purpose of representing a grievant pursuant to this Article when meetings or appointments are mutually scheduled by the District and the Association.
- 20.9 Confidentiality: In order to encourage a timely and fair review of a grievance, it is agreed that from the time a grievance is filed until it is processed through the procedure, neither the grievant nor the Association nor the District shall make public either the grievance or evidence regarding the grievance. Written materials relating to a grievance, except settlements or Board decisions shall not be filed in a unit member's personnel file.
- 20.10 No Reprisal: No reprisal of any kind will be taken by the District against any grievant or participant in the grievance procedure by virtue of such participation.

**ARTICLE 21
CONCLUSION OF MEET AND NEGOTIATE**

- 21.1 During the term of this agreement CSEA expressly waives and relinquishes the right to meet and negotiate and agrees that the District shall not be obligated to meet and negotiate with respect to any subject or matter whether referred to covered in this Agreement or not, even though each subject or matter may not have been within the knowledge or contemplation of either or both the District or CSEA at the time they met and negotiated on and executed this Agreement and even though such subjects or matters were proposed and later withdrawn. The parties may reopen any provision of this Agreement by mutual agreement.

**ARTICLE 22
SAVINGS PROVISION**

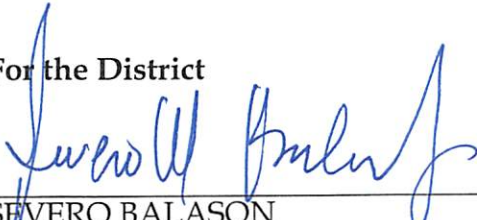
- 22.1 If any provisions of this Agreement are held to be contrary to law by a court of competent jurisdiction, such provisions will not be deemed valid and subsisting except to the extent permitted by law, but all other provisions will continue in full force and effect.

**ARTICLE 23
TERM AND RENEGOTIATION**

- 23.1 Term: This Agreement shall become effective upon final ratification by the Board of Trustees and shall continue in effect to and including June 30, 2020. For the 2017-18 and 2018-19 and 2019-20 academic years, the Exclusive Representative and the District may each reopen any Article at any time for negotiations.
- 23.2 Negotiation of a Successor Agreement: The parties agree to open negotiations on a successor Agreement as follows:
- 23.2.1 The Exclusive Representative shall make a written proposal to the District at a regular Board meeting in spring 2017. This notice shall activate the public notice requirements of the Educational Employment Relations Act.
- 23.2.2 Upon satisfaction of the public notice requirement (not to exceed 60 calendar days), negotiations shall commence at a mutually acceptable time and place for the purpose of considering proposed modifications or amendments to this Agreement.
- 23.2.3 CSEA shall be provided reasonable release time for a reasonable number of representatives to participate in negotiations.
- 23.2.3.1 Either part may utilize the service of an outside consultant to assist in the meet and negotiate process.

RECOMMENDED FOR RATIFICATION

For the District



SEVERO BALASON
Vice President, Student Services

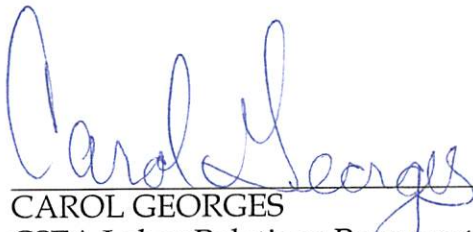
For the Exclusive Representative



SHERRY ANDERSON
Secretary


DR. DEBRA DANIELS
Superintendent/President



JENNIFER EDMAISTON
Treasurer

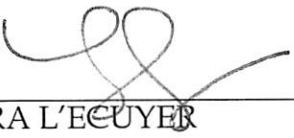

BROCK McMURRAY
Executive Vice President, Administrative Services


CAROL GEORGES
CSEA Labor Relations Representative


DR. ROBERT METEAU
Associate Vice President, Human Resources


VELDA PENA
President


MARK WILLIAMS
Vice President, Instruction


LAURA L'ECUYER
Vice President

RATIFIED

By their signatures below, the signatories certify that they are the authorized representatives of either the District or the Exclusive Representative as the contracting parties; that all actions necessary for the District or the Exclusive Representative to ratify and accept this Agreement as a binding and bilateral agreement have been completed in the manner required by that party and the law; and that this Addendum to Agreement is hereby entered into without the need for further ratification and acceptance.

**WEST KERN COMMUNITY COLLEGE
DISTRICT**

TAFT COLLEGE CSEA, CHAPTER #543



BILLY WHITE
President, Board of Trustees
West Kern Community College District



VELDA PEÑA
President,
California School Employees
Association, Chapter #543

Dated: 7-12-17

Dated: 7-12-17



DAWN COLE
Secretary, Board of Trustees
West Kern Community College District

Dated: 7-12-17

WEST KERN COMMUNITY COLLEGE DISTRICT

CLASSIFIED SALARY SCHEDULE

2016-17 ACADEMIC YEAR (1.59%)

HOURLY SCHEDULE (Based on 2080 Hrs./Yr.)

RANGE	A	B	C	D	E	F
1	12.05	12.66	13.29	13.95	14.65	15.38
2	12.35	12.97	13.62	14.30	15.02	15.77
3	12.66	13.30	13.96	14.66	15.39	16.16
4	12.98	13.63	14.31	15.02	15.78	16.56
5	13.30	13.97	14.67	15.40	16.17	16.98
6	13.64	14.32	15.03	15.78	16.58	17.41
7	13.98	14.68	15.41	16.18	16.99	17.84
8	14.33	15.04	15.80	16.59	17.41	18.28
9	14.68	15.42	16.19	17.00	17.85	18.74
10	15.05	15.80	16.59	17.42	18.29	19.21
11	15.43	16.20	17.01	17.86	18.75	19.69
12	15.81	16.60	17.43	18.31	19.22	20.18
13	16.21	17.02	17.87	18.76	19.70	20.69
14	16.62	17.45	18.32	19.23	20.19	21.20
15	17.03	17.88	18.77	19.71	20.70	21.73
16	17.46	18.33	19.25	20.20	21.22	22.28
17	17.89	18.78	19.73	20.71	21.75	22.83
18	18.34	19.26	20.22	21.23	22.29	23.41
19	18.80	19.74	20.72	21.76	22.85	23.99
20	19.27	20.23	21.24	22.30	23.42	24.59
21	19.75	20.73	21.77	22.86	24.01	25.21
22	20.24	21.25	22.32	23.43	24.61	25.83
23	20.75	21.78	22.88	24.02	25.22	26.48
24	21.27	22.33	23.45	24.62	25.85	27.14
25	21.80	22.89	24.03	25.23	26.50	27.82
26	22.34	23.46	24.63	25.86	27.16	28.52
27	22.90	24.05	25.25	26.52	27.84	29.23
28	23.48	24.65	25.88	27.17	28.53	29.96
29	24.06	25.26	26.53	27.85	29.25	30.71
30	24.66	25.90	27.19	28.55	29.98	31.48
31	25.28	26.54	27.87	29.27	30.73	32.27
32	25.92	27.21	28.57	29.99	31.49	33.07
33	26.56	27.89	29.28	30.74	32.28	33.90
34	27.23	28.59	30.02	31.52	33.09	34.75
35	27.91	29.30	30.77	32.30	33.92	35.61
36	28.60	30.03	31.53	33.11	34.77	36.51
37	29.32	30.78	32.33	33.94	35.64	37.42
38	30.05	31.55	33.13	34.79	36.53	38.35
39	30.80	32.34	33.96	35.66	37.44	39.31
40	31.57	33.15	34.81	36.55	38.38	40.29

