

# ***Red Oak Community School District***

***2011 North 8<sup>th</sup> Street***

***Red Oak, Iowa 51566***

***712.623.6600***

***www.redoakschooldistrict.com***

## **Regular Board of Directors Meeting**

Meeting Location: Sue Wagaman Board Room  
Red Oak CSD Administrative Center  
The Technology Building, Red Oak High School Campus

Monday, May 11, 2015 – 6:00 pm

### **- Amended Agenda -**

1.0 Call to Order – Board of Directors President Lee Fellers

2.0 Roll Call – Board of Directors Assistant Secretary Karla Wood

3.0 Approval of the Agenda – President Lee Fellers

4.0 Communications |

4.1 Good News from Red Oak Schools

★ Johnson Controls – Washington Intermediate Gardening Project – Principal Barbara Sims 2-5

★ Physical Education at Red Oak Middle School – A Video Vignette

★ The Middle Level Art Experience – Update and Review of May 9 6-8

★ Washington Intermediate: Battle of the Books Competition – Championship in Blair, Nebraska

4.2 Visitors and Presentations

★ School Board Recognition Month, May 2015

4.3 Affirmations and Commendations

4.4 Correspondence

5.0 Consent Agenda 9 1

5.1 Review and Approval of Minutes from April 21 and 27, 2015 10-13

5.2 Review and Approval of Monthly Business Reports 14-29

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5.3 Education Services Agreement with the Iowa School for the Deaf 30

5.4 Proposal for the Sale of Surplus Property and Authorization to Advertise 31

6.0 General Business for the Board of Directors

6.1 Old Business

6.1.1 Continued Discussion and Consideration of Proposals for Contracted Services in the School Food Service Department and for Custodial Services in the Maintenance Department 32-57

6.1.2 Review of Budget Reduction Expenditure Recommendations for FY 16 with Updated Fiscal Notes 58-59

6.2 New Business

6.2.1 Consideration for Approval of the Candidates for Graduation in the Class of 2015 – Presented by Principal Jeff Spotts 60-63

6.2.2 Personnel: Consideration and Probable Action for Possible Letters of Resignation from the Licensed Professional Staff and a Consideration with Probable Action for a Leave of Absence Requested from Paraeducator Brian Orr 64-66

6.2.3 Personnel: Consideration and Probable Action for the Employment of Cheri McFarland, Secondary Special Education for the 2015 – 2016 School Term 67-74

6.2.4 The Teacher Leadership Program Personnel Assignments to Fill Created Openings and Personnel Assignments to Fill Supplemental Contract Positions – Consideration of Recommendations and Probable Action – Presented by District Building Administrators 75-101

6.2.5 Proposals with Probable Action Concerning Auditing Services for a Three Year Period – Presented by the School Business Manager 102-103

6.2.6 Consideration and Probable Action to Approve Specialty Underwriters Supplemental Insurance for the District's Computer Acquisition Program – Presented by the School Business Manager and Director of Technology 104-109

6.2.7 Preliminary Discussion for the Inclusion of District Support Personnel in an Early Retirement Incentive Program – Presented by Board President Lee Fellers 110-112

6.2.8 Presentation with Probable Ratification of the 2015 Master Contract Agreement with the Red Oak Education Association 113

6.2.9 Consideration and Probable Action to Name a New Vendor for the Football Bleachers Accessibility Improvement Project – Presented by Carlos Guerra 114-116

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7.0 Reports 117-121

7.1 Administrative 118-119

7.2 Future Conferences, Workshops, Seminars

7.3 Other Announcements

8.0 Next Regular Board of Directors Meeting: Monday, June 8, 2015 – 6:00 pm  
Sue Wagaman Board Room  
Red Oak CSD Administrative Center

9.0 Adjournment

***Special Note: Following the adjournment of the regular board of directors meeting, the board will meet in an exempt session to discuss negotiations strategy for upcoming contract discussions with our support and teacher units per Iowa Code section 20.17(3).***

## Item 4.0 Communications

### **4.1 Good News from Red Oak Schools**

- ★ Johnson Controls – Washington Intermediate Gardening Project – Principal Barbara Sims
- ★ Physical Education at Red Oak Middle School – A Video Vignette
- ★ The Middle Level Art Experience – Update and Review of May 9
- ★ Washington Intermediate: Battle of the Books Competition – Championship in Blair, Nebraska

### **4.2 Visitors and Presentations**

Please welcome Former Board of Directors President Charla Schmid as she will make a brief presentation.

### **4.3 Affirmations and Commendations**

At various times it is important to recognize those who have gone “above and beyond” to assist, help, honor, or to facilitate success for learners. When these events take place it is appropriate to bring attention to the governing body.

### **4.4 Correspondence**

Any correspondence received and important to the governing body is shared.

# WASHINGTON SCHOOL NEWS UPDATE

## JOHNSON CONTROLS HELP WITH GARDEN PROJECT

### JOHNSON CONTROLS HELPED WITH THE GARDEN PROJECT ON MAY 6, 2015

Employees from Johnson Controls of Red Oak, helped put their donation of \$1,000 and muscle power to work to help build a frame for another garden at Washington School. We started our raised bed garden last year with the \$500 Grant from Hy-Vee. The students planted tomatoes, green peppers, lettuce, cucumbers, and cauliflower last summer. They used the produce to help with the summer lunch program, and also enjoyed fresh cherry tomatoes into the fall. We plan on expanding on the project this summer and fall. The children loved growing their own food and learning about plants. We also have a flower bed in front of the building, and volunteers from Johnson Controls helped plant the flowers we got from the Red Oak PTO.



**VOLUNTEERS  
FROM  
JOHNSON  
CONTROLS  
AND WIS  
STUDENTS**



**PUTTING  
TOGETHER  
THE FRAME**



**PLANTING  
FLOWERS**







**THANK YOU JOHNSON CONTROLS!!!!**



# Art Fair!



*Our special day is coming soon!*

Saturday, May 9th

Student Chalk drawings from 8 AM - 12 PM

Public viewing from 12 PM - 3 PM

Silent art auction winners/buyers announced at 2:30

## *Art Fair*

WHEN

*Saturday, May 9th, 12-3pm*

WHERE

*Red Oak Middle School - East Corning Street, Red Oak,  
IA, United States*

MORE INFORMATION

Middle School students will be participating in the art fair activities. There will be displays, full of artwork, set up in the middle school gym. Weather permitting, there will be chalk drawings for all to see from 12 - 3 outside in the parking lot!

**Featured Artists:** Zach Jones, Curt Adams, Cheri Miner, Reagan Jewel, Tyler Roose, and Red Oak art students.



## *Event's Agenda*

8am - 12pm: Students work on their chalk drawings

12pm - 3pm: Public viewing of art fair (this includes chalk drawings)

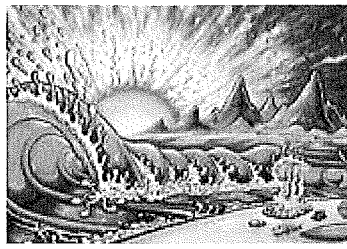
12pm - 3pm: artists displays set up for viewing

12pm - 3pm: creation stations set up for visitors to take part in

2:30 - 3pm: Silent art auction winners/buyers will be announced



*Butterfly's*  
By: Unknown



*Abstract sun*  
By: Unknown



*Sidewalk  
Chalk*  
By: Unknown

Come and join us at our Art fair!!





*Flyer Created By:*

6th grade language arts students

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Connect with [Janelle Erickson](#)

Janelle is using Smore flyers to spread the word online.

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Follow Janelle Erickson

Contact Janelle Erickson

## Comments

Leave a comment below to join the conversation!

## Item 5.0 Consent Agenda

**BACKGROUND INFORMATION:** The following items are presented for approval in one formal motion. Should any director have a question or would like for an item to be placed on the regular discussion agenda, please notify Board Secretary Shirley Maxwell in advance of the meeting.

Enclosed are reference pages for:

### **5.1 Review and Approval of the Minutes from April 21 and 27, 2015**

The minutes are enclosed for your review. Unless there are suggested changes, they are submitted for approval by Board Secretary Shirley Maxwell.

### **5.2 Review and Approval of the Monthly Business Reports**

Payment vouchers are enclosed for review and approval. Last minute bills could be found at the table. Accounting Clerk Jeanice Lester ([lesterj@roschools.com](mailto:lesterj@roschools.com)) or Business Manager Shirley Maxwell ([maxwells@roschools.com](mailto:maxwells@roschools.com)) are available to answer any questions concerning the expenditures. Please call ahead of the regular meeting if you need more information.

### **5.3 Education Services Agreement with the Iowa School for the Deaf**

Enclosed is an education services agreement for review and consideration. It is recommended the Directors grant approval.

### **5.4 Proposal for the Sale of Surplus Property and Authorization to Advertise**

Enclosed is a memo of requests for disposal of surplus property from Accounting Clerk Jeanice Lester. Periodically the district has chosen to dispose of surplus property in order to gain some value (and mostly clean up) from what is accumulated. Jeanice may have a tentative list of items for disposal. Following Iowa Code, a notice of disposal will be published in the local newspaper.

**SUGGESTED BOARD ACTION:** It is recommended the board of directors approve the following consent agenda items:

- Minutes from April 21 and 27, 2015
- Monthly business reports as presented
- Education Services Agreement with the Iowa School for the Deaf
- Authorization to complete the disposal of surplus items

**Red Oak Community School District  
Special Meeting of the Board of Directors**

Meeting Location: Sue Wagaman Board Room, Red Oak CSD Administrative Center  
Red Oak Technology Center, Red Oak High School Campus  
April 21, 2015

This special meeting of the Board of Directors of the Red Oak Community School District was called to order by President Lee Fellers at 6:00 p.m.

**Present:**

**Directors:** Lee Fellers, Warren Hayes, Paul Griffen, Bill Drey  
Terry Schmidt, Superintendent and Jeanice Lester, Assistant Board Secretary

Absent: Director Kathy Walker

**Approval of Agenda**

Motion by Director Drey, second by Director Griffen to approve the agenda as presented with the order of agenda items at the discretion of the board president. Motion carried unanimously.

**Review Proposals for the One-to-One Computer Program in Grades 6 – 12 Followed by Probable Action to Approve Purchase and/or Lease Programming for New Computers**

Technology Director Bob Deter and Business Manager Shirley Maxwell updated the Directors on the lease agreement plan being developed. A plan to use laptops from the Washington Intermediate computer lab is in place if teacher laptops are not delivered by the end of the teacher contract year.

**Personnel Items: Contract Approval for Jeff Spotts as High School Principal in the 2015 – 2016 School Year and for Barry Bower as High School Assistant Principal / Director of Activities for the 2015 – 2016 School Year**

The Directors discussed the 2015 – 2016 employment contracts for High School Principal Jeff Spotts and Assistant Principal / Director of Activities Barry Bower. The employment contracts will be approved when all other administrator contracts for the 2015 – 2016 school year are considered. No action was taken on this item.

Director Walker joined the meeting at 6:10 p.m.

**Work Session with G. Tryon and Associates, Johnston, Iowa and the Red Oak CSD Board of Directors to Discuss the Superintendent Search**

Representatives from G. Tryon and Associates gave the Directors an update on the application process and a timeline for the interview process. The Board discussed criteria they would like to see used in the search process.

**Adjournment**

Motion by Director Drey, second by Director Griffen to adjourn the meeting at 7:27 p.m. Motion carried unanimously. The next regular meeting will be held on Monday, April 27, 2015 at 6:00 p.m., Sue Wagaman Board Room, District Administrative Center in the Technology Building.

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Lee Fellers, President

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Jeanice Lester, Assistant Board Secretary

Red Oak Community School District  
Meeting of the Board of Directors  
Meeting Location: Red Oak High School  
Red Oak High School Media Center  
April 27, 2015

This regular meeting of the Board of Directors of the Red Oak Community School District was called to order by President Lee Fellers at 6:00 p.m.

**Present:**

Directors: Lee Fellers, Bill Drey, Warren Hayes, Kathy Walker, Paul Griffen  
Terry Schmidt, Superintendent, Shirley Maxwell, Board Secretary, and  
Karla Wood, Assistant Board Secretary

**Approval of Agenda**

Motion by Director Drey, second by Director Griffen to approve the agenda as presented with order of agenda items at the discretion of the board president and to remove Item 5.4 Personnel Considerations – Resignations from Professional Staff and Support Staff from the consent agenda. Motion carried unanimously.

**Good News**

Mr. James R. Scharff, Executive Director of the Iowa Association of School Business Officials presented to Red Oak CSD Business Manager Shirley Maxwell, the organization's Professional Leadership Award. This award recognizes those school business officials who, throughout their career and lifetime, have demonstrated excellence in service to their school district, communities and profession.

Activities Director Barry Bower along with Operations / Transportation Director Carlos Guerra are pleased to announce a gift donated to the Red Oak schools by a group of community members. The gift, an enclosed trailer, will be utilized for many purposes throughout the activities department. Special thanks is extended to Bruce Construction and Supply and those community members who made this generous gift possible.

Middle School Science Instructor Mary Carlson is the STEM Award recipient for the Southwest Iowa: Scale-Up Awards. The award is a grant to help fund curriculum and instruction materials for two programs, "A World in Motion" and "Kidwind." The grant was a team effort by Mrs. Carlson and Mr. Adam Hietbrink, 7 – 8 middle school science.

Washington Intermediate Principal Barb Sims shared with the Directors good news from Washington School. One Book – One School activities were held on Wednesday, April 22, the book "Hold Fast" was read by all Washington students.

Actors from the Rose Theater in Omaha performed a play on bullying, Monday, April 27 for Washington students.

Johnson Controls will partner with Washington to help with "Continue the Garden."

Janelle Erickson, Clarity Project Group member and facilitator for the Technology Integration Learning Team "Project Based Learning" presented the results of the teachers in her class who worked together to enhance their technology integration skills. She reviewed the data from the

#### **4.27.15 Board Minutes Continued**

teacher surveys, the four objectives of the class, the methods of instruction, and goals and reflections from participants.

#### **Consent Agenda**

Motion by Director Drey, second by Director Griffen to approve the consent agenda as presented and to move item 5.4 Personnel Considerations to later in the agenda. Motion carried unanimously.

- Review and approval of minutes from April 9, 13 and 15, 2015
- Review and approval of monthly business reports as presented
- Review and approval of an open enrollment request as presented

#### **Computer Lease Agreement for the District's One-to-One Computer Program**

Motion by Director Drey, second by Director Walker to approve the computer lease agreement for the district's One-to-One computer program. Motion carried unanimously.

#### **Tiger Vision Phase I Implementation Steps: Bond Financing Update and Updates from Architects and Construction Management Companies**

Mark Pfister, representative from Boyd Jones Construction updated the Directors on Tiger Vision Phase I conceptual design option changes after receiving input from the community at the April 15 special board meeting.

#### **Introduction of Contracted Service for School Meals in the Fiscal Year '16 – Review and Discussion**

Business Manager Shirley Maxwell reviewed the proposals submitted from three vendors for food service out-sourcing. Food service staff members attending the meeting were given the opportunity to ask questions and share concerns.

#### **Introduction of Contracted Services for Custodial Work in the Fiscal Year '16 – Review and Discussion**

Business Manager Shirley Maxwell reviewed the proposals submitted from two vendors for out-sourcing custodial services for the 15 – 16 school year. Custodial service staff members in attendance and who wished to speak, were given the opportunity to voice their questions, comments and concerns.

A recess was taken at 7:40 p.m. The meeting resumed at 7:55 p.m.

#### **Initial Budget Reduction Plans for Fiscal Year '16 – Review and Discussion**

The Board of Directors set a target of budget reductions for FY 16 in the amount of \$400,000. Superintendent Terry Schmidt reviewed a suggested plan for initial consideration of budget reductions / enhancements for the 2015 – 2016 school year. This item will receive continued discussion at the May 11, 2015 board meeting.

