# CONTRACT

# BETWEEN THE

# EAST WINDSOR BOARD OF EDUCATION

# AND THE

# EAST WINDSOR EDUCATION ASSOCIATION

# July 1, 2023 to June 30, 2026

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## ARTICLE 1 PREAMBLE

1.1 Legal Reference. This Agreement is negotiated under Section 10-153b through 10153f of the Connecticut General Statutes, as amended, in order to (a) fix for its term the salaries and all other conditions of employment provided herein, and (b) to encourage and abet effective and harmonious working relationships between the Board and the professional staff in order that the cause of public education may best be served.

1.2 Communication. The Board and the Association recognize the importance of responsible participation by the entire professional staff in the educational process, planning, development and growth. To this end, they agree to maintain communication to inform about programs, to guide in development and to assist in planning and growth either by committee, individual consultation or designated representatives.

1.3 Legal Power and Duties of Board of Education. It is recognized that except as such powers are specifically limited by an express provision of this Agreement, the Board has and will continue to retain, whether exercised or not, the sole and unquestioned right, responsibility and prerogative to direct the operation of the East Windsor Public Schools in all its aspects.

## ARTICLE 2 RECOGNITION

2.1 EWEA - Exclusive Representative. The Board hereby recognizes the East Windsor Education Association (EWEA) as the exclusive representative, as defined in Section 10-153b through 10-153f of the Connecticut General Statues as amended, for the group of certified professional employees employed by the Board in positions requiring a teaching or other certificate, and/or a durational shortage area permit, excluding temporary substitutes and excluding employees in positions requiring an intermediate administrator or other supervisory certificate.

2.2 No teacher shall be disciplined (i.e., written reprimand, or suspended without pay) without just cause.

2.3 Unless otherwise indicated, the term “teacher” when used hereinafter in this agreement shall refer to all employees in the above unit.

2.4 All teachers employed by the East Windsor Board of Education may join the Association including the East Windsor Education Association, the Connecticut Education Association and the National Education Association.

2.5 For those teachers who have joined the East Windsor Education Association and turned in a written authorization, the Board of Education agrees to deduct the Association membership

dues from their salaries through payroll deductions. The amount of the dues shall be certified by the Association to the Board prior to opening of school.

2.6 The Board shall notify and provide time to the Association to meet with new teachers when they are oriented to the district in August and/or other times through the year. The Board shall distribute pertinent information provided by the Association during the orientation or when they submit their contract of employment.

## ARTICLE 3 DURATION

3.1 The provision of this Agreement shall be effective on July 1,2023 and shall continue and remain in full force and effect to and including June 30, 2026.

## ARTICLE 4 BOARD POLICY REVISION

4.1 The Board shall make available to the teachers the complete and up-to-date texts of its Policies and Administrative Regulations.

4.2 The Superintendent shall notify the Association President when new or revised Board Policy that affects the welfare of the children and the teachers in the school system is approved by the Board.

4.3 No later than the day prior to the start of school, the Board shall ensure that each teacher has received a copy of the Board's policy concerning student discipline.

4.4 All notifications and documents in this Article shall be provided electronically.

## ARTICLE 5 PROFESSIONAL NEGOTIATION

5.1 Negotiating in Good Faith Before Budget Deadline. The Board and Association agree to negotiate in good faith, pursuant to Section 10-153b through 10-153f of the General Statutes as amended.

5.2 Procedure for Negotiations. The Board and the Association shall negotiate with respect to salaries and any other conditions of employment which are negotiable. Either party may, if it so desires, utilize the services of outside consultants and may call upon professional and lay representatives to assist in the negotiations.

## ARTICLE 6 SEVERABILITY

6.1 In the event that any provision or portion of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of this Agreement shall remain in full force and effect.

## ARTICLE 7 HOLDOVER

7.1 In the event that the Board and the Association shall fail to secure a Successor Agreement, as hereinbefore provided in Article l prior to the termination of this Agreement, the Agreement will remain in effect until the execution of a Successor Agreement.

## ARTICLE 8 NO STRIKE CLAUSE

8.1 The Association agrees that it will not cause, condone, sanction, or take part in any strike, walk-out, slowdown, or work stoppage, picketing or other similar forms of interference with the operation of the school system.

## ARTICLE 9 PROTECTION OF TEACHERS

9.1 Teachers shall report immediately in writing to their principal and to the Central Office all cases of assault and/or battery suffered by them in connection with their employment. Teachers have the right to have any such report of physical assault or threat of physical violence be reported to police by the building principal or to make their own police report without interference.

9.2 Such report shall be forwarded unedited through the Superintendent to the Board, which shall furnish said teacher with any information in its possession not privileged under law which relates to the incident or persons involved.

9.3 The Board will inform the Association of their decision as soon as reasonable investigation and deliberation permit.

9.4 The Board shall protect and save harmless any teacher in accordance with Section 10235 and Section 10-236a of the Connecticut General Statutes as amended.

9.5 Teachers shall not be required to transport students in their personal vehicles.

## ARTICLE 10 GRIEVANCE PROCEDURE

10.1 Purpose

The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of teachers. Both parties agree that the proceedings shall be kept as confidential as is appropriate.

10.2 Definitions

A. "Grievance" shall mean a dispute between a teacher or teachers and/or the Association with the Board or Administration over the interpretation or application of a specific provision of this Agreement and/or a dispute based upon an event or condition which affects the welfare or conditions of employment of a teacher or group of teachers, except that the contents of an evaluation of a teacher's performance is not subject to grievance, and the procedures followed in the completion of an evaluation of a teacher's performance shall advance directly from Level Two to Level Four, and shall not be heard by the Board of Education.

B. "Teacher" shall mean any certified professional employee below the rank of administrator and may include a group of teachers similarly affected by the grievance.

C. "Party in interest" shall mean the aggrieved person or persons or their designated representative as provided herein.

D. "Days" shall mean days when school is in session, except for initiating a grievance during the last two (2) weeks of school, when "days" shall mean business days.

E. "Business Days" shall mean days when the Superintendent of Schools' office is open for regular business.

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10.3 Time Limits

A. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum. The time limit specified may, however, be extended by written agreement of the parties in interest, at which time new evidence may be introduced by written agreement of the parties.

B. If a teacher does not file a grievance in writing within fifteen (15) days after which he/she knew, or should have known, of the act or condition on which the grievance is based, then the grievance shall be considered to have been waived.

C. During the last two (2) weeks of school, if a teacher does not file a grievance in writing within fifteen (15) business days after which the grievance is based, then the grievance

shall be considered to have been waived. A grievance filed during the last two (2) weeks of school shall be filed at formal Level Two (2) and all preceding levels of the grievance procedure shall be waived by the parties. When a grievance is filed under Section C, the grievance shall not be processed until the start of the forthcoming school year, unless the parties involved mutually agree in writing to continue the grievance.

D. Failure by the Aggrieved Teacher at any level to appeal a grievance to the next level within the specified time limits shall be deemed to be acceptance of the decision rendered at that level.

E. Failure by the Administrator involved to render his/her decision within the specified time limits shall be deemed to be a denial of the grievance submitted.