1.59% Salary Schedule Increase effective 7/1/16, Board Approved 10/12/16

1.02% COLA effective 7/1/15, Board Approved 9/9/15

.85% COLA effective 7/1/14, Board Approved 8/13/14

1.57% COLA plus 0.43% effective 7/1/13, Board Approved 10/09/13

0 % COLA effective 7/1/08, 7/1/09, 07/1/10, 7/1/11, 7/1/12

4.4% COLA effective 7/1/07, Board Approved 6/14/07

5.87% COLA plus 3% Effective 7/1/06, Board Approved 6/14/06

3.81% COLA Effective 7/1/05, Board Approved 6/8/05

WEST KERN COMMUNITY COLLEGE DISTRICT

**CLASSIFIED SALARY SCHEDULE
2016-17 ACADEMIC YEAR (1.59%)
MONTHLY SCHEDULE**

RANGE	A	B	C	D	E	F
1	2089	2194	2303	2418	2539	2666
2	2141	2248	2361	2479	2603	2733
3	2195	2305	2420	2541	2668	2801
4	2250	2362	2480	2604	2735	2871
5	2306	2421	2542	2669	2803	2943
6	2364	2482	2606	2736	2873	3017
7	2423	2544	2671	2805	2945	3092
8	2483	2607	2738	2875	3018	3169
9	2545	2673	2806	2947	3094	3249
10	2609	2739	2876	3020	3171	3330
11	2674	2808	2948	3096	3250	3413
12	2741	2878	3022	3173	3332	3498
13	2810	2950	3098	3252	3415	3586
14	2880	3024	3175	3334	3500	3675
15	2952	3099	3254	3417	3588	3767
16	3026	3177	3336	3502	3678	3862
17	3101	3256	3419	3590	3770	3958
18	3179	3338	3505	3680	3864	4057
19	3258	3421	3592	3772	3960	4158
20	3340	3507	3682	3866	4059	4262
21	3423	3594	3774	3963	4161	4369
22	3509	3684	3868	4062	4265	4478
23	3596	3776	3965	4163	4372	4590
24	3686	3871	4064	4267	4481	4705
25	3779	3967	4166	4374	4593	4822
26	3873	4067	4270	4483	4708	4943
27	3970	4168	4377	4596	4825	5067
28	4069	4273	4486	4710	4946	5193
29	4171	4379	4598	4828	5070	5323
30	4275	4489	4713	4949	5196	5456
31	4382	4601	4831	5073	5326	5593
32	4492	4716	4952	5199	5459	5732
33	4604	4834	5076	5329	5596	5876
34	4719	4955	5203	5463	5736	6023
35	4837	5079	5333	5599	5879	6173
36	4958	5206	5466	5739	6026	6328
37	5082	5336	5603	5883	6177	6486
38	5209	5469	5743	6030	6331	6648
39	5339	5606	5886	6181	6490	6814
40	5472	5746	6033	6335	6652	6984

1.59% Salary Schedule Increase effective 7/1/16, Board Approved 10/12/16

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5.87% COLA plus 3% Effective 7/1/06, Board Approved 6/14/06

3.81% COLA Effective 7/1/05, Board Approved 6/8/05

**WEST KERN COMMUNITY COLLEGE DISTRICT
CLASSIFIED SALARY SCHEDULE (1.59%)
2016-17 ACADEMIC YEAR
ANNUAL SCHEDULE**

RANGE	A	B	C	D	E	F
1	25069	26322	27638	29020	30471	31995
2	25696	26980	28329	29746	31233	32795
3	26338	27655	29038	30489	32014	33615
4	26996	28346	29763	31252	32814	34455
5	27671	29055	30508	32033	33635	35316
6	28363	29781	31270	32834	34475	36199
7	29072	30526	32052	33655	35337	37104
8	29799	31289	32853	34496	36221	38032
9	30544	32071	33675	35358	37126	38983
10	31307	32873	34517	36242	38054	39957
11	32090	33695	35379	37148	39006	40956
12	32892	34537	36264	38077	39981	41980
13	33715	35400	37171	39029	40980	43030
14	34558	36285	38100	40005	42005	44105
15	35422	37193	39052	41005	43055	45208
16	36307	38122	40029	42030	44131	46338
17	37215	39076	41029	43081	45235	47497
18	38145	40052	42055	44158	46366	48684
19	39099	41054	43106	45262	47525	49901
20	40076	42080	44184	46393	48713	51149
21	41078	43132	45289	47553	49931	52427
22	42105	44210	46421	48742	51179	53738
23	43158	45316	47581	49960	52458	55081
24	44237	46448	48771	51209	53770	56458
25	45343	47610	49990	52490	55114	57870
26	46476	48800	51240	53802	56492	59317
27	47638	50020	52521	55147	57904	60800
28	48829	51270	53834	56526	59352	62320
29	50050	52552	55180	57939	60836	63878
30	51301	53866	56559	59387	62357	65474
31	52583	55213	57973	60872	63916	67111
32	53898	56593	59423	62394	65513	68789
33	55246	58008	60908	63954	67151	70509
34	56627	59458	62431	65552	68830	72272
35	58042	60944	63992	67191	70551	74078
36	59493	62468	65591	68871	72315	75930
37	60981	64030	67231	70593	74122	77829
38	62505	65631	68912	72358	75976	79774
39	64068	67271	70635	74167	77875	81769
40	65670	68953	72401	76021	79822	83813

1.59% Salary Schedule Increase effective 7/1/16, Board Approved 10/12/16

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3.81% COLA Effective 7/1/05, Board Approved 6/8/05

APPENDIX B
RECOGNITION RESOLUTION

EXCERPT FROM OFFICIAL MINUTES, BOARD OF TRUSTEES
REGULAR MEETING, MAY 5, 1976

RECOGNITION OF CSEA AS EXCLUSIVE REPRESENTATIVE FOR ALL CLASSIFIED EMPLOYEES EXCLUDING CONFIDENTIAL AND SUPERVISORY EMPLOYEES.

A request was received from the classified employees for CSEA to be recognized as the exclusive representative for all classified employees excluding confidential and supervisory employees in connection with Government Code 3544. The request was posted from April 8 - April 30, 1976 as required and no challenges were received.

It was moved by Mr. Scott, seconded by Mr. Mundy and unanimously carried to recognize CSEA as the Exclusive Representative for all classified employees excluding confidential and supervisory employees in accordance with Government Code 3544.

APPENDIX C CATASTROPHIC LEAVE PAY

- A. Catastrophic leave pay may be available to an employee as set forth herein pursuant to the provisions of Education Code section 87045. Catastrophic leave pay shall consist of the amount of sick leave credit, vacation time, or compensatory time off credits that are donated to the affected employee by other employees.
1. Donations of sick leave credit shall be made in blocks that are equivalent to one day of leave for the donating employee. An employee who donates sick leave credits shall be required to have a sick leave balance equivalent to five days (e.g., full-time employee = 40 hours) following the donation.
 2. Donations of vacation time or compensatory time off credits shall be made in blocks of not less than two hours per donating employee.
- B. For the purpose of calculating credits for an employee who receives catastrophic pay, the following shall apply:
1. If the employee who donates eligible time credits is at a different salary rate than the employee who receives the credits, the formula to be used shall be: Donating employee's hourly rate multiplied by number of hours donated equals \$X; \$X divided by receiving employee's hourly rate equals the number of catastrophic leave hours available to receiving employee.