#### **Personnel Recruitment Update for the 2015 – 2016 School Year**

Mr. Schmidt reviewed the positions currently advertised and listed on Teach Iowa. Interviews for elementary level positions are being conducted the week of April 27<sup>th</sup>. Discussions are underway to consider the best combinations for middle and high school positions.

## 4.27.15 Board Minutes Continued

### Personnel Considerations – Resignations

Motion by Director Drey, second by Director Griffen to accept the resignation of Secondary Mathematics Instructor Darrell Berry effective at the end of the 14 – 15 contract year. Motion carried unanimously.

Motion by Director Griffen, second by Director Drey to accept the resignation of Mark Haufle as director for the fall play and spring musical as presented. Motion carried unanimously.

Motion by Director Drey, second by Director Hayes to accept the resignation of food service staff member Charlotte Palmquist effective at the end of the 14 – 15 contract year. Motion carried unanimously.

### Administrative Reports

No administrative reports were available at this meeting.

### Future Conferences, Workshops, Seminars

The IASB Spring workshop “Strategic Board Governance” will be held in Villisca on April 29, 2015 from 5:30 – 8:30 p.m.

The IASB 2015 School Law Conference – “Risky Business: Are you Prepared” will be held on May 13, 2015, 9 a.m. - 3:30 p.m. at the Meadows Conference Center, Altoona, IA.

### Other Announcements

On Wednesday, April 29, 7:00 p.m., there will be a Tiger Vision II Communications Committee organizational meeting at the Red Oak High School Media Center.

Teacher Leadership Program Orientation will take place Wednesday, April 29, 5:00 p.m. at the District Administrative Center.

### Adjournment

Motion by Director Griffen, second by Director Drey to adjourn the meeting at 8:35 p.m. Motion carried unanimously.

The next regular meeting will be held on Monday, May 11, 2015, 6:00 p.m., in the Sue Wagaman Board Room, Administrative Center in the Technology Building.

Following the adjournment of the regular board of directors meeting, the board met in an exempt session to discuss negotiations strategy for upcoming contract discussions with the Red Oak Support Staff Association and the Red Oak Education Association per Iowa Code section 20.17(3).

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Lee Fellers, President

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Karla Wood, Assistant Board Secretary



Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
Checking Account ID 1	Fund Number 10	OPERATING FUND
AGRIVISION	2254567	708.45
10 0010 2600 000 0000 430	GATOR REPAIR	708.45
Vendor Name AGRIVISION		<u>708.45</u>
AHLERS & COONEY	691731-1	75.00
10 0010 2310 000 0000 320	PROFESSIONAL SERVICES	75.00
Vendor Name AHLERS & COONEY		<u>75.00</u>
AUDITOR OF STATE	04272015	625.00
10 0010 2310 000 0000 320	FILING FEE STATE AUDIT	625.00
Vendor Name AUDITOR OF STATE		<u>625.00</u>
BATTEN SANITATION SERVICE	04302015	4,660.00
10 0010 2600 000 0000 421	DISTRICT WIDE GARBAGE PICK UP	4,660.00
Vendor Name BATTEN SANITATION SERVICE		<u>4,660.00</u>
BAUMAN, JEANNE	042332015	39.66
10 0010 2235 000 0000 580	REIMBURSEMENT	39.66
Vendor Name BAUMAN, JEANNE		<u>39.66</u>
BERKEY, CRYSTAL	04232015	119.83
10 0010 2235 000 0000 580	TRAVEL REIMBURSEMENT	119.83
Vendor Name BERKEY, CRYSTAL		<u>119.83</u>
CAPITAL SANITARY SUPPLY CO.	0009697	250.80
10 0010 2600 000 0000 618	FOAM SOAP	250.80
Vendor Name CAPITAL SANITARY SUPPLY CO.		<u>250.80</u>
CASEY'S	04252015	57.95
10 0020 2700 000 0000 626	GAS	57.95
Vendor Name CASEY'S		<u>57.95</u>
CENTURY LINK	04252015	364.35
10 0010 2410 000 0000 532	DISTRICT WIDE FIRE ALARM LINES	364.35
Vendor Name CENTURY LINK		<u>364.35</u>
CITY OF RED OAK	04302015	1,396.30
10 0010 2600 000 0000 411	DISTRICT WATER/SEWER	1,396.30
Vendor Name CITY OF RED OAK		<u>1,396.30</u>
CONTINUUM RETAIL ENERGY SERVICES, LLC	150-1503-8824	13,776.62
10 3230 2600 000 0000 621	THERMS 8888	5,707.20
10 1902 2600 000 0000 621	THERMS 1759	1,219.61
10 1901 2600 000 0000 621	THERMS 4466	2,912.31
10 2020 2600 000 0000 621	THERMS 6088	3,937.50
Vendor Name CONTINUUM RETAIL ENERGY SERVICES, LLC		<u>13,776.62</u>
CONTROL MASTERS	3925237	666.41
10 0010 2600 000 0000 430	REPAIR WORK HS	666.41

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Account Number	Detail Description	Amount
CONTROL MASTERS	3925238	1,494.93
10 0010 2600 000 0000 430	STEM VALVE REPAIR	1,494.93
Vendor Name CONTROL MASTERS		<u>2,161.34</u>
COUNSEL OFFICE & DOCUMENTS	IN33952	119.05
10 3230 1000 100 0000 359	meter reading media center	119.05
COUNSEL OFFICE & DOCUMENTS	IN44428	154.06
10 1901 1000 100 0000 359	B/W BWPRIN Contract Clicks-Media Center	5.27
10 1901 1000 100 0000 359	Color CLRPRIN Contract Clicks- Media Cen	128.79
10 1901 1000 100 0000 359	Contract base rate charge for 3/13 to 4/	20.00
COUNSEL OFFICE & DOCUMENTS	IN44914	562.24
10 0010 2520 000 0000 618	TONER	562.24
COUNSEL OFFICE & DOCUMENTS	IN45132	34.00
10 0010 2520 000 0000 618	COPIER CHARGES	34.00
COUNSEL OFFICE & DOCUMENTS	IN45246	85.50
10 2020 1000 100 0000 359	LEASE CONTRACT #5362-01 FOR THE MS	85.50
COUNSEL OFFICE & DOCUMENTS	IN45247	85.50
10 1902 1000 100 0000 359	COPIER CHARGES	85.50
COUNSEL OFFICE & DOCUMENTS	IN45248	136.05
10 1902 1000 100 0000 359	COPIER CHARGES	136.05
COUNSEL OFFICE & DOCUMENTS	IN45435	207.00
10 0010 2520 000 0000 618	COPIER CHARGES	207.00
Vendor Name COUNSEL OFFICE & DOCUMENTS		<u>1,383.40</u>
DETER, BOB	05062015	236.78
10 0010 2235 000 0000 618	REIMBURSEMENT	68.09
10 0010 2235 000 0000 580	TRAVEL REIMBURSEMENT	168.69
Vendor Name DETER, BOB		<u>236.78</u>
DHS CASHIER 1ST FLOOR	10098445	5,537.73
10 0010 4634 219 4634	PROVIDER'S SHARE APRIL	5,537.73
Vendor Name DHS CASHIER 1ST FLOOR		<u>5,537.73</u>
DICKEL DUIT OUTDOOR POWER, INC.	8660	54.80
10 0010 2600 000 0000 618	OIL/FILTER	54.80
Vendor Name DICKEL DUIT OUTDOOR POWER, INC.		<u>54.80</u>
DOLLAR GENERAL	1000404367	22.50
10 0010 2600 000 0000 618	SUPPLIES	22.50
Vendor Name DOLLAR GENERAL		<u>22.50</u>
EGAN SUPPLY COMPANY	226985A	110.88
10 0010 2600 000 0000 618	CAN LINERS	110.88
EGAN SUPPLY COMPANY	228455	459.03
10 0010 2600 000 0000 618	CLEANING SUPPLIES	459.03
Vendor Name EGAN SUPPLY COMPANY		<u>569.91</u>
ENGEL LAW OFFICE	04302015	3,557.50
10 0010 2310 000 0000 320	PROF SERVICES APRIL	3,557.50
Vendor Name ENGEL LAW OFFICE		<u>3,557.50</u>

Vendor Name	Invoice Number	Amount	
Account Number	Detail Description		Amount
ESSEX COMMUNITY SCHOOL DIST.	05042015	6,121.00	
10 0010 1000 100 0000 567	OPEN ENROLLMENT 4TH QTR		6,121.00
Vendor Name ESSEX COMMUNITY SCHOOL DIST.			<u>6,121.00</u>
EUBANK, BRETT	04242015	80.52	
10 0010 2213 100 3376 580	TRAVEL REIMBURSEMENT		80.52
Vendor Name EUBANK, BRETT			<u>80.52</u>
FAMILY DOLLAR	254169	38.80	
10 0010 2600 000 0000 618	PAINT SUPPLIES		38.80
Vendor Name FAMILY DOLLAR			<u>38.80</u>
FAREWAY FOOD STORES	000124887	48.68	
10 1900 1000 420 3238 618	Snacks for Right Start		48.68
FAREWAY FOOD STORES	00019510	66.10	
10 3230 1300 340 0000 612	groceries		66.10
FAREWAY FOOD STORES	00021350	8.36	
10 2020 1300 340 0000 612	SOS SCOUR PAD FOR FACS ROOM.		2.99
10 2020 1300 340 0000 612	GAIN DISHWASHING LIQUID FOR FACS ROOM.		4.38
10 2020 1300 340 0000 612	HEARTH CLUB BAKING POWDER FOR FACS CLASS		0.99
FAREWAY FOOD STORES	00120908	15.22	
10 3230 1300 340 0000 612	groceries		15.22
FAREWAY FOOD STORES	00121962	12.06	
10 3230 1300 340 0000 612	groceries		12.06
FAREWAY FOOD STORES	00122247	37.62	
10 3230 1300 340 0000 612	groceries		37.62
FAREWAY FOOD STORES	00125598	4.98	
10 0010 1200 219 0000 612	SUPPLIES		4.98
FAREWAY FOOD STORES	00127206	38.69	
10 2020 1300 340 0000 612	SUPPLIES		38.69
Vendor Name FAREWAY FOOD STORES			<u>231.71</u>
FARMERS MERCANTILE	0222574	0.35	
10 0010 2600 000 0000 618	BOLTS		0.35
FARMERS MERCANTILE	0223503	16.76	
10 0010 2600 000 0000 618	MISC SUPPLIES		16.76
Vendor Name FARMERS MERCANTILE			<u>17.11</u>
FIRST BANKCARD	04222015-1	319.17	
10 0010 2235 000 0000 580	LODGING		319.17
FIRST BANKCARD	04232015	201.50	
10 2020 2410 000 0000 580	LODGING		201.50
FIRST BANKCARD	04302015	287.64	
10 0010 2235 000 0000 618	BOOST TRANSFORMERS		287.64
FIRST BANKCARD	04302015-1	25.72	
10 3230 2222 000 0000 618	BATTERIES		25.72
FIRST BANKCARD	05012015	27.69	
10 3230 2222 000 0000 618	2000Ma, 6v Replacement NiCad Battery for		27.69
Vendor Name FIRST BANKCARD			<u>861.72</u>
FRANK RIEMAN MUSIC, INC.	2112653	47.55	

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
10 2020 1920 100 8202 612	REPAIR WORK TENOR SAX	47.55
FRANK RIEMAN MUSIC, INC.	2116382	185.50
10 3230 2600 910 6220 430	Bass Clarinet repair parts (ligature), r	185.50
FRANK RIEMAN MUSIC, INC.	2118435	24.80
10 3230 2600 910 6220 430	Bass Clarinet repair parts (ligature), r	24.80
FRANK RIEMAN MUSIC, INC.	2118614	20.50
10 2020 1920 100 8202 612	REPAIR WORK	20.50
Vendor Name FRANK RIEMAN MUSIC, INC.		<u>278.35</u>
FUNDERMANN, THEO	04302015	11.89
10 3230 1200 420 1119 580	TRAVEL REIMBURSEMENT	11.89
Vendor Name FUNDERMANN, THEO		<u>11.89</u>
GRAND MESA MUSIC	28523	46.00
10 2020 1000 110 0000 612	SHEET MUSIC "LULLABYE" FOR THE MIDDLE SC	24.00
10 2020 1000 110 0000 612	PRIORITY SHIPPING	22.00
Vendor Name GRAND MESA MUSIC		<u>46.00</u>
HALL, HEATHER	04302015	16.53
10 0010 2134 000 0000 580	TRAVEL REIMBURSEMENT	16.53
Vendor Name HALL, HEATHER		<u>16.53</u>
HEARTLAND AEA #1	108920	50.00
10 3230 1300 340 0000 320	REG FEE	50.00
Vendor Name HEARTLAND AEA #1		<u>50.00</u>
HY VEE FOOD STORES	4764894365	19.08
10 3230 1300 340 0000 612	groceries	19.08
HY VEE FOOD STORES	4764905301	8.78
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HY VEE FOOD STORES	4767526105	40.16
10 3230 1300 340 0000 612	groceries	40.16
HY VEE FOOD STORES	4769139115	17.96
10 3230 1300 340 0000 612	groceries	17.96
HY VEE FOOD STORES	4769284352	4.00
10 3230 1300 340 0000 612	groceries	4.00
HY VEE FOOD STORES	4771563202	50.49
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HY VEE FOOD STORES	4771572575	6.97
10 3230 1300 340 0000 612	groceries	6.97
HY VEE FOOD STORES	4773194019	56.37
10 3230 1300 340 0000 612	groceries	56.37
HY VEE FOOD STORES	4775668143	22.92
10 3230 1300 340 0000 612	groceries	22.92
HY VEE FOOD STORES	4776212585	19.14
10 3230 1300 340 0000 612	groceries	19.14
HY VEE FOOD STORES	4776749510	28.88
10 3230 1300 340 0000 612	groceries	28.88
HY VEE FOOD STORES	4777906221	11.95
10 3230 1300 340 0000 612	groceries	11.95
HY VEE FOOD STORES	4779787999	19.86
10 3230 1300 340 0000 612	groceries	19.86

Vendor Name	Invoice Number	Amount	
Account Number	Detail Description		Amount
HY VEE FOOD STORES	4779934503	7.98	
10 0010 2310 000 0000 611	SUPPLIES		7.98
HY VEE FOOD STORES	4780338569	31.71	
10 3230 1300 340 0000 612	groceries		31.71
HY VEE FOOD STORES	4780866969	3.49	
10 3230 1300 340 0000 612	groceries		3.49
HY VEE FOOD STORES	4781015795	36.44	
10 0010 2310 000 0000 611	SUPPLIES		36.44
HY VEE FOOD STORES	4781019570	29.99	
10 0010 1000 100 3387 618	SUPPLIES		29.99
HY VEE FOOD STORES	4781407638	16.14	
10 3230 1300 340 0000 612	groceries		16.14
HY VEE FOOD STORES	4784235426	7.98	
10 0010 2310 000 0000 611	MEETING SUPPLIES		7.98
HY VEE FOOD STORES	4785339180	20.29	
10 3230 2410 000 0000 618	supplies/teacher appreciation		20.29
Vendor Name	HY VEE FOOD STORES		<u>460.58</u>
IOWA ASSOC. OF SCHOOL BOARDS	751	18.00	
10 0010 2310 000 0000 320	BACKGROUND CHECKS		18.00
Vendor Name	IOWA ASSOC. OF SCHOOL BOARDS		<u>18.00</u>
JOHNSON AUTO PARTS	193893	34.48	
10 0020 2700 000 0000 618	V-BELTS		34.48
Vendor Name	JOHNSON AUTO PARTS		<u>34.48</u>
LEADING EDGE LAMINATING	22007	229.90	
10 1901 1000 100 0000 612	LFSG2188 - Laminating rolls 25"x500'x1"		183.92
10 0010 1000 860 3117 612	LFSG2188 Laminating rolls 25"x500'x1" co		45.98
Vendor Name	LEADING EDGE LAMINATING		<u>229.90</u>
LEWIS CENTRAL COMMUNITY SCHOOL	04272015	150.00	
10 3230 2410 000 0000 618	H-10 Academic Banquet Meals		150.00
Vendor Name	LEWIS CENTRAL COMMUNITY SCHOOL		<u>150.00</u>
LIL TIGERS PRESCHOOL	04302015	450.00	
10 0010 1000 100 3311 569	EMPOWERMENT PYMT APRIL		450.00
Vendor Name	LIL TIGERS PRESCHOOL		<u>450.00</u>
LION PRODUCTS	8559	260.00	
10 0010 2600 000 0000 618	SUPPLIES		260.00
Vendor Name	LION PRODUCTS		<u>260.00</u>
MARTIN BROS.	5645656	88.71	
10 0010 1000 100 8203 612	FOOD SUPPLIES		88.71
Vendor Name	MARTIN BROS.		<u>88.71</u>
MATHESON TRI-GAS	11151406	167.00	
10 3230 1300 370 0000 612	Acetylene Tank Refill		167.00
Vendor Name	MATHESON TRI-GAS		<u>167.00</u>

