

# **MANKATO AREA PUBLIC SCHOOLS**

## **EMPLOYEE HANDBOOK**



Issued from the Human Resources Office

August 2018

*Assuring learning excellence and readiness for a changing world*

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Information in this Handbook is intended to generally describe the district's employee benefit programs, policies, practices and procedures. The provisions of the district's group insurance policies, not this handbook, control the degree of coverage provided. No claim may be made against the school district as a result of a denial of insurance benefits by an insurance carrier.

The benefits described herein are not to be taken as a contract between the employee and the school district.

## **DISTRICT OFFICE PERSONNEL**

### **Phone Numbers**

#### **BUSINESS OFFICE**

Tom Sager, Director .....387-3167  
Becky Bailey, Administrative Assistant..... Ext. 4007  
Matt Wersal, Accountant..... Ext. 4034  
Kelly Hanson, Benefits Specialist ..... Ext. 4011  
Jordan Hoppe, Payroll Specialist ..... Ext. 4009  
Barb Stange, Accounts Payable ..... Ext. 4019  
Connie Hulscher, Accounts Receivable ..... Ext. 4010

#### **CENTRAL REGISTRATION**

Beckie Swanson, Central Registration Coordinator ..... Ext. 4037  
Morgan Solomon, Central Registration Coordinator ..... Ext. 4038  
Tricia Baumgard, Transportation ..... Ext. 4006  
Patti Lewis, Student Accounting ..... Ext. 4012

#### **COMMUNITY EDUCATION & RECREATION**

Audra Nissen Boyer, Director .....387-5501  
Laura Conn, Secretary .....207-3101 or 387-4817, Ext.221

#### **FACILITIES/HEALTH & SAFETY**

Scott Hogen, Director of Facilities .....345-5311  
Don Hanson, Assistant Director of Facilities ..... Ext. 4014  
Jan Lundquist, Secretary ..... Ext. 4015

#### **FOOD SERVICE**

Darcy Stueber, Director .....388-7442  
Jennifer Gibson, Administrative Assistant

#### **HUMAN RESOURCES OFFICE**

Eric Hudspith, Director .....387-3017  
Linda Coury, Human Resources Specialist ..... Ext. 4004  
Tammy Rifleman, Aesop and ID Badge Manager ..... Ext. 4020  
Sheryl Redding, General Secretary ..... Ext. 4008  
Trisha Stoner, Personnel Specialist ..... Ext. 4024

#### **MEDIA & TECHNOLOGY**

Tracy Brovold, Director .....387-7698  
Brenda Skelly, Secretary ..... Ext. 3888

#### **SPECIAL EDUCATION**

Scott Hare, Director .....387-1818  
Deb Peterson, Administrative Assistant ..... Ext. 4222

#### **SUPERINTENDENT'S OFFICE**

Sheri Allen, Superintendent .....387-1868  
Barb Macrafic, Administrative Assistant ..... Ext. 4001

#### **TEACHING AND LEARNING**

Heather Mueller, Director .....387-1868  
Marnie Moule, Administrative Assistant ..... Ext. 4003

## **PAYROLL INFORMATION**

### **Pay Periods:**

Licensed instructional staff and administrative staff will be paid in twenty-four (24) equal installments - on the 15<sup>th</sup> day of the month and on the last day of the month. Licensed staff on nine-month contracts may collect their June, July and August payments throughout the summer by responding to the Payroll Specialist by the given deadline when the request form is sent in the spring. If this request is not made, contracts will be paid out in the June 15 payroll.

All other staff will be paid on the 15<sup>th</sup> day of the month and on the last day of the month. When the 15<sup>th</sup> of the month or the last day of the month fall on Saturday, Sunday, or a legal holiday, payments will be issued on the preceding workday. For hourly employees, wages paid on the 15<sup>th</sup> will be based on hours submitted for the 16<sup>th</sup> through the last day of the previous month. Wages paid on the last day of the month will be based on hours submitted for the 1<sup>st</sup> through the 15<sup>th</sup> of the current month.

When to turn in timesheets: Timesheets should be approved and signed by your supervisor and submitted by the dates listed below. ***Please do not accumulate timesheet hours for more than one pay period. We are required to identify service credit to PERA, TRA, and ACA when the work is actually performed.***

- For hours worked the 1<sup>st</sup> through 15<sup>th</sup> of the month - submit to Payroll Office by the 19<sup>th</sup>.
- For hours worked the 16<sup>th</sup> through last day of the month - submit to Payroll Office by the 4<sup>th</sup> of the month.

### **Direct Payroll Deposit:**

The Mankato Area Public Schools payroll system works on a mandatory direct deposit basis. The employee is provided with a form indicating for the Payroll Department to deposit their net pay into a checking or savings account at a bank.

Employees also have the option of having their net pay deposited into a debit card that is issued by US Bank. Further information is available from the Payroll Department at 207-4009.

### **Pension Plans (TRA and PERA):**

Public employees are required by state law to belong to pension plans administered by Teachers Retirement Association (TRA) or Public Employees Retirement Association (PERA). Minnesota Statutes Chapters 353 and 354 set the rates for employer and employee contributions.

If you have any questions, please call the toll-free numbers listed below:

TRA (for licensed staff)	1-800-657-3669
PERA (for Non-Licensed staff)	1-800-652-9026

### **SMARTeR – Employee Self Service:**

Mankato Public Schools utilizes a paperless payroll system. The District Employee Self Service (ESS) site is called “SMARTeR.” The address of the site is:

<https://ess.isd77.k12.mn.us>

You can also access SMARTeR from the District’s web page at <http://www.isd77.org/> - click on “Resources,” then “For Educators,” then “Online Payroll Information Login.”

