

**BENEFIT COMPARISON - All Employee Groups**

BENEFIT	PAA	PEA	ED TECH	BASE	NB	SUPT 2009-2010
JUST CAUSE	Yes	Yes	Yes	Yes	No	No
SR. RIGHTS	Yes-RIF	Yes-RIF	Yes-RIF	Yes-RIF/Hiring	No	No
CONTRACT INFO	Contract expires 6/30/09. Currently in negotiations	Contract expires 8/31/11 2009-10 = 0% 2010-11 = 0%	Contract expires 8/31/10 09-10 - 3% +step	Contract expires 8/31/09 Currently in negotiation	No increase currently approved	No increase currently approved
HEALTH INSURANCE	Full Flex* 90% of Choice Plus Plan - MEA BC/BS Spousal drop	Full Flex* 100% single; 100% Ad/Child; Anthem BC/BS No Spousal	Full Flex* 100% Single & Adult w/Child; 2P = 75%; Full Family = 82% MEA Choice Plus Plan Spousal drop	Full Flex* 100% Single; 100% Ad/Child; 2 Person 75 %; Full Family 82% MEA Choice Plus Plan Spousal drop	Full Flex* 100% Single & Ad/Child; 75% 2 Person; 82% Full Family, MEA Choice Plus Plan Spousal drop	No
DENTAL INSURANCE	100% single rate of MSMA Plan II Dental Insurance	100% single rate of Patriot Mutual	100% single rate of Delta Dental	100% single rate of Delta Dental	100% single rate of MSMA Plan II Dental Insurance	100% single rate of MSMA Dental
MEDICAL REIMBURSEMENT	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$120 and no more than \$4,000	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$120 and no more than \$4,800	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$260 and no more than \$1,000	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$120 and no more than \$2,500	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$260 and no more than \$1,500 (hourly ee), \$4,000 (salaried ee)	Pay for healthcare and dental expenses, not covered under health or dental plan, with tax- free dollars (i.e., co-pay, prescriptions, etc.). Annual contribution no less than \$260 and no more than \$4,000
DEPENDENT CARE REIMBURSEMENT	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$720 and no more than \$5,000.	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$720 and no more than \$5,000.	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$720 and no more than \$5,000.	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$720 and no more than \$5,000.	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$1,440 and no more than \$5,000.	Pay for certain dependent care expense with tax-free dollars. Annual contributions of no less than \$1,440 and no more than \$5,000.
LIFE INSURANCE	Yes, at employee expense	Yes, at employee expense	Yes, at employee expense	Yes, at employee expense	COT - Basic Life All other at employee expense	MSRS Basic Life
DISABILITY	None	None		MSMA LTD	MSMA LTD	MSMA LTD
GRIEVANCE PROCEDURE	Yes	Yes	Yes	Yes	No	No
MILEAGE	IRS Rate	IRS Rate	IRS Rate	IRS Rate	IRS Rate	\$3,500 Stipend
INVOLUNTARY TRANSFER	30 day notice	30 day notice for cause	transfer prior to lay off	no language	no policy	No
VACATIONS	N/A	N/A	10 days, +20 yrs 1 day to max total of 20 days	FT: 0-5 yrs = 2 wks 6-9 yrs = 3 wks, 10-19 yrs - 4 wks, 20+ yrs = 5 wks PT: 2 wks	COT = 5 weeks Salaried - 4 weeks Hourly - 0-20 yrs = 4 wks 20+ yrs = 5 weeks	25 days/yr
HOLIDAYS	No	No	12 days	12.5 days	12.5 days	Not in Contract
SICK LEAVE	18.5 Days, 8 up front, 10.5 earned proportionately by work over the work yr	15 days up front cum to work yr	15 days, 5 days up front; 1 day accrued per month thereafter, to a max of 180	15 days per 12 month period, cum to max of 180 days accrued	18 days accrued per year to a max number of days equal to the employee's work year	18 to maximum of 229 days
SICK BANK	A total of 90 days may be borrowed	A total of 90 days may be borrowed	A total of 60 days may be borrowed	A total of 60 days may be borrowed	No	No