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
MIDAMERICAN ENERGY	04212015	11,972.28
10 2020 2600 000 0000 622	KWH 1	10.99
10 2020 2600 000 0000 622	KWH 295	37.02
10 2020 2600 000 0000 622	KWH 20000	1,517.72
10 1902 2600 000 0000 622	KWH 15520	1,164.63
10 0030 2600 000 0000 621	THERMS 98	69.45
10 0030 2600 000 0000 622	KWH 1260	125.40
10 0030 2600 000 0000 622	KWH 1	10.00
10 1901 2600 000 0000 622	KWH 38100	2,536.28
10 1901 2600 000 0000 622	KWH 1	3.45
10 3230 2600 000 0000 622	KWH 64200	3,530.91
10 3900 2600 000 0000 621	THERMS 566	335.58
10 3900 2600 000 0000 622	KWH 20000	1,422.04
10 0020 2600 000 0000 622	KWH 1	19.63
10 1911 2600 000 0000 622	KWH 3473	250.82
10 1912 2600 000 0000 621	THERMS 838	466.64
10 1912 2600 000 0000 622	KWH 3448	308.09
10 0020 2600 000 0000 621	THERMS 256	163.63
Vendor Name MIDAMERICAN ENERGY		<u>11,972.28</u>
MTE OFFICE SUPPLIES	0183703-001	507.00
10 0010 2310 000 0000 611	OFFICE CHAIRS	507.00
Vendor Name MTE OFFICE SUPPLIES		<u>507.00</u>
O'NEAL ELECTRIC CO. CONTRACTOR	5200-5598	247.50
10 0010 2600 000 0000 430	WEBSTER REPAIR WORK	247.50
Vendor Name O'NEAL ELECTRIC CO. CONTRACTOR		<u>247.50</u>
PEAK INTERESTS	00004-1	115.48
10 0010 1000 100 3387 618	MEETING SUPPLIES	115.48
Vendor Name PEAK INTERESTS		<u>115.48</u>
PEPPER & SON, INC.	11A84164	45.00
10 2020 1000 110 0000 612	SHEET MUSIC "AWAKE THE IRON" FOR THE MID	21.00
10 2020 1000 110 0000 612	SHEET MUSIC "AGGRESSIVO" FOR THE MIDDLE	24.00
Vendor Name PEPPER & SON, INC.		<u>45.00</u>
PERFECTION LEARNING CORP.	699132	141.44
10 3230 2222 000 0000 643	Iowa Teen Award set (15 titles)	75.31
10 3230 2222 000 0000 643	Iowa High School Book Award set (12 titl	66.13
Vendor Name PERFECTION LEARNING CORP.		<u>141.44</u>
PIONEER	INV551614	580.00
10 0010 2600 000 0000 618	PAINT	580.00
Vendor Name PIONEER		<u>580.00</u>
PLIBRICO COMPANY LLC	91277	350.25
10 0010 2600 000 0000 430	WASHINGTON REPAIR	350.25
PLIBRICO COMPANY LLC	91318	699.07
10 0010 2600 000 0000 430	HEATING INSPECTION/REPAIR TECH CENTER	699.07

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
Vendor Name	PLIBRICO COMPANY LLC	<u>1,049.32</u>
R & R PLUMBING	8694	119.09
10 0010 2600 000 0000 430	REPAIR FOUNTAIN	119.09
Vendor Name	R & R PLUMBING	<u>119.09</u>
RED OAK COMMUNITY SCHOOL DIST	04222015-1	97.20
10 0010 2510 000 0000 580	TRANSP CHARGES	97.20
RED OAK COMMUNITY SCHOOL DIST	04262015-1	153.08
10 1901 1920 100 1920 618	TRANSP CHARGES	76.54
10 1901 1920 100 1920 618	TRANSP CHARGES	76.54
RED OAK COMMUNITY SCHOOL DIST	04272015-1	48.00
10 3230 1300 370 0000 580	TRANSP CHARGES	48.00
RED OAK COMMUNITY SCHOOL DIST	05032015	71.60
10 3230 1300 370 0000 580	Indust. field trip to creston	48.00
10 3230 1300 310 0000 580	field trip to Corning	23.60
Vendor Name	RED OAK COMMUNITY SCHOOL DIST	<u>369.88</u>
RED OAK DO IT CENTER	091495	9.49
10 0010 2600 000 0000 618	SUPPLIES	9.49
Vendor Name	RED OAK DO IT CENTER	<u>9.49</u>
RED OAK GLASS	11330	125.00
10 0010 2600 000 0000 618	SHOWCASE GLASS IPS	125.00
Vendor Name	RED OAK GLASS	<u>125.00</u>
RED OAK HARDWARE HANK	200469	55.77
10 0010 2600 000 0000 618	MISC SUPPLIES	55.77
RED OAK HARDWARE HANK	200470	3.98
10 0010 2600 000 0000 618	KEYS	3.98
RED OAK HARDWARE HANK	200472	10.75
10 0010 2600 000 0000 618	PITCHER FILTER	10.75
RED OAK HARDWARE HANK	200473	1.00
10 0010 2600 000 0000 618	SCREWS	1.00
Vendor Name	RED OAK HARDWARE HANK	<u>71.50</u>
SCHON, DANA	04292015	662.28
10 0010 1000 100 3387 320	TEACHER LEADERSHIP FACILITATION	662.28
Vendor Name	SCHON, DANA	<u>662.28</u>
SCHOOL BUS SALES	IN15723	30.78
10 0020 2700 000 0000 618	SWITCH COVERS	30.78
Vendor Name	SCHOOL BUS SALES	<u>30.78</u>
SIMS, BARBARA	04232015	38.71
10 0010 2213 100 3376 580	REIMBURSEMENT	38.71
Vendor Name	SIMS, BARBARA	<u>38.71</u>
SOCS/FES	INV005887	121.22
10 0010 2236 000 0000 536	WEB SITE HOSTING	121.22
Vendor Name	SOCS/FES	<u>121.22</u>

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
SOUTHWESTERN COMMUNITY COLLEGE	30042	25.00
10 0020 2700 000 0000 340	ANNUAL TRAINING FEE	25.00
Vendor Name SOUTHWESTERN COMMUNITY COLLEGE		<u>25.00</u>
SPECIALTY UNDERWRITERS LLC	31758	63.56
10 1901 1000 100 0000 359	COPIER CHARGES	63.56
SPECIALTY UNDERWRITERS LLC	31758-1	217.40
10 1902 1000 100 0000 359	DEVELOPER	217.40
SPECIALTY UNDERWRITERS LLC	31758-2	217.40
10 2020 1000 100 0000 359	DEVELOPER MS COPIER	217.40
Vendor Name SPECIALTY UNDERWRITERS LLC		<u>498.36</u>
STANTON COMMUNITY SCHOOL DIST.	04222015	44,377.25
10 0010 1000 100 0000 567	OPEN ENROLLMENT 4TH QTR	44,377.25
Vendor Name STANTON COMMUNITY SCHOOL DIST.		<u>44,377.25</u>
TIMBERLINE BILLING SERVICE LLC	6936	553.43
10 0010 2510 217 3303 350	MEDICAID BILLING	553.43
Vendor Name TIMBERLINE BILLING SERVICE LLC		<u>553.43</u>
TOTAL FUNDS BY HASLER	04242015	1,000.00
10 0010 2410 000 0000 531	POSTAGE FILL	1,000.00
Vendor Name TOTAL FUNDS BY HASLER		<u>1,000.00</u>
UNITED PARCEL SERVICE	0000537022175	222.55
	-1	
10 0010 2321 000 0000 531	UPS CHARGES	129.26
10 2020 2410 000 0000 531	UPS CHARGES	19.78
10 1901 2410 000 0000 531	UPS CHARGES	19.77
10 1902 2410 000 0000 531	UPS CHARGES	19.77
10 3230 2410 000 0000 531	UPS CHARGES	33.97
Vendor Name UNITED PARCEL SERVICE		<u>222.55</u>
WESTLAKE ACE HARDWARE	10500325	12.99
10 0010 2600 000 0000 618	SUPPLIES	12.99
WESTLAKE ACE HARDWARE	10500340	8.97
10 0010 2600 000 0000 618	KEYS	8.97
WESTLAKE ACE HARDWARE	10500341	5.78
10 0010 2600 000 0000 618	MULCH	5.78
WESTLAKE ACE HARDWARE	10500500	139.95
10 0010 2600 000 0000 618	SUPPLIES	139.95
Vendor Name WESTLAKE ACE HARDWARE		<u>167.69</u>
Fund Number 10		<u>108,260.47</u>
Checking Account ID 1	Fund Number 36	PHYSICAL PLANT & EQUIPMENT
BLDD ARCHITECTS	144843	21,130.50
36 0010 4700 000 0000 450	PROFESSIONAL SERVICES MARCH	21,130.50
Vendor Name BLDD ARCHITECTS		<u>21,130.50</u>
SPECPRO INC	IN879-01	92,026.81
36 1901 4700 000 0000 450	SKYLIGHT REPAIRS FROM STORM DAMAGE	92,026.81
SPECPRO INC	IN880-01	14,208.00



Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
36 1902 4700 000 0000 450	SKYLIGHT REPAIRS FROM STORM DAMAGE	14,208.00
Vendor Name SPECPRO INC		<u>106,234.81</u>
STERLING	0098766-in	35,359.43
36 0010 2235 000 0000 734	Hewlett Packard: SBUY ESSEN hp 350	6,499.80
36 0010 2235 000 0000 734	Dell Latitude 3340	28,859.63
Vendor Name STERLING		<u>35,359.43</u>
Fund Number 36		<u>162,724.74</u>
Checking Account ID 1		<u>270,985.21</u>
Checking Account ID 2	Fund Number 61	SCHOOL NUTRITION FUND
FIRST BANKCARD	04212015-1	91.30
61 0010 3110 000 0000 580	LODGING	91.30
Vendor Name FIRST BANKCARD		<u>91.30</u>
HILAND DAIRY FOODS COMPANY LLC	120068-1	0.10
61 2020 3110 000 0000 631	MS MILK	0.10
HILAND DAIRY FOODS COMPANY LLC	120185	119.13
61 2020 3110 000 0000 631	MS MILK	119.13
HILAND DAIRY FOODS COMPANY LLC	120217	39.42
61 1912 3110 000 0000 631	WEBSTER MILK	39.42
HILAND DAIRY FOODS COMPANY LLC	120252-1	0.20
61 2020 3110 000 0000 631	MS MILK	0.20
HILAND DAIRY FOODS COMPANY LLC	120304	121.48
61 2020 3110 000 0000 631	MS MILK	121.48
HILAND DAIRY FOODS COMPANY LLC	120341	99.42
61 2020 3110 000 0000 631	MS MILK	99.42
HILAND DAIRY FOODS COMPANY LLC	120342	(14.57)
61 1902 3110 000 0000 631	WASHINGTON MILK	(14.57)
HILAND DAIRY FOODS COMPANY LLC	120343	79.13
61 1902 3110 000 0000 631	WASHINGTON MILK	79.13
HILAND DAIRY FOODS COMPANY LLC	120385	121.19
61 2020 3110 000 0000 631	MS MILK	121.19
HILAND DAIRY FOODS COMPANY LLC	120386	118.26
61 1902 3110 000 0000 631	WASHINGTON MILK	118.26
HILAND DAIRY FOODS COMPANY LLC	120387	68.84
61 1912 3110 000 0000 631	WEBSTER MILK	68.84
HILAND DAIRY FOODS COMPANY LLC	120419	119.13
61 3230 3110 000 0000 631	HS MILK	119.13
HILAND DAIRY FOODS COMPANY LLC	120420	158.84
61 1901 3110 000 0000 631	IPS MILK	158.84
HILAND DAIRY FOODS COMPANY LLC	120421	119.42
61 2020 3110 000 0000 631	MS MILK	119.42
HILAND DAIRY FOODS COMPANY LLC	120422	70.00
61 1902 3110 000 0000 631	WASHINGTON MILK	70.00
HILAND DAIRY FOODS COMPANY LLC	120468	107.26
61 3230 3110 000 0000 631	HS MILK	107.26
HILAND DAIRY FOODS COMPANY LLC	120469	49.13
61 1901 3110 000 0000 631	IPS MILK	49.13
HILAND DAIRY FOODS COMPANY LLC	120470	105.38
61 2020 3110 000 0000 631	MS MILK	105.38
HILAND DAIRY FOODS COMPANY LLC	120471	99.42
61 1902 3110 000 0000 631	WASHINGTON MILK	99.42

Vendor Name	Invoice Number	Amount	
Account Number	Detail Description		Amount
HILAND DAIRY FOODS COMPANY LLC	120472	59.13	
61 1912 3110 000 0000 631	WEBSTER MILK		59.13
HILAND DAIRY FOODS COMPANY LLC	120508	99.13	
61 3230 3110 000 0000 631	HS MILK		99.13
HILAND DAIRY FOODS COMPANY LLC	120509	158.55	
61 1901 3110 000 0000 631	IPS MILK		158.55
HILAND DAIRY FOODS COMPANY LLC	120510	119.13	
61 2020 3110 000 0000 631	MS MILK		119.13
HILAND DAIRY FOODS COMPANY LLC	120511	69.42	
61 1902 3110 000 0000 631	WASHINGTON MILK		69.42
HILAND DAIRY FOODS COMPANY LLC	120557	59.12	
61 1912 3110 000 0000 631	WEBSTER MILK		59.12
HILAND DAIRY FOODS COMPANY LLC	120595	79.35	
61 1902 3110 000 0000 631	WASHINGTON MILK		79.35
Vendor Name HILAND DAIRY FOODS COMPANY LLC			<u>2,225.01</u>
HY VEE FOOD STORES	4776809902	1.94	
61 1901 3110 000 0000 631	FOOD SUPPLIES		1.94
Vendor Name HY VEE FOOD STORES			<u>1.94</u>
KECK, INC.	03272015	2,597.58	
61 3230 3110 000 0000 631	FOOD SUPPLIES		2,597.58
KECK, INC.	03272015-1	2,029.30	
61 1901 3110 000 0000 631	FOOD SUPPLIES		2,029.30
Vendor Name KECK, INC.			<u>4,626.88</u>
MARTIN BROS.	5635569	1,026.04	
61 2020 3110 000 0000 631	FOOD SUPPLIES		1,016.14
61 2020 3110 000 1621 632	FOOD SUPPLIES		9.90
MARTIN BROS.	5645655	2,576.63	
61 3230 3110 000 1621 632	FOOD SUPPLIES		252.40
61 3230 3110 000 0000 631	FOOD SUPPLIES		2,235.06
61 3230 3110 000 0000 618	SUPPLIES		89.17
MARTIN BROS.	5645655-1	(15.90)	
61 3230 3110 000 0000 631	HS FOOD SUPPLIES		(15.90)
MARTIN BROS.	5645656	1,506.15	
61 1901 3110 000 0000 631	FOOD SUPPLIES		1,506.15
MARTIN BROS.	5645658	1,174.75	
61 2020 3110 000 0000 618	SUPPLIES		20.26
61 2020 3110 000 0000 631	FOOD SUPPLIES		1,154.49
MARTIN BROS.	5645658-1	(20.15)	
61 2020 3110 000 0000 631	MS FOOD SUPPLIES		(20.15)
MARTIN BROS.	5649529	343.67	
61 1901 3110 000 0000 631	FOOD SUPPLIES		124.39
61 1901 3110 000 0000 618	SUPPLIES		123.06
61 3230 3110 000 0000 631	FOOD SUPPLIES		15.40
61 1902 3110 000 0000 618	SUPPLIES		80.82
MARTIN BROS.	5656157	1,637.16	
61 3230 3110 000 0000 618	SUPPLIES		5.75
61 3230 3110 000 0000 631	FOOD SUPPLIES		1,631.41
MARTIN BROS.	5656159	1,705.98	
61 1901 3110 000 0000 631	FOOD SUPPLIES		1,647.83
61 1901 3110 000 0000 618	SUPPLIES		58.15
MARTIN BROS.	5656160	992.56	
61 2020 3110 000 0000 631	FOOD SUPPLIES		956.85

