

Jersey Shore Area School District
Board of Education – Regular Meeting
(held virtually using video conference calling)
Minutes of April 13, 2020

A. Opening

1. Call to Order: Mr. Craig Allen, President, called the meeting to order at 7:04 p.m.

2. Roll Call:

Members Present: Mr. Craig Allen, Mr. David Becker, Mr. Harry Brungard, Ms. Patrice Doebler, Mrs. Angela Grant, Mr. Wayne Kinley, Mrs. Nancy Petrosky, Mrs. Michelle Stemler and Mrs. Mary Thomas.

Others Present: Christopher Kenyon, Esq., Solicitor, Mr. Benjamin Enders, Board Secretary, and Dr. Kenneth Dady, Jr., Assistant Superintendent

Members Absent: Dr. Jill Wenrich, Superintendent

3. Pledge of Allegiance

B. Presentations

1. Communications: None

2. President’s Report: None

3. Intermediate Unit Report: None

4. Superintendent’s Report:

- a. Continuity of Education Plan - Ken Dady
- b. Graduation/Promotion - Ken Dady
- c. Feasibility Study - Ken Dady
- d. Districtwide Budget Section Overview - Ben Enders

Motion: A motion was made by Harry Brungard and seconded by Mary Thomas to add the following Personnel addendum item to the agenda:

- d. accepting a letter of retirement from Colleen Weaver, Second Grade teacher at Jersey Shore Area Elementary School, effective July 1, 2020.

A roll call vote was taken as listed below:

David Becker	Yes	Harry Brungard	Yes
Patrice Doebler	Yes	Angela Grant	Yes
Wayne Kinley	Yes	Nancy Petrosky	Yes
Michelle Stemler	Yes	Mary Thomas	Yes
Craig Allen	Yes		

The vote was 9-yes and 0-no, motion carried.

C. and J. Courtesy of the Floor on Agenda Items and on Items not on the Agenda:

Gary Spangler-Avis Boro – commented on the Foundation Scholarship
Pam Garrett-Watson Twp. - commented on options for graduation
Cindy Ferguson-Limestone Twp. - commented on the good communication from the high school and the high school guidance office during this time. Also the administration in updating parents.
Bob Fox-Pine Creek Twp. 1 – commented on the budget deficit, bussing costs and 16-17 budget audit.

D. Personnel

1. Personnel Items:

Motion: A motion was made by Harry Brungard and seconded by Wayne Kinley to approve Personnel items a. – d. as listed on the Agenda and Addendum:

- a. an MOU between the American Federation of State, County and Municipal Employees, District Council 86, Local 2639 and Jersey Shore Area School District. (Attachment)
- b. accepting a letter of retirement from William Esposito, Grounds Keeper, with 10.5 years of service, effective May 7, 2020.
- c. the payment of employee 2019-20-06 for the balance of their sick days at the rate of \$10.00 per day.
- d. accepting a letter of retirement from Colleen Weaver, Second Grade teacher at Jersey Shore Area Elementary School, effective July 1, 2020.

A roll call vote was taken as listed below:

David Becker	Yes	Harry Brungard	Yes
Patrice Doeblor	Yes	Angela Grant	Yes
Wayne Kinley	Yes	Nancy Petrosky	Yes
Michelle Stemler	Yes	Mary Thomas	Yes
Craig Allen	Yes		

The vote was 9-yes and 0-no, motion carried.

E. Curriculum and Instruction: None

F. Building and Grounds: None

G. Finance:

1. Finance Item:

Motion: A motion was made by Mary Thomas and seconded by David Becker to approve the following Finance item as listed on the agenda:

- a. renewal of an agreement between PSEA Health and Welfare Fund and Jersey Shore Area School District, July 1, 2020 through June 30, 2022, for vision benefits for everyone covered by the JSAEA contract, with no increase in the rates. (Attachment)
- b. renewal of purchase of group Life Insurance, Accidental Death and Dismemberment and Long Term Disability Insurance from CM Regent Solutions via Henry Dunn, Inc. with no change in rates for July 1, 2020 to June 30, 2021. (Attachment)

A roll call vote was taken as listed below:

David Becker	Yes	Harry Brungard	Yes
Patrice Doebler	Yes	Angela Grant	Yes
Wayne Kinley	Yes	Nancy Petrosky	Yes
Michelle Stemler	Yes	Mary Thomas	Yes
Craig Allen	Yes		

The vote was 9-yes and 0-no, motion carried.

H. Miscellaneous: None

I. Old Business:

a. School Choice

K. Executive Session: An executive session was held for personnel and legal issues starting at 8:19 p.m. after which no business was conducted.

Meeting resumed at 10:03 p.m.

L. Adjournment

The April 13, 2020 Regular Board Meeting was adjourned at 10:04 p.m.