10.4 Informal Procedure

A. If a teacher feels that he/she may have a grievance, he/she will first discuss the matter with his/her principal in an effort to resolve the problem informally, with or without the assistance of the Association. The time utilized to pursue the informal procedure shall not toll the time limit for the filing of the formal grievance at Level One or Level Two, whichever is applicable, unless the parties have agreed to waive said timeline.

B. If a teacher is not satisfied with such disposition of the matter, he/she shall have the right to have the Association assist him/her in further efforts to resolve the problem informally with the principal.

10.5 Formal Procedure

A. Level One - School Principal

a. If the Aggrieved Teacher is not satisfied with the outcome of informal procedures, he/she shall submit his/her claim as a written grievance to his/her principal, with a copy to the Association. The written statement of the grievance shall contain a statement of the facts, the remedy requested and a reference to that provision of this Agreement which the teacher claims has been violated.

b. The Principal shall, within five (5) days after receipt of the written grievance, render his/her decision and the reasons therefore in writing to the Aggrieved Teacher, with a copy to the Association.

B. Level Two - Superintendent of Schools

a. If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level One, he/she shall, within three (3) days after the decision, or within eight (8) days after his/her formal presentation, file his/her written grievance with the Association for referral to the Superintendent of Schools.

b. The Association shall, within five (5) days after receipt, refer the grievance to the Superintendent, but prior to so doing, the Association shall provide an opportunity for the Aggrieved Teacher to meet with the appropriate Association committee to review the grievance.

c. The Superintendent, or his/her designee, shall, within ten (10) days after receipt of the referral, meet with the Aggrieved Teacher and with representatives of the Association (if the teacher so desires) for the purpose of resolving the grievance.

d. The Superintendent shall, within five (5) days after the hearing, render his/her decision and the reasons therefore in writing to the Aggrieved Teacher with a copy to the Association.

C. Level Three - Board of Education

a. If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level Two, he/she shall, within three (3) days after the decision, or within five (5) days after the final hearing, file the grievance again with the Association for appeal to the Board of Education.

b. The Association may, within three (3) days after receipt, refer the appeal to the Board of Education.

c. The Board of Education shall, within fifteen (15) days after receipt of the appeal, meet with the aggrieved and with representatives of the Association (if the teacher so desires) for the purpose of resolving the grievance.

d. The Board shall, within five (5) days after such meeting, render its decision and the reasons therefore in writing to the Aggrieved Teacher, with a copy to the Association.

D. Level Four – Arbitration

a. If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level Three and the grievance is based upon a dispute arising from the interpretation of the specific language of this Agreement, he/she shall, within three (3) days after the decision, or within six (6) days after the Board meeting, request in writing to the President of the Association that his/her grievance be submitted to arbitration. The decision of the Board shall be final and binding on all other matters.

b. The Board and the Association or their designated representatives shall, within five (5) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competence. If the parties are unable to agree upon an arbitrator within five (5) days, the American Arbitration Association shall immediately be called upon to select the single arbitrator.

c. The arbitrator selected shall confer promptly with representatives of the Board and the Association, shall review the records of prior hearings, and shall hold such further hearings with the Aggrieved Teacher and other parties in interest as he/she shall deem appropriate. The Arbitrator shall hear and decide only one grievance in each case. He/she shall be bound by and must comply with all of the terms of this Agreement. He/she shall have no power to add to, delete from, or modify in any way any of the provisions of this Agreement.

d. The Arbitrator shall render his/her decision in writing to all parties in interest in accordance with AAA rules, setting forth his/her findings of fact, reasoning and conclusions on the issues submitted. The decision of the Arbitrator shall be final and binding upon any parties in interest.

e. The cost of the service of the arbitration shall be borne equally by the Board and the Association.

10.6 Rights of Teachers to Representation

A. No reprisals of any kind shall be taken by either party or any member of the administration or teachers' association against any participant in the grievance procedure by reason of such participation.

B. The Association may, if it so declares, call upon the professional services of the Connecticut Education Association for consultation and assistance at any stage of the procedure.

10.7 Miscellaneous

A. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel file of the participants.

B. Forms for filing and processing grievances are found in the Appendix attached hereto and are made part of this Agreement. The Superintendent shall have a supply of the forms as needed for the filing of a grievance.

C. When it is necessary, pursuant to the Grievance Procedure, for a School Representative, a member of the Committee on Professional Rights and Responsibilities, or other representative designated by the Association to attend a grievance meeting or hearing during a school day, he/she shall, upon advance notice to his/her building principal and to the Superintendent by the President of the Association, be released without loss of pay, as necessary, in order to permit participation in the foregoing activities. Any teacher whose presence in such meetings or hearings as a witness is necessary shall be accorded the same right. At no time shall more than two (2) members of the Association, in addition to any witnesses, be released from his or her duties pursuant to this section.

## ARTICLE 11 SCHOOL CALENDAR

11.1 To the extent required by law, the Board and Association will negotiate mandatory items, as such items affecting the calendar.

11.2 The work year for certified personnel shall be 185 days. The total workdays in the year shall include a minimum of four (4) in-service days for professional development, plus one (1) day on which convocation will occur, all of which shall be scheduled prior to the last student day. The Superintendent or designee will offer the Association President or designee the opportunity to review and offer input into the professional development/in-service schedule. If the Board schedules additional school days beyond the scheduled days, such days shall not include Saturdays, Sundays or legal holidays on which state statute prohibits the Board from scheduling school or work days. If the Board schedules additional workdays other than school days beyond the scheduled days, such days shall not include Saturdays, Sundays or scheduled vacation periods or legal holidays. Teacher workdays shall not be scheduled between July 1 and no earlier than five (5) weekdays (Monday-Friday) prior to the start of the student school year, except for new teacher orientation, which may occur outside these guidelines.

Guidance Counselors may be scheduled up to an additional ten (10) days beyond the normal work year. The Guidance Counselor/Guidance PLC Leader (5-12) shall be scheduled an additional five (5) workdays beyond the guidance work year.

A. For every full workday beyond the scheduled number of workdays, certified personnel shall be paid 1/n of his/her annual rate of pay:

B. For any additional workday of two (2) hours and fifteen (15) minutes or less beyond the scheduled number of workdays, certified personnel shall be paid 1/3 of 1/n of his/her annual rate of pay.

C. For any additional workday that exceeds two (2) hours and fifteen (15) minutes beyond the scheduled number of workdays certified personnel shall be paid a full day's pay (1/n) of his/her annual rate of pay.

11.3 If April vacation or any part thereof is to be used to make up lost days, teachers must be notified no later than March 20 of the year the vacation is to be used, unless the decision to use some or all of April vacation is made due to circumstances arising on or after March 20.

11.4 The Superintendent will share a draft of the school calendar with the Association President for input prior to placing it on a Board agenda for approval. The adopted calendar will be shared with staff. If there are any proposed changes to the calendar after adoption, all reasonable efforts shall be made to share a draft of the proposed changes with the Association President.

## ARTICLE 12 TEACHERS' SCHOOL DAY AND ADDITIONS TO

12.1 The teacher workday shall be seven hours (7) and five (5) minutes. Up to six (6) hours and thirty-five (35) minutes of the teacher workday may be used for the student school day. If the Board exercises its unilateral right to increase the student school day at one or more of its schools, the Board and the Association shall bargain over the impact of such increase, if any.