Example: Donating employee - Secretary (rate \$9.00 per hour) donates eight hours: $\$9.00 \times 8 = \72.00 ;
Receiving employee - Clerk (rate \$7.00 per hour) will be entitled to: $\$72.00 \div \$7.00 = 10.29$ hours of catastrophic leave credits.
 2. If the employee or employees who donate eligible time credits are at the same salary rate as the employee who receives the credits, the receiving employee shall be credited with the number of hours donated.
 3. The receipt of donated time credits under this program shall not serve to extend or modify the terms or limitations of ARTICLE 13, LEAVES OF ABSENCE, paragraph 13.4.4 of this Agreement. However, at the written request of the employee, donated time credits shall be coordinated with differential pay during a period when the employee is on extended sick leave in order to mitigate the impact of the deduction of the substitute's pay from the employee's regular pay. Further, at the written request of the employee, donated time credits shall be coordinated with Family Medical Leave Act

benefits in order to provide a continuation of income, or to provide an extension of contributions for the District's health insurance package, or both during the period when the employee does not receive regular wages from the District.

- C. The employee shall fill out an application form for catastrophic leave and shall attach a written statement and verification from a licensed physician or practitioner indicating the nature and extent of the illness or injury without revealing confidential medical information, the projected date of the employee's return to work, and a statement that the employee is medically unable to work due to the illness or injury.
1. Where the application is based on the catastrophic illness or injury of a member of the employee's immediate family, all required medical information, statements, and verifications shall be related to the affected family member. In addition, the employee shall attach a written statement indicating the circumstances that require the employee's absence from work. Finally, the employee shall be allowed and required to utilize all of the employee's available regular sick leave and other paid time off as provided by ARTICLE 13, LEAVES OF ABSENCE, paragraph 13.2, inclusive, of this Agreement prior to the receipt of donated time credits.
- D. The term "catastrophic illness or injury" shall be defined as set forth in Education Code section 87045(a) which states:

“‘Catastrophic illness’ or ‘injury’ means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee’s family which incapacity requires the employee to take time off from work for an extended period of time to care for the family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off.”

APPENDIX D
DISCIPLINE OF PERMANENT CLASSIFIED EMPLOYEES

- A. Discipline shall be imposed upon a permanent classified employee pursuant to the terms of this Appendix.
1. Disciplinary action shall be for just cause and shall be administered in accordance with the provisions of this Appendix. The level of severity of discipline should be reasonably related to the nature of the offense committed by the employee and should take into account any prior disciplinary action imposed on the employee.
 2. "Discipline" or "disciplinary action" shall mean formal action against a permanent employee in the form of a letter of reprimand, reassignment, demotion, reduction in wage rate, transfer, suspension, or termination of an employee when any of these actions is taken as a result of an offense committed by the employee.
 - a. The following are considered to be informal disciplinary actions and are specifically excluded from the provisions and procedures of this Appendix: oral warning, incident report, letter of warning, deduction of pay for being absent without leave (AWOL) in the absence of any other discipline. Incident reports and letters of warning are not placed in the official personnel file in the Human Resources Department.
 - b. Also specifically excluded from the provisions and procedures of this Appendix are actions taken by the District as part of the process of evaluation of an employee's work performance pursuant to the provisions of ARTICLE 10, EVALUATION, except when the District imposes disciplinary action following a written evaluation.
 - c. No disciplinary action shall be taken for any cause that arose prior to the employee becoming permanent or for any cause that arose more than two years preceding the date of the notice of disciplinary action unless the cause was concealed or not disclosed by the employee when it reasonably could be assumed that the employee should have disclosed the facts to the District.

Pre-Discipline Investigation

- B. Any recommendation or request for disciplinary action against an employee shall be brought to the attention of the Superintendent/President or designee. The Superintendent/President or designee may determine to conduct an investigation into the matter. As a part of the investigation process, the Superintendent/President or designee may hold an informal meeting with the employee. Prior to the meeting, the employee should be notified in writing of the allegation or allegations that serve as the basis for the meeting. In addition, the employee shall be notified of the right to be accompanied to the meeting by a representative of the Exclusive Representative. If the employee elects not to be represented by the Exclusive Representative, the employee shall sign a statement to that effect. A copy of the signed statement shall be sent to the Exclusive Representative within five days of being signed.

Notice of Discipline

- C. If a determination is made to institute disciplinary action against the employee, the Superintendent/President or designee shall give the employee a written Notice of Proposed Disciplinary Action ("Notice").
1. The Notice shall inform the employee of the charge or charges on which the disciplinary action is based and shall comply with the provisions of Education Code section 45116. Any document or documents that have been relied upon to support the proposed discipline shall either be attached or otherwise be made available to the employee.
 2. The Notice shall be personally served upon the employee, and shall be signed for and dated upon receipt, or it shall be sent by United States certified mail, return receipt requested, addressed to the employee at the employee's last known address of record. Additionally, the Notice may be sent by first class mail. When a Representative of the employee was involved in the process prior to the issuance of the Notice, the Representative shall also be sent a copy of the Notice.
 3. The Notice shall inform the employee of the right to have a meeting with the Superintendent/President or designee or to respond in writing to the Superintendent/President or designee, or both. The meeting date and time shall be set forth in the Notice and shall not be less than seven days from the date of the Notice. The deadline for a written response shall be the same day as the scheduled meeting.

4. If, following the meeting (or receipt of a written response), the Superintendent/President or designee determines that it is appropriate to proceed with the proposed discipline, the employee shall be informed in writing at the same time that the Notice is communicated to the Board of Trustees. The employee notification shall inform the employee of the effective date of the disciplinary action and shall include a statement of the right to a hearing on the charges and the time within which the hearing may be requested which shall be not less than five days after service of the notification. The notification shall also include a form, the signing and filing of which shall constitute a demand for hearing and denial of all charges. Failure to file the demand for a hearing as set forth in the notification shall constitute a waiver of the right to a hearing and the proposed discipline shall be imposed as final.

Disciplinary Hearing

- D. If the employee files the demand and denial, the disciplinary hearing shall be conducted pursuant to paragraph D.1 or D.2, inclusive.
 1. If the employee is represented by the Exclusive Representative, the hearing shall be before an arbitrator selected from the panel of the California State Mediation and Conciliation Service at the election of the Exclusive Representative.
 - a. The Exclusive Representative shall have five work days from receipt of the Notice to inform the District of its election to proceed before an arbitrator.
 - b. The arbitrator shall hold a hearing and shall issue written findings of fact, conclusions, and an advisory recommendation to the Board of Trustees.
 - c. Thereafter, the Board shall consider the arbitrator's findings, conclusions, and recommendation and shall make a final determination on the disciplinary action. The employee will be provided an opportunity to address the Board prior to the Board's determination.
 - d. The District and the Exclusive Representative shall share the per diem and expense costs of the arbitrator. Each party shall bear all other costs of its own case.

2. If the employee elected not to be represented as set forth in paragraph B of this Appendix or if the Exclusive Representative does not elect to proceed before an arbitrator, the hearing shall be conducted by the Board of Trustees pursuant to the following:
 - a. The burden of proof to support the discipline rests with the District.
 - b. The employee, and a representative if the employee desires, may present evidence or argument to the Board, or to a Hearing Officer designated by the Board, prior to the Board making a decision.
 - c. Following the appeal hearing, the Board shall adopt, modify, or reject the discipline.
 - d. The Board's decision shall be in writing and shall set forth the findings of fact, conclusions, and reasons for the Board's determination.
 - e. If the Board either modifies or rejects the discipline, the employee's personnel records shall be adjusted to reflect the Board's decision.
 - f. The decision of the Board shall be final.