If you are not familiar with the Employee Self-service program, please follow the directions below after you’ve connected to the district website address:

1. You will be prompted for a User ID and password –
  - a. Your User ID is your Employee ID (which can be found on your timesheets or by contacting payroll (507-207-4009)
  - b. Tab to get to the Password Box. Your initial password is 0077\_\_ \_\_ \_\_ (the last four digits of your Social Security Number).
  - c. Click on Login. \*\*\*\*After three unsuccessful attempts, you will be locked out. You will need to contact payroll to reset your password and unlock you.
2. Once you are at the Employee Self Service menu, click on “Pay and Personal Information.” The various tabs you will see are:
  - a. My Pay. “Pay Stub” - On pay day, the current pay information should automatically appear. To view other pay stubs, click on “View Old Pay Stubs.” You can also view your year to date information and general pay information.
  - b. My Benefits tab will provide information about your leaves. Use the drop down box to access the information you want to view – Personal, Sick, Vacation.
  - c. My Tax Information is where you will go to print off your W2. You can also see what you are currently claiming for your tax withholding.
  - d. My Profile tab is where you will go to change your password. It is recommended that you do this on your first visit to the site so that others cannot access your employee information. Your password can be up to 12 characters.
3. When you are done – be sure to Log Out from the main menu.

If you have any problems accessing this program, please contact the Payroll Specialist at 507-207-4009.

## LEAVE BENEFITS

The purpose of this section is to generally describe leave benefits available to employees. Please refer to your employment agreement for specific information about your leave benefits.

### **Family and Medical Leave Act (FMLA):**

The federal Family and Medical Leave Act (FMLA) was enacted by Congress in 1993 and provides eligible employees with job-protected leave for certain family and medical reasons.

To be eligible for FMLA leave, you must have been employed by the school district for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Under FMLA, eligible employees are entitled to a total of 12 work weeks of unpaid family or medical leave. Employees may substitute accrued paid leave for unpaid leave during the leave period.

For more information, you may view District Policy 401, Family and Medical Leave on the District's website at [www.isd77.org](http://www.isd77.org). Click on District > School Board > Policies.

Employees who wish to apply for a leave of absence under FMLA should complete an application for FMLA leave. The application form can be found on the District's website at [www.isd77.org](http://www.isd77.org). Click on District > Human Resources > Forms and Resources > Miscellaneous Forms.

**Child Care Leave:** Child care leave is provided to employees in accordance with their employment agreements. Employees applying for child care leave under the above FMLA provisions, should use the FMLA application form.

**Sick Leave:** Sick leave is provided to eligible employees in accordance with their employment agreements. Sick leave may be used for the personal illness or injury of the employee, as well as to care for a sick or injured dependent child, adult child, spouse, sibling, parent, grandparent, or stepparent. Sick leave must be reported immediately in Aesop or TimeClock+ for those designated to use those systems. Hourly employees not using Aesop or TimeClock+ must complete a pink sick leave form and also indicate the sick leave day on their timesheets. All employees must notify their supervisors immediately that they will not be at work.

**Personal Leave:** Personal leave is provided to eligible employees in accordance with their employment agreements. Personal leave may be used for any reason. Requests for personal leave must be submitted and approved at least 24 hours in advance. Personal leave must be requested in Aesop or TimeClock+ for those designated to use those systems. Hourly employees not using Aesop or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the personal leave day on their timesheets.

**Emergency Leave:** Emergency leave is provided to eligible employees in accordance with their employment agreements. It is referred to as “family leave” in some agreements. The purpose of emergency leave is for absences due to the serious illness or death of a member of the immediate family. Serious illness is defined as an illness requiring hospitalization. The hospitalization of a healthy mother and baby for childbirth does not qualify for emergency leave use. Immediate family is defined in your employment agreement. Please refer to Policy 429, Emergency Leave Interpretation on the District website for more information about when emergency leave may be used. Emergency leave must be requested in Aesop or TimeClock+ for those designated to use those systems. Hourly employees not using Aesop or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the emergency leave day on their timesheets.

**Vacation Days:** Paid vacation days are provided for some employee groups in accordance with their employment agreements. Vacation requests must be submitted in Aesop or TimeClock+ for those designated to use those systems. Hourly employees not using Aesop or TimeClock+ must submit vacation requests for approval on the pink leave form to their supervisors in advance and indicate the vacation day(s) on their timesheets.

**Unpaid Leave Days:** Unpaid leave should be requested only in those instances when available paid leave has been exhausted and only when there are extenuating circumstances. There are many breaks provided throughout the school year when employees are not scheduled to work. The District expects employees who generally work only during the school year to schedule vacations in advance during non-work time. The school calendar can be found on the district website to assist you in planning time off in advance. Unpaid leave must be requested in Aesop or TimeClock+ for those designated to use those systems. Hourly employees not using Aesop or TimeClock+ must complete and submit a blue leave form to their supervisors for approval and also indicate the unpaid leave day on their timesheets.

Employees who report absences on leave request forms may obtain the forms from the building secretaries, the Business Office or the Human Resources Office.

### **AESOP (ONLINE LEAVE REPORTING AND SUBSTITUTE CALLING SYSTEM)**

The District uses a system called Aesop, to fill teacher substitute needs as well as to record all absences for teachers, principals, and nonaffiliated employees. **At the present time, ECFE and ABE teachers are not set up in Aesop and should continue to use leave of absence forms for reporting and requesting leave.**

Please contact the building secretary if you have not received your Aesop ID and PIN information yet.

- Access to Aesop is available through the District Website [isd77.org](http://isd77.org). Go to Staff>Educators>Aesop login page. You should bookmark this or save as a favorite on your computer.

- Log into Aesop with the ID and PIN numbers you have been given.
- Click on “Help” and please take a few moments to watch the two short training videos. The “Employee Web Basic Training” and “Employee Web Advanced Training” videos. Doing so will help you understand how Aesop works.
- If you have verbally secured a particular substitute in advance, please communicate that information to your building secretary so he/she can assign the substitute to the absence you have entered into Aesop. We prefer that you use the preferred sub feature, rather than securing an individual sub, especially if it is for a single day absence. This will help alleviate the workload of the building secretary.

\* Please specify your preferred substitute teachers. To do this click on the "Account" tab and then the "Preferred Substitute" tab. These individuals will be notified, and also be able to see you have created an absence.