12.2 Teachers are not required to remain after the teacher workday, or to arrive before the teacher workday for longer than one (1) hour to attend the following staff meetings:

- General faculty meetings or other staff meetings called by the Superintendent.
- Building meetings called upon specific days of each month.
- Committee meetings, grade level meetings, department meetings, or special groups authorized by the Superintendent.

A. A schedule for faculty meetings, department meetings, and other administrative meetings shall be given out in September, for the first quarter. All other schedules shall be given out five days prior to the start of the new quarter. Specific content for meetings shall be given out the month prior to the start of each month, where practicable. This schedule is subject to change, and where practical, a twenty-four-hour notice will be provided.

B. In any event, teachers shall not be required to remain for more than four (4) meetings per month, except in months when parent teacher conferences or Open House occurs. In those months, teachers shall not be required to remain for more than three (3) meetings, none of which shall be scheduled during conference week.

C. One of the four meetings per month shall be used for teaming, collaboration, and other efforts to enhance uniformity of instruction. This meeting shall not be used for a general faculty meeting or a building meeting and shall not be administrator dominated.

D. Teachers hired on a part-time basis will attend the corresponding percentage of those meetings based on their full time equivalent (FTE) status.

12.3 In the event that special or unusual circumstances such as weather cause the school day to be terminated early, teachers will be allowed to leave after the students are dismissed and supervision has been transferred.

12.4 Teachers shall continue to attend Open House except under unusual circumstances, which must be approved by the principal or his or her designee.

12.5 Teachers shall be available for evening conferences with parents on two dates in the fall and two dates in the spring. If there are more than two evening conferences scheduled in any school year, the third and fourth conferences shall be in lieu of conferences that occur during the day. The Superintendent shall designate the evenings on which each school shall be open for this purpose. Elementary teachers who stay beyond the contracted workday due to bus departure

logistics, on days they attend evening parent-teacher conferences, may end their conferences early on Friday of that week, commensurate with the amount of time they worked beyond said workday, not to exceed forty (40) minutes on Friday.

12.6 At least every other year, each teacher shall serve on a committee of his/her choice (which may include, but not be limited to Curriculum, Early Intervention, Leadership, Professional Development, and Family Engagement), which shall meet monthly or the equivalent during work hours. If the committee does not have voluntary representation, the Administration reserves the right to select staff based on previous participation.

12.7 Each teacher in grades Pre-K through 4 shall remain before or after school for two (2) one-half hour sessions per month or one (1) hour session per month, and grades 5 through 12 shall remain before or after school for either four (4) one-half hour sessions per month or two (2) one-hour sessions per month. These sessions shall be at the teacher's discretion and scheduling, to assist students and parents with academic work and concerns, or to implement teacher-directed consequences. The teacher shall not be permitted to schedule the sessions at times that will discourage student attendance. There shall be no lesson plans required. Teachers who perform afterschool work for stipends, including but not limited to coaches, shall remain before or after school for a total of twenty (20) hours over the course of the school year. Teachers shall provide an updated calendar of anticipated dates via the online portal at the beginning of each month.

12.8 Emergency Procedures. Should an emergency occur which affects the safety of the students and/or the employees of the East Windsor Public Schools, the following guidelines are set forth to govern an orderly resolution to the emergency:

A. The Board delegates all responsibility for development and implementation of emergency procedures to the Superintendent of Schools.

B. The Superintendent has the responsibility to determine and implement the emergency procedures that may result in a shortened day for students and employees.

C. Should the emergency situation result in an adjustment to the regularly scheduled and published school day schedule, the Superintendent or his/her designee will authorize teachers to be dismissed from their assignments after the last student has safely departed from the school.

D. The principal of the school, as authorized by the superintendent or his/her designee will determine when the last student has safely departed and that all of the staff responsibilities have been met in order to safeguard the welfare of the students. The principal will then dismiss teachers from the school site.

E. Should students not be able to leave the school, the principal may designate staff remain with their students to provide appropriate supervision until the emergency situation has passed or parents have assumed the responsibility for their children. In such situations, the Superintendent or his/her designee shall notify the Association President.

F. In the event of an extreme emergency situation, the Superintendent or his/her designee may deviate from the aforementioned procedure when in the best interest of the safety of the students and/or staff. He/She will attempt to notify the President of the Association as soon as possible after the emergency situation has passed to apprise the Association of the circumstances surrounding the deviation from the procedure.

12.9 The Board reserves the right to change the workday set forth above. Should the Board change the length of the workday**, Appendix A** shall be subject to reopening for the year in which such change is effective, and the Board shall negotiate with the Association over the impact of such change, if any, on the members of the bargaining unit.

## ARTICLE 13 DUTY-FREE LUNCH

13.1 All teachers shall have an uninterrupted duty-free lunch period in accordance with applicable state law at the same time as the students' lunch period.

13.2 It is understood that teachers are free to leave the school during their scheduled lunch period provided the district's security procedures are followed.

## ARTICLE 14 TEACHING PERIODS AND ASSIGNMENTS

14.1

A. All teachers at the middle school levels shall be scheduled for no more than five (5) teaching periods per day. Those middle school teachers hired on a part-time basis will be scheduled for no more than the corresponding percentage of the day as it relates to their 1.0 fulltime equivalent (FTE) status (i.e. .6 FTE, .8 FTE, etc.).

B. All teachers at the high school level shall be scheduled for no more than five (5) teaching periods in a seven (7) period day schedule. Those high school teachers hired on a part-time basis shall be scheduled for no more than the corresponding number of periods in the seven (7) period day schedule as it relates to their FTE status (i.e. .6 FTE scheduled for no more than three (3) teaching periods over a seven (7) period day schedule; .8 FTE scheduled for no more than four (4) teaching periods). All part-time teachers shall be scheduled in consecutive periods or minutes.

C. All high school teachers will be assigned no more than fifty (50) minutes of duty per day, over five (5) school days. At the elementary and middle school levels, teachers will be assigned no more than forty-five (45) minutes of duties per day, which will be averaged over twenty (20) school days. Teachers who volunteer to teach a sixth class shall do so in lieu of a preparation period, not a duty.

D. A duty shall be defined as both administrative and supervisory duties before, during or after the student day. Duties may include, but are not limited to, general supervision,

homeroom, playground duty, bus duty, recess, lunch duty, hall/corridor monitoring a.m./p.m. or during class time, achievement centers, and study hall. Duties shall not require preparation of materials and/or lesson planning, however, teachers shall access and utilize the materials provided.

E. The parties recognize the Board's unilateral right to alter the scheduling of the student day and or create new programs, including block scheduling. If the Board exercises such rights, the parties will bargain over any impact for which impact bargaining is required under C.G.S. 10-153f.

14.2 Teachers initially employed by the Board shall receive a statement of their building, grade, subject assignments, and step placement from the Superintendent's office.

14.3 Teachers already in the system shall receive notification of their assignment for the ensuing year, as soon as practical, but prior to the last day of school, if the town budget is adopted before June 1. In the absence of a budget, assignments will be sent to teachers by the last Friday in July. This notification may be electronic.