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
61 2020 3110 000 0000 618	SUPPLIES	35.71
Vendor Name MARTIN BROS.		<u>10,926.89</u>
PAN-O-GOLD BAKING COMPANY	010171510005	84.90
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	84.90
PAN-O-GOLD BAKING COMPANY	010171510408	36.80
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	36.80
PAN-O-GOLD BAKING COMPANY	010171510705	17.00
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	17.00
PAN-O-GOLD BAKING COMPANY	010171511403	59.80
61 3230 3110 000 0000 631	HS FOOD SUPPLIES	59.80
PAN-O-GOLD BAKING COMPANY	010171511404	46.00
61 1901 3110 000 0000 631	IPS FOOD SUPPLIES	46.00
PAN-O-GOLD BAKING COMPANY	010171511405	36.80
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	36.80
PAN-O-GOLD BAKING COMPANY	010171511807	59.80
61 3230 3110 000 0000 631	HS FOOD SUPPLIES	59.80
PAN-O-GOLD BAKING COMPANY	010171511808	46.00
61 1901 3110 000 0000 631	IPS FOOD SUPPLIES	46.00
PAN-O-GOLD BAKING COMPANY	010171511809	36.80
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	36.80
PAN-O-GOLD BAKING COMPANY	010171512103	92.00
61 3230 3110 000 0000 631	HS FOOD SUPPLIES	92.00
PAN-O-GOLD BAKING COMPANY	010171512104	50.60
61 1901 3110 000 0000 631	IPS FOOD SUPPLIES	50.60
PAN-O-GOLD BAKING COMPANY	010171512105	73.60
61 2020 3110 000 0000 631	MS FOOD SUPPLIES	73.60
PAN-O-GOLD BAKING COMPANY	010171512507	59.80
61 3230 3110 000 0000 631	HS FOOD SUPPLIES	59.80
Vendor Name PAN-O-GOLD BAKING COMPANY		<u>699.90</u>
REINHART FOOD SERVICE LLC	658711	250.00
61 592 000 0000 000	DISHWASHER LEASE	250.00
Vendor Name REINHART FOOD SERVICE LLC		<u>250.00</u>
Fund Number 61		<u>18,821.92</u>
Checking Account ID 2		<u>18,821.92</u>
Checking Account ID 3	Fund Number 21	STUDENT ACTIVITY FUND
CARRIE WESTON - CR GRAPHICS	04092015	2,130.00
21 0010 1400 920 6840 618	MS TRACK UNIFORMS	2,130.00
CARRIE WESTON - CR GRAPHICS	04092015-1	1,356.00
21 0010 1400 920 6840 618	MS TRACK TEES	1,356.00
CARRIE WESTON - CR GRAPHICS	04172015	1,030.00
21 3230 1400 950 7459 618	TEAM TEES AND HOODIES	1,030.00
Vendor Name CARRIE WESTON - CR GRAPHICS		<u>4,516.00</u>
CENTRAL DECATUR HIGH SCHOOL	05042015	85.00
21 0010 1400 920 6790 320	ENTRY FEE - CENTRAL DECATUR	85.00
Vendor Name CENTRAL DECATUR HIGH SCHOOL		<u>85.00</u>
CLARKE COMMUNITY SCHOOLS	05072015	80.00
21 0010 1400 920 6840 340	ENTRY FEE - CLARKE GIRLS HS INVITE	80.00
Vendor Name CLARKE COMMUNITY SCHOOLS		<u>80.00</u>

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
FAREWAY FOOD STORES	0005069	222.51
21 3230 1400 950 7407 618	SUPPLIES	222.51
Vendor Name FAREWAY FOOD STORES		<u>222.51</u>
FIRST BANKCARD	05012015-1	636.27
21 3230 1400 950 7459 618	UNIFORM SHOES AND SUPPLIES	636.27
Vendor Name FIRST BANKCARD		<u>636.27</u>
GTM SPORTSWEAR	100145573	1,224.00
21 3230 1400 950 7459 618	UNIFORMS	1,224.00
GTM SPORTSWEAR	100147370	125.00
21 3230 1400 950 7459 618	UNIFORMS	125.00
Vendor Name GTM SPORTSWEAR		<u>1,349.00</u>
HARTIGAN, TOM	05012015	135.00
21 0010 1400 920 6740 320	OFFICIAL	135.00
Vendor Name HARTIGAN, TOM		<u>135.00</u>
HOWARD'S SPORTING GOODS	05233-00	39.60
21 0010 1400 920 6660 618	MEDALS FOR GOLF TOURNEY	39.60
HOWARD'S SPORTING GOODS	05264-00	152.00
21 2020 1400 910 6220 618	15 INCH TROPHIES WITH MUSIC NOTE FIGURE	152.00
HOWARD'S SPORTING GOODS	05310-00	312.00
21 0010 1400 920 6835 618	GAME BALLS, TROPHY, ALL TOURNAMENT MEDAL	312.00
Vendor Name HOWARD'S SPORTING GOODS		<u>503.60</u>
HQ4SPORTS	305218	560.79
21 0010 1400 950 7447 618	MISC	560.79
Vendor Name HQ4SPORTS		<u>560.79</u>
HY VEE FOOD STORES	4776979097	79.89
21 2020 1400 950 7421 618	MS SUPPLIES	79.89
Vendor Name HY VEE FOOD STORES		<u>79.89</u>
IA GIRLS H.S. ATHLETIC UNION	05072015	100.00
21 0010 1400 920 6600 320	MEMBERSHIP FOR HS AND MS	100.00
Vendor Name IA GIRLS H.S. ATHLETIC UNION		<u>100.00</u>
IA HIGH SCHOOL ATHLETIC ASSOC	04292015	2.00
21 0010 1400 920 6600 320	MEMBERSHIP DUES	2.00
Vendor Name IA HIGH SCHOOL ATHLETIC ASSOC		<u>2.00</u>
IHSBCA	05072015	30.00
21 0010 1400 920 6730 320	MEMBERSHIP FEE	30.00
Vendor Name IHSBCA		<u>30.00</u>
INSTRUMENTALIST COMPANY, THE	04012015	28.00
21 3230 1400 910 6220 618	AWARD CERTIFICATES	28.00
Vendor Name INSTRUMENTALIST COMPANY, THE		<u>28.00</u>

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
IOWA FFA ASSOCIATION	05072015	159.50
21 3230 1400 950 7407 320	MEMBERSHIP FEES	159.50
Vendor Name IOWA FFA ASSOCIATION		<u>159.50</u>
IOWA HIGH SCHOOL MUSIC ASSOC	04272015	472.00
21 3230 1400 910 6220 320	FREE WILL GATE DONATION FOR SOLO & ENSEM	472.00
Vendor Name IOWA HIGH SCHOOL MUSIC ASSOC		<u>472.00</u>
MIDWEST SPORTING GOODS	32337	90.00
21 0010 1400 920 6730 618	UNIFORM BELTS	90.00
Vendor Name MIDWEST SPORTING GOODS		<u>90.00</u>
NEFF	002335199	231.07
21 0010 1400 920 6600 618	PINS AND BARS	231.07
Vendor Name NEFF		<u>231.07</u>
ORIENTAL TRADING COMPANY	671303625-01	94.68
21 2020 1400 950 7421 618	IRIDESCENT BEAD BRACELETS FOR MIDDLE SCH	10.50
21 2020 1400 950 7421 618	ANIMAL PRINT BRACELETS FOR MIDDLE SCHOOL	17.94
21 2020 1400 950 7421 618	KICK BALL ASSORTMENT FOR MIDDLE SCHOOL C	16.00
21 2020 1400 950 7421 618	CREEPY CRAWLY INSECT TOY ASSORTMENT FOR	20.99
21 2020 1400 950 7421 618	BULK BOUNCING BALL ASSORTMENT FOR MIDDLE	21.00
21 2020 1400 950 7421 618	SPRING BIGHTS STICKY HANDS FOR MIDDLE SC	8.25
Vendor Name ORIENTAL TRADING COMPANY		<u>94.68</u>
PERFECTION LEARNING CORP.	698703	141.44
21 2020 1400 950 7415 618	IOWA TEEN AWARD SET OF BOOKS (15), "SKIN	75.31
21 2020 1400 950 7415 618	IOWA HIGH SCHOOL BOOK AWARD SET OF BOOKS	66.13
Vendor Name PERFECTION LEARNING CORP.		<u>141.44</u>
PROMOTIONAL CONCEPTS	22751	708.64
21 3230 1400 910 6110 618	SPEECH TEE SHIRTS	708.64
Vendor Name PROMOTIONAL CONCEPTS		<u>708.64</u>
RED OAK COMMUNITY SCHOOL DIST	04262015	340.20
21 3230 1400 950 7407 580	TRANSP. ON 4/19-21/15, 3/26/15 & 3/7/15	340.20
RED OAK COMMUNITY SCHOOL DIST	04272015	114.00
21 3230 1400 950 7408 580	TRANSP. TO DES MOINES ON 3/30 & 3/31	114.00
RED OAK COMMUNITY SCHOOL DIST	04282015	675.59
21 3230 1400 910 6110 618	TRANSP. TO NEVADA ON 3/14 AND 3/30	675.59
RED OAK COMMUNITY SCHOOL DIST	04292015	64.82
21 3230 1400 910 6220 580	TRANSP CHARGES	64.82
RED OAK COMMUNITY SCHOOL DIST	04292015-1	19.03
21 3230 1400 950 7457 618	TRANSP CHARGES	19.03

Vendor Name	Invoice Number	Amount
Account Number	Detail Description	Amount
RED OAK COMMUNITY SCHOOL DIST	05042015	419.60
21 0010 1400 920 6600 580	TRANSP CHARGES	419.60
Vendor Name RED OAK COMMUNITY SCHOOL DIST		<u>1,633.24</u>
SCHIEFFER, HARLEY	2015	400.00
21 0010 1400 920 6600 320	H-10 WEBPAGE SERVICES	400.00
Vendor Name SCHIEFFER, HARLEY		<u>400.00</u>
SCHULTE, CURT	05042015	325.00
21 0010 1400 920 6710 320	BKB CLINIC	325.00
Vendor Name SCHULTE, CURT		<u>325.00</u>
SOUTHWEST DISTRICT FFA	05072015	60.00
21 3230 1400 950 7407 320	COLT REGISTRATION	60.00
Vendor Name SOUTHWEST DISTRICT FFA		<u>60.00</u>
SOUTHWEST VALLEY SCHOOLS	04272015	80.00
21 0010 1400 920 6840 340	ENTRY FEE - SW VALLEY TIMBERWOLF GIRLS I	80.00
Vendor Name SOUTHWEST VALLEY SCHOOLS		<u>80.00</u>
SPORTS GRAPHICS	22559	2,093.00
21 0010 1400 920 6730 618	BB SUPPLIES	2,093.00
Vendor Name SPORTS GRAPHICS		<u>2,093.00</u>
TANNER TEES	2896	228.00
21 0010 1400 920 6835 618	TANNER TEES	228.00
Vendor Name TANNER TEES		<u>228.00</u>
VRBA, BRENDA	04292015	250.00
21 3230 1400 950 7407 618	CATERING FOR FFA BANQUET	250.00
Vendor Name VRBA, BRENDA		<u>250.00</u>
Fund Number 21		<u>15,294.63</u>
Checking Account ID 3		<u>15,294.63</u>

<b>Vendor ID: AMERITAS</b>	<b>AMERITAS</b>	<b>PO Number:</b>	<b>Invoice Number: 04092015</b>	<b>Amount:</b>	<b>59.68</b>
Description: SERVICES		Invoice Date: 04/09/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167593	Check Date: 04/09/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0010 1000 100 8018 270	INSURANCE		59.68	N	In Full Final
<b>Vendor ID: FIRSTBANK</b>	<b>FIRST BANKCARD</b>	<b>PO Number: 32311034</b>	<b>Invoice Number: 04082015</b>	<b>Amount:</b>	<b>644.70</b>
Description: SERVICES		Invoice Date: 04/08/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 3	Check Number: 24809	Check Date: 04/14/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
21 0010 1400 920 6730 618	DIAMOND D1-PRO-NFHS PROFESSIONAL LEAGUE		538.20	N	In Full Final
21 0010 1400 920 6730 618	DIAMOND DOL-1 OFFICIAL LEAGUE BASEBALLS		106.50	N	In Full Final
<b>Vendor ID: FIRSTBANK</b>	<b>FIRST BANKCARD</b>	<b>PO Number: ROBIN 195</b>	<b>Invoice Number: 04092015</b>	<b>Amount:</b>	<b>60.54</b>
Description: SERVICES		Invoice Date: 04/09/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167613	Check Date: 04/14/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0010 1200 219 0000 612	RED LACE, YELLOW LACE BY MARK CASEY		60.54	N	In Full Final
<b>Vendor ID: TRYON</b>	<b>G. TRYON AND ASSOCIATES</b>	<b>PO Number:</b>	<b>Invoice Number: 04162015</b>	<b>Amount:</b>	<b>4,922.50</b>
Description: SERVICES		Invoice Date: 04/16/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 4,922.50
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167614	Check Date: 04/21/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0010 2310 000 0000 320	50% PYMT CONSULTING FEE SUPT SEARCH		4,922.50	4,922.50 N	In Full Final
<b>Vendor ID: MERCER</b>	<b>MERCER HEALTH &amp; BENEFITS ADMIN LLC</b>	<b>PO Number:</b>	<b>Invoice Number: 04092015</b>	<b>Amount:</b>	<b>6,018.65</b>
Description: SERVICES		Invoice Date: 04/09/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167594	Check Date: 04/09/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0010 1000 100 8018 270	MAY INSURANCE		6,018.65	N	In Full Final
<b>Vendor ID: PRUDENTIAL</b>	<b>PRUDENTIAL INSURANCE COMPANY</b>	<b>PO Number:</b>	<b>Invoice Number: 04242015</b>	<b>Amount:</b>	<b>2,829.37</b>
Description: SERVICES		Invoice Date: 04/15/2015	Due Date: 04/30/2015	Status: PP	1099 Amount: 0.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167737	Check Date: 04/24/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 0010 1999 000 0000	INS CK. REPLACEMENT CK		2,829.37	N	In Full Final
<b>Vendor ID: SHAFFE</b>	<b>SHAFFER, RALPH</b>	<b>PO Number: 103230253</b>	<b>Invoice Number: 600496</b>	<b>Amount:</b>	<b>70.00</b>
Description: SERVICES		Invoice Date: 04/17/2015	Due Date: 04/27/2015	Status: PP	1099 Amount: 70.00
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167739	Check Date: 04/27/2015	
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>
10 3230 1000 109 0000 612	piano tuning--vocal room		70.00	70.00 N	In Full Final

<b>Vendor ID: SOGAS</b>	<b>SOGAS, GISELA</b>	<b>PO Number:</b>	<b>Invoice Number: 04152015</b>	<b>Amount:</b>	<b>1,383.00</b>	
Description: REIMBURSEMENT		Invoice Date: 04/15/2015	Due Date: 04/27/2015	Status: PP	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167740	Check Date: 04/27/2015		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0010 2213 100 3376 320	REIMBURSEMENT		1,383.00		N	Final
<b>Vendor ID: UNITE6</b>	<b>UNITED STATES CELLULAR</b>	<b>PO Number:</b>	<b>Invoice Number: 04192015</b>	<b>Amount:</b>	<b>208.59</b>	
Description: SERVICES		Invoice Date: 04/19/2015	Due Date: 04/27/2015	Status: PP	1099 Amount: 0.00	
Sequence: 1	Check Type: Check	Checking Account ID: 1	Check Number: 167738	Check Date: 04/27/2015		
<u>Chart of Account Number</u>	<u>Detail Description</u>	<u>Cost Center ID</u>	<u>Detail Amount</u>	<u>1099 Detail Amount</u>	<u>Asset/Asset Tag</u>	<u>In Full</u>
10 0010 2410 000 0000 532	CELL PHONE CHARGES		208.59		N	Final
Report 1099 Total:			<u>4,992.50</u>	Report Total:	<u>16,197.03</u>	

29



IOWA SCHOOL FOR THE DEAF  
RED OAK COMMUNITY SCHOOL DISTRICT

INTER-AGENCY CONTRACT FOR SPECIAL EDUCATION  
2014/2015 SCHOOL YEAR

This agreement is entered into by the Red Oak Community School District and the Iowa School for the Deaf.