- Aesop is easy to use - there is a pull-down menu for you to select your absence reason. There are sections for you to provide information for your substitute and to provide notes to the administration to explain your absence.
- Teachers who will be absent but do not require a substitute must still enter their absences into Aesop for leave reporting purposes. Such teachers' profiles will be set up as “does not require a substitute.” Absences must be entered into Aesop as soon as they are known.

If your position requires a substitute, Aesop will begin searching for substitutes. At the same time, your leave request will be routed to appropriate administrators for electronic approval. Once approval is granted, you will receive an e-mail confirmation. You can also check the status of approval by logging into the system. Please note that if you have insufficient leave time available, your pay will be docked, even if approval has been granted, so it is important that you keep track of your leave balances. We are tracking personal and emergency leave balances on Aesop but not sick leave. You are encouraged to check your leave balances in the Employee Self Service section of SMARTeR prior to requesting leave. Questions about your leave balances should be directed to the Benefits Specialist, in the Business Office, at 507-207-4011.

Requesting Personal Leave in Aesop: In accordance with the Mankato Teachers' Association Agreement, teachers may request personal leave only in half or full day increments. Do not use custom times in Aesop when requesting personal leave. Indicate either a half or full day.

**If you don't have access to a computer at home** you may call 1-800-942-3767 and enter your absence in AESOP by phone. You will need your Login and PIN number when you call.

Please feel free to contact the manager of the Aesop System, at 387-1612 with any questions.



## **HEALTH INSURANCE**

The District currently offers four health insurance plan options through Blue Cross Blue Shield of Minnesota. A general overview of these health insurance plan options can be found on pages 12-16 of this Handbook. Coverage for new employees becomes effective on the date of hire. Employees may change health plan options during open enrollment with changes being effective July 1 each year.

## **DENTAL INSURANCE**

The District offers a dental plan through Delta Dental of Minnesota to employees covered by an employment agreement that includes dental insurance. Coverage for new employees becomes effective on the date of hire. A general overview of the dental plan can be found on page 14 of this Handbook.

Voluntary Dental Plan - For employees who are not covered by an employment agreement that includes dental insurance, a voluntary dental plan is available to eligible employees, which they may participate in at their own expense. Coverage for new employees becomes effective on date of hire. Contact the Benefits Specialist, at 507-207-4011 for more information if you are interested in purchasing this insurance coverage.

## **LIFE INSURANCE**

The District provides eligible employees with group term life insurance coverage in the amount specified by your employment agreement. The life insurance policy includes an accidental death and dismemberment (AD&D) provision. Employees eligible for life insurance coverage have the option to purchase supplemental term life insurance coverage which is paid for through payroll deduction. If supplemental life insurance is purchased at the time the employee initially becomes eligible for life insurance, no health history is required. Otherwise, a health history is required.

You have 30 days from the date you first become eligible for coverage to enroll in the life insurance plan with no limitations. If you wish to enroll at a later date, you will be required to provide satisfactory evidence of good health to the insurance carrier in order to be approved for coverage. You may change your beneficiary information at any time by completing a Beneficiary Designation Form, available from the Benefits Specialist in the Business Office.

## **LONG-TERM DISABILITY INSURANCE**

The District provides eligible employees with long-term disability (LTD) insurance. Your employment contract defines your eligibility for coverage and the employee cost toward the premium.

*For eligibility requirements and the amounts that the District will contribute toward the premiums for any of the insurance benefits, please refer to your employment agreement.*

## SPECIAL ENROLLMENT

The only time that employees or eligible family members may enroll in the school district's insurance plans is at the annual open enrollment period or with a qualifying event. The notice period is thirty (30) days.

### Special Enrollment Qualifying Events

Loss of Minimum Essential Coverage (does not include loss due to failure to pay premiums or rescission):

- Loss of eligibility for employer-sponsored coverage
- Termination of employment or reduction in hours
- Legal separation or divorce
- Loss of dependent child status
- Death of employee
- Move outside HMO service area
- Employee becomes entitled to Medicare
- Gaining or becoming a dependent due to marriage
- Gaining a dependent due to birth, adoption or placement for adoption
- An individual gains or loses eligibility for Medicaid or MinnesotaCare

## COBRA CONTINUATION INFORMATION

COBRA is part of the federal legislation passed in 1986 known as the Consolidated Omnibus Budget Reconciliation Act. This legislation provides employees and their dependents with the right to continue group insurance benefits under the employer's group contract in instances when coverage would otherwise end. This coverage is at the individual's own expense and lasts for a specified period of time depending upon the reason the coverage was lost.

**You**, the employee, and any dependents covered under your policy, have a right to choose continuation of coverage for up to **18 months** in any health, dental or life plan you may currently be enrolled in, if:

- You lose your benefits because you have had a significant reduction in hours, or;
- Your employment ends for reasons other than gross misconduct.

Your **Spouse** and **Dependent Children** may choose continuation of coverage for 36 months, if previously covered under your plan, due to one of the following qualifying events:

- The death of the covered employee, or
- Divorce or legal separation, or
- The employee's entitlement to Medicare

The length of continuation for these events will be determined by Federal COBRA law or State Continuation mandates, whichever is applicable. These situations will be handled on a case by case basis.

Additionally, the **Dependent Child** of a covered employee may choose continuation for up to **36 months** if the dependent ceases to be a "dependent child" under the plan rules, which means:

- They have reached age 26

Continuation coverage may be terminated for any of the following reasons, whichever event occurs first:

- The payment of the required premium fails to be made in a timely manner, or
- ISD #77 ceases to provide any group health coverage to its employees, or
- The continuation period has expired.

Under State and Federal Law, the employee or family member has the responsibility to inform Mankato Area Public Schools within 60 days from the date of any of these qualifying events in order to be eligible for coverage continuation. Upon election of coverage, premium payments will be due retroactive to the date of the qualifying event.

Additional information about COBRA Continuation may be obtained from the Benefits Specialist in the Business Office.