14.4 Teachers shall be notified in writing of any changes in their programs and schedules for the ensuing school year, including the schools to which they will be assigned, the grades and/or subjects that they will teach, and any special or unusual classes or assignments that they will have. In the event of a change in circumstances or conditions during the months of June, July or August (resignation, death, promotion, termination and leave of absence, for example) such assignments may be changed only after consultation with the teacher; if the teacher is not available for consultation, he/she shall be notified by mail. This can only be done after a letter to consult has been mailed and seven (7) calendar days have passed.

14.5 In the determination of assignments, certification, seniority and then the convenience and wishes of the teacher shall be considered to the extent that these considerations do not conflict with the instructional requirements.

14.6 In arranging schedules for teachers who are assigned to more than one (1) school, every effort shall be made to limit the amount of inter-school travel. Such teachers shall be reimbursed at the Standard Mileage Rate currently allowed by the Internal Revenue Service, for travel between schools during any given school day. At no time should the travel time be considered part of a teacher’s preparation time or duty-free lunch period.

14.7 Upon the request of his/her physician subject to consultation with the school medical advisor, an expectant teacher or the spouse may be excused from his /her duties when there exists a risk of contagion of a disease potentially harmful to the fetus (including but not limited to Fifth's Disease.) Said teacher shall be reassigned to another building or be assigned to an out of school task supplied by the Superintendent provided one is available. If none is available then the teacher shall be allowed to pay the substitute and retain their sick days for every other day, e.g., out for 12 days pays substitute for 6 days.

## ARTICLE 15 PREPARATION PERIODS

15.1 Teachers shall have, in addition to their lunch period, one (1) preparation period per day within the student school day. In the secondary schools, the length of the preparation period shall be the same as the length of a regular class period. In the elementary schools, teachers shall receive at least forty (40) consecutive minutes per day of preparation time during the student day. Pre-Kindergarten preparation time may be scheduled in non-consecutive blocks. Preparation time shall not include transition time for teachers traveling between schools (per Article 14.6).

15.2 With regard to the assignment of duty periods at the high school, when making the duty schedule, administration will make every effort to limit splitting of preparation periods. The Association will have input into the duty schedule before it is implemented.

15.3 The Building Principal, or his/her designee, may cancel teacher preparation periods in the event of an emergency. Such emergency includes late openings, late arrival by teachers during inclement weather, early dismissals, unexpected illness, injury or emergencies which require that a teacher leave school after the start of the school day, or other similar emergencies.

15.4. When a preparation period is lost under the condition enumerated in Pay for Extra Duty Article 33, a teacher shall be compensated as stated in that Article.

## ARTICLE 16 TEACHER TRANSFER

16.1 The major factor in deciding any question related to transfers shall be in the best interests of the educational system.

16.2 When a reduction in the number of teachers in a school is necessary, qualified volunteers shall be transferred first.

16.3 When involuntary transfers are necessary, considerations shall include certification, experience, ability, qualifications, and all things being equal, such transfers shall be determined by length of service with teachers who hold the least seniority being involuntarily transferred first.

16.4 An involuntary transfer shall be made only after a meeting between the teacher involved and, if the teacher so desires, an EWEA Representative, the Superintendent or his/her designees, at which time the teacher shall be notified of the reason(s) for the transfer. If the Teacher believes that he/she has been aggrieved by the transfer, he/she may initiate a formal grievance at Level Three.

16.5 Teachers who desire to transfer to another building shall apply on the district's electronic applicant tracking program for any open position they are interested in transferring to.

16.6 Notification of involuntary transfer shall be given to the teacher as soon as practical and under normal circumstances not later than June 1st.

16.7 Transfers shall not be made in an arbitrary or capricious manner.

16.8 Prior to any involuntary transfer taking place, the President of the East Windsor Education Association will be notified in writing of such transfer within the teaching unit.

## ARTICLE 17 POSITIONS AND VACANCIES

17.1 The Superintendent shall post a list of all vacancies and new positions within five (5) days of their occurrence on the district's website and emailed to the Association President, Secretary and all teachers during the school year and summer.

17.2 Positions/vacancies shall be posted for five (5) business days within the district first, then the district shall open the position to the public except during the month of August, during which the position shall be posted simultaneously. Qualifications for the vacancy or new position shall be listed in the posting.

## ARTICLE 18 TEACHER TERMINATION

18.1 Recognizing that it may become necessary, in certain circumstances, to eliminate certified staff positions, this Article provides a fair and orderly process, should such eliminations become necessary.

18.2 As used herein, the term "Teacher" shall apply to any employee of the Board of Education who holds a regular certificate issued by the Connecticut State Board of Education, and is within the Teachers' Bargaining Unit.

18.3 The Board of Education may exercise its right and power to reduce the number of staff positions without determining which teacher contracts will be terminated.

18.4 Prior to commencing action to terminate teacher contracts as outlined in this Article, the Board of Education will give due consideration to eliminate positions and/or reduce staff by:

A. Voluntary resignations
B. Voluntary retirements
C. Voluntary leaves of absence
D. Transfer of existing staff members

18.5 If a teacher has attained tenure status, his/her contract of employment may be terminated if his/her position is eliminated, but only if there is no other teacher position available in the school system for which the teacher is certified. Therefore, teachers who have acquired tenure will have first preference for retention in positions for which they are certified. This shall include first preference with regard to positions which are held by non-tenure teachers in addition to positions which are open and available. Determination of those to be released shall be in the following order:

A. Non-tenure teachers by contract signing date
B. Tenure teachers holding Provisional Certification
C. Tenure teachers holding Professional Certification

18.6 Within the separate categories established under 18.5, the following criteria will be applied when selecting those non-tenure teachers who are to be considered for termination. But within the separate categories of tenure teachers, the following criteria shall be applied in sequential order to select those teachers who are to be considered for termination:

A. Areas of certification;
B. Total years of teaching in the East Windsor System;
C. Over-all performance and ability, as determined by the evaluation process;
D. Total years of teaching experience;
E. Degree status;
F. Teaching experience in other positions which may be available.

18.7 An employee who has been laid off pursuant to this Article may continue to participate in any group insurance program in which he/she was a member for a period of two (2) years, provided he/she pays the full cost for the premium for such coverage and that the provisions of the appropriate group policy permit such continuation.

18.8 All terminations to teachers, under this Article, shall take place in accordance with the provisions of Section 10-151 of the Connecticut General Statutes and shall not be subject to any grievance procedure or arbitrations, except in cases where the Board violates the Contract. Instead, any hearings necessary, in cases of reduction in staff, shall be conducted in accordance with the provisions of Section 10-151 of the Connecticut General Statutes.

## ARTICLE 19 TEACHER RECALL

19.1 Any teacher laid off pursuant to Article 18 shall have recall rights for a period of fifteen (15) months from June 30 of the year in which he/she was laid off, to any teacher position in the school system which becomes vacant, or open, for which he/she is certified.

A. If a teacher position becomes open during such a period, and a teacher on the reappointment list is certified to hold that position, then the teacher will be notified, in writing, by registered mail, sent to the teacher's last known address, with a copy to the

teacher's last known personal email and to the Association President, at least twenty (20) calendar days prior to the anticipated date of re-employment where possible.