We, the undersigned agencies, for each special education student being provided services or programs by other than the student's district of residence, hereby do consent and agree to the following conditions:

CONDITION I

The receiving agency shall provide instructional services and programs for the students referred for special education classes in accordance with the State of Iowa Department of Education Rules and Regulations and in accordance with state laws governing such services and the delivery thereof (Chapters 273, 281 and 442).

CONDITION II


The cost of the above services shall be paid by the sending agency to the receiving agency and shall be the actual costs incurred in providing these services and programs. Payment of those actual costs will be determined and paid in the following manner:

1. The receiving agency shall provide the sending agency with an estimate of the actual cost of services and programs by October 31 of the current contracted school year. Cost will be prorated if service is for less than one full year.
2. Invoices shall be forwarded to the sending agency at the close of each semester. The final payment shall be made no later than June 22 to the receiving district.

CONDITION III

- A. The receiving agency shall provide the School District with the following:
1. An up-dated IEP, including behavior goals and objectives as appropriate.

\_\_\_\_\_  
Terry Schmidt Date  
Superintendent  
Red Oak Community School District

 5/5/2015  
Mike Morgan Date  
Director of Business Operations  
Iowa School for the Deaf

Student(s) served by the Iowa School for the Deaf:

Name  
(Estimate for aide salary/benefits \$22,380 plus  
estimate for books from IWCC \$107)

To: Board of Directors

From: Jeanice Lester

Re: Disposal of surplus items

Once again the district needs to dispose of some older items that are no longer needed. We have the opportunity to list these items on an auction this summer similar to what was done a few years ago. Included in this list are several rolling carts, cameras, small folding lunch table, commercial kitchen steamer, desk chairs, long folding tables, lab tables, music stands, a piano, desks, shelves, classroom chairs, a 1995 Dodge 8 passenger van and other miscellaneous items. Items that are not sold will be sent to the landfill. It has been my experience that most items will sell at an auction.

Item 6.1.1 Continued Discussion and Consideration of Proposals for Contracted Services in the School Food Service Department and for Custodial Services in the Maintenance Department

**Background Information:** This evening additional conversation and decision-making is needed for consideration of contracted services in the food service department and within the maintenance/operations department. Updated information is provided with these study materials.

Shirley Maxwell has provided an analysis of health insurance available to current employees if contracted services meant they would need to change carriers. This analysis is included for your review.

The Directors should determine this evening the future of contracted services. Consideration could be given to implement one outsourced department for the next school term. Money saved from contracted services affecting the general fund would primarily be in the cost of district provided health insurance. Other monetary savings such as workers' compensation insurance would be found in the management fund.

**Suggested Board Action:** (to be determined)

Summary sheet for comparison of support staff salary and benefits. May 11, 2015

	Average hourly salary Paraprofessional	Average Paraprofessional Total Salary Package	Average Hourly salary Secretary( Do not include District office staff)	Average Secretary Total Salary Package	Average Hourly Salary Custodians	Average Custodian Total Salary Package	Average Hourly salary cooks	Average Cook's Total Salary Package	Do Paraprofessionals receive Health Insurance Benefits	Do secretaries get health insurance	Do 12 month custodians get health insurance	Do cooks get health insurance	Other benefits	Comments
									yes-if 20 hrs per week or over	yes-if 20 hrs per week or over	Yes-if 20 hours per week or over	Yes-if 20 hours per week or over		
Red Oak	\$10.50	\$24,289	\$12.07	\$33,670	\$10.47	\$29,012	\$9.79	\$22,955.00	no	Yes if 12 mo contract	yes if 12 mo contract	no	single dental, life ins. AD&D and long term disability	
Atlantic	\$14.01	\$20,974.00	\$15.46	\$40,388.00	\$15.58	\$39,462.00	\$12.23	\$12,852.00	no	Yes if 12 mo contract	yes if 12 mo contract	no	Custodians and secretaries get LTD, life, AD/D & TSA	All our secretaries are 12 mo employees
Clarinda	\$12.77	\$18,569.56	\$17.67	\$43,661.60	\$14.25	\$40,066.78	\$12.73	\$17,890.14	yes if 30 hrs per week	yes	yes	yes if 30 hrs per week	Life, LTD, AD/D	\$500. Ins./9 mo people \$625/mo
Creston	11.07		11.37		13.13		11.37		no	if 12 mo	yes	no	\$80/mo flex work 31+ hrs/week	\$30/mo work 20+ hrs/wk; life ins, AD&D, LTD
Denison	\$11.94	\$16,567.00	\$15.93	\$33,135.00	\$17.54	\$36,483.00	\$12.59	\$16,305.00	no	yes	yes	no	Single dental for custodian and secretaries	
Glenwood	9.61	\$13,285.00	\$11.06	23,000	\$9.10	\$22,066.00	\$9.15	\$12,412.00	no	no	yes	no		
Harlan	\$12.02	\$18,270.00	\$19.79	\$48,801.00	\$15.04	\$46,761.00	\$11.23	\$16,520.00	no	Yes-if over 40 hrs	Yes-if over 40 hrs	no	None	
Lewis Central	Not Available													
Shenandoah	13.25	24900	\$14.55	\$38,390.00	13.92	\$42,031.00	13.34	\$18,680.00	yes-if 20 hrs per week	yes-if 20 hrs per week	Yes-if 20 hours per week	Yes-if 20 hours per week	single dental, life ins. AD&D and long term disability	
Stanton	\$9.61	\$13,285	\$11.06	\$23,000	\$9.10	\$22,066	\$9.15	\$12,412.00	NO	No	yes	No	\$141.00 TSA per month	
Villisca	\$10.87	\$14,302.00	\$12.67	\$22,847.00	\$12.24	\$22,316.00	\$13.62	\$19,488.00	no	no	yes	no	none	
East Mills	\$9.67	\$16,445	\$12.05	\$25,611	\$12.60	\$36,785	\$10.52	\$13,275	NO	YES	YES	NO	Life, LTD, AD&D already figured in	
Corning	\$12.57		\$11.57		\$15.64		\$11.71		no	no	yes	no	ins.(\$1,000 ded.) As long as 35 hrs per week	Most employees have been there several years.
CAM	\$10.58	\$16,406.00	\$11.84	\$26,332.00	\$10.75	\$27,166.00	\$10.18	\$14,949.00	yes-if 40 hrs per week	yes	yes, if 40 hrs per week	no	\$50 TSA per month if eligible for single health ins and decline	
Sidney	\$10.00		\$12.00		\$11.00		\$10.35		no	no	no	no		
Hamburg	\$9.69	\$14,339.45	\$12.79	\$28,888.86	\$11.29	\$23,475.51	\$10.18		no	stipend	no	no	Life, LTD, AD&D	
Farragut	\$11.00	\$15,796.17	\$18.93	\$48,074.70	\$18.98	\$34,709.86	\$13.45	\$19,754.98	no	yes- if 12 mo	yes	no	Life Insurance	

Red Oak School District  
District Operating Budget  
2015-2016 SY

OPERATING DAYS	0	1	21	21	19	17	19	19	18	20	21	2	178.0
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
REVENUES:													
CASH SALES	5,513	6,438	19,427	19,427	17,577	15,727	17,577	17,577	16,652	18,502	19,427	9,200	\$ 183,042.27
REIMBURSEMENT INCOME													
BREAKFAST	0	424	8,907	8,907	8,058	7,210	8,058	8,058	7,634	8,483	8,907	848	\$ 75,494.98
LUNCH	0	1,897	39,836	39,836	36,042	32,248	36,042	36,042	34,145	37,939	39,836	3,794	\$ 337,658.23
COMMODITIES CREDIT	0	215	4,512	4,512	4,082	3,653	4,082	4,082	3,867	4,297	4,512	430	\$ 38,244.69
<b>TOTAL SALES</b>	<b>5,513</b>	<b>8,974</b>	<b>72,682</b>	<b>72,682</b>	<b>65,760</b>	<b>58,838</b>	<b>65,760</b>	<b>65,760</b>	<b>62,299</b>	<b>69,221</b>	<b>72,682</b>	<b>14,272</b>	<b>\$ 634,440.17</b>
AVIANDS EXPENSES:													
PRODUCT COST	3,255	4,752	31,432	31,432	28,438	25,445	28,438	28,438	26,942	29,935	31,432	7,334	\$ 277,272.86
TOP LINE WAGES	6,046	7,340	16,920	16,920	15,626	14,332	15,626	15,626	14,979	16,273	17,567	8,245	\$ 165,503.13
BENEFIT COSTS	3,662	4,113	7,449	7,449	6,998	6,548	6,998	6,998	6,773	7,224	7,674	4,428	\$ 76,315.01
<b>CLEANING</b>	<b>53</b>	<b>76</b>	<b>502</b>	<b>502</b>	<b>454</b>	<b>407</b>	<b>454</b>	<b>454</b>	<b>430</b>	<b>478</b>	<b>502</b>	<b>118</b>	<b>\$ 4,431.59</b>
DEPRECIATION	156	156	156	156	156	156	156	156	156	156	156	156	\$ 1,874.67
UNIFORMS	1,400	0	0	0	0	0	0	0	0	0	0	0	\$ 1,400.00
LAUNDRY	0	0	0	0	0	0	0	0	0	0	0	0	\$ -
TRAVEL	770	30	30	30	30	30	30	30	30	30	30	30	\$ 1,100.00
LICENSES	0	0	0	0	0	0	0	0	0	0	0	0	\$ -
OFFICE ALLOCATION	75	75	75	75	75	75	75	75	75	75	75	75	\$ 900.00
JOB APP	25	25	25	25	25	25	25	25	25	25	25	25	\$ 300.00
GENERAL LIABILITY INSURANCE	138	171	750	750	684	618	684	684	651	717	750	230	\$ 6,825.50
OFFICE SUPPLIES	100	100	100	100	100	100	100	100	100	100	100	100	\$ 1,200.00
EDUCATION & TRAINING	50	50	50	50	50	50	50	50	50	50	50	50	\$ 600.00
MISCELLANEOUS	100	100	100	100	100	100	100	100	100	100	100	100	\$ 1,200.00
AVIANDS ANTICIPATED FEES	(8,506)	(6,606)	6,635	6,635	5,370	4,105	5,370	5,370	4,738	6,003	5,763	(5,008)	\$ 29,869.17
	0	0	0	0	0	0	0	0	0	0	0	0	\$ -
OTHER DISTRICT EXPENSES:													
MAINTENANCE	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
VEHICLES	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
POS SYSTEM	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
OTHER	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
<b>TOTAL EXPENSES</b>	<b>7,324</b>	<b>10,382</b>	<b>64,225</b>	<b>64,225</b>	<b>58,108</b>	<b>51,991</b>	<b>58,108</b>	<b>58,108</b>	<b>55,050</b>	<b>61,166</b>	<b>64,225</b>	<b>15,882</b>	<b>\$ 568,791.92</b>
<b>RETURN TO DISTRICT</b>	<b>(1,811)</b>	<b>(1,409)</b>	<b>8,457</b>	<b>8,457</b>	<b>7,652</b>	<b>6,846</b>	<b>7,652</b>	<b>7,652</b>	<b>7,249</b>	<b>8,055</b>	<b>8,457</b>	<b>(1,610)</b>	<b>\$ 65,648.25</b>

Aviands Financial Assumptions:

Based on Anticipated Reimbursement Rates for 2015-16 SY

Based on current Meal Prices

Provide for a 3% increase on hourly employees. Head Cooks at HS & MS adjusted to \$10.00/hr. FSD at \$40k

Aviands has not included any other District expenses

<b>TAHER FEES</b>	
Fixed Price Per Meal/Meal Equivalent	Breakfast: \$1.56
	Lunch: \$2.91
	Meal Equivalent: \$3.01
Summer School Per Meal/Meal Equivalent	Breakfast: \$1.56
	Lunch: \$2.91
	Meal Equivalent: \$3.01

<b>A'VIANDS FEES</b>	
Fixed Price Per Meal/Meal Equivalent	Breakfast: \$1.75
	Lunch: \$2.79
	Snack: \$
Summer School Per Meal/Meal Equivalent	Breakfast: \$1.75
	Lunch: \$2.79
	Snack:

# A'viands/Summit Medical, Dental and Vision Rates

January 1, 2015 through December 31, 2015

All Employees

## 2015 Medical Rates

Monthly Contribution Premiums

PPO Gold Plan

Deductibles-\$750 single \$2250 family

	Total Monthly Premium (Employer + Employee)	A'viands	Employee	ER %
Employee Only	\$616.38	\$366.38	\$250.00	59%
EE + Spouse	\$1,232.76	\$632.76	\$600.00	51%
EE + Child(ren)	\$1,189.61	\$589.61	\$600.00	50%
Family	\$1,916.93	\$956.93	\$960.00	50%

CDHP Silver Plan

Health Savings Account

	Total Monthly Premium (Employer + Employee)	A'viands	Employee	ER %
Employee Only	\$541.46	\$366.46	\$175.00	68%
EE + Spouse	\$1,082.93	\$627.93	\$455.00	58%
EE + Child(ren)	\$1,045.03	\$590.03	\$455.00	56%
Family	\$1,683.95	\$958.95	\$725.00	57%

MVP Bronze Plan

Deductible-0 In Network

	Total Monthly Premium (Employer + Employee)	A'viands	Employee	ER %
Employee Only	\$170.26	\$77.87	\$92.39	46%
EE + Spouse	\$282.99	\$77.87	\$205.12	28%
EE + Child(ren)	\$278.77	\$77.87	\$200.90	28%
Family	\$381.11	\$77.87	\$303.24	20%

## 2015 Dental Rates

100% Employee Contribution (Monthly Premiums)

	12 Month Facility
Employee Only	\$25.14
EE + Spouse	\$47.78
EE + Child(ren)	\$52.80
Family	\$75.43

## 2015 Vision Rates

100% Employee Contribution (Monthly Rates)

	12 Month Facility
Employee Only	\$4.88
EE + Spouse	\$10.44
EE + Child(ren)	\$9.76
Family	\$16.68

# HEALTH INSURANCE AGREEMENT



## Employee Share of Premium Cost

February 1, 2015

### Health Care Coverage

*The following costs are per pay period (twice a month)*

Please **CIRCLE** the coverage and contribution you are electing for 2015

	<u>Silver</u>	<u>Bronze</u>	<u>Economy</u>
INDIVIDUAL	\$231.12	\$162.25	\$72.50
EMPLOYEE + 1	\$972.00	\$875.00	\$375.00
FAMILY	\$1,085.40	\$962.50	\$475.00

Please sign below to either elect coverage and authorize the payroll deduction or acknowledge that you were offered ACA Coverage and are declining coverage. And, that you were offered coverage that meets the definitions of Affordable and Qualified under the Affordable Care Act (ACA).