Miscellaneous Provisions

- E. When the Superintendent/President or designee determines that the needs of the District so require, an employee may be suspended immediately on an emergency basis prior to the completion of the procedures set forth in paragraphs B through D. In that case, the suspension and any denial of compensation as provided by statute shall be an issue in the hearing, if one is requested by the employee.
- F. All information and proceedings regarding any of the above actions or proposed actions shall be kept as confidential as possible by all parties to the proceeding. The notification to the employee and to the employee's representative set forth in this Appendix shall not be considered a violation of the terms of this paragraph. The Exclusive Representative shall receive a written summary of any hearing where the Exclusive Representative did not represent the employee.

Your Summary of Benefits

SISC 100-A \$10 Anthem Classic PPO

This Summary of Benefits is a brief overview of your plan's benefits only. The benefits listed are for both in state and out of state members, there may be differences in benefits depending on where you reside. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

In addition to dollar and percentage copays, members are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Certain Covered Services have maximum visit and/or day limits per year. The number of visits and/or days allowed for these services will begin accumulating on the first visit and/or day, regardless of whether your Deductible has been met. Members are also responsible for all costs over the plan maximums. Plan maximums and other important information appear in italics. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

Subject to Utilization Review

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Explanation of Maximum Allowed Amount

Maximum Allowed Amount is the total reimbursement payable under the plan for covered services received from Participating and Non-Participating Providers. It is the payment towards the services billed by a provider combined with any applicable deductible, copayment or coinsurance.

PPO Providers—The rate the provider has agreed to accept as reimbursement for covered services. Members are not responsible for the difference between the provider's usual charges & the maximum allowed amount.

Non-PPO Providers—For non-emergency care, reimbursement amount is based on: an Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Members are responsible for the difference between the provider's usual charges & the maximum allowed amount.

For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.

When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.

Calendar year deductible for all providers <i>(4th quarter carryover applies)(Deductible applies to out-of-pocket maximum)</i>	\$0/member; \$0/family
--	------------------------

Co-pay for emergency room services	\$100/visit <i>(waived if admitted directly from ER)</i>
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Annual Out-of-Pocket Maximums

PPO Providers Only*	\$1,000/member; \$3,000/family
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*Member copayments and coinsurance for Emergency Medical Care with a Non-PPO Provider also apply to the PPO Out-of-Pocket Maximums.

The following do not apply to out-of-pocket maximums: non-covered expense. After a member reaches the out-of-pocket maximum, the member remains responsible for costs in excess of the covered expense.

Lifetime Maximum	Unlimited
-------------------------	------------------

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Preventive Care Services		
Preventive Care Services including*, physical exams, preventive screenings <i>(including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration.</i> <i>*This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.</i>	No copay	Not covered
Physician Medical Services		
<ul style="list-style-type: none"> Office & home visits Hospital & skilled nursing facility visits Surgeon & surgical assistant; anesthesiologist or anesthesiologist Drugs administered by a medical provider <i>(certain drugs are subject to utilization review)</i> 	\$10/visit ² 0% 0% 0%	See footnote 1 See footnote 1 See footnote 1 See footnote 1
Diabetes Education Programs <i>(requires physician supervision)</i>		
<ul style="list-style-type: none"> Teach members & their families about the disease process, the daily management of diabetic therapy & self-management training 	\$10/visit ²	See footnote 1

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Physical Therapy, Physical Medicine & Occupational Therapy, including Chiropractic Services (subject to medical necessity review administered by American Specialty Health- ASH)	0%	Not Covered
Speech Therapy o Outpatient speech therapy	0%	See footnote 1
Acupuncture ³ o Services for the treatment of disease, illness or injury (limited to 12 visits/calendar year)	0%	50% of maximum allowed amount ⁵
Diagnostic X-ray & Lab o Other diagnostic x-ray & lab	0%	Not Covered
Advanced Imaging (subject to utilization review) o MRI, CT Scan, PET Scan & nuclear cardiac exam	0%	See footnote 1 (benefit limited to \$800/procedure)
Urgent Care (physician services)	\$10/visit ²	See footnote 1
Emergency Care o Emergency room services & supplies (\$100 co-pay waived if admitted inpatient) ⁴ o Inpatient hospital services & supplies ⁴ o Physician services ⁴	0% 0% 0%	0% of maximum allowed amount for true emergency ⁵ 0% first 48 hours ⁵ ; After 48 hours: all billed amounts exceeding \$600/day unless member cannot be moved safely 0% of maximum allowed amount for true emergency ⁵
Hospital Medical Services (subject to utilization review for inpatient and certain outpatient services; waived for emergency admissions) o Semi-private room, medically necessary services & supplies o Outpatient medical care, surgical services & supplies (hospital care other than emergency room care)	0% 0%	All amounts exceeding \$600/day 100% of maximum allowed amount ⁵ See footnote 1
Skilled Nursing Facility (subject to utilization review) o Semi-private room, services & supplies (limited to 100 days/calendar year; limit does not apply to mental health and substance abuse)	0%	All billed amounts exceeding \$600/day
Related Outpatient Medical Services & Supplies ⁵ o Ground or air ambulance transportation, services & disposable supplies (air ambulance in a non-medical emergency is subject to pre-service review and benefit limited to \$50,000 for non- PPO) o Blood transfusions, blood processing & the cost of unreplaced blood & blood products o Autologous blood (self-donated blood collection, testing, processing & storage for planned surgery)	0% 0% 0%	0% maximum allowed amount for true emergency ⁵ 0% maximum allowed amount ⁵ 0% maximum allowed amount ⁵
Ambulatory Surgical Centers (certain surgeries are subject to utilization review) o Outpatient surgery, services & supplies	0%	All billed amounts exceeding \$350/day
Pregnancy & Maternity Care o Physician office visits o Prescription drug for abortion (mifepristone) Normal delivery, cesarean section, complications of pregnancy & abortion. Refer to the Physician & Hospital Medical Services benefits for both inpatient and outpatient hospital coverage.	\$10/visit ² 0%	See footnote 1 See footnote 1
Mental or Nervous Disorders and Substance Abuse o Inpatient facility care (subject to utilization review; waived for emergency admissions) o Inpatient physician visits o Outpatient facility care o Physician office visits (Behavioral Health treatment for Autism or Pervasive Development disorders requires pre-service review)	0% 0% 0% \$10/visit ²	All billed amounts exceeding \$600/day See footnote 1 100% of maximum allowed amount ⁵ See footnote 1 See footnote 1