B. Any teacher so notified shall accept or reject the appointment, in writing, to the Superintendent's office within ten (10) calendar days after receipt of such notification. If the teacher rejects the appointment or fails to respond according to this procedure: The teacher's name shall be removed from the reappointment list, and he/she shall forfeit all such recall rights. Teachers shall be recalled in their inverse order of layoff, to positions for which they are certified.

C. In the event of recall, the teacher shall be placed on the salary schedule at the level he/she had attained when terminated unless the recalled teacher position filled specifically pays a lesser compensation.

D. A laid-off teacher who is recalled shall be granted any sick leave entitlement he/she has accrued, up to the point of lay-off, for which he/she was not compensated.

## ARTICLE 20 JURY DUTY

20.1 Any teacher who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from sick leave or from personal days. The amount of compensation received for duty, excluding traveling expenses, shall be deducted from the staff member's salary.

## ARTICLE 21 PERSONAL BUSINESS AND RELIGIOUS LEAVE

21.1 In the event a certified employee has personal or legal business which cannot be transacted other than during the school day, an annual maximum of three (3) days of leave will be granted at full pay. Such days may be taken on a half-day basis.

21.2 Such leave is not cumulative from year to year.

21.3 The teacher shall submit a request electronically to their building principal for approval at least three days prior to taking the leave.

21.4 In the event a teacher needs leave for the observance of a religious holy day, the Superintendent shall grant the teacher up to two and one half (2 ½) additional personal days, provided that the request for approval is submitted at least five (5) school days prior to the date of the leave.

21.5 Personal leave cannot be used to extend vacation periods or holidays, unless approved by the Superintendent.

## ARTICLE 22 EMERGENCY LEAVE

22.1 In cases of emergency which must be attended to during the school day, an annual maximum of one (1) day of leave will be granted at full pay.

22.2 Such leave is not cumulative.

22.3 Prior notification to the Building Administrator is required where applicable.

## ARTICLE 23 BEREAVEMENT LEAVE

23.1 In case of death in the immediate family, a teacher will be allowed a maximum of five (5) days of absence for each occurrence at full pay.

23.2 Immediate family is defined as follows:

A. Spouse
B. Children
C. Father and Mother, Father-in-law and Mother-in-law
D. Brother and Sister, Brother-in-law and Sister-in-law
E. Grandfather and Grandmother
F. Any person who is domiciled in such teacher's house

23.3 In case of death of family and friends outside the immediate family, a teacher may make a special request for additional leave at full pay, which may be granted at the Superintendent's discretion.

## ARTICLE 24 SICK LEAVE

24.1 Fifteen (15) days. Teachers shall be entitled to sick leave with full pay up to fifteen (15) working days per year accumulative to one hundred and eighty-five (185). Such accumulated leave shall be calculated in June and added to the fifteen (15) days for the following year. Teachers shall be allowed to use five (5) days per year for illness in the immediate family or shall be allowed to use up to 10 days for illness covered by the Family and Medical Leave Act (FMLA).

24.2 When a teacher has accumulated one hundred and eighty-five (185) days as of June and receives his/her additional fifteen (15) days at the beginning of the next school year, such teacher shall be eligible to receive twenty five dollars ($25.00) per unused sick days for all days above 185 provided the teacher has not used more than three (3) sick days in the respective school year. Payment will be made to the teacher within fifteen (15) calendar days of the close of the school year.

24.3 Teachers who are on workers' compensation leave shall be entitled to use one (1) sick day for every three (3) days of workers' compensation leave for the purpose of supplementing their workers' compensation reimbursement. Partial sick days cannot be used to supplement workers' compensation reimbursement.

## ARTICLE 25 PARENTHOOD LEAVES

25.1 Child Bearing Leave shall be granted in cases of maternity-related disability in accordance with the Connecticut General Statutes.

25.2 Child Rearing Leave may be available to teachers on tenure according to the following provisions.

A. Child rearing leave shall be in addition to any leave granted for child bearing purposes, under Section 25.1 above.

B. Application for child rearing leave must be submitted to the Superintendent, in writing, on forms provided by the Superintendent, no less than thirty (30) days prior to the anticipated date of the commencement of either child bearing or child rearing leave, whichever is sooner.

C. Child bearing and child rearing leave shall be subject to FMLA regulations. If the teacher normally pays a portion of the premiums for their health insurance, these payments will continue during the period of FMLA-qualifying leave. Teachers may use their paid personal days during the FMLA period for child rearing leaves.

D. Unpaid leave, following the FMLA limits, may be requested with leave dates mutually agreed to by the Superintendent and teacher, or any teacher who commences child rearing leave following the FMLA limits during any one of the following segmented periods will select either option #1 or #2 which designates the month and school year that the teacher will return:

| SEGMENTED PERIODS | Option #1 | Option #2 |
|---|---|---|
| Sept./Dec. | January or the beginning of the second semester of the same school year | August of the next school year |
| Jan./June | August of the next school year | January or the beginning of the second semester of the next school year |

E. The commencement and return dates of such leave shall be mutually determined by the Teacher and the Superintendent.

F. During child rearing leave granted beyond FMLA limits, employees will be responsible for the full cost of all insurances and other fringe benefits, and payment to the State Teacher's Retirement System.

G. A teacher on leave under the Article shall be assigned to his/her original position or to another professional position consistent with the teacher's certification and qualifications subject to Article 25.2D and/or Article 18.

## ARTICLE 26 ACADEMIC LEAVE

26.1 Graduate Program Requirements During the School Year. A teacher may, upon recommendation of the Superintendent and approval of the Board, be allowed leave, without loss of pay or fringe benefits, to participate in graduate study which necessitates personal presence in advance of the close of the school year. The teacher will commit to pay for substitute costs during the leave, and remain in the district the entire ensuing school year (August/September through June) following the school year in which the leave was completed, or the teacher must refund the fringe benefits received while on leave.

26.2 The Superintendent shall accept or deny requests within six (6) school days of their receipt and in the case of denial, the Superintendent shall within three (3) days meet with the Teacher to discuss the reasons for denial.

## ARTICLE 27 PROFESSIONAL LEAVE

27.1 Professional leave days may take the form of observation of an activity in another school system, attendance at conventions, workshops, or other such activities that will contribute to the effectiveness of the instructional program.

27.2 All requests for professional days shall be forwarded electronically to the Building Principal for approval by the Superintendent. The Superintendent or designee shall have the discretion to permit or deny professional leave.

27.3 Such leave shall not be charged to the individual teacher's personal days.

## ARTICLE 28 ASSOCIATION LEAVE

28.1 If negotiation meetings between the Board and the Association are scheduled during normal working hours of a school day, not more than six (6) representatives of the Association shall be relieved from all regular duties without loss of pay, as necessary, in order to permit their attendance at such meetings.

28.2 The President of the Association may request of the Superintendent, permission to use a portion of the school day to conduct Association business that cannot otherwise be conducted outside of the school day.

## ARTICLE 29 SABBATICAL LEAVE

29.1 The number of sabbaticals granted each year is within the Board of Education's discretion. However, that discretion shall not be abused by arbitrarily denying all sabbaticals.