I am electing the above coverage and authorize my employer to withhold the required premiums from my paycheck.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am declining to purchase the coverage offered to me by my employer. I recognize that the coverage offered meets the definitions of being Affordable and Qualified under the Affordable Care Act (ACA).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Unit Name

### Dental Coverage

*The following costs are per pay period (twice a month)*

INDIVIDUAL	\$25.37
FAMILY	\$47.78

I elect to enroll in **INDIVIDUAL** dental coverage

I elect to enroll in **FAMILY** dental coverage

I wish to waive all dental coverage

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Unit Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



# Health Benefits Simplified



# Welcome!

What's New? HealthEZ is proud to serve Taher in 2015. Our team is committed to simplifying your healthcare experience. We are a national benefit administrator that specializes in helping companies like Taher provide affordable, custom benefit plans. We are here to simplify your healthcare experience.

## What you need to do:

1. Review this benefit overview
2. Turn in all completed paper forms to your Human Resources Department
3. Manage your benefits by visiting [TaherBenefits.com](http://TaherBenefits.com)

## What's inside:

1. Medical Plan
2. Network of Doctors
3. Medical Management
4. Pharmacy
5. Online Tools
6. HealthEZpay
7. SmartID Cards
8. Summary of Medical Benefits



## Online Tools

[www.TaherBenefits.com](http://www.TaherBenefits.com)

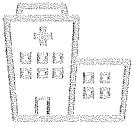
Visit your one-stop benefit website for benefit information, forms, account balances, processed claims, previous statements and much more.

An online account allows you to fully manage your benefits. To sign up for online access, follow these steps:

1. Go to [www.TaherBenefits.com](http://www.TaherBenefits.com) and click LOGIN.
2. Click "Need to set up your online access?"
3. Enter your Member ID - found on your ID card - your Social Security number, and your date of birth. Pick a Username and Password. Be sure to make your Password at least 8 characters long; any combination of letters or numbers is acceptable. Click Proceed to my Account and you're registered! Call customer service with any questions.

## Medical Plan

Taher offers three medical plan options. A summary of each plan can be found later in this benefit overview.



## Network of Doctors

“Is my doctor in the network?”


To find an in-network physician or facility go to [TaherBenefits.com](http://TaherBenefits.com) and click on “Find a Doctor”.


### Regional Network Based on Your Location

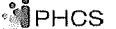
America's Preferred Provider Network

**America's PPO** [www.AmericasPPO.com](http://www.AmericasPPO.com)

America's PPO was the first Preferred Provider Organization established in Minnesota and now serves over 500 clients across the country. It provides access to over 71,000 healthcare providers with continually expanding coverage in Minnesota, North Dakota, South Dakota, Iowa, and western Wisconsin.

If you live in Michigan, you will have access to the Cofinity network .

If you live in Indiana you will have access to the Sagamore network .

For all other states you will have access to the PHCS network .

### Dental Network

You can visit any dentist you wish. There is no dental network, but you should always check prices for any major services, as dental charges can vary greatly.



## Medical Management and Nurseline

You have 24/7 access to HealthEZ's medical management staff. They have extensive experience helping employees navigate the medical maze. These services are available to everyone — whether you have a chronic condition like asthma or diabetes, or a more complex condition such as cancer or heart disease.

If you have questions about what kind of care to seek or where to seek it (do I really need to go to the ER for this?), if you've just found out you're pregnant, or if you have any nagging questions, nurses are there to help you. Just call 888-889-9076, any time of day or night.

### Precertification

The medical system is increasingly pushing patients into expensive and unnecessary procedures. To make sure you receive the best treatment possible, we are requiring that your doctor notify us before surgeries or MRI and CT scans. (Please see your Summary Plan Description for a full listing of procedures requiring precertification.)



## Pharmacy Restat

Your pharmacy benefit manager is Restat. Restat is now part of Catamaran Rx, one of the nation's largest pharmacy benefits manager and can offer additional discounts - especially on higher cost drugs. Your pharmacy claims will also appear on your HealthEZ statement.

### Saving on Pharmacy Costs

Here are a few ways to save on pharmacy costs:

1. Ask your doctor to start you on the lowest cost alternative
2. Check out the "\$4 prescriptions" at places like Wal-Mart and Target
3. Price shop your prescriptions at Sam's Club and Costco; you don't have to be a member

# HEALTHEZpay



The EZ way to pay medical bills

Pay your medical bills the easy and accurate way. HealthEZpay consolidates your medical bills and allows you to review online, then simply approve or decline payment for each. You save money and time by securely paying online using our credit/debit card that you have registered.

Call 888-889-9076 for more information or go to [www.TaherBenefits.com](http://www.TaherBenefits.com) and click on "My Benefits" then "HealthEZ Payment Service."



## Introducing the HealthEZ SmartID Card

With the SmartID card, you and your family will always have your HealthEZ ID card in reach – on your smartphone! Simply login to: [www.TaherBenefits.com](http://www.TaherBenefits.com) to access your SmartID card.

You can also print a temporary ID card from the website.

**Be sure to show your ID card at the pharmacy and your doctor's office so claims will be submitted to proper claims processing address**

*- as shown on the back of your ID card.*

We can be reached by phone or online



Dedicated phone # & 24/7 nurseline

888-889-9076



Your company benefit website

[TaherBenefits.com](http://TaherBenefits.com)

# Summary of Medical Benefits



	Economy Plan	
	In-Network	Out-Of-Network
<b>Calendar Year Deductible - Embedded</b>		
Employee Only	\$5,000	\$10,000
Employee + dependent(s)	\$7,500	\$15,000
Family	\$10,000	\$20,000
<b>Coinsurance</b>	20%	40%
<b>Out-Of-Pocket Maximum</b>		
Employee Only	\$6,350	\$12,700
Employee + dependent(s)	\$9,525	\$19,050
Family	\$12,700	\$25,400
<b>Lifetime Maximum</b>	Unlimited	
<b>Preventive Care</b>		
Routine Physical, Cancer Screenings & Eye Exams	No Member Responsibility	No Coverage
Prenatal Care	No Member Responsibility	40% After Deductible Met
<b>Physician Services</b>		
*Limited to 3 visit max. combined with PCP and Specialist		
PCP & Specialist	\$35 Copay, Thereafter 20% After Deductible Met for All Other Visits	40% After Deductible Met
<b>Radiology &amp; Labs</b>		
*Limited to 3 visit max. combined with PCP and Specialist Outpatient Lab & X-ray Services		
Inpatient lab and diagnostic imaging MRI, CT, PET Scans at a freestanding facility	\$35 Copay Thereafter 20% After Deductible Met for All Other Visits	40% After Deductible Met
Physical, Occupational, and Speech therapy	20% After Deductible Met	40% After Deductible Met
<b>Hospital Services</b>	20% After Deductible Met	40% After Deductible Met
Inpatient and Outpatient Care	20% After Deductible Met	40% After Deductible Met
<b>Urgent Care Services</b>	20% After Deductible Met	40% After Deductible Met
Professional Health Care Provider	20% After Deductible Met	40% After Deductible Met
<b>Emergency Services</b>	20% After Deductible Met	40% After Deductible Met
Emergency Room In true emergency covered as In-Network	20% After Deductible Met	40% After Deductible Met
<b>Chiropractic Services</b>	No Coverage	No Coverage
Therapy and Manipulation		
<b>Mental Health / Chemical Dependency</b>		
Inpatient *Office Visit	20% After Deductible Met \$35 Copay, Thereafter 20% After Deductible Met for All Other Visits	40% After Deductible Met 40% After Deductible Met
*Limited to 3 visit max. combined with PCP and Specialist		
<b>Prescription Drug Program</b>		
	<b>Prescription Services (up to 31-day supply)</b>	<b>Mail Order Prescriptions (up to 90-day supply)</b>
Generic Drugs	\$10 Copay	\$20 Copay
Formulary Brand	\$40 Copay	\$80 Copay
Non Formulary	\$80 Copay	\$160 Copay
Specialty	\$150 Copay	Unavailable

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.



# Summary of Medical Benefits

	Silver Plan	
	In-Network	Out-Of-Network
<b>Calendar Year Deductible - Embedded</b>		
Employee Only	\$600	\$1,200
Employee + dependent(s)	\$1,200	\$2,400
Family	\$1,800	\$3,600
<b>Coinsurance</b>	20%	40%
<b>Out-Of-Pocket Maximum</b>		
Employee Only	\$2,000	\$6,000
Employee + dependent(s)	\$4,000	\$8,000
Family	\$6,000	\$12,000
<b>Lifetime Maximum</b>	Unlimited	
<b>Preventive Care</b>		
Routine Physical, Cancer Screenings & Eye Exams	No Member Responsibility	No Coverage
Prenatal Care	No Member Responsibility	40% After Deductible Met
<b>Physician Services</b>		
Office Visits		
Specialty Office Visits	20% After Deductible Met	40% After Deductible Met
<b>Radiology &amp; Labs</b>		
Outpatient Lab & X-ray Services		
Inpatient lab and diagnostic imaging	20% After Deductible Met	40% After Deductible Met
MRI, CT, PET Scans at a freestanding facility		
<b>Physical, Occupational, and Speech therapy</b>	20% After Deductible Met	40% After Deductible Met
<b>Hospital Services</b>		
Inpatient and Outpatient Care	20% After Deductible Met	40% After Deductible Met
<b>Urgent Care Services</b>		
Professional Health Care Provider	20% After Deductible Met	40% After Deductible Met
<b>Emergency Services</b>		
Emergency Room	20% After Deductible Met	40% After Deductible Met
In true emergency covered as In-Network		
<b>Chiropractic Services</b>		
Therapy and Manipulation	20% After Deductible Met	40% After Deductible Met
<b>Mental Health / Chemical Dependency</b>		
Inpatient		
Office Visit	20% After Deductible Met	40% After Deductible Met
<b>Prescription Drug Program</b>		
Generic Drugs	\$10 Copay	\$20 Copay
Formulary Brand	\$40 Copay	\$80 Copay
Non Formulary	\$80 Copay	\$160 Copay
Specialty	\$150 Copay	Unavailable

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.

# Summary of Medical Benefits

	Bronze Plan	
	In-Network	Out-Of-Network
<b>Calendar Year Deductible - Embedded</b>		
Employee Only	\$2,000	\$4,000
Employee + dependent(s)	\$4,000	\$8,000
Family	\$6,000	\$12,000
<b>Coinsurance</b>	20%	40%
<b>Out-Of-Pocket Maximum</b>		
Employee Only	\$4,000	\$8,000
Employee + dependent(s)	\$6,000	\$12,000
Family	\$8,000	\$16,000
<b>Lifetime Maximum</b>	Unlimited	
<b>Preventive Care</b>		
Routine Physical, Cancer Screenings & Eye Exams	No Member Responsibility	No Coverage
Prenatal Care	No Member Responsibility	40% After Deductible Met
<b>Physician Services</b>		
Office Visits	20% After Deductible Met	40% After Deductible Met
Specialty Office Visits		
<b>Radiology &amp; Labs</b>		
Outpatient Lab & X-ray Services	20% After Deductible Met	40% After Deductible Met
Inpatient lab and diagnostic imaging		
MRI, CT, PET Scans at a freestanding facility		
<b>Physical, Occupational, and Speech therapy</b>		
	20% After Deductible Met	40% After Deductible Met
<b>Hospital Services</b>		
Inpatient and Outpatient Care	20% After Deductible Met	40% After Deductible Met
<b>Urgent Care Services</b>		
Professional Health Care Provider	20% After Deductible Met	40% After Deductible Met
<b>Emergency Services</b>		
Emergency Room	20% After Deductible Met	40% After Deductible Met
In true emergency covered as In-Network		
<b>Chiropractic Services</b>		
Therapy and Manipulation	No Coverage	No Coverage
<b>Mental Health / Chemical Dependency</b>		
Inpatient	20% After Deductible Met	40% After Deductible Met
Office Visit		
<b>Prescription Drug Program</b>		
	<b>Prescription Services (up to 31-day supply)</b>	<b>Mail Order Prescriptions (up to 90-day supply)</b>
Generic Drugs	\$10 Copay	\$20 Copay
Formulary Brand	\$40 Copay	\$80 Copay
Non Formulary	\$80 Copay	\$160 Copay
Specialty	\$150 Copay	Unavailable

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions.

# Summary of Dental Benefits



## \$1,000 Dental Plan

### In-Network

#### Deductible

Employee Only

\$50

Family

\$150

#### Annual Maximum

\$1,000

#### Preventive Health Care

Dental Prophylaxis (Cleanings) - Limit 2 per 12 months

No Member Responsibility

Fluoride Treatments - Up to age 19, Limit 2 times per 12 months

No Member Responsibility

Sealants - Once per lifetime to age 15, 1st and 2nd molars, Limited to one per tooth in any 12 month period

No Member Responsibility

No Member Responsibility

#### Diagnostic Services

Periodic Oral Evaluation - Limit 2 per 12 months

No Member Responsibility

Biteewing X-rays - Limit 1 per 12 months

No Member Responsibility

Occlusal X-rays - Limit 2 per 24 months

No Member Responsibility

Panoramic X-rays - Limit 1 per 3 years

No Member Responsibility

Radiographs - Limit 1 per 12 months

No Member Responsibility

Lab & Other Diagnostic Tests

No Member Responsibility

#### Basic Dental Services

Emergency Palliative Treatment (Pain)

20% After Deductible Met

Fillings - Amalgam & Composite

20% After Deductible Met

Space Maintainers - Up to age 16

20% After Deductible Met

Restorations

20% After Deductible Met

General Anesthesia with Covered Oral Surgery

20% After Deductible Met

Pathology

20% After Deductible Met

Oral Surgical Extractions - Includes impacted Wisdom Teeth

20% After Deductible Met

Simple Extractions

20% After Deductible Met

Oral Surgery

20% After Deductible Met

Periodontics

20% After Deductible Met

Endodontics - Root Canal Therapy

20% After Deductible Met

Prophylaxis

20% After Deductible Met

#### Major Dental Services

Inlays/Onlays/Crowns

50% After Deductible Met

Dentures & Other Removable Prosthetics

50% After Deductible Met

Fixed Partial Dentures (Bridges)

50% After Deductible Met

Full & Partial Dentures

50% After Deductible Met

Relining and Rebasing Dentures

50% After Deductible Met

Repairs to Full & Partial Dentures, Bridges

50% After Deductible Met

#### Orthodontic Services - Waiting period 12 months

\*For children 19 years and younger

Cephalometric X-rays

50% After Deductible Met

Diagnostic Casts

50% After Deductible Met

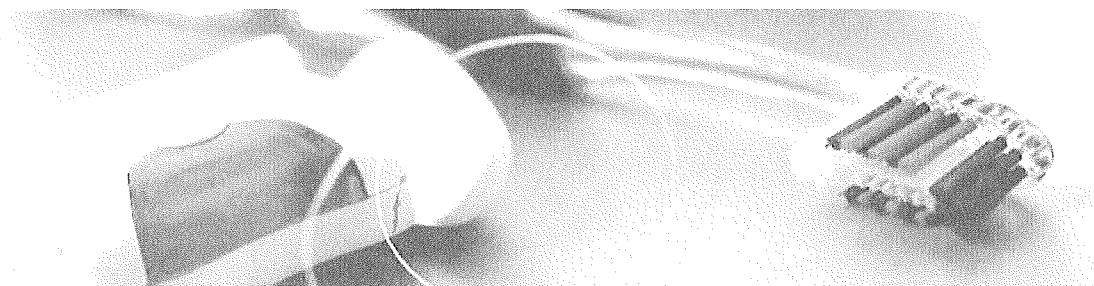
Orthodontic Appliances

50% After Deductible Met

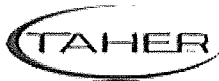
Appliances to correct harmful habits

50% After Deductible Met

**NOTES:** Claims are paid at 90th percentile of usual and customary.







# Benefit Enrollment/Change Form

## A. Employee Information (all information is required)

First Name:	MI:	Last Name:
SSN#:	Date of Hire:	
Date of Birth:	Gender: <input type="checkbox"/> M or <input type="checkbox"/> F	Marital Status:
Address:	City:	State: Zip:
Daytime Phone: ( )	Home phone: ( )	Email:

## B. Medical Plan Options (if electing coverage please make a selection in both 1 & 2)

1. Plan applying for	<input type="checkbox"/> Silver Plan	<input type="checkbox"/> Bronze Plan	<input type="checkbox"/> Economy Plan	<input type="checkbox"/> Decline Coverage
2. Coverage applying for	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee + One	<input type="checkbox"/> Family	

## C. Dental Plan Options (if electing coverage please make a selection in both 1 & 2)

1. Plan applying for	<input type="checkbox"/> Basic Plan	<input type="checkbox"/> Decline Coverage
2. Coverage applying for	<input type="checkbox"/> Employee only	<input type="checkbox"/> Family

## D. Dependent/Spouse Information (must be completed for coverage of dependents)

Name (Last, First, MI)	Relationship	Birth date	SSN	M/F	Disabled (Y/N)	Please check below to include on medical plan
						<input type="checkbox"/> Medical
						<input type="checkbox"/> Medical
						<input type="checkbox"/> Medical
						<input type="checkbox"/> Medical
						<input type="checkbox"/> Medical

## E. Other Insurance Coverage Information

Please check one:

<input type="checkbox"/> I have other insurance coverage (please provide information below)	<input type="checkbox"/> I do not have other insurance coverage	<input type="checkbox"/> I have other insurance coverage, but intend to cancel that coverage
<input type="checkbox"/> I have enrolled thru the state or federal Marketplace (please provide information below)		
Policyholder's Name:	Policyholder's Date of Birth:	
Insurance Co. Name:	Policy Number:	Group Number:
Insurance Co. Address:	Names of covered individuals:	

## F. Enrollment Waiver (check box only if declining coverage)

I understand the benefits provided by the Group Insurance Contract under ERISA regulations include Health and/or Dental coverages. I have reviewed and understand the benefit options and requirements presented herein. I understand that I may not be eligible to enroll myself and dependents if I desire to apply for coverage at a later date, unless I qualify to enroll at a later date in accordance with the special enrollment conditions.

I understand by not enrolling in this plan or a Marketplace health plan as mandated by PPACA, that I may be subject to a tax penalty.

## G. Employee Authorization

I understand I have the option to pay the premiums for my employer-sponsored health plan through a before-tax reduction of my salary. I understand that if this amount increases or decreases during the plan year, my salary reduction will be adjusted to reflect that increase or decrease.

I hereby apply for the coverage for which I am now or may be eligible under this group policy. I hereby authorize the deduction from my earnings of the required contribution, if any, toward the cost of such coverage. I authorize payment of medical benefits to all providers, where applicable, for those charges covered by my group insurance benefits. I authorize release to or by HealthEZ of any medical information including copies of medical records or insurance information as necessary for claims adjudication, utilization review, or coordination of benefits.

To the best of my knowledge and belief, the information I have provided on this form is complete and correct. I acknowledge that the terms of the Summary Plan Description govern all payments made by the Plans.

Employee Signature

Date

## H. Employer Information (to be completed by the employer or HealthEZ only)

Employer:	HEZ Group #	Effective Date:
To be completed by HealthEZ	HEZ Received: _____	HEZ Entered: _____ ID Cards:

(From April 27 Board Meeting)

Item 6.2.3 Introduction of Contracted Services for Custodial Work in the Fiscal Year '16  
– Review and Discussion

**Background Information:** Enclosed find the information pages for custodial outsourcing. Shirley Maxwell has summarized the two vendors' proposals with costs compared to current expenditures in Red Oak CSD.

<u>Vendor</u>	<u>Proposed Contract</u>	<u>Planned Expenditures</u>	<u>Projected Savings</u>
FBG	\$336,921	\$415,539	\$78,618
ABM	\$387,275	\$415,539	\$28,264

Figured on 12.5 FTE.

FBG is considering 11 FTE--paying at current rate.

ABM is hiring everyone but not paying at current rate

Site visits have not been made for either company but multiple reference calls have been made.

Directors are encouraged to seek clarification for the information provided in the background materials. No formal action is planned for tonight but final action could be considered at the May 11 board meeting.

***Health insurance costs are critical to current district employees. Shirley Maxwell will provide an update for custodial outsourcing health insurance costs during this time.***

It is anticipated a number of department employees are present at tonight's meeting to offer their comments concerning proposed contracted services.

Anticipated savings for adopting both outsourcing services could net the district a budget savings of \$166,160.

**Suggested Board Action:** (to be determined at a future meeting)

		Red Oak School Salaries			14-15 Salaries/Benefits	15-16 Salaries/Benefits at 3%		
		Red Oak School Salaries			\$400,541	\$415,539		
	ABM Service	ABM Service wout Act Manager	FBG Service/w Act Manager					
First Year	\$387,275	\$336,518	\$336,921	ABM	\$13,266	\$28,264	ABM Savings	
Second Year	\$387,275		\$345,560	FBG	\$54,981	\$78,618	FBG Savings	
Third Year	\$395,020		\$354,420					
Fourth Year	\$402,920		\$363,507	ABM	\$64,023	\$79,021	ABM Savings without account	
Fifth Year	\$402,920		\$372,827				manager	
Special Events outside scope	\$16.00		\$15.50					
Overtime	\$24.00		\$21.50					
					Figured on 12.5 FTE.			
This only reflects salaries and benefits.					FBG is considering 11 FTE--paying at current rate.			
					ABM is hiring everyone but not paying at current rate			

# New Hire ACA Eligible - Hourly Employee Benefit Enrollment

You have been determined ACA eligible based on the number of hours you will be working and are eligible to participate in FBG's hourly employee benefit plans described below. This is your initial opportunity to make your benefit plan elections. *If you do not enroll at this time, you will not have another opportunity to do so until the next annual open enrollment period or unless you experience a qualifying event (see page 2 for list of events).* Your local office must receive your paperwork by \_\_\_\_\_ even if you are declining coverage. Elected coverage will be effective the first day of the month following the completion of 60 days of employment.

**MEDICAL PLAN** We are offering an ACA qualified medical insurance plan through Blue Cross Blue Shield of Nebraska. This plan will satisfy the ACA requirement for individual health insurance coverage.

<u>High Deductible Plan</u>	<u>Employee Cost</u>
Employee only – Tier 1	9.5% of your gross wages* up to Tier 2 premium cost
Employee only – Tier 2	\$70.73 per pay period
Family	\$707.15 per pay period

\*affordable as defined by HHS and IRS Safe Harbor Affordable Determination

OR you may elect a Non-Qualified Indemnity Plan. This plan does not satisfy the ACA requirement for individual health insurance coverage:

<u>Ternian Health Select Indemnity Plan</u>	<u>Employee Cost – per pay period</u>		
	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
Employee Only	\$26.01	\$58.44	\$92.11
Employee + 1	\$71.27	\$150.76	\$233.23
Family	\$110.20	\$230.32	\$354.88

(FBG contributes \$5 per pay period toward the Ternian plan)

<u>Eye-Med Vision Care Services</u>	<u>Employee Cost</u>
Employee Only	\$2.76 per pay period
Employee + Spouse	\$5.24 per pay period
Employee + Children	\$5.52 per pay period
Family	\$8.11 per pay period

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**Met Life - Voluntary Life/AD&D and Voluntary Accident Coverage**

Rates vary based on age and coverages. Refer to the Met Life Benefit Summary available through your District Human Resources department.

**ACTION ITEMS**

All applications **MUST** be returned to your local office by the date listed in the first paragraph.

- To enroll in coverage, complete the appropriate benefit applications.
- If you enroll in the Medical and/or Vision plan, you must complete the PreTax Benefit election form indicating whether you want your deduction pre-taxed\* or post-taxed.
- To decline benefits, complete the declination portions for each benefit you are declining.
- *Spanish Versions are available for most of the information included in your packet. Please contact your local district office for information.*

**\*NOTE**

If you have a PRE TAX election for a benefit, you cannot discontinue or make any changes to your coverage until the next annual enrollment period unless you experience a qualifying event, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Certain changes in Employment Status (ie. eligible to ineligible)

If you experience a qualifying event during the year, you have **30** days from the change in status to make modifications to your current coverage. The change requested must be consistent with the qualifying event.

The Note above does not apply to a benefit with Post Tax election when it comes to dropping coverage. However, conditions will apply when choosing to reenroll.

**BENEFITS FOR SALARIED EMPLOYEES**

Salaried employees receive a traditional benefit package, including major medical insurance from Blue Cross and Blue Shield as well as dental coverage, life and disability insurance.

SALARIED BENEFITS	DESCRIPTION	ELIGIBILITY*	COST
Employee Stock Ownership Plan (ESOP)	An IRS qualified retirement plan, designed to provide qualified employees with retirement, death, and disability benefits. Payable by vested percentage.	All employees, 21 yrs. Old, working 1,000 hours in the 12 months following hire date & are still employed by FBG at fiscal year's end.	100% funded by FBG. FBG makes contributions when the company is profitable.
401(K)	An additional retirement vehicle to provide qualified employees with retirement, death and disability benefits. FBG matches up to 4% of salary of those that participate. No vesting schedule applies.	Follows ESOP eligibility	Employee elects % of deferral. FBG matches up to 4% of their salary.
Vacation	Full time continuous service after Oct 1st each Year: 10 days after 1 year, 15 days after 3 years, 20 days after 10 years	Salaried Employees – vacation based on length of service as of Oct. 1 and prorated during the first year.	FBG pays regular wage.
Sick Pay	.833 days per month accrued as of date of hire	Salaried Employees	FBG pays regular wage
Holiday Pay	6 major holidays (Christmas, New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving)	Salaried Employees after 30 days.	FBG pays regular wage
Health Insurance	Major Medical Coverage  PPO or a High Deductible Plan is available	Salaried employees after 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Single Coverage – FBG pays 75%, Employee pays 25% Family Coverage – FBG pays 40%, Employee pays 60%
Dental Insurance	Can elect single or family coverage	Salaried Employees after 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Single Coverage – FBG pays 75%, Employee pays 25%. Family Coverage – FBG pays 40%, Employee pays 60%
EyeMed Vision Care Services	Can elect Employee only, Employee & Spouse, Employee & Children or Employee & Family	Salaried Employees after 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Employee pays 100%
Life Insurance and AD & D	1.5 times annual salary, up to \$80,000	Salaried Employees after 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	FBG pays 100%
MetLife – Supplemental Term Life	Provides employees and their dependents with supplemental Term Life Insurance.	All employees scheduled to work a minimum of 20 hours each week, and complete 60 days (coverage begins the 1 <sup>st</sup>	Employee pays 100%

SALARIED BENEFITS	DESCRIPTION	ELIGIBILITY*	COST
Insurance (voluntary)		of the month following this 60 day period)	
MetLife – Supplemental Term AD&D (voluntary)	Provides employees and their dependents with a lump sum supplemental AD&D benefit.	All employees scheduled to work a minimum of 20 hours each week, and complete 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Employee pays 100%
Long Term Disability	60% x annual salary	Salaried employees after 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	FBG pays 100%
Funeral Leave	3-5 days depending on distance (refer to Policy)	Salaried Employees after 30 days	FBG pays regular wage
Employee Assistance Program (EAP)	Counseling services for employee and employee's immediate family	Salaried Employees after 30 days	FBG pays 100%
Direct Deposit	Paycheck is deposited in employee's account on the morning of payday.	All employees. Direct deposit form and voided check must be presented.	N/A
PayCard	Paycheck is deposited in card account on the morning of payday	All employees	Two free withdrawals. Other fees may apply for additional use.
Family Medical Leave Act	FBG provides up to 12 wks during any 12-mo. Period, of unpaid, job-protected leave to "eligible" employees for certain family & medical reasons.	All employees who have been employed one year and have worked 1,250 hrs over prior 12 mos. See additional conditions.	N/A

## BENEFITS FOR HOURLY EMPLOYEES

The following is a breakdown of our standard benefit package for hourly employees.

HOURLY BENEFITS	DESCRIPTION	ELIGIBILITY*	COST
Employee Stock Ownership Plan (ESOP)	An IRS qualified retirement plan, designed to provide qualified employees with retirement, death and disability benefits. FBG makes contributions when the company is profitable. Payable by vested percentage.	All employees, 21 years old, working 1,000 hours in the 12 months following your hire date, and still employed by FBG at fiscal year's end.	100% funded by FBG
401(K)	An additional retirement vehicle to provide qualified employees with retirement, death and disability benefits. FBG matches up to 4% of salary of those that participate. No vesting schedule applies.	Follows ESOP eligibility	Employee elects % of deferral. FBG matches up to 4% of their salary.
Vacation	5 days after 12 months, 10 days after 24 months, 15 days after 10 years	Full Time Employees – employed for 12 months.	FBG pays regular wage.
Holiday Pay	Up to 6 major holidays (Christmas, New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving)	Full Time Employees after 90 days. (Must work scheduled day before and after the holiday)	FBG pays regular wage
Health Insurance <i>(This plan satisfies the ACA requirement for individual health insurance coverage)</i>	Major Medical Coverage  High Deductible Plan available	Employees who work 30 hours a week or more and complete 60 days of service (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	<u>Single Coverage – Tier 1:</u> Employee pays 9.5% of gross wages up to Tier 2 premium cost, FBG pays remaining premium <u>Single Coverage - Tier 2:</u> FBG pays 75%, Employee pays 25%. Family Coverage – FBG pays 40%, Employee pays 60%
Ternian Health Select Indemnity Plan <i>(This plan does not satisfy the ACA requirement for individual health insurance coverage)</i>	Provides employee and their family, if elected, limited medical coverage for accidents and illness to help cover basic medical expenses.	All employees not enrolled in FBG's Major Medical Plan, scheduled to work at least 20 hours a week, and complete 60 days of service (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	FBG pays \$10.00 toward monthly premium. Employee pays remaining premium of Plan they elect.
EyeMed Vision Care Services	Can elect Employee only, Employee & Spouse,	Salaried Employees after 60 days (coverage begins the 1 <sup>st</sup>	Employee pays 100%



HOURLY BENEFITS	DESCRIPTION	ELIGIBILITY*	COST
	Employee & Children or Employee & Family	of the month following this 60 day period)	
MetLife – Supplemental Term Life Insurance (voluntary)	Provides employees and their dependents with supplemental Term Life Insurance.	All employees scheduled to work a minimum of 20 hours each week, and complete 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Employee pays 100%
MetLife – Supplemental Term AD&D (voluntary)	Provides employees and their dependents with a lump sum supplemental AD&D benefit.	All employees scheduled to work a minimum of 20 hours each week, and complete 60 days (coverage begins the 1 <sup>st</sup> of the month following this 60 day period)	Employee pays 100%
Family Medical Leave Act	FBG provides up to 12 weeks, during any 12-month period, of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons.	All employees who have been employed one year and have worked 1,250 hours over the previous 12 months; additional conditions.	N/A
Direct Deposit	Paycheck is deposited in employee’s account on the morning of payday.	All employees. Direct deposit form and voided check must be presented.	N/A
Pay Card	Paycheck is deposited in card account on the morning of payday	All employees	Two free withdrawals. Other fees may apply for additional use.