CONTINUED ON NEXT PAGE

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Durable Medical Equipment (<i>may be subject to utilization review</i>) <ul style="list-style-type: none"> Rental or purchase of DME (<i>breast pump and supplies are covered under preventive care at no charge for in-network only</i>) Hearing aid supplies and equipment (limited to \$700 per 24 months) 	0%	Not Covered
Home Health Care (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Services & supplies from a home health agency (<i>limited to 100 visits/calendar year, one visit by a home health aide equals four hours or less; not covered while member receives hospice care</i>) 	0%	All billed amounts exceeding \$150/day. See footnote 1
Home Infusion Therapy (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services 	0%	All billed amounts exceeding \$600/day
Hemodialysis <ul style="list-style-type: none"> Outpatient hemodialysis services & supplies 	0%	All billed amounts exceeding \$350/visit
Hospice Care <ul style="list-style-type: none"> Inpatient or outpatient services; family bereavement services 	No copay	All billed amounts exceeding the maximum allowed amount
Bariatric Surgery (<i>subject to utilization review; covered only when performed at a designated Blue Distinction Center for Specialty Care – Bariatric Surgery</i>) <ul style="list-style-type: none"> Acute care hospital (inpatient or outpatient) and Ambulatory Surgery Center services provided in connection with medically necessary surgery for weight loss, only for morbid obesity Travel expenses when member's home is 50 miles or more from the nearest designated Blue Distinction Center for Specialty Care Bariatric Surgery (<i>\$3,000 maximum travel benefit per surgery</i>) 	0%	Not covered
	No copay	Not covered
Hip/Knee/Spine (<i>subject to utilization review; covered only when performed at a designated Blue Distinction Plus Center for Specialty Care</i>) <ul style="list-style-type: none"> Inpatient services provided in connection with medically necessary surgery for hip/knee/spine Travel expenses when member's home is 50 miles or more from the nearest hip/knee/spine Blue Distinction Plus Center (<i>\$6,000 maximum travel benefit</i>) 	0%	Not covered
	No copay	Not covered
Organ & Tissue Transplants (<i>subject to utilization review; specified transplants covered only when performed at a Centers of Medical Excellence [CME] and Blue Distinction Centers for Specialty Care [BDCSC] for California; Blue Distinction Centers for Specialty Care [BDCSC] for out of California</i>) <ul style="list-style-type: none"> Inpatient services provided in connection with non-investigative organ or tissue transplants Transplant travel expense for an authorized, specified transplant (<i>recipient & companion transportation limited to \$10,000 per transplant</i>) Unrelated donor search, limited to \$30,000 per transplant 	0%	Not covered
	No copay	Not covered
Prosthetic Devices <ul style="list-style-type: none"> Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for members with diabetes (2 pairs each/calendar year) 	0%	Not Covered

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense. This Summary of Benefits has been updated to comply with federal requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

1 The plan pays 100% of the fee schedule. The member is responsible for all amounts exceeding the fee schedule.

2 The dollar copay applies only to the visit itself. An additional copay applies for any services performed in office (i.e., X-ray, lab, surgery), after any applicable deductible.

3 Acupuncture services can be performed by a certified acupuncturist (C.A.), a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a podiatrist (D.P.M.), or a dentist (D.D.S.).

4 The allowable rate for non-PPO emergency care within 48 hours is based on a reasonable charge, not the scheduled amount.

5 These providers may not be represented in the PPO network in the state where the member receives services. Reimbursements for these non-PPO providers are based on a reasonable charge, not the scheduled amount.

Classic PPO Plan-Exclusions and Limitations

Not Medically Necessary. Services or supplies that are not medically necessary, as defined.

Experimental or Investigative. Any experimental or investigative procedure or medication. But, if member is denied benefits because it is determined that the requested treatment is experimental or investigative, the member may request an independent medical review, as described in the Evidence of Coverage (EOC).

Outside the United States. Services or supplies furnished and billed by a provider outside the United States, unless such services or supplies are furnished in connection with urgent care or an emergency.

Crime or Nuclear Energy. Conditions that result from (1) the member's commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.

Not Covered. Services received before the member's effective date. Services received after the member's coverage ends, except as specified as covered in the EOC.
Excess Amounts. Any amounts in excess of covered expense or any medical benefit maximum.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the member claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4803, as specified as covered in the EOC.

Government Treatment. Any services the member actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

Services of Relatives. Professional services received from a person living in the member's home or who is related to the member by blood or marriage, except as specified as covered in the EOC.

Voluntary Payment. Services for which the member has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines: 1. It must be internationally known as being devoted mainly to medical research; 2. At least 10% of its yearly budget must be spent on research not directly related to patient care; 3. At least one-third of its gross income must come from donations or grants other than gifts or payments for patient care; 4. It must accept patients who are unable to pay; and 5. Two-thirds of its patients must have conditions directly related to the hospital's research.
Not Specifically Listed. Services not specifically listed in the plan as covered services.

Private Contracts. Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Inpatient Diagnostic Tests. Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

Mental or Nervous Disorders. Academic or educational testing, counseling, and remediation. Mental or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specified as covered in the EOC.

Orthodontia. Braces, other orthodontic appliances or orthodontic services.

Dental Services or Supplies. For dental treatment, regardless of origin or cause, except as specified below. "Dental treatment" includes but is not limited to preventative care and fluoride treatments; dental x rays, supplies, appliances, dental implants and all associated expenses; diagnosis and treatment related to the teeth, jawbones or gums, including but not limited to:
1. Extraction, restoration, and replacement of teeth; 2. Services to improve dental clinical outcomes. This exclusion does not apply to the following:
1. Services which we are required by law to cover; 2. Services specified as covered in this booklet;
3. Dental services to prepare the mouth for radiation therapy to treat head and/or neck cancer.
Hearing Aids or Tests. Hearing aids and routine hearing tests, except as specified as covered in the EOC.

Optometric Services or Supplies. Optometric services, eye exercises including orthotics. Routine eye exams and routine eye refractions, as specified as covered in the EOC. Eyeglasses or contact lenses, except as specified as covered in the EOC.

Outpatient Occupational Therapy. Outpatient occupational therapy, except by a home health agency, hospice, or home infusion therapy provider, as specified as covered in the EOC.

Outpatient Speech Therapy. Outpatient speech therapy, except as specified as covered in the EOC.

Cosmetic Surgery. Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

Commercial Weight Loss Programs. Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Evidence of Coverage (EOC).

Sterilization Reversal. Infertility Treatment. Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.

Surrogate Mother Services. For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

Orthopedic Supplies. Orthopedic supplies, orthopedic shoes (other than shoes joined to braces), or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related foot complications as specified as covered in the EOC.

Air Conditioners. Air purifiers, air conditioners or humidifiers.

Custodial Care or Rest Cures. Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the EOC.

Health Club Memberships. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

Personal Items. Any supplies for comfort, hygiene or beautification.

Education or Counseling. Educational services or nutritional counseling, except as specified as covered in the EOC. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

Food or Dietary Supplements. Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Telephone and Facsimile Machine Consultations. Consultations provided by telephone or facsimile machine.

Routine Exams or Tests. Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the EOC.

Acupuncture. Acupuncture treatment, except as specified as covered in the EOC. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

Eye Surgery for Refractive Defects. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Physical Therapy or Physical Medicine. Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement or as specified as covered in the EOC.

Outpatient Prescription Drugs and Medications. Outpatient prescription drugs or medications and insulin, except as specified as covered in the EOC. Any non-prescription, over-the-counter patent or proprietary drug or medicine. Cosmetics, health or beauty aids.

Specialty Pharmacy Drugs. Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but, which are obtained from a retail pharmacy, are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that should have been obtained from the specialty pharmacy program.

Contraceptive Devices. Contraceptive devices prescribed for birth control except as specified as covered in the EOC.

Diabetic Supplies. Prescription and non-prescription diabetic supplies except as specified as covered in the EOC.

Private Duty Nursing. Private duty nursing services.

Lifestyle Programs. Programs to alter one's lifestyle which may include but are not limited to diet, exercise, imagery or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.

Varicose Vein Treatment. Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

Wigs.

Third Party Liability — Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.
Coordination of Benefits — The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the benefits received from all group coverages do not exceed 100% of the covered expense.

Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN	RX 5-10				
	Walk-in			Mail	
	Network	Costco		Costco	Navitus
Days' Supply*	30	30	90	90	30
Generic	\$5	Free	Free	Free	
Brand	\$10	\$10	\$20	\$20	
Specialty					\$10
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family				

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Lumicera Specialty Services helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

Navi-Gate® for Members allows you to access personalized pharmacy benefit information online at **www.navitus.com**. For information specific to your plan, visit Navi-Gate® for Members. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.

Your Summary of Benefits

SISC 100-A \$20 Anthem Classic PPO

This Summary of Benefits is a brief overview of your plan's benefits only. The benefits listed are for both in state and out of state members, there may be differences in benefits depending on where you reside. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

In addition to dollar and percentage copays, members are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Certain Covered Services have maximum visit and/or day limits per year. The number of visits and/or days allowed for these services will begin accumulating on the first visit and/or day, regardless of whether your Deductible has been met. Members are also responsible for all costs over the plan maximums. Plan maximums and other important information appear in italics. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

Subject to Utilization Review

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Explanation of Maximum Allowed Amount

Maximum Allowed Amount is the total reimbursement payable under the plan for covered services received from Participating and Non-Participating Providers. It is the payment towards the services billed by a provider combined with any applicable deductible, copayment or coinsurance.

PPO Providers—The rate the provider has agreed to accept as reimbursement for covered services. Members are not responsible for the difference between the provider's usual charges & the maximum allowed amount.

Non-PPO Providers—For non-emergency care, reimbursement amount is based on: an Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Members are responsible for the difference between the provider's usual charges & the maximum allowed amount.

For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.

When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.

Calendar year deductible for all providers <i>(4th quarter carryover applies)(Deductible applies to out-of-pocket maximum)</i>	\$0/member; \$0/family
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Co-pay for emergency room services	\$100/visit <i>(waived if admitted directly from ER)</i>
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Annual Out-of-Pocket Maximums

PPO Providers Only*	\$1,000/member; \$3,000/family
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*Member copayments and coinsurance for Emergency Medical Care with a Non-PPO Provider also apply to the PPO Out-of-Pocket Maximums.

The following do not apply to out-of-pocket maximums: non-covered expense. After a member reaches the out-of-pocket maximum, the member remains responsible for costs in excess of the covered expense.

Lifetime Maximum	Unlimited
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Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Preventive Care Services		
Preventive Care Services including*, physical exams, preventive screenings <i>(including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration.</i> <i>*This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.</i>	No copay	Not covered
Physician Medical Services		
<ul style="list-style-type: none"> o Office & home visits 	\$20/visit ²	See footnote 1
<ul style="list-style-type: none"> o Hospital & skilled nursing facility visits 	0%	See footnote 1
<ul style="list-style-type: none"> o Surgeon & surgical assistant; anesthesiologist or anesthetist 	0%	See footnote 1
<ul style="list-style-type: none"> o Drugs administered by a medical provider <i>(certain drugs are subject to utilization review)</i> 	0%	See footnote 1
Diabetes Education Programs <i>(requires physician supervision)</i>		
<ul style="list-style-type: none"> o Teach members & their families about the disease process, the daily management of diabetic therapy & self-management training 	\$20/visit ²	See footnote 1

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Physical Therapy, Physical Medicine & Occupational Therapy, including Chiropractic Services (subject to medical necessity review administered by American Specialty Health- ASH)	0%	Not Covered
Speech Therapy <ul style="list-style-type: none"> Outpatient speech therapy 	0%	See footnote 1
Acupuncture ³ <ul style="list-style-type: none"> Services for the treatment of disease, illness or injury (limited to 12 visits/calendar year) 	0%	50% of maximum allowed amount ⁵
Diagnostic X-ray & Lab <ul style="list-style-type: none"> Other diagnostic x-ray & lab 	0%	Not Covered
Advanced Imaging (subject to utilization review) <ul style="list-style-type: none"> MRI, CT Scan, PET Scan & nuclear cardiac exam 	0%	See footnote 1 (benefit limited to \$800/procedure)
Urgent Care (physician services)	\$20/visit ²	See footnote 1
Emergency Care <ul style="list-style-type: none"> Emergency room services & supplies (\$100 co-pay waived if admitted inpatient)⁴ Inpatient hospital services & supplies⁴ Physician services⁴ 	0% 0% 0%	0% of maximum allowed amount for true emergency ⁵ 0% first 48 hours ⁵ ; After 48 hours: all billed amounts exceeding \$600/day unless member cannot be moved safely 0% of maximum allowed amount for true emergency ⁵
Hospital Medical Services (subject to utilization review for inpatient and certain outpatient services; waived for emergency admissions) <ul style="list-style-type: none"> Semi-private room, medically necessary services & supplies Outpatient medical care, surgical services & supplies (hospital care other than emergency room care) 	0% 0%	All billed amounts exceeding \$600/day 100% of maximum allowed amount ⁵ See footnote 1
Skilled Nursing Facility (subject to utilization review) <ul style="list-style-type: none"> Semi-private room, services & supplies (limited to 100 days/calendar year; limit does not apply to mental health and substance abuse) 	0%	All billed amounts exceeding \$600/day
Related Outpatient Medical Services & Supplies ⁵ <ul style="list-style-type: none"> Ground or air ambulance transportation, services & disposable supplies (air ambulance in a non-medical emergency is subject to pre-service review and benefit limited to \$50,000 for non-PPO) Blood transfusions, blood processing & the cost of unreplaced blood & blood products Autologous blood (self-donated blood collection, testing, processing & storage for planned surgery) 	0% 0% 0%	0% maximum allowed amount for true emergency ⁵ 0% maximum allowed amount ⁵ 0% maximum allowed amount ⁵
Ambulatory Surgical Centers (certain surgeries are subject to utilization review) <ul style="list-style-type: none"> Outpatient surgery, services & supplies 	0%	All billed amounts exceeding \$350/day
Pregnancy & Maternity Care <ul style="list-style-type: none"> Physician office visits Prescription drug for abortion (mifepristone) Normal delivery, cesarean section, complications of pregnancy & abortion. Refer to the Physician & Hospital Medical Services benefits for both inpatient and outpatient hospital coverage. 	\$20/visit ² 0%	See footnote 1 See footnote 1
Mental or Nervous Disorders and Substance Abuse <ul style="list-style-type: none"> Inpatient facility care (subject to utilization review; waived for emergency admissions) Inpatient physician visits Outpatient facility care Physician office visits (Behavioral Health treatment for Autism or Pervasive Development disorders requires pre-service review) 	0% 0% 0% \$20/visit ²	All billed amounts exceeding \$600/day See footnote 1 50% of maximum allowed amount ⁵ See footnote 1