29.2 The Superintendent of Schools shall review applications for sabbatical leave and may recommend worthwhile programs or independent work to the Board for final action subject to the following conditions:

A. Professional employees seeking sabbatical leave may appeal to the Board if their application is not recommended by the Superintendent.

B. No more than two (2) of the total staff shall be absent on sabbatical leave at one time.

C. Requests for sabbatical leave must be received by the Board of Education in writing in such form as may be required no later than January 15th of the year preceding the school year in which the sabbatical is requested. It is understood that the deadline of January 15th shall be waived at the discretion of the Board of Education when fellowships, grants or scholarships awarded later in the year make such a deadline unreasonable.

D. The teacher shall be eligible to be considered for a sabbatical leave after at least seven (7) consecutive, full years of active service in the East Windsor School System.

E. Sabbatical leave shall be for up to a full academic year and the professional staff member shall receive no salary.

F. The Board of Education shall pay the professional staff members fringe benefits as stated in the Fringe Benefit Article of this Agreement.

G. The teacher, as a condition to the acceptance of the sabbatical leave, shall agree to

return to employment in the system for one (1) full year. In the event the teacher shall not so return, the teacher shall reimburse the Board fully for health insurance payments made by the Board.

H. The teacher returning from sabbatical leave shall be placed on the appropriate step on the salary schedule as though he/she had been in active service in the system for the year of the sabbatical leave. The sabbatical shall not affect continuity of service nor accrual of years of service toward longevity benefits.

I. The Board of Education maintains the right to reject requests for sabbatical leave.

## ARTICLE 30 LEAVES OF ABSENCE

30.1 Upon the recommendation of the Superintendent and the Board's approval, leave of absence without pay may be granted to a teacher for up to one (1) year.

## ARTICLE 31 SALARY GUIDES, COURSE CREDIT AND TUITION REIMBURSEMENT

31.1 The Board shall reimburse teachers according to basic salary schedules and other salary conditions. The salary schedules in **Appendix A** attached hereto are hereby made part of this Agreement.

31.2 Teachers shall be given an electronic statement at the start of the school year that includes salary, appropriate salary schedule, step, number of years of teaching or equivalent experience and number of years employed in the East Windsor school system.

31.3 In order to be eligible for a change in degree status at the start of school in September, the teacher must notify the Superintendent of Schools of anticipated changes in degree status by December 1 of the previous school year on forms provided by the Superintendent. The teacher must submit official transcripts and/or notice of completion of degree program on the letterhead of the degree granting institution by October 15th in order to receive a degree change to a higher salary classification in that school year.

31.4 The Board of Education will allocate twenty percent (20 %) of any grant specifically written for teacher professional development, up to a maximum of $5,000 per year, for tuition reimbursement, assuming the allocation will not result in the loss of staff, should staff be funded through the grant.

Teachers shall be eligible to request reimbursement for tuition costs only, up to $500 per course or the cost of the course, whichever is lower. Each teacher shall have the opportunity to submit reimbursement for one (1) course per year until grant funds are exhausted. Teachers shall submit

a request electronically requesting approval of such course and reimbursement prior to the start of the course. Reimbursement may be requested for the current school year only.
If additional funds remain, prorated reimbursement may be requested for a second course until the funds for the year have been exhausted. If staff requested reimbursement but funds were not available, the names of such staff will be maintained and will have priority if a request for approval and reimbursement for a new course is submitted in the fall of the subsequent year.

31.5 For work beyond the Bachelor's Degree, the Superintendent or his/her designee must approve any courses, prior to staff starting the course, unless it is part of a planned graduate program approved by the college or university, as the Superintendent is authorized to make the final decision on courses for which non-program credit will be allowed. All such courses must be approved by the Superintendent prior to the start of the course.

31.6 For work beyond the Bachelor's Degree, a grade average of "B" or better must be earned by the teacher for purposes of movement on the salary schedule or reimbursement.

31.7 Loss of pay shall occur for any unauthorized absences based on the rate of the teacher's annual pay. The denominator will be equal to the number of teacher workdays in the school calendar. The numerator will be equal to the number of days of pay to be lost.

31.8 A. Teachers shall receive Step 1 of the BA + 30 hourly rate of the current teachers' salary schedule in Appendix A for at-home tutoring, curriculum writing, preparing for and presenting workshops for the district if conducted outside of the workday, or for services performed by a board-certified behavioral analyst outside their normal workday, based upon a mutually agreed upon timeframe between the teacher and the administrator.

B. Teachers shall receive Step 1 of the BA + 60-hourly rate of the current teachers' salary schedule in Appendix A for summer school teaching.

## ARTICLE 32 STAFF SALARIES

32.1 During the duration of this Agreement no newly hired teacher shall be placed at a salary level (step) higher than any teacher currently in the system with the same teaching and/or equivalent experience in the subject and/or related area. The Superintendent shall have the right to offer a signing bonus of $1,000 to any teacher new to the District who is certified in and hired into a position in a shortage area recognized by the State of Connecticut Department of Education.

32.2 The salaries of all teachers covered by this Agreement are set forth in **Appendix A** which is attached hereto and made part of this Agreement.

32.3 All teachers shall be paid on a ten (10) month basis, via biweekly direct deposit, with either twenty-two (22) equal paychecks per year, or twenty-two paychecks including one balloon check (equivalent to the 22nd check plus four (4) paychecks) at the end of the school year.

a) If a teacher wants to elect the balloon check option, the Board must receive said election by June 1 of the prior school year;
b) Elections for balloon checks shall remain in place unless changed by the teacher by June 1 of the prior school year;
c) New hires may not elect balloon checks for the first year of their employment;
d) Balloon check elections cannot be changed in the middle of the year;
e) If no election is made by a teacher, the teacher will receive twenty-two equal pays.

32.4 A first paycheck shall be issued on the first scheduled payday of the district's normal pay schedule once the work year begins. Thereafter, paydays will occur biweekly in accordance with said schedule.

32.5 A schedule of paydays shall be listed on the district website before September 1st.

32.6 The Board of Education shall make payroll deductions for any teacher who lives in Massachusetts and wants Massachusetts state taxes deducted from his/her pay.

32.7 The employee will authorize the deduction in writing within the first ten (10) school days of each school year.

32.8 The Board shall provide direct deposit of employee paychecks to the bank or credit union of their choice. Employees shall provide the Board of Education with the proper forms by August 1.

32.9 Inasmuch as no future increment is offered beyond the last step of the salary schedule, the Board shall grant a longevity payment of $750 to teachers with twenty-five (25) years of experience in East Windsor, and $1,500 to teachers with thirty (30) years of experience in East Windsor. The longevity payments will be paid annually on or before the last scheduled payday. For the remainder of this contract, for those teachers hired before September 1, 2002, the Board shall grant a longevity payment of $750 to teachers with twenty-five (25) years of total teaching experience, and $1,500 to teachers with thirty (30) years of total teaching experience. For those hired after September 1, 2002, the longevity payments of $750 and $1,500 will be paid for in-district teaching only.

## ARTICLE 33 PAY FOR EXTRA DUTY

33.1 Duty for which extra compensation shall be paid and the amounts of such compensation are set forth in **Appendix B through E** (the Extra Stipend Schedule).