*This is only a summary of the Blue Cross Blue Shield of Minnesota benefits.  
All benefits are subject to the limitations and exclusions listed in your certificate.*

Benefit Comparison for the employees of

## Mankato ISD 77

	<b>Basic Plus Plan</b>	<b>\$750 CMM \$20 copay</b>
<b>Covered Service</b>	<b>AWARE Providers*</b>	<b>AWARE Providers*</b>
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Deductible</b>	\$300 per person. There is a maximum of 3 deductibles per family per year.	\$750 per person \$1,500 per family
<b>Coinsurance</b>	80/20 to out-of-pocket maximum, 100% thereafter	80/20 to out-of-pocket maximum, 100% thereafter
<b>Medical</b>	\$2,240/person	\$2,000/person      The office visit copays, deductible and coinsurance apply.
<b>Maximum out-of-pocket</b>	\$4,480/family	\$4,000/family
<b>Prescription Drug</b>	\$2,000/person	\$2,000/person
<b>Maximum out-of-pocket</b>	\$4,000/family	\$4,000/family
<b>Well-Child Care</b>	100%	100%
<b>Immunizations</b>	100%	100%
<b>Prenatal Care</b>	100%	100%
<b>Cancer Screening</b>	100%	100%
<b>Preventive Care</b> -Routine Physicals -Routine hearing and vision exams -Routine lab and x-ray services	100%	100%
<b>Office Visits</b>	Subject to the deductible and coinsurance.	100% after \$20 office visit copay
<b>Physician Services</b> -Surgery -Anesthesia -Obstetrics -In-hospital visits	100%	Subject to the deductible and coinsurance.
<b>Inpatient Hospital Services</b>	100% for up to 356 days for any one period of confinement then subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.
<b>Other outpatient Services</b>	100%	Subject to the deductible and coinsurance.
<b>Chiropractic Services</b>	Subject to the deductible and coinsurance.	100% after \$20 office visit copay for office visit charges. All other services subject to the deductible and coinsurance.

*This is only a summary of the Blue Cross Blue Shield of Minnesota benefits.  
All benefits are subject to the limitations and exclusions listed in your certificate.*

	<b>Basic Plus Plan</b>	<b>\$750 CMM \$20 copay</b>
<b>Covered Service</b>	<b>AWARE Providers*</b>	<b>AWARE Providers*</b>
<b>Occupational, Physical and Speech Therapy</b>	100% up to 30 treatments within 12 consecutive month period. Treatment must begin within 7 days of an inpatient hospital stay. All other charges are subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.
<b>Home Health Care</b>	100% Pre-authorization required.	Subject to the deductible and coinsurance. Pre-authorization required.
<b>Medical Equipment</b>	Subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.
<b>Ambulance</b>	100%	Subject to the deductible and coinsurance.
<b>Diagnostic Laboratory and X-ray</b>	<b>Inpatient Services:</b> \$150/person/Year at 100%, then subject to the deductible and coinsurance. <b>Outpatient Services:</b> \$150/person/Year at 100%, then subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.
<b>Behavioral Health</b>	Same as any other condition	Same as any other condition
<b>Accidents/Medical Emergencies</b> <i>Treatment received within 12 months of the date of the accident.</i>	There is a supplemental accident benefit of \$150 per person per calendar year paid at 100%. All remaining charges are subject to the deductible and coinsurance.	Subject to the deductible and coinsurance.
<b>Prescription Drugs</b>  <i>Retail Pharmacy: 31-day supply</i>  <i>90 Day Rx Network: 90-day supply</i>	<b>Retail Pharmacy:</b> \$10 copay for Formulary Drugs <b>90 Day Rx Network:</b> \$30 copay for Formulary Drugs  If you select a name brand drug when a generic is available, you must pay the difference in the cost, plus the copay. No coverage for Nonformulary Drugs  <b>Classic Network</b>	<b>Retail Pharmacy:</b> \$10 copay for Formulary Drugs <b>90 Day Rx Network:</b> \$30 copay for Formulary Drugs  If you select a name brand drug when a generic is available, you must pay the difference in the cost, plus the copay. No coverage for Nonformulary Drugs  <b>Classic Network</b>

\*To locate a provider nationwide you can go to the Find A Doctor tool at [BlueCrossMNOnline.com](http://BlueCrossMNOnline.com)  
Customer Service 1-866-537-7702



**Classic Rx Network**

THIS IS ONLY A SUMMARY AND IS SUBJECT TO THE TERMS OF THE CONTRACT\*\*

	<b>In Network</b> Aware and BlueCard PPO	<b>Out of Network</b>
<b>Deductible</b> No 4 <sup>th</sup> Quarter Deductible Carryover	\$3,250 Single \$6,500 Family- Embedded	
<b>Out-of-Pocket Maximum</b> The in and out-of-network maximums Cross apply  Non-covered charges and charges in excess of our allowed amount do not apply to the out-of-pocket maximum.	<u>Medical and Prescription</u> \$3,250 Single \$6,500 Family	<u>Medical and Prescription</u> \$3,625 Single 6,750 Family
<b>Coinsurance</b>	100%	80%
<b>Benefit Payment Levels</b>	Payment for Participating Network Providers as described. Most payments are based on allowed amount.	If non-participating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Lifetime Maximum per Person</b>	Unlimited.	
<b>Dependent Child Age Limit</b>	To age 26, through the calendar month of the birthday.	