CONTINUED ON NEXT PAGE

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay ¹
Durable Medical Equipment (<i>may be subject to utilization review</i>) <ul style="list-style-type: none"> Rental or purchase of DME (<i>breast pump and supplies are covered under preventive care at no charge for in-network only</i>) Hearing aid supplies and equipment (limited to \$700 per 24 months) 	0%	Not Covered See footnote 1
Home Health Care (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Services & supplies from a home health agency (<i>limited to 100 visits/calendar year, one visit by a home health aide equals four hours or less; not covered while member receives hospice care</i>) 	0%	All billed amounts exceeding \$150/day. See footnote 1
Home Infusion Therapy (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services 	0%	All billed amounts exceeding \$600/day
Hemodialysis <ul style="list-style-type: none"> Outpatient hemodialysis services & supplies 	0%	All billed amounts exceeding \$350/visit
Hospice Care <ul style="list-style-type: none"> Inpatient or outpatient services; family bereavement services 	No copay	All billed amounts exceeding the maximum allowed amount
Bariatric Surgery (<i>subject to utilization review; covered only when performed at a designated Blue Distinction Center for Specialty Care – Bariatric Surgery</i>) <ul style="list-style-type: none"> Acute care hospital (inpatient or outpatient) and Ambulatory Surgery Center services provided in connection with medically necessary surgery for weight loss, only for morbid obesity Travel expenses when member's home is 50 miles or more from the nearest designated Blue Distinction Center for Specialty Care Bariatric Surgery (\$3,000 maximum travel benefit per surgery) 	0% No copay	Not covered Not covered
Hip/Knee/Spine (<i>subject to utilization review; covered only when performed at a designated Blue Distinction Plus Center for Specialty Care</i>) <ul style="list-style-type: none"> Inpatient services provided in connection with medically necessary surgery for hip/knee/spine Travel expenses when member's home is 50 miles or more from the nearest hip/knee/spine Blue Distinction Plus Center (\$6,000 maximum travel benefit) 	0% No copay	Not Covered Not Covered
Organ & Tissue Transplants (<i>subject to utilization review; specified transplants covered only when performed at a Centers of Medical Excellence [CME] and Blue Distinction Centers for Specialty Care [BDCSC] for California; Blue Distinction Centers for Specialty Care [BDCSC] for out of California</i>) <ul style="list-style-type: none"> Inpatient services provided in connection with non-investigative organ or tissue transplants Transplant travel expense for an authorized, specified transplant (<i>recipient & companion transportation limited to \$10,000 per transplant</i>) Unrelated donor search, limited to \$30,000 per transplant 	0% No copay	Not covered Not covered
Prosthetic Devices <ul style="list-style-type: none"> Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for members with diabetes (2 pairs each/calendar year) 	0%	Not Covered

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense. This Summary of Benefits has been updated to comply with federal requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

¹ The plan pays 100% of the fee schedule. The member is responsible for all amounts exceeding the fee schedule.

² The dollar copay applies only to the visit itself. An additional copay applies for any services performed in office (i.e., X-ray, lab, surgery), after any applicable deductible.

³ Acupuncture services can be performed by a certified acupuncturist (C.A.), a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a podiatrist (D.P.M.), or a dentist (D.D.S.).

⁴ The allowable rate for non-PPO emergency care within 48 hours is based on a reasonable charge, not the scheduled amount.

⁵ These providers may not be represented in the PPO network in the state where the member receives services. Reimbursements for these non-PPO providers are based on a reasonable charge, not the scheduled amount.

Classic PPO Plan-Exclusions and Limitations

Not Medically Necessary. Services or supplies that are not medically necessary, as defined.

Experimental or Investigative. Any experimental or investigative procedure or medication. But, if member is denied benefits because it is determined that the requested treatment is experimental or investigative, the member may request an independent medical review, as described in the Evidence of Coverage (EOC).

Outside the United States. Services or supplies furnished and billed by a provider outside the United States, unless such services or supplies are furnished in connection with urgent care or an emergency.

Crime or Nuclear Energy. Conditions that result from (1) the member's commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.

Not Covered. Services received before the member's effective date. Services received after the member's coverage ends, except as specified as covered in the EOC.
Excess Amounts. Any amounts in excess of covered expense or any medical benefit maximum.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the member claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the EOC.

Government Treatment. Any services the member actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

Services of Relatives. Professional services received from a person living in the member's home or who is related to the member by blood or marriage, except as specified as covered in the EOC.

Voluntary Payment. Services for which the member has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines: 1. It must be internationally known as being devoted mainly to medical research; 2. At least 10% of its yearly budget must be spent on research not directly related to patient care; 3. At least one-third of its gross income must come from donations or grants other than gifts or payments for patient care; 4. It must accept patients who are unable to pay; and 5. Two-thirds of its patients must have conditions directly related to the hospital's research.
Not Specifically Listed. Services not specifically listed in the plan as covered services.

Private Contracts. Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Inpatient Diagnostic Tests. Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

Mental or Nervous Disorders. Academic or educational testing, counseling, and remediation. Mental or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specified as covered in the EOC.

Orthodontia. Braces, other orthodontic appliances or orthodontic services.

Dental Services or Supplies. For dental treatment, regardless of origin or cause, except as specified below. "Dental treatment" includes but is not limited to preventative care and fluoride treatments; dental x rays, supplies, appliances, dental implants and all associated expenses; diagnosis and treatment related to the teeth, jawbones or gums, including but not limited to:

1. Extraction, restoration, and replacement of teeth; 2. Services to improve dental clinical outcomes. This exclusion does not apply to the following:
 1. Services which we are required by law to cover; 2. Services specified as covered in this booklet;
 3. Dental services to prepare the mouth for radiation therapy to treat head and/or neck cancer.
- Hearing Aids or Tests.** Hearing aids and routine hearing tests, except as specified as covered in the EOC.

Optometric Services or Supplies. Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, as specified as covered in the EOC. Eyeglasses or contact lenses, except as specified as covered in the EOC.

Outpatient Occupational Therapy. Outpatient occupational therapy, except by a home health agency, hospice, or home infusion therapy provider, as specified as covered in the EOC.

Outpatient Speech Therapy. Outpatient speech therapy, except as specified as covered in the EOC.

Cosmetic Surgery. Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

Commercial Weight Loss Programs. Weight loss programs, whether or not they are pursued under medical or physician supervision, unless specifically listed as covered in this plan. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Evidence of Coverage (EOC).

Sterilization Reversal, Infertility Treatment. Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.

Surrogate Mother Services. For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

Orthopedic Supplies. Orthopedic supplies, orthopedic shoes (other than shoes joined to braces), or non-custom molded and cast shoe inserts, except for therapeutic shoes and inserts for the prevention and treatment of diabetes-related foot complications as specified as covered in the EOC.

Air Conditioners. Air purifiers, air conditioners or humidifiers.

Custodial Care or Rest Cures. Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the EOC.

Health Club Memberships. Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

Personal Items. Any supplies for comfort, hygiene or beautification.

Education or Counseling. Educational services or nutritional counseling, except as specified as covered in the EOC. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

Food or Dietary Supplements. Nutritional and/or dietary supplements, except as provided in this plan or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Telephone and Facsimile Machine Consultations. Consultations provided by telephone or facsimile machine.

Routine Exams or Tests. Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the EOC.

Acupuncture. Acupuncture treatment, except as specified as covered in the EOC. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

Eye Surgery for Refractive Defects. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Physical Therapy or Physical Medicine. Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement or as specified as covered in the EOC.

Outpatient Prescription Drugs and Medications. Outpatient prescription drugs or medications and insulin, except as specified as covered in the EOC. Any non-prescription, over-the-counter patent or proprietary drug or medicine. Cosmetics, health or beauty aids.

Specialty Pharmacy Drugs. Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy, are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that should have been obtained from the specialty pharmacy program.

Contraceptive Devices. Contraceptive devices prescribed for birth control except as specified as covered in the EOC.

Diabetic Supplies. Prescription and non-prescription diabetic supplies except as specified as covered in the EOC.

Private Duty Nursing. Private duty nursing services.

Lifestyle Programs. Programs to alter one's lifestyle which may include but are not limited to diet, exercise, imagery or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.

Varicose Vein Treatment. Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

Wigs.