33.2 Individual supplementary one (1) year contracts shall be issued for positions listed in **Appendix B through E** (the Extra Stipend Schedule). Qualified internal candidates shall be given preference over external candidates when a position becomes vacant.

33.3 Involuntary assignments shall not be made in an arbitrary and capricious manner.

33.4 Any teacher who loses his/her preparation period(s) because they are covering class(es) for another teacher(s) shall be compensated at the rate of Step 1 of the BA + 30 hourly rate in the teachers' current salary schedule in **Appendix A** for each period/hour lost. Written notification signed by the Building Administrator shall be given to the teacher prior to fulfillment of the duty. A teacher who has more than the contractual number of preparation periods shall be compensated under this Article only for loss of preparation periods below that contractual number. For example, a teacher with an average of six (6) preparation periods per week who loses one (1) shall not receive compensation, but if the teacher loses two (2) he/she shall be compensated for one (1).

33.5 In the event a substitute is unattainable and the teacher covers a period/hour, the teacher shall be compensated at the rate of Step 1 of the BA + 30 hourly rate in the teachers' current salary schedule in **Appendix A** per period/hour covered.

33.6 Any teacher who serves as a Mentor or a TEAM Advocate shall receive $500 above his/her salary and two discretionary compensatory days in accordance with Article 21.3. The TEAM mentor will attend one (1) new teacher orientation day, to be determined by the Superintendent, in accordance with Article 11.2. Any teacher appointed to the position of TEAM District Facilitator shall receive a stipend in the amount of $4,000.

33.7 Any teacher who has attained certification from the National Standards Board of Teacher Certification shall receive $1,000 added to his/her salary annually.

## ARTICLE 34 RETIREMENT

34.1 Upon the retirement of any teacher who has served in the school system for at least ten (10) consecutive years, and who does not meet the requirements under Article 32.9, the Board will pay one hundred dollars ($100.00) per year in the system. All leaves of absence shall not count when determining the years of consecutive service, nor shall they be considered as an interruption in employment.

34.2 For any teacher who provides written notice to the administration prior to January 5th that they are retiring effective June 30th of that school year, the Board shall pay the teacher the sum of One Thousand Five Hundred Dollars ($1,500), subject to all applicable tax withholding, in May of the final year of the teacher's employment with the Board.

## ARTICLE 35 FRINGE BENEFITS

35.1 In each year of the contract, the Board shall offer employees one (1) option for health insurance, which is a Point of Service Plan (POS) offered by the State of Connecticut's State

Partnership 2.0 Plan ("Partnership Plan"), including the State vision plan rider at no additional cost to employees. Summaries are attached in **Appendix I**, detailing a comprehensive listing of benefits for health and vision guaranteed to teachers (including dependent coverage to age 26). The Board will pay the following annual premium cost share for employees:

a) The Board shall pay 80% of the cost of the health plan for full time employees, their spouses and dependent children effective July 1, 2023, 79.5% effective July 1, 2024, and 79% effective July 1, 2025.
b) The Board will pay the pro rata portion of the above amounts for health insurance for part-time employees, their spouses and dependent children.

1. The State Partnership Plan contains a Health Enhancement Plan (HEP) wellness component, a summary of which is included in **Appendix I**. All employees participating in the Partnership Plan are subject to the terms and provisions of HEP. Within eighteen (18) months of joining the plan (or other period of time established by the Partnership Plan), all employees and dependents must meet the minimum requirements of HEP or may be subject to a non-participation or noncompliance monetary fee (NCMF) per month premium cost increase or deductible fee increase, paid by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Board. The NCMF per month premium cost increase shall be implemented by the Board through payroll deduction, and any increase to the annual deductible shall be implemented through claims administration.

2. Premium rates are established by the State Partnership Plan for the relevant periods, and shall be inclusive of medical, prescription drug (Rx), vision, and dental. Based on such rates, the Board and Association shall agree on a blending methodology and establish a blended rate to provide the same rate to active and retired teachers in accordance with State statute.

35.2 In each year of the contract, the Board of Education shall offer employees two (2) dental plans through the State Partnership Plan (which shall be equal to or better than the dental options available to Board employees upon the transition to the State Partnership Plan). The Partnership Plan tracks HEP compliance for these plans. Summaries with a comprehensive listing of benefits guaranteed to teachers is attached in **Appendix J** and the two (2) plans are further detailed as follows:

1. State Partnership Plan (Customized) Dental Plan 1 with Rider A ("Full A") (unlimited annual maximum, enhanced benefits as detailed in Rider A, no Orthodontia). The following annual premium cost share(s) paid by the Board and teachers shall apply:

    a. The Board shall pay 75% of the cost of Dental Plan 1 for full time employees, their spouses and dependent children.

    b. The Board will pay the pro rata portion of the above amounts for dental insurance for part-time employees, their spouses and dependent children.

2. State Partnership Plan (Customized) Dental Plan 2 with Riders A, B, C, D ("Full ABCD") (unlimited annual maximum, enhanced benefits as detailed in Riders A, B, and C, and D, $600 Lifetime Orthodontia Max). The following annual premium cost share(s) paid by the Board and teachers shall apply:

    a. The Board shall pay 75% of the cost of Dental Plan 1 for full time employees, their spouses and dependent children. Employees will be responsible for paying to "buy-up" to Dental Plan 2 (paying the difference between the costs of Dental Plan 1 and Dental Plan 2).

    b. The Board will pay the pro rata portion of the above amounts for dental insurance for part-time employees, their spouses and dependent children. Employees will be responsible for paying to "buy-up" to Dental Plan 2 (paying the difference between the costs of Dental Plan 1 and Dental Plan 2).

The administration of the two dental plan options, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the Partnership Plan. If either dental plan is subsequently amended or modified by the State and its employee representatives, the Board and Association shall negotiate to maintain such plan(s) or the Board shall offer alternative plan(s) to maintain equal to or better level of benefits.

35.3 Employees shall notify the East Windsor School Business Office, in writing, of their choice for health insurance by the first day of June of each year or during the district Open Enrollment Period, if later.

35.4 The Board will pay 100% of the cost of $30,000 term life insurance, including Accidental Death and Dismemberment (AD&D) benefits for each employee. A summary of these benefits guaranteed to teachers is attached in **Appendix K**.

35.5 During the life of this Agreement, the Board may elect to change the insurance carrier(s) or third-party administrator(s) for any of the benefits specified in this article. The base plans used for comparison would be the insurance plans in effect during the 2017-2020 Collective Bargaining Agreement. Prior to changing carriers (or third-party administrator) under this section, the Board shall notify the President of the Association at least sixty (60) days in advance of the nature of the change and the reasons for the change, and no less than thirty (30) days in advance if agreement with the carrier has not been reached before. Any changes in carrier (or third-party administrator) must provide comparable benefits, administration and network to the members of the bargaining unit and their dependents, considering the plan as a whole. If during the thirty-day period set forth above, the parties cannot agree that this is the case, either the Board or the Association may invoke arbitration as provided under this Agreement for the purpose of determining whether the proposed change or changes will result in comparable benefits, administration and network considering the plan as a whole. Any arbitration under this clause will be final and binding as provided by the contract, preferably before an arbitrator experienced in insurance matters.