**COVERED CHARGES**

<b>Preventive Care</b>		
<ul style="list-style-type: none"> <li>Well Child Care through age 5</li> <li>Prenatal Care</li> </ul>	100%	100%
<ul style="list-style-type: none"> <li>Routine Physicals ages 6 and older</li> <li>Office Visits</li> <li>Cancer Screening</li> <li>Routine Hearing and Vision Exams</li> <li>Immunizations and Vaccinations</li> </ul>	100%	Deductible then 80% coinsurance.
<b>Physician Services</b>		
<ul style="list-style-type: none"> <li>In-Hospital Medical Visits</li> <li>Surgery and Anesthesia</li> <li>Inpatient Lab and X-rays, etc.</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Office Visits due to Illness or Injury</li> <li>Urgent Care (Clinic Based)</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Outpatient Lab and X-ray</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Allergy Injections and Serum</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<b>Other Professional Services</b>		
<ul style="list-style-type: none"> <li>Chiropractic Care</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance
<ul style="list-style-type: none"> <li>Home Health Care</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Physical Therapy, Occupational Therapy, Speech Therapy</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance

	<b>In Network</b> Aware and BlueCard PPO	<b>Out of Network</b>
<b>Inpatient Hospital Services</b> 365 days of medically necessary care in an average semi-private room.	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<b>Outpatient Hospital Services</b>		
<ul style="list-style-type: none"> <li>Diagnostic Tests</li> <li>Pre-Admission Tests and Exams</li> <li>Lab and X-Ray</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Chemotherapy and Radiation Therapy</li> <li>Physical, Occupational and Speech Therapy</li> <li>Kidney Dialysis</li> <li>Scheduled Outpatient Surgery</li> <li>Non-emergency – Illness Related visits</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Urgent Care (Hospital based)</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<b>Emergency Care</b>		
<ul style="list-style-type: none"> <li>Emergency Room</li> </ul>	Deductible then 100% coinsurance.	
<ul style="list-style-type: none"> <li>Physician Services</li> </ul>	Deductible then 100% coinsurance.	
Ambulance <i>Medically necessary transport to nearest facility</i>	Deductible then 100% coinsurance.	
Medical Supplies	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<b>Behavioral Health Care (Mental Health and Chemical Dependency Care)</b>		
<ul style="list-style-type: none"> <li>Inpatient Care</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Outpatient Care</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<ul style="list-style-type: none"> <li>Professional Care</li> </ul>	Deductible then 100% coinsurance.	Deductible then 80% coinsurance.
<b>Prescription Drugs</b>	<b>Classic Rx Network Pharmacies</b>	<b>Out of network Pharmacies</b>
Retail – 31-day limit  FlexRx Formulary	Deductible then 100% coinsurance No Coverage for prescriptions not on our Preferred list. If generic is available and name brand is select patient pays the difference.	No Coverage
90dayRx – 90-day limit <i>AllianceRx Walgreens Prime and Participating 90dayRx Pharmacies</i>	Deductible then 100% coinsurance No Coverage for prescriptions not on our Preferred list. If generic is available and name brand is select patient pays the difference.	No Coverage

The deductible and/or out-of-pocket maximum levels may need to be increased annually as FEDERAL INTERNAL REVENUE SERVICE requirements on Health Savings Account are updated.

\*\*This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include items primarily used for non-medical purposes, over-the-counter drugs/nutritional supplements, services that are complementary, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association.

**Open formulary Minimum Value Plan**  
**\$6,350/\$12,700 Embedded HSA Plan**  
**July 01, 2018 Classic Rx Network**

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
<b>Deductible</b> All network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$6,350 single \$12,700 family	Medical and prescription combined \$8,250 single \$16,500 family
<b>Coinsurance</b> (aka 'coins.')	Deductible then 100% coins.	Deductible then 80% coins.
<b>Out-of-pocket maximum</b> The out-of-pocket maximums for all networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,350 single \$12,700 family	Medical and prescription combined \$10,000 single \$20,000 family
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
<b>Lifetime maximum per person</b>	Unlimited	Unlimited
<b>Dependent child age limit</b>	To age 26 through the calendar month of the birthday.	
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluation age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	100% 100% 100%  100% 100% 100%	100% 100% 100%  100% 100% 100%
<b>Physician services</b> <ul style="list-style-type: none"> <li>• in-hospital medical visits</li> <li>• surgery and anesthesia</li> <li>• professional lab services</li> <li>• office visits due to illness or injury</li> <li>• urgent care (clinic-based)</li> <li>• retail health clinic</li> <li>• professional diagnostic imaging</li> <li>• allergy injections and serum</li> </ul>	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy</li> </ul>	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
<b>Inpatient hospital services</b>	Deductible then 100% coins.	Deductible then 80% coins.
<b>Outpatient hospital services</b> <ul style="list-style-type: none"> <li>• facility diagnostic imaging</li> <li>• preadmission tests and exams</li> <li>• facility lab services</li> <li>• chemotherapy and radiation therapy</li> <li>• physical, occupational and speech therapy</li> <li>• kidney dialysis</li> <li>• scheduled outpatient surgery</li> <li>• non-emergency illness-related visits</li> <li>• urgent care (hospital-based)</li> </ul>	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.





## **HEALTH SAVINGS ACCOUNT (Paired with Consumer-Directed Health Plan)**

### **What's an HSA?**

An HSA is a unique, tax-advantaged financial account that works with a specifically designed, high-deductible health plan. A high-deductible health plan gives you a lower monthly premium in exchange for a higher deductible (that's the amount you pay out-of-pocket before the health plan kicks in; just like car insurance). The combination of a high-deductible health plan and an HSA gives you effective, affordable and reliable health care coverage.

### **How your HSA works with your CDHP health plan:**

1. You enroll in a qualified high-deductible health plan either through your employer or on your own.
2. After you set up your HSA, you, your employer or both of you can contribute to your account.
3. Use your health benefits, per your health plan and benefit design.
4. As you incur expenses toward your health plan deductible and out-of-pocket maximum, you have the option to use the money in your HSA to pay for your portion of these expenses.

Further is the administrator of your HSA. Your HSA dollars are deposited with Further and you get your money quickly when you need to pay for a health care expense.

### **Benefits of an HSA:**

- Your HSA gives you a triple tax benefit:
- Your HSA contributions reduce your taxable income.
- Money in your account earns interest tax free.
- Withdrawals are tax free, when used for eligible medical expenses.
- You decide when and how to spend your HSA dollars.
- You can use your account to pay for eligible expenses that aren't covered by your health plan; expenses like deductibles and coinsurance, dental care, orthodontia, and vision care.
- No "use it or lose it." Money not used in one year rolls over and is added to your balance the next year.
- You, your employer or both of you can contribute to the HSA in a given year.
- Your HSA works with your health plan.
- Fast, easy access to your HSA dollars when you use your HSA debit card or online reimbursements with direct deposit.
- Further gives you tools and support to manage your account online, anytime.