Respectfully submitted,

Benjamin J. Enders
Board Secretary

Memorandum of Understanding (MOU)

Between: Jersey Shore School District and
AFSCME (American Federation of State, County, and Municipal
Employees) Council 86, Local 2639

The purpose of this MOU is to address the use of sick leave by probationary employees. The parties agree to amend the Collective Bargaining Agreement (CBA) as follows:

Add: Section 8.03 Probationary employees may be granted up to ten (10) days leave for illness or funeral leave subject to Section 16.05 and 16.06 of the CBA. At the discretion of management, probationary employees may use more than ten (10) days, up to the maximum allowance for first year employees, provided the employee provides certification from his/her doctor of continuing treatment for illness or injury.

Employees utilizing this provision shall have their probation period extended by the number of days utilized under this provision.

Payment for sick time used during the probation period will be deferred pending the employee's completion of the probationary period. Probationary employees who use sick time under this agreement will be charged for used sick time upon the disbursement of sick and vacation after the completion of the probationary period and payment made for such usage.

This MOU shall have no effect on any other article or section of the CBA including but not limited to Section 8.01.

By our signatures affixed hereto, the undersigned are approving this MOU amending the CBA, effective on the date fully executed by all parties. Except as herein amended, the CBA remains unchanged and in full force and effect.

For Jersey Shore School District:

For AFSCME:

Dr. Ken Dady, Superintendent

Jason White, AFSCME Staff representative

Craig Allen, Board President

Craig Rogers, President Local 2639

Ben Enders, Facilities Manager

Nate Truax, Chief Steward Local 2639

PENNSYLVANIA STATE EDUCATION ASSOCIATION HEALTH & WELFARE FUND
APPLICATION OF PARTICIPATING EMPLOYER AND AGREEMENT BETWEEN
THE PARTICIPATING EMPLOYER AND THE PSEA HEALTH & WELFARE FUND

Name of Employer Jersey Shore Area School District	Address 175 A & P Drive Jersey Shore, PA 17740	Group Number 0035-0190
Telephone 570-398-5050	District Contact Name: Ben Enders Title: Business Manager	Program Vision (benefit levels per attached)
Effective Date 07/01/20	Renewal Date 07/01/22	
Expiration Date 06/30/22	Term of Agreement 24 months	Minimum Size of Group All Eligible Employees
Monthly Contribution Single \$3.76 Family \$9.94	Total Number of Employees Eligible for Coverage Approximately 138	Employees to be Enrolled by Classification Administration: - Professional Personnel: X School Service Personnel: - Other: -
Contribution Payable monthly in advance on or before the 20th day of the month preceding the month of coverage or such other conditions and specifications as indicated in the contracts of the above referenced program. subject to adjustment based on changes in coverage or if minimum size of group is not maintained.		Coverage Employer paid Employee Only and Optional Buy-Up Family
<p>THE UNDERSIGNED EMPLOYER, engaged in the field of public education in the Commonwealth of Pennsylvania, hereby applies to the trustees of the PENNSYLVANIA STATE EDUCATION ASSOCIATION HEALTH & WELFARE FUND (the Fund) to be a participating employer in the Plan (the Plan) to provide for the term of this agreement the above - described benefit program to its eligible employees. The undersigned agrees that, upon acceptance of this application by the trustees, this agreement shall remain in effect until the renewal date unless terminated sooner by: (A) mutual consent of the parties; or (B) termination of the above - described program by the trustees, and it shall be bound by the Plan and all its amendments thereto.</p> <p>EXECUTED this _____ day of _____, 20_____.</p> <p>Employer Name: _____ Jersey Shore Area School District Signature by: _____ Title: _____</p> <p align="center">ACCEPTANCE</p> <p>THE TRUSTEES of the Pennsylvania State Education Association Health & Welfare Fund (the Fund) do hereby accept the application of the above - named employer and, in consideration of said employer's agreement to make the above-specified monthly contributions to the Fund, does hereby agree to pay or provide the benefits of the above - referenced Program in accordance with the terms, provisions, conditions, and limitations of the Plan and the Fund.</p> <p>EXECUTED this _____ day of _____, 20_____.</p> <p align="center">PENNSYLVANIA STATE EDUCATION ASSOCIATION HEALTH & WELFARE FUND</p> <p align="center">By: _____ Manager</p>		

P. O. BOX 1724, 400 North Third Street, Harrisburg, PA 17105-1724 Phone (717) 255-7024

Employee Coverage with Optional Family Buy Up, Jersey Shore Area S.D.