## 2015 ABM Standard National Rates

	Employee Cost			ABM Cost			Total Premium		
	EE Only	EE + 1	EE + 2	EE Only	EE + 1	EE + 2	EE Only	EE + 1	EE + 2
<b>Medical</b>									
<b>PPOs - UnitedHealthcare</b>									
High Plan Flexible Choice	\$ 408.00	\$ 838.00	\$ 1,208.00	\$ 289.53	\$ 557.07	\$ 779.97	\$ 697.53	\$ 1,395.07	\$ 1,987.97
Comprehensive Value Plan	\$ 277.00	\$ 588.00	\$ 811.00	\$ 303.86	\$ 573.70	\$ 844.42	\$ 580.86	\$ 1,161.70	\$ 1,655.42
Thrifty Plan**	\$ 147.00	\$ 321.00	\$ 476.00	\$ 356.02	\$ 685.04	\$ 957.60	\$ 503.02	\$ 1,006.04	\$ 1,433.60
Core Plan (In-Network ONLY)**	\$ 390.00**	\$ 390.00	\$ 721.00	-	\$ 390.00	\$ 390.00	\$ 390.00	\$ 780.00	\$ 1,111.00
<b>HMO's</b> **Core Plan only applies to hourly non-union ees eligible for Allstate.      *Varies - ABM picks up anything over ees 9.5%.									
HMSA HI	\$ 203.00	\$ 386.00	\$ 612.00	\$ 220.42	\$ 460.84	\$ 658.26	\$ 423.42	\$ 846.84	\$ 1,270.26
Kaiser HI	\$ 209.00	\$ 402.00	\$ 594.00	\$ 219.20	\$ 453.41	\$ 547.53	\$ 428.20	\$ 855.41	\$ 1,141.53
Kaiser CA	\$ 231.00	\$ 473.00	\$ 711.00	\$ 267.87	\$ 524.75	\$ 616.00	\$ 498.87	\$ 997.75	\$ 1,327.00
Kaiser CO, GA, Mid-Atlantic	\$ 212.00	\$ 430.00	\$ 668.00	\$ 286.87	\$ 567.75	\$ 659.00	\$ 498.87	\$ 997.75	\$ 1,327.00
Kaiser NW (OR)	\$ 258.00	\$ 505.00	\$ 773.00	\$ 240.87	\$ 492.75	\$ 554.00	\$ 498.87	\$ 997.75	\$ 1,327.00
Kaiser WA - GHC	\$ 200.00	\$ 391.00	\$ 574.00	\$ 209.77	\$ 428.55	\$ 522.05	\$ 409.77	\$ 819.55	\$ 1,096.05
<b>AMPCO - Southern California ONLY</b>									
Kaiser Supercomposite	\$ 220.00	\$ 220.00	\$ 220.00	\$ 592.89	\$ 592.89	\$ 592.89	\$ 812.89	\$ 812.89	\$ 812.89
UHC Supercomposite (Thrifty - Parking)	\$ 149.00	\$ 149.00	\$ 149.00	\$ 601.65	\$ 601.65	\$ 601.65	\$ 750.65	\$ 750.65	\$ 750.65
<b>Dental</b>									
MetLife PPO Standard	\$ 23.28	\$ 46.60	\$ 66.44	\$ 15.20	\$ 30.36	\$ 43.23	\$ 38.48	\$ 76.96	\$ 109.67
MetLife PPO Premium	\$ 29.96	\$ 59.96	\$ 85.44	\$ 15.13	\$ 30.22	\$ 43.05	\$ 45.09	\$ 90.18	\$ 128.49
Hawaii Dental Service	-	\$ 20.72	\$ 44.40	\$ 27.12	\$ 27.15	\$ 27.13	\$ 27.12	\$ 47.87	\$ 71.53
DeltaCare USA - CA	\$ 12.00	\$ 24.00	\$ 33.00	\$ 7.73	\$ 15.44	\$ 22.22	\$ 19.73	\$ 39.44	\$ 55.22
DeltaCare USA - IL / OH	\$ 16.00	\$ 28.00	\$ 40.00	\$ 9.06	\$ 18.14	\$ 26.60	\$ 25.06	\$ 46.14	\$ 66.60
DeltaCare USA - Other	\$ 8.00	\$ 16.00	\$ 22.00	\$ 5.08	\$ 10.17	\$ 14.64	\$ 13.08	\$ 26.17	\$ 36.64
<b>Vision</b>									
VSP - Regular	\$ 5.60	\$ 10.20	\$ 16.96	\$ 0.03	-	\$ 0.01	\$ 5.63	\$ 10.20	\$ 16.97
VSP - Ford (Safety)	\$ 7.16	\$ 11.68	\$ 18.48	\$ 0.02	\$ 0.03	-	\$ 7.18	\$ 11.71	\$ 18.48
<b>Life, AD&amp;D and Disability</b>									
	Basic Life & AD&D	\$0.398 / \$1,000		Basic LTD	\$1.573 / \$100				

\*\* Generally, the Core Plan Employee Only coverage contribution rate will be the lesser of \$390 or:

- 9.5% of monthly salary for salaried employees (on the first day of the coverage period)
- 9.5% of the hourly rate multiplied by 130 hours for hourly employees (on the first day of the coverage period)

**Thrifty Plan** - The Employee Cost for Employee +1 coverage is calculated by taking the Employee +1 rate, subtracting \$147, then adding the actual Employee Only rate (the lesser of \$147 or the actual Employee Only rate calculation). SEE EXAMPLE ON NEXT PAGE..

**Core Plan** - The Employee Cost for Employee +1 coverage is calculated by taking the Employee +1 rate and adding the Employee Only as calculated (the lesser of \$390 or the actual Employee Only rate calculation). SEE EXAMPLE ON NEXT PAGE.

The same logic applies to Employee +2 coverage for both plans.

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# UnitedHealthcare Plans - At a Glance

	High Flexible Choice Plan		Comprehensive Value Plan		Thrifty Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Provisions</b>						
Maximum lifetime benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Calendar year deductible (individual/family)	\$350/\$700	\$1,000/\$2,000	\$1,000/\$2,000	\$2,500/\$5,000	\$1,500/\$3,000	\$3,000/\$6,000
Calendar year out-of-pocket maximum – Medical (individual/family)	\$2,850/\$5,700	\$10,000/\$20,000	\$4,000/\$8,000	\$12,500/\$25,000	\$4,600/\$9,200	\$15,000/\$30,000
Calendar year out-of-pocket maximum – Prescription Drugs (individual/family)	\$2,000/\$4,000	Not Covered	\$2,000/\$4,000	Not Covered	\$2,000/\$4,000	Not Covered
<b>Outpatient Services Copays</b>						
Office visit	You Pay \$20, deductible does not apply	You Pay 30%, after deductible	You Pay \$25, deductible does not apply	You Pay 40%, after deductible	You Pay \$20 copay, deductible does not apply	You Pay 50%, after deductible
Specialist	You Pay \$40, deductible does not apply	You Pay 30%, after deductible	You Pay \$50, deductible does not apply	You Pay 40%, after deductible	You Pay \$40 copay, deductible does not apply	You Pay 50%, after deductible
Routine physical – adults	No charge	30%, after deductible	No charge	40%, after deductible	No charge	50%, after deductible
Well baby visits/routine physicals – children	No charge	30%, after deductible	No charge	40%, after deductible	No charge	50%, after deductible
Office-based Diagnostic lab and X-rays (excludes MRI/PET/CAT SCANS)	No charge	30%, after deductible	No charge	40%, after deductible	No charge	50%, after deductible
Outpatient surgery	\$200 plus 10%, after deductible	\$500 plus 30% after deductible	\$200 plus 20%, after deductible	\$500 plus 40% after deductible	\$200 plus 25%, after deductible	\$500 plus 50%, after deductible
Urgent care	You Pay \$20, deductible does not apply	You Pay 30%, after deductible	You Pay \$25, deductible does not apply	You Pay 40%, after deductible	You Pay \$20 copay, deductible does not apply	You Pay 50%, after deductible
<b>Hospital Services</b>						
Emergency room (waived if admitted)	You Pay \$150 plus 10%, after deductible	You Pay \$150 plus 10%, after deductible	You Pay \$150 plus 20%, after deductible	You Pay \$150 plus 20%, after deductible	You Pay \$150 plus 25%, after deductible	You Pay \$150 plus 25%, after deductible
Inpatient hospital	\$250 minimum / \$500 maximum per visit plus 10% after deductible	30%, after deductible	\$250 minimum / \$500 maximum per visit plus 20% after deductible	40%, after deductible	\$250 minimum / \$500 maximum per visit plus 25% after deductible	50%, after deductible
<b>Mental Health and Substance Abuse</b>						
Outpatient services copays	You Pay \$20, deductible does not apply	You Pay 30%, after deductible	You Pay \$25, deductible does not apply	You Pay 40%, after deductible	You Pay \$20 copay, deductible does not apply	You Pay 50%, after deductible
Inpatient hospital	\$250 minimum / \$500 maximum per visit plus 10% after deductible	30%, after deductible	\$250 minimum / \$500 maximum per visit plus 20% after deductible	40%, after deductible	\$250 minimum / \$500 maximum per visit plus 25% after deductible	50%, after deductible
<b>Prescription Drugs</b>						
Retail – up to a 30 day supply	You Pay Generic - \$15 Brand Formulary - 40% coinsurance, \$45 minimum/\$90 maximum Brand Non-Formulary - 50% coinsurance, \$70 minimum/\$140 maximum Deductible does not apply	You Pay Not covered	You Pay Generic - \$15 Brand Formulary - 40% coinsurance, \$45 minimum/\$90 maximum Brand Non-Formulary - 50% coinsurance, \$70 minimum/\$140 maximum Deductible does not apply	You Pay Not covered	You Pay Generic - \$15 Brand Formulary - 40% coinsurance, \$45 minimum/\$90 maximum Brand Non-Formulary - 50% coinsurance, \$70 minimum/\$140 maximum Deductible does not apply	You Pay Not covered
Mail order – up to a 90 day supply	You Pay Generic - \$30 Brand Formulary - 40% coinsurance, \$90 minimum/\$180 maximum Brand Non-Formulary - 50% coinsurance, \$140 minimum/\$280 maximum Deductible does not apply	You Pay Not covered	You Pay Generic - \$30 Brand Formulary - 40% coinsurance, \$90 minimum/\$180 maximum Brand Non-Formulary - 50% coinsurance, \$140 minimum/\$280 maximum Deductible does not apply	You Pay Not covered	You Pay Generic - \$30 Brand Formulary - 40% coinsurance, \$90 minimum/\$180 maximum Brand Non-Formulary - 50% coinsurance, \$140 minimum/\$280 maximum Deductible does not apply	You Pay Not covered



## UHC Core Plan Summary

This plan is new for 2015. If you choose this plan, it is important that you use UHC's national network of providers. This plan will not cover out-of-network costs unless it is a qualifying emergency. Before UHC starts paying for services, you must pay the full cost of services until you meet the annual deductible (with the exception of preventive care services). After you meet the annual deductible, you pay a percentage of the cost for services until you reach the calendar year out-of-pocket maximum.

General Plan Provisions	In-Network	Out-of-Network
Maximum Lifetime Benefit	Unlimited	
Calendar Year Deductible	\$5,000 Individual / \$10,000 Family	N/A
Calendar Year Medical & Prescription Drug Out-of-Pocket Maximum	\$6,600 Individual / \$13,200 Family	N/A
<b>Outpatient Services</b>	<b>You Pay</b>	
Office Visit	40%, After Deductible	Not Covered
Specialist Visit	40%, After Deductible	Not Covered
Routine Physical for Adults	No Charge	Not Covered
Well Baby Visit / Routine Physical for Children	No Charge	Not Covered
Office-Based Diagnostic Lab & X-rays (excludes MRI / PET / CAT SCANS)	No Charge	Not Covered
Outpatient Surgery	40%, After Deductible	Not Covered
Urgent Care	40%, After Deductible	Not Covered
<b>Hospital Services</b>	<b>You Pay</b>	
Emergency Room (waived if admitted)	40%, After Deductible	
Inpatient Hospital	40%, After Deductible	Not Covered
<b>Mental Health and Substance Abuse</b>	<b>You Pay</b>	
Outpatient Services	40%, After Deductible	Not Covered
Inpatient Hospital	40%, After Deductible	Not Covered
<b>Prescription Drugs</b>	<b>You Pay</b>	
Retail – Up to a 30-Day Supply	<ul style="list-style-type: none"> <li>• Generic: 20% After Deductible</li> <li>• Brand Formulary: 40% After Deductible</li> <li>• Brand Non-Formulary: 50% After Deductible</li> </ul>	Not Covered
Mail Order – Up to a 90-Day Supply	<ul style="list-style-type: none"> <li>• Generic: 20% After Deductible</li> <li>• Brand Formulary: 40% After Deductible</li> <li>• Brand Non-Formulary: 50% After Deductible</li> </ul>	Not Covered
<b>RATES</b>		
		<b>Per Month</b>
<b>Hourly</b>	<b>Employee Only</b>	9.5% of hourly rate* multiplied by 130 hours to a maximum of ..... \$390.00
	<b>Employee + 1</b>	1 Dependent ..... \$390.00
		Plus Employee ..... 9.5% of hourly rate* multiplied by 130 hours to a maximum of \$390.00 Maximum Deduction ..... \$780.00
<b>Employee + Family</b>	2 or More Dependents ..... \$721.00 Plus Employee ..... 9.5% of hourly rate* multiplied by 130 hours to a maximum of \$390.00 Maximum Deduction ..... \$1,111.00	
<b>Salaried</b>	<b>Employee Only</b>	9.5% of gross monthly income* to a maximum of ..... \$390.00
	<b>Employee + 1</b>	1 Dependent ..... \$390.00
		Plus Employee ..... 9.5% of gross monthly income* to a maximum of \$390.00 Maximum Deduction ..... \$780.00
<b>Employee + Family</b>	2 or More Dependents ..... \$721.00 Plus Employee ..... 9.5% of gross monthly income* to a maximum of \$390.00 Maximum Deduction ..... \$1,111.00	
*On first day of coverage period		
<b>Once enrolled, contact UHC Member Services for more information:</b> <b>855.ABM.3456 (855.226.3456) or visit <a href="http://www.myhuc.com">www.myhuc.com</a></b>		

**Note:** This plan is not available in Hawaii.

Item 6.1.2 Review of Budget Reduction Expenditure Recommendations for FY 16 with Updated Fiscal Notes

**Background Information:** Updated information regarding possible budget reduction / budget enhancement plans is shown below. Items that may still have the board's interest are shown. As indicated at the April 27 meeting, some exact dollars of potential savings will be unknown until all positions are filled and some positions via attrition formally materialize.

**- Budget Expenditure Reductions and Budget Enhancements for FY 16 -**

**Licensed Professional Staff:**

<b>Position</b>	<b>Fiscal Note</b>
Reduce 1.0 FTE Media Specialist	\$86,228
Reduce .5 FTE elementary counselor	\$36,530
Reduce .3 FTE Business Education Teacher	(unknown until share-agreement is reached)
Savings through newly hired professionals (estimated)	\$54,488 (conservative – expect more)

**Support Personnel:**

<b>Position</b>	<b>Fiscal Note</b>
Reduce 2.0 paraprofessionals via attrition	\$50,298
Reduce 1.0 office personnel via attrition (anticipated)	\$27,390
Reduce 1.0 computer network support	\$44,753
Reduced school office personnel contracts who are current 12 month to 11 month and 11 month to 10 month	\$18,370
Subtotal:	\$318,057

- continued -

Item 6.1.2 – continued

**Budget Enhancements (reductions) for the General Fund**

<b><u>Area</u></b>	<b><u>Fiscal Note</u></b>
Contracted food service	\$65,648
Contracted custodial	\$78,618
Zero Budget for Curriculum Adoption	\$75,000
Technology service contracts to Management Fund	????
Other:	
Eliminate summer school costs	\$5,057
<b>Current total all exclusive of contracted services</b>	<b>\$398,114</b>
<b>Grand total inclusive of contracted services</b>	<b>\$542,380</b>

**Suggested Board Action:** Final action should be set this evening in order for district employees to move ahead with personal planning and for district administrators to align services with approved positions for the 2015 – 2016 contract year.