- You can invest a portion of your unused HSA dollars (once your balance reaches \$1,000) in a variety of stocks, bonds and mutual funds. Or, leave the money in your account and let it grow.
- The money in your HSA belongs to you, even if you change jobs or retire.

Use your HSA for eligible expenses, including covered and non-covered health care expenses.

### **Eligible**

You can use the money in your HSA to pay for eligible medical expenses like:

Medical and dental deductibles and co-payments  
 Prescription drugs  
 Vision expenses  
 Over-the-counter medical supplies  
 Orthodontia

### **Ineligible**

You cannot use your HSA to pay for:

Weight-loss programs  
 Athletic club memberships  
 Cosmetic surgery and procedures  
 Diaper service  
 Health programs offered by resort hotels, health clubs, gyms  
 Supplements or Vitamins  
 Travel for general health improvement  
 Tuition and travel expenses for a child with special needs at a particular school

## Mankato ISD #77

Group #647

### Plan Benefit Highlights – Effective 7/1/2017

Network(s)	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,000	\$1,000	\$1,000
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services</i>	\$25/person \$75/family	\$25/person \$75/family	\$25/person \$75/family
<b>Eligible Dependents</b>	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments Space maintainers	100%	100%	100%
<b>Basic Services</b> Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth.	80%	80%	80%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	80%	80%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
<b>Major Restorative</b> Crowns Composite resin restorations (white fillings) on posterior (back) teeth	80%	80%	80%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs Bridge repair	80%	80%	80%
<b>Prosthetics</b> Dentures (full and partial) Bridges	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

## THE FLEXIBLE BENEFITS PLAN – FURTHER

The Flex Plan allows you to reclassify a portion of your paycheck into a pre-tax position. The dollars designated for these expenses will not be included in your taxable income, thereby increasing your take home pay.

The plan requires you to estimate, in advance, the expenses you predict you will have for the year in any of the categories eligible under the plan. These expenses, which you pay yourself, are dollar amounts you can have reclassified on your paycheck as pre-tax dollars. Election forms must be signed and turned in to the Business Office by the designated date in enrollment materials in order to participate for the next plan year. The Plan Year runs from January 1 through December 31.

When you turn in your election form, the amount you have elected for the year will be divided by the number of your anticipated regular pay periods, and will be deducted pre-tax on your checks. As you incur expenses, you complete a “reimbursement request,” attaching copies of receipts for these expenses, and submit them to Further. Those expenses you have incurred will then be reimbursed to you directly by check, or by direct deposit, whichever you choose. This results in your expenses being repaid to you tax-free.

The categories in which you may elect your expenses are:

**Dependent Care:** These are expenses incurred for someone who cares for your child or dependent while you are at work. The expenses for which you may be reimbursed are those which qualify as “Dependent Care Assistance” under Section 129 of the Internal Revenue Code.

**Health Flexible Spending Arrangement (FSA):** Your out of pocket medical and dental expenses (not reimbursed by insurance) are elected in this category. Typical expenses are deductibles and co-pays, orthodontia, vision, hearing aid costs, elective surgery, family counseling and treatment programs. A general list of eligible expenses is found on the next page. A complete listing of eligible medical expenses can be found in IRS Publication 502.

**NOTE:** If you enroll in the health and dental plans, your share of the insurance premiums are automatically put into a pre-tax position unless you sign a form to waive this benefit. Waivers are available in the Business Office.

**Estimate your expenses carefully!** You will not be able to change your election during the Plan year unless you have an eligible “change in status” such as change in marital or employment status, birth of a dependent, death of spouse or dependent. If you estimate more than you actually spend in that plan year, *you will lose the difference between what you have estimated and what you actually spend.*

Application packets with more detailed information in the Flex Plan may be obtained from the Benefits Specialist in the Business Office. Information about the types of expenses you may claim is included on pages 11-12.

If you have questions regarding the Flexible Benefits Program, please call the Benefits Specialist at (507) 207-4011.

## Which medical expenses can be paid for with tax-deductible FSA funds?

The following is a partial list of eligible/potentially eligible/ineligible medical expenses. If you have any questions about an item's eligibility, please contact Further customer service at 1-800-859-2144. For over-the-counter expenses, see the Over-the-Counter Eligibility List.

### Eligible medical expenses

Abdominal supports	Embryo, egg and sperm storage fees	Oxygen and oxygen equipment
Abortion	Eye exams	Patient responsibilities under the medical, dental or vision plan solely because of the plan's deductible, copay (coinsurance), reasonable and customary charge limit or benefit limit
Acupuncture	Eye surgery (laser or radial keratotomy)	Physical exams (routine, medical, well-child)
Alcoholism treatment	Eyeglasses – prescription sunglasses/safety glasses	Physical therapy
Ambulance	Eyeglasses – reading	Prenatal/postnatal exams
Arch supports	Fertility treatments (e.g., artificial insemination, egg donor fees, in vitro)	Prescription drugs (prescription drugs imported from other countries are not covered)
Artificial limbs	Flu shots	Preventive care screenings (e.g., mammogram, colonoscopy)
Asthma treatments/nebulizer	Fluoridation treatment at a dental office	Prosthesis
Bariatric surgery	Gambling addiction treatment	Psychiatric care
Blood pressure monitoring devices	Group therapy (for patient)	Shipping and handling fees for eligible expenses
Body scans (e.g., MRI, CAT Scan)	Hearing tests and aids	Sleep study
Brace (e.g., knee, back, wrist)	Home health care	Smoking cessation medications/programs
Breast pumps	Hormone replacement therapy (HRT)	Speech therapy
Childbirth/lamaze classes (related to birth)	Immunizations	Taxes paid for eligible expenses
Chiropractic treatments (e.g., adjustments)	Individual counseling (counseling must be performed to alleviate or prevent a physical or mental defect or illness)	Transportation expenses relative to health care (corresponding medical documentation requested)
Circumcision	Lab tests	Tubal ligation/tubal ligation reversal
Coinsurance amounts (health, dental or vision)	Mastectomy-related special bras	Vaccinations
Contact lenses (corrective)	Medical records charges	Varicose veins, treatment of
Convalescent home (for medical treatment only)	Mental health treatment facility	Vasectomy/vasectomy reversal
Copayments (health, dental or vision)	Nutritional consultation	Walkers/canes (purchase or rental)
C-PAP machine and supplies	Occlusal guards to prevent teeth grinding	Wheelchair (purchase or rental)
Crutches (purchase or rental)	Oral surgery	X-rays
Deductibles (health, dental or vision)	Organ transplant (including donor's expenses)	
Dental procedures, non-cosmetic (e.g., X-rays, fillings, extractions, crowns, implants)	Orthodontics	
Dentures	Orthopedic inserts	
Diabetic supplies (e.g., insulin, syringe, monitor, insulin pump)		
Drug addiction/substance abuse treatment		