Third Party Liability — Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

Coordination of Benefits — The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

Self-Insured Schools of California (SISC) Pharmacy Benefit Schedule

PLAN	RX 5-20				
	Walk-in			Mail	
	Network	Costco		Costco	Navitus
Days' Supply*	30	30	90	90	30
Generic	\$5	Free	Free	Free	
Brand	\$20	\$20	\$50	\$50	
Specialty					\$20
Out-of-Pocket Maximum	\$1,500 Individual / \$2,500 Family				

SISC urges members to use generic drugs when available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

*Members may receive up to 30 days and/or up to 90 days supply of medication at participating pharmacies. Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs. Navitus contracts with most independent and chain pharmacies with the exception of Walgreens.

Mail Order Service

The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is **voluntary**.

Specialty Pharmacy

Lumicera Specialty Services helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is **mandatory**.

Navi-Gate® for Members allows you to access personalized pharmacy benefit information online at **www.navitus.com**. For information specific to your plan, visit Navi-Gate® for Members. Activate your account online using the Member Login link and an activation email will be sent to you. The site provides access to prescription benefits, pharmacy locator, drug search, drug interaction information, medication history, and mail order information. The site is available 24 hours a day, seven days a week.

Plan Benefit Highlights for:	PPO Incentive (\$1,700/\$1,500) no Orthodontic
Group No:	Active, Retirees, and Cobra
Network:	PPO/Premier *The plan provides an additional \$200 toward the calendar year maximum when you visit a PPO dentist. Look for this information for the dentist of your choice on the Delta find a provider website to take advantage of this additional amount: (Other network affiliations: Delta Dental PPO)

In this incentive plan, Delta Dental pays 70% of the contract allowance for covered basic services and major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26	
Deductibles	N/A	
Deductibles waived for D & P?	N/A	
Maximums	The maximum benefit paid per calendar year is \$1,700* per person in-network (this amount includes the additional \$200 for using a PPO dentist. See note above under Network) The maximum benefit paid per calendar year is \$1,500 per person out-of-network	
Waiting Period(s)	Basic Benefits None	Major Benefits None

Benefits and Covered Services*	In-PPO Premier Network**	Non-Delta Providers**
Diagnostic & Preventive Services (D & P) Exams, 2 cleanings per cal year, x-rays	70-100 %	70-100% UCR
Basic Services Fillings, simple tooth extractions, sealants	70-100 %	70-100% UCR
Endodontics (root canals) Covered Under Basic Services	70-100 %	70-100% UCR
Periodontics (gum treatment) Covered Under Basic Services	70-100 %	70-100% UCR
Oral Surgery Covered Under Basic Services	70-100 %	70-100% UCR
Major Services Crowns, inlays, onlays, and cast restorations	70-100 %	70-100% UCR
Prosthodontics Bridges, dentures, implants	50 %	50% UCR
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for out-of-network dentists.

Delta Dental of California
100 First St.
San Francisco, CA 94105

Customer Service
866-499-3001

Claims Address
P.O. Box 997330
Sacramento, CA 95899-7330

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Plan Benefit Highlights for:	PPO \$3,000 with Orthodontic
Group No:	Active and Cobra, (Retirees - exclude Orthodontic)

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26		
Deductibles Deductibles waived for D & P?	In-Network: N/A Out-of-Network: \$25 per person, \$75 per family, per plan year		
	In-Network: N/A Out-of-Network: No		
Maximums	The maximum benefit paid per calendar year is \$3,000 per person in-network The maximum benefit paid per calendar year is \$1,000 per person out-of-network		
Waiting Period(s)	Basic Benefits None	Major Benefits None	Orthodontics None

Benefits and Covered Services*	In-PPO Network**	Out-of-PPO Network**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	50 %
Basic Services Fillings, simple tooth extractions, sealants	100 %	50 %
Endodontics (root canals) Covered Under Basic Services	100 %	50 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	50 %
Oral Surgery Covered Under Basic Services	100 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	100 %	50 %
Prosthodontics Bridges, dentures, implants	50 %	50 %
Orthodontic Benefits Adults and dependent children	100%	100%
Orthodontic Maximums	Separate \$3,000 Lifetime maximum per person	
Dental Accident Benefits	100% (separate \$1,000 maximum per person per calendar year)	50%

- * Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.
- ** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 866-499-3001	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Your VSP Vision Benefits



Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision Exam®, your VSP doctor will look for vision problems and signs of health conditions too.

Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at vsp.com or by calling 800.877.7195.
- **Already have a VSP doctor?** At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.** Visit vsp.com to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

Visit the Eyecare Discovery Center® at vsp.com for eye health articles, videos, and interactive games.

Keep your eyes healthy
and your vision clear with VSP.

Contact VSP | vsp.com
800.877.7195



SISC and VSP provide you an affordable eyecare plan.

Signature Plan C \$0

Your Coverage from a VSP Doctor

WellVision Exam® focuses on your eye health and overall wellness**every calendar year**

Prescription Glasses

Lenses**every calendar year**

- Single vision, lined bifocal, lined trifocal lenses and tints.
- Polycarbonate lenses for dependent children.

Frame**every calendar year**

- \$150.00 allowance for frame of your choice
- \$170.00 featured frame brands
- 20% off the amount over your allowance
- \$80 allowance at Costco

~OR~

Contact Lens Allowance**every calendar year**

\$105.00 allowance for contacts and the contact lens exam (fitting and evaluation).

Extra Discounts and Savings

Glasses and Sunglasses

- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

Contacts

- 15% off cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

- 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

Co-Payments

Exam and Prescription Glasses Co-payment varies, contact VSP for additional information.

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider, call us at 800.877.7195 for more details.

Out-of-Network Reimbursement Amounts:

Exam	Up to \$35.00
Single vision lenses	Up to \$25.00
Lined bifocal lenses	Up to \$40.00
Lined trifocal lenses	Up to \$50.00
Frame	Up to \$30.00
Contacts	Up to \$90.00

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

APPENDIX F
65 PLUS RETIREE HEALTH INSURANCE PLAN SUMMARY SHEET

APPENDIX F
65 PLUS RETIREE HEALTH INSURANCE PLAN SUMMARY SHEET
Continued

APPENDIX F
65 PLUS RETIREE HEALTH INSURANCE PLAN SUMMARY SHEET
Continued

APPENDIX G

PROCEDURES FOR GRANTING SALARY SCHEDULE CREDIT FOR NONACADEMIC COURSES AND INDIVIDUAL INSTRUCTION

1. **Petitioning Procedures** – To receive credit for any course or individual instruction that does not carry academic credit, a written description which relates the content of the course or individual instruction to the employee assignment must be attached to the Classified Request for Professional Growth form.
2. **Standards for Granting Credit for CEU's** - One (1) CEU will be worth one-third (1/3) semester unit for CEU's based on 10 hours of class time. These standards are applied to group instruction. The following scale will be used to grant credit for CEU's:

Semester Unit	CEU's	Hourly Equivalents
1/3	1.00 - 1.49	10.0 - 14.9
1/2	1.50 - 1.99	15.0 - 19.9
2/3	2.00 - 2.99	20.0 - 29.9
1	3.00 - 3.99	30.0 - 39.9

3. **Standards for Granting Credit for Individual Instruction** – Fifty (50) hours of individual instruction is worth one (1) semester unit of credit. These standards are applied to one-to-one instruction. The following scale will be used for granting credit for individual instruction.

Semester Unit	Hours of Individual Instruction
1/3	17 hours - 24 hours
1/2	25 hours - 33 hours
2/3	34 hours - 49 hours
1	50 hours - 66 hours