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SICK TIME RETIREMENT	25% of day to max of 248 (60 days)	Max of 45 days after 20+ year of service	1/2 of accum. Days to max of 45	1/2 of accum. days to max of 60	1/2 of accum days to max of 60	1/2 days to max of 45
INCENTIVE FOR NON USE OF SICK DAYS	NO	Discretionary use of eligible sick days; 0 sick - 3 personal, 1 sick - 2 personal, 3 sick - 1 personal	No	FT - 5 or less sick = +1 vacation day PT - 4 or less sick = +1 vacation day	No	No
BEREAVEMENT LEAVE	10 days- immediate family, domestic partner, 5 days - parents, brother, sister grandparent and in-laws, 3 days - niece, nephew, aunt, uncle and cousin	10 days- immediate family, domestic partner, 5 days - parents, brother, sister grandparent and in-laws, 3 days - niece, nephew, aunt, uncle and cousin	5 days- immed family- 3 days grandparent and in-laws, 1 day - niece, nephew, aunt, uncle and cousin	5 days- Immed family (parent, parent-in-law, step-parent, spouse, child, grandchild, brother, sister, domestic partner, significant other, or any relative - 3 days grandparent and in-laws, 1 day - niece, nephew, aunt, uncle and cousin	10 days- immediate family, domestic partner, 5 days - parents, brother, sister grandparent and in-laws, 3 days - niece, nephew, aunt, uncle and cousin	5 Days per year
FAMILY ILLNESS LEAVE	Up to 1 yr w/o pay; 18 days from accumulated sick leave immediate family	Up to 1 yr w/o pay; 15 days from accumulated sick leave for immediate family	15 days of accumulated sick leave for immed. family	15 days from accumulated sick leave for immed. family; up to 1 yr w/o pay	Up to 1 yr w/o pay; 18 days from accumulated sick leave immediate family	No
LEGAL PROCEEDING LEAVE	No	Yes	No	No	No	No
CHILDREARING	Up to 12 mos	Up to 12 mos	Up to 12 mos	Up to 12 mos	Up to 12 mos	Contract does not address
ADOPTION LEAVE	Up to 2 weeks unpaid - pre-school child	Up to 20 days from sick leave 5 days for spouse or partner who adopts	Up to 2 weeks from sick leave or unpaid	No	No	No
PROFESS. DAYS	No	At discretion of Supt.	No	No	No	Contract encourages professional development
SABBATICAL LEAVE	Yes - Only One Administrator at any one time; Must have completed 7 years of consecutive full-time school year of service; 50% pay; 2 yr commitment after return.	Yes- only 2% of teachers at one time; Must have 7 years of consecutive full-time school years of service 50% pay, 2 yr commitment after return.	none	none	Yes - at discretion of Superintendent; Must have completed 7 years of consecutive full-time school year of service; 50% pay; 2 yr commitment after return.	No
COURSE REIMBURSEMENT	Up to 6 credits of UNE grad rate per year	1 course up to max of 3 credits at USM rate per year	Up to 6 credit hours at 1 undergraduate and 1 graduate rate	6 undergraduate credits per year	Up to 6 credits at UNE graduate rate per year	Up to 6 credits at Harvard graduate rate per year
EVALUATION	Yes	Yes	Yes	Study Comm.	Yes	Yes
TEMP UPGRADE	Yes for Assistant Principal	No	No	Yes	N/A; Yes for Conf. Secs.	No
CALL BACK PAY	none	none	none	minimum of 3 hr pay or 1½ base hourly rate, whichever is greater	none	none
SHIFT DIFF.	No	No	No	Shift 2 = +.56/hr Shift 3 = +.86/hr	No	No
L/M COMMITTEE	No	Yes	Yes	Yes	No	No

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TSA	No	No	No	No	No	26%
CONTRACT	Yes	Yes	Yes	Yes	No	Yes
EMPLOYEE ASSISTANCE PROGRAM	Available to all employees & immediate family: 3 visits per year					
OTHER	Children can attend PPS for free. \$500 stipend for being on PDC	Living Contract Committee				

\* Includes single dental plus employee contributions paid on a pre-tax basis