These lists are intended to serve as a quick reference and are provided with the understanding that Further is not engaged in rendering tax advice. If tax advice is required, seek the services of a competent professional.

**Potentially eligible medical expenses (requires Letter of Medical Necessity from health care provider)**

Air conditioner (capital expense)	Group therapy for family member	Mentally handicapped residential or group home
Air purifier (potential capital expense)	Guide dog/service animal (purchase, care for, training)	Nutritional Counseling
Athletic club membership	Herbal treatment	Orthopedic shoes
Automobile modifications (capital expense)	Holistic or natural healers consult	Personal trainer fees
Behavioral modification programs	Home improvements (e.g., exit ramps, widening doorways) (capital expense)	Prescription drugs that also have a cosmetic purpose (e.g., Retin-A, Rogaine, Botox, Propecia)
Breast reconstructive surgery	Household products/improvements to treat allergies	Special education costs for dependents with disabilities
Breast reduction surgery that is medically necessary	Lactation consultant	Stem cell, harvesting and/or storage of
Cosmetic surgery (for repair or reconstruction after accident or surgery or for correction of birth defect)	Lead-based paint removal	Telephone/television equipment for hearing-impaired persons
DNA collection and storage	Learning disability treatment	Umbilical cord, freezing and storing of
Dyslexia testing and instruction	Lodging (away from home for outpatient care – special rules may apply)	Weight loss program and medications (if prescribed by a physician for a specific medical condition – excludes food)
Elevator (capital expense)	Manual therapy	Wigs
Exercise equipment or programs	Massage therapy	
Fluoridation device	Medical conference admission and transportation (excludes meals and lodging)	
Food thickeners		
Genetic testing		

**Ineligible medical expenses**

Birthing tubs	Illegally obtained drugs	Prescription drug discount program fees
Bottled water	Insurance premiums	Prescription drugs and medicines imported from other countries
Braille books/magazines	Late fees (e.g., for late payment of bills for medical services)	Special foods/beverages
Cleaning service	Lodging while attending a medical conference	Sports training and activities
Cosmetic surgery and procedures	Marijuana or other controlled substances in violation of federal law	Surrogate expenses
Cosmetics, hygiene products and similar items	Marriage counseling	Swimming lessons
Dancing lessons	Maternity clothes	Swimming pool and maintenance
Diapers or diaper service	Meals	Tanning salons and equipment
Diet foods	Medical newsletter	Teeth whitening
Ear or body piercing	Missed appointment fees	Transportation costs of disabled individual commuting to and from work
Electrolysis or hair removal	Mouthwash	Travel for general health improvement
Feminine hygiene products (e.g., tampons)	New parent/newborn child care classes	Veneers
Funeral, cremation or burial expenses	Non-prescription eyeglasses, sunglasses, safety glasses or contacts	
Hair colorants	Prepayments	
Hair transplants		
Household help		
Illegal operations and treatments		

**Eligible medical expense**

Medical expenses that can be reimbursed through your FSA include services and supplies incurred by you or your eligible dependents for the diagnosis, treatment or prevention of disease or for the amounts you pay for transportation to get medical care. In general, deductions allowed for medical expenses on your federal income tax according to Internal Revenue Code Section 213 (d) may be reimbursed through your FSA. You cannot deduct medical expenses on your federal income tax that have been reimbursed through your FSA. It is possible that changes in the IRS rules can affect the eligible, potentially eligible, and/or ineligible expense categories.

**Potentially eligible medical expenses**

In order to determine eligibility for potentially eligible items, Further requires a Letter of Medical Necessity from your health care provider. You can obtain a Letter of Medical Necessity to have your health care provider complete at [hellofurther.com](http://hellofurther.com).

**Capital expense**

A capital expense is an improvement and/or special equipment added to a home or other capital expenditure that may be eligible if the primary purpose is medical care. You must have an appraisal of your home within one year prior to the installation and an appraisal after the installation to determine the value added to the home. The amount eligible is the difference between the cost of the expense and the increase in the additional value of your home. If the improvement/special equipment is used by individuals other than the person needing it for medical care, the eligible amount should be divided by the number of people using the item. Example: A ramp is purchased for \$3,000 and prior to installation your house is appraised at \$100,000. After installation of the ramp your house is appraised for \$101,000. The amount that is eligible under your HSA is \$2,000. A Letter of Medical Necessity is required from your health care provider to be kept with your personal tax records.

For assistance in calculating capital expense, the Capital Expense Worksheet and Letter of Medical Necessity are available at [hellofurther.com](http://hellofurther.com). If you have questions about a capital expense, please contact customer service for a more detailed explanation.

## EMPLOYEE IDENTIFICATION BADGES

The School Board recognizes the importance of a safe and secure learning environment for its students and staff. Being able to easily determine whether an individual is in a building legitimately is one aspect of providing such an environment. Therefore, all regular employees are issued a photo identification badge which also serves as a key card. As an employee of the school district, employees are required to wear their picture identification whenever they are on school property.

Lost badges should be reported to your building secretary immediately to be inactivated for security purposes. Lost badges will be replaced at a cost to the employee of \$10.00. Employees with broken badges should contact the badge manager at Ext. 4020 for replacement.

Employees who separate from the District are required to turn their badges in to the building secretary or Human Resources Office prior to their departure.

