

Planning Commission Salary & Benefit Survey – (excluding administrative contracts)

Salary

1-Provide Madeira City School Planning Commission via electronic, fax, or mail the salary schedules for certified employees and the salary schedules or ranges for non-certified employees for the years included in your districts ratified negotiated agreement for fiscal year 2007 and forward including the approved % increase in addition to step. If it is an approved % and the schedules have not been completed yet just provide the %.

2-If you do not have a negotiated agreement provide Madeira City School Planning Commission via electronic, fax, or mail the salary schedule for certified employees and the salary schedule or ranges for non-certified employees for the current fiscal year 2007 and any future years approved by the Board of Education including the approved % increase in addition to step.

Benefit Survey

1-Provide the Madeira City School Planning Commission via electronic, fax, or mail the health, dental, vision, and any other employer supported benefit plan information for the certified or non-certified staff included in your districts ratified negotiated agreement for fiscal year 2007 and forward. If you do not include employee benefits in your districts negotiated agreement or if you provide additional benefits not covered by the agreement please provide us with the following information indicated as **single or family**. If you have separate plans **HMO, PPO, or other** provide the individual plans. If you provide benefits to part-time employees provide the distinction between full time and part time (hours per week) **single or family** and the information within each category of benefit for full time and part time.

Certified and Non-Certified employees - If there is a fixed \$dollar amount or cap instead of or in addition to a % include that information in your response.

1- Health Benefits

Total Premium
% of Employer cost
% of Employee cost
If dependent on hire date, provide breakdown
If dependent on plan choice, provide breakdown

2- Dental Benefits

Total Premium
% of Employer cost
% of Employee cost
If dependent on hire date, provide breakdown
If dependent on plan choice, provide breakdown

3- Vision Benefits

Total Premium
% of Employer cost
% of Employee cost
If dependent on hire date, provide breakdown
If dependent on plan choice, provide breakdown

- 4- **Prescription Drugs** – If **not** included in Health Benefits above
 Total Premium
 %/\$ of Employer cost
 %/\$ of Employee cost

- 5- **Other Insurance related Benefits** shared in cost by the Board of Education; disability insurance, life insurance, cancer insurance, etc. Identify and provide cost information.

- 6- **In Lieu Of** – Provide the language and dollar amount of “payment in lieu of” benefit and the structure and administration of the payment; timing, calculation, basis, prior year employment requirement, etc.

- 7- **Tuition Reimbursement** – Provide the language and dollar amount supported by the Board of Education including references to the following:
 % of General Fund expenditure budget or revenues capping the amount/year
 Fixed \$ amount – per teacher
 Fixed number of semester/quarter hours – per teacher
 Fixed % of expenditure – per teacher
 Carryover of non reimbursed cost to successive budget years allowed?

- 8- **Flexible Spending Account** – Provide the language associated with FSA’s

- 9- **Health Savings Accounts** – Does your health insurance plan qualify as a High Deductible Health Plan?
 If yes, does your district offer Health Savings Accounts?
 If yes, provide the language of the plan.

- 10- **Tax Sheltered Annuity** – Provide the structure and language of TSA’s as administered by your district including but not limited to the following information.
 How many district employee clients must the TSA have before they are accepted as a district TSA?
 If the TSA’s district employee membership reduces to less than the minimum are they eliminated as a TSA?
 Restricted Open Enrollment period?
 Electronic transfer of TSA funds or paper check issued?

- 11- **Other Insurance or Benefit providers** – Does your district have an “open door” policy to all insurance or other benefit providers? i.e., they are offered available time to meet with employees on an “as requested” basis? Or does the district screen the provider and on what basis? Or does the district not allow any non-BOE financial supported provider access to district employees?

- 12- **Comp time or paid time off** – Provide information on a procedure or “language” in negotiated agreement relative to paid time off.

- 13- **Paid paternity leave or paid adoption leave** – Does the Board of Education have a policy for paid time off for paternity or adoption leave? Provide the language.