PSEA HEALTH AND WELFARE FUND
VISION PROGRAM
FOR JERSEY SHORE AREA SCHOOL DISTRICT

This program is designed to provide eye care benefit savings to Pennsylvania School Districts and to their employees. The vision care benefit will include the services of ophthalmologists, optometrists and opticians. The services and materials provided by the participating provider under the plan will be at no cost to the subscriber or eligible dependents as long as the patient stays within the plan guidelines.

While this document describes the principal features of the PSEA Health and Welfare Fund Vision Plan, it is not the contract of benefits and provisions. The PSEA Health and Welfare Plan and Trust documents are the controlling documents.

BENEFITS UNDER THIS PROGRAM ARE AVAILABLE TO:

The Employee, spouse or domestic partner, and the unmarried child(ren) from date of birth up to 19 years of age, who is/are:

A blood descendant of the first degree, or

A legally adopted child (including a child living with the adopting parents during the probationary period), or

A child who is financially dependent on the Employee for one-half or more of his support provided the employee is related to the child by blood, marriage, domestic partnership, or is the child's legal guardian.

Unmarried children over age 19 may also be eligible:

TO AGE 23 if enrolled as full-time students in an accredited school, college, or university and solely dependent upon the employee for support.

TO ANY AGE if disabled and incapable of self-support because of the disability, providing the disability occurred prior to age 19.

COVERED BENEFITS

Vision Examination

Examination of the eyes to determine the need for correction of visual acuity to include but not limited to case history, testing for visual acuity, external examination of the eye, binocular measure, ophthalmoscopic examination, medication of dilating the pupils desensitizing the eyes for tonometry, if needed, summary and findings, and prescribing corrective lenses as needed.

Tonometry

Test performed to aid in detection of Glaucoma.

Lenses

Ophthalmic corrective lenses, either glass or plastic, ground or molded, as prescribed by an Ophthalmologist or Optometrist to be fitted into a frame. Lenses must meet the Z80.1 or Z80.2 standards of the American Standards Institute and meet or exceed FDA standards for impact resistance lenses.

Frames

Standard eyeglass frames into which two lenses are fitted.

Contact Lenses

An ophthalmic corrective lens, plastic or glass, ground or molded, hard or soft, as prescribed by an Ophthalmologist or Optometrist to be fitted directly to the patient's eye. Contact Lenses are those which your doctor certifies as to their medical necessity. Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame, but can be improved to 20/70 or better by the use of contact lenses. Cosmetic contact lenses are those which the patient elects to utilize and are not medically required.

Low Vision Aids

Devices (optical or non-optical) used to assist a person who has low vision problems if your doctor certifies as to their medical necessity.

SCHEDULE OF BENEFITS

Participating Providers

Service:

Vision Examination Covered in Full
(Contact fitting fees are covered under the contact allowance.)

Should the patient require vision correction they may choose either frames & lenses or contacts, not both, during the benefit period.

Glasses:

Frames	\$90.00 Retail allowance
Standard Lenses (pair) single, bi-focal, tri-focal	Covered in Full
Non Standard Lenses	Allowance Equal to Cost of Standard Lenses
Low Vision Aids (Medically required)	Covered up to \$220.00

If the patient selects a participating provider, payment will be made directly to the provider and the examination will be at no cost to the patient. Lenses and frames will also be provided without cost to the patient as long as the patient stays within the program guidelines.

Contact Lenses:

The contact lenses benefits are provided in place of the benefits relating to eye glass lenses and frames benefits that are listed above. Payment will not be made for both contact lenses and glasses within program frequency limitations. (See Limitations)

Reimbursement is available only once for any given service in a covered period.

Contact Lenses (Medically required)	Covered up to \$220.00
Cosmetic Contact Lenses (includes fitting fees)	Covered up to \$175.00

Additional Discounts available to NVA Participants:

Contact Fill – Contact mail order service available at your option (see separate document)
Lasik Discount available (see separate document)

Additional Benefits at Participating Providers:

No forms to complete
Discount Pricing on Lens Options (see schedule below)

Lens Options Discount for Participating Providers:

While the plan is comprehensive, it will not pay for everything (see exclusions and limitations). Patients sometimes select lenses or lens characteristics that are not necessary for their visual welfare, but are desired for cosmetic reasons. In such cases, the patient will pay according to the lens option schedule in effect at the time of purchase of lenses when selecting a participating provider.