## EMPLOYEE ASSISTANCE PROGRAM

The School District offers an Employee Assistance Program through VITAL Worklife EAP to provide support for employees and their family members for personal issues that are affecting the employee's work performance such as:

- Marital and relationship issues
- Depression, stress and anxiety
- Parenting and child concerns
- Drug and alcohol abuse
- Coping with anger, grief and loss
- Legal and financial problems

Support is available 24 hours every day at no charge to the employee. For assistance through the EAP program, call 1-800-383-1908.

## SCHOOL BOARD POLICIES

All District 77 School Board policies are on the website [www.isd77.org](http://www.isd77.org). Click on District>School Board>Policies.

It is each employee's responsibility to review the policies on the website. Summaries of selected policies appear below. Please review the full policies on the website for complete information.

**Policy 410, Family and Medical Leave Policy:** The federal Family and Medical Leave Act provides eligible employees with job-protected leave for certain family and medical reasons.



Regular full-time and part-time employees who have been employed by the school district for at least 12 months and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave are entitled to a total of 12 work weeks of unpaid family or medical leave during the applicable 12-month period as defined below, plus any additional leave as required by law. Leave may be taken for one or more of the following reasons in accordance with applicable law:

- birth of the employee's child;
- placement of an adopted or foster child with the employee;
- to care for the employee's spouse, son, daughter, or parent with a serious health condition; and/or
- the employee's serious health condition makes the employee unable to perform the functions of the employee's job.
- To care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin to the service member (military caregiver leave).
- Any qualifying emergency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty.

**Policy 413, Harassment and Violence:** The purpose of this policy is to maintain a learning and working environment that is free from religious, racial or sexual harassment and violence. The school district prohibits any form of religious, racial or sexual harassment and violence.

- A. It is the policy of the school district to maintain a learning and working environment that is free from religious, racial or sexual harassment and violence. The school district prohibits any form of religious, racial or sexual harassment and violence.
- B. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to harass a pupil, teacher, administrator or other school personnel through conduct or communication of a sexual nature or regarding religion and race as defined by this policy. (For purposes of this policy, school personnel includes school board members, school employees, agents, volunteers, contractors or persons subject to the supervision and control of the district.)
- C. It shall be a violation of this policy for any pupil, teacher, administrator or other school personnel of the school district to inflict, threaten to inflict, or attempt to inflict religious, racial or sexual violence upon any pupil, teacher, administrator or other school personnel.
- D. The school district will act to investigate all complaints, either formal or informal, verbal or written, of religious, racial or sexual harassment or violence, and to discipline or take appropriate action against any pupil, teacher, administrator or other school personnel who is found to have violated this policy.

The District 77 Human Rights Officer is Eric Hudspeth, Director of Human Resources and Organizational Development.

**Policy 416, Drug and Alcohol Testing:** The school district may request or require any employee to undergo drug and alcohol testing if the school district has a reasonable suspicion that the employee:

- a. is under the influence of drugs or alcohol;
- b. has violated the school district's written work rules prohibiting the use, possession, sale, or transfer of drugs or alcohol while the employee is working or while the employee is on the school district's premises or operating the school district's vehicles, machinery, or equipment;
- c. has sustained a personal injury, as that term is defined in Minn. Stat. § 176.011, Subd. 16, or has caused another employee to sustain a personal injury; or
- d. has caused a work-related accident or was operating or helping to operate machinery, equipment, or vehicles involved in a work-related accident.

**Policy 414, Mandated Reporting of Child Neglect or Physical or Sexual Abuse** - School employees are legally required to report suspected child neglect or physical or sexual abuse to the local social service agency, local police department, or local sheriff's department.

**Policy 524, Internet Acceptable Use Policy** - This policy sets forth policies and guidelines for access to the school district computer system and acceptable and safe use of the internet, including electronic communications. Employees should review the policy for information about appropriate use of the internet in the school environment.

**Policy 471, Employee Use of Social Media** - This policy addresses employee use of social media in the classroom and provides guidance to employees on the maintenance of professional ethics and boundaries when utilizing social media in their personal and professional lives as school employees. Social media includes social networks, blogs, video sharing, podcasts, wikis, message boards, and online forums. Employees must consider their role as school personnel before posting or communicating content that is obscene, profane, vulgar, harassing, threatening, bullying, libelous, or defamatory or that discusses or encourages any illegal activity or the inappropriate use of alcohol, use of illegal drugs, sexual behavior or sexual harassment. Employees may not disclose information on any social media site that is provide, confidential or owned by the District, its students, or employees or that is protected by data privacy or copyright laws.

**Policy 507, Corporal Punishment** - No employee or agent of the school district shall cause corporal punishment to be inflicted upon a student to reform unacceptable conduct or as a penalty for unacceptable conduct. As used in this policy, the term "corporal punishment" means conduct involving hitting or spanking a person with or without an object, or unreasonable physical force that causes bodily harm or substantial emotional harm.

A teacher or school principal may use reasonable force when it is necessary under the circumstances to correct or restrain a student to prevent bodily harm or death to another. Other school district employees, school bus drivers, or other agents of a school district may use reasonable force when necessary under the circumstances to restrain a student or prevent bodily harm or death to another.

Employees who violate the provisions of this policy shall be subject to disciplinary action as appropriate. Any such disciplinary action shall be made pursuant to and in accordance with applicable statutory authority, collective bargaining agreements and school district policies. Violation of this policy may also result in civil or criminal liability for the employee.

**Policy 542, Bullying Prohibition Policy** – A safe and civil environment is needed for students to learn and attain high academic achievement standards and to promote healthy human relationships. Bullying, like other violent or disruptive behaviors, is conduct that interferes with a student's ability to learn and/or a teacher's ability to educate students in a safe environment. No teacher, administrator, volunteer, contractor, or other employee of the school district shall permit, condone, or tolerate bullying. The school district will act to investigate all complaints of bullying reported to the school district and will discipline or take appropriate action against any student, teacher, administrator, volunteer, contractor, or other employee of the school district who is found to have violated this policy.