If you select materials that are not covered under your program, the participating provider may charge the following:

LENS OPTION	Participant Cost (Subject to Change)
UV COATINGS	\$12.00
AR COATINGS STANDARD	\$40.00
POLYCARBONATE SV	\$25.00
POLYCARBONATE BI/TRI	\$30.00
SOLID TINTS SV/BI/TRI	\$10.00
GLASS PHOTOGREY SV	\$20.00
GLASS PHOTOGREY BI/TRI	\$30.00
TRANSITIONS STANDARD SV	\$65.00
TRANSITIONS STANDARD BI/TRI	\$70.00
SCRATCH COATING	\$10.00
BLENDED SEGMENT	\$30.00
FASHION GRADIENT TINTS	\$12.00
POLAROID	\$75.00
HIGH INDEX	\$55.00
PROGRESSIVE STANDARD	\$50.00
PROGRESSIVE PREMIUM	Wholesale+25%

UV - ultra violet; AR - anti-reflective; SV - single vision; BI - bifocal; TRI - trifocal

Non-Participating Providers

Should the participant use a non-participating provider, they must pay the provider directly and submit for reimbursement up to the maximum amounts listed below to NVA at the following address:

National Vision Administrators
P.O. Box 2187
Clifton, NJ 07015

	Max Reimbursement		Max Reimbursement
<u>Service:</u>			
Vision Examination	\$30.00		
<u>Glasses:</u>			
Frames	\$36.00 - Retail Allowance		
Lenses (pair):			
Single	\$24.00	Tri-focal	\$46.00
Bi-focal	\$36.00	Aphakic	\$72.00
Low Vision Aids (Medically required)			\$220.00

Contact Lenses:

Contact Lenses benefits are provided in place of the benefits relating to eye glass lenses and frames benefits that are listed above. Payment will not be made for both contact lenses and glasses within the program frequency limitations. (See Limitations)

Reimbursement is available only once for any given service in a covered period.

Max Reimbursement

Contact Lenses (Medically required)	\$220.00
Cosmetic Contact Lenses (Includes fitting fees)	\$175.00

LIMITATIONS

The benefits payable are subject to the following limitations:

One vision examination and one pair of glasses (frames and lenses) may be obtained every 24-months; however,

- Covered dependents under age 18 shall be entitled to a vision examination and a change in lenses once every 12 months, if prescribed by an optometrist or an ophthalmologist; and
- All participants age 18 and over shall be entitled to the same consideration as covered dependents under age 18, provided, a certification is received from an ophthalmologist or physician certifying the medical necessity for the examination or change in lenses.

Payment will not be made for both contact lenses and exam, lenses, and frames within a 24-month period.

The following items shall be provided at the regular plan allowances with any extra charge billed to the eligible participant:

- Fashion color or coated lenses (limited to the allowance for clear lenses)
- Photochromic lenses, gray or brown, light or dark (limited to the allowance for clear lenses)
- Progressive or no-line multifocal lenses (limited to the allowance for lined multifocal lenses)
- Sunglasses requiring a prescription (limited to the allowance for clear lenses)
- Industrial safety lenses requiring a prescription (limited to the allowance for clear lenses)
- Safety frames with side shields (limited to the allowance for frames)

EXCLUSIONS

No payment will be made for the following services and materials:

Medical or surgical treatment of the eyes.

Drugs or other medication.

Any lenses which do not require a prescription, such as nonprescription sunglasses.

Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames.

Services or materials covered by Worker's Compensation laws.

Vision services or materials provided by federal, state, or local government.

Examinations or materials not listed as a covered service.

Parts or repair of frames.

ENROLLMENT REQUIREMENTS

Due to the 24 month frequency of the program, the following enrollment guidelines shall apply:

1. **Enrollment Commitment.** Any employee who elects the optional family vision coverage during the District's annual open enrollment period or through a qualifying event must maintain family vision coverage for a period of at least 24 months.
2. **Canceling Enrollment.** An employee may elect to drop optional family vision coverage during the District's annual open enrollment period as long as the family vision coverage has been maintained for a minimum of 24 months consecutive months leading up to the enrollment change unless there is a qualifying event.

Should a qualifying event occur, for purposes of enrollment or cancellation, the employee must request the change within 30 days after the qualifying event.



March 27, 2020

Ben Enders, Business Manager
Jersey Shore Area School District
175 A P Drive
Jersey Shore, PA 17740-9268

Policy: 931961
Rate Effective Date: July 1, 2020

On behalf of CM Regent Solutions we appreciate your business and your continued support of our products. We are committed to providing exceptional service and rate stability.

Please allow this letter to serve as formal notification of the renewal of your policy. We are pleased to inform you that there will be no increase to your plan rates for the upcoming plan year. Below are the monthly rate(s) effective July 1, 2020.

Life	.095
AD&D	.02
LTD	.38

We are pleased to guarantee these rates until June 30, 2021.

Please contact CM Regent Solutions at 866-403-7700 or your current Broker with any questions or if you plan on making any changes to your benefits in the upcoming plan year.

Sincerely,

A handwritten signature in black ink that reads 'A. Tony Wright'.

A. Tony Wright, MHP, CPIA
Director, Employee Benefits Sales and Services

cc: Paul Kreischer, Henry Dunn, Inc.-Towanda