35.6 The Board and Association agree to maintain the I.R.S. Section 125 for premium costs.

35.7 All teachers who retire during the term of this Agreement may participate at their own expense in a package of insurance to the extent permitted by law.

35.8 The Board shall offer a full flex benefits plan Section 125 pre-tax premium conversion account to all teachers for the purpose of allowing teachers to meet their insurance premium share contribution and to cover medical expenses and dependent care, on a tax-free basis to the extent permitted by law. The Board shall pay the set-up fee for such account and teachers shall pay the monthly service fee. A summary of the health and dependent care Flexible Spending Arrangements (FSAs) is attached in **Appendix L**.

## ARTICLE 36 INSURANCE INCENTIVE

36.1 Any teacher in the school system, hired prior to July 1, 2005, may elect to waive the HDHP/HSA or PPO health insurance coverage in Section 35.1 above and in lieu thereof receive a yearly sum of fifteen hundred dollars ($1,500). Teachers who elect to make such waiver shall notify the Board in writing by July 1 of any year of this Agreement that he/she is canceling his/her participation and coverage and the participation and coverage of his/her dependent(s) in the insurance plans.

36.2 The Board shall make payment to all teachers eligible in accordance with Section 36.1 in the following manner:

$750 in the first pay period in December
$750 in the last pay period in June

36.3 Any teacher who has notified the Board in accordance with Section 36.1 of this Article and whose insurance coverage and participation has been cancelled or any teacher not now participating in the insurance plan(s) who had a change of circumstances may apply in writing to the Board to be included in the insurance plan(s). Upon such request and subject to any regulations, restrictions, or waiting periods which may be in effect by the insurance carrier, the teacher shall be reinstated.

36.4 Any teacher who enrolls in the insurance plan(s) in accordance with Section 36.3 above shall receive pro-rata payment for those months during which he/she was not participating in or covered by the insurance plan(s) at no expense to the teacher.

## ARTICLE 37 TAX-SHELTERED ANNUITIES

37.1 The Board shall make payroll deductions for any teacher who participates in tax-sheltered annuities provided the following conditions are met:

A. The employee authorizes the deduction in writing by September 15th of each school year;

B. Deductions in the same amount will be taken from two (2) paychecks per month from September through June. Deductions will not be taken from the third paycheck received in the same month.

37.2 The Association shall provide the Superintendent, by September 15th of each school year, with a list of no more than seven (7) companies who are authorized to receive payroll deduction payments for tax sheltered annuities. Deductions shall be limited to the seven (7) such companies on the list.

## ARTICLE 38 DURATIONAL SHORTAGE AREA PERMIT

38.1 In accordance with the provisions of Public Act 03-174, employees working in a teaching position solely on the basis of a Durational Shortage Area Permit (DSAP) shall be included in the bargaining unit. Such individuals shall be covered by all terms and conditions of the collective bargaining agreement, except as follows:

A. A DSAP holder shall not accrue seniority or length of service for any purpose of this Agreement. Notwithstanding the foregoing, if a DSAP holder becomes certified as a teacher and is retained continuously by the Board as an employee after receiving such certification, with no break in service, then the individual shall be credited with seniority and length of service for all purposes under this Agreement, retroactive to the first date of employment by the Board.

B. The Board shall have the right, in its sole discretion, not to renew and/or terminate the employment of a DSAP holder, and the DSAP holder shall have no right to file and/or pursue a grievance under this Agreement with respect to such action.

C. DSAP holders shall have no rights under Article 18 or Article 19 of this agreement.

## ARTICLE 39 PROFESSIONAL DEVELOPMENT & EVALUATION COMMITTEE

39.1 Professional development and evaluation is under the purview of the district's Professional Development and Evaluation Committee. Each year, the Association President shall appoint one teacher from each school to serve on this committee, including a co-chair. Meetings shall be held immediately after school to the extent possible.

## APPENDIX A

## SALARY SCHEDULES

## 2023-2024

### 2.25% GWI

| Step | BA | BA+ 30 | BA+60 |
|---|---|---|---|
| 1 | eliminated | eliminated | eliminated |
| 2 | 52,904 | 58,220 | 63,280 |
| 3 | 54,338 | 59,906 | 64,969 |
| 4 | 55,770 | 61,593 | 66,656 |
| 5 | 57,712 | 63,280 | 68,344 |
| 6 | 59,739 | 64,462 | 71,717 |
| 7 | 61,424 | 66,316 | 75,094 |
| 8 | 63,113 | 67,837 | 78,470 |
| 9 | 64,545 | 69,694 | 81,845 |
| 10 | 66,486 | 72,224 | 85,217 |
| 11 | 67,922 | 73,912 | 87,749 |
| 12 | 69,861 | 77,288 | 90,282 |
| 13 | 71,886 | 80,663 | 92,812 |
| 14 | 73,237 | 85,725 | 95,343 |
| 15 | 74,589 | 89,437 | 97,874 |
| 16 | 76,740 | 99,088 | 104,995 |

Each teacher not on step 16 shall move one step at the start of the year. Step 1 is eliminated. Step 2 will be the first step.

**APPENDIX A**

**SALARY SCHEDULE**

**2024-2025**

**2.25% GWI**

| Step | BA | BA+ 30 | BA+60 |
|---|---|---|---|
| | | | |
| 2 | 54,094 | 59,530 | 64,704 |
| 3 | 55,561 | 61,254 | 66,431 |
| 4 | 57,025 | 62,979 | 68,156 |
| 5 | 59,011 | 64,704 | 69,882 |
| 6 | 61,083 | 65,912 | 73,331 |
| 7 | 62,806 | 67,808 | 76,784 |
| 8 | 64,533 | 69,363 | 80,236 |
| 9 | 65,997 | 71,262 | 83,687 |
| 10 | 67,982 | 73,849 | 87,134 |
| 11 | 69,450 | 75,575 | 89,723 |
| 12 | 71,433 | 79,027 | 92,313 |
| 13 | 73,503 | 82,478 | 94,900 |
| 14 | 74,885 | 87,654 | 97,488 |
| 15 | 76,267 | 91,449 | 100,076 |
| 16 | 78,467 | 101,317 | 107,357 |

Each teacher not on step 16 shall move one step at the start of the year.

## APPENDIX A

## SALARY SCHEDULE

## 2025-2026

### 2.25% GWI

| Step | BA | BA+ 30 | BA+60 |
|---|---|---|---|
| 2 | 55,311 | 60,869 | 66,160 |
| 3 | 56,811 | 62,632 | 67,926 |
| 4 | 58,308 | 64,396 | 69,690 |
| 5 | 60,339 | 66,160 | 71,454 |
| 6 | 62,457 | 67,395 | 74,981 |
| 7 | 64,219 | 69,334 | 78,512 |
| 8 | 65,985 | 70,924 | 82,041 |
| 9 | 67,482 | 72,865 | 85,570 |
| 10 | 69,512 | 75,511 | 89,095 |
| 11 | 71,013 | 77,275 | 91,742 |
| 12 | 73,040 | 80,805 | 94,390 |
| 13 | 75,157 | 84,334 | 97,035 |
| 14 | 76,570 | 89,626 | 99,681 |
| 15 | 77,983 | 93,507 | 102,328 |
| 16 | 80,233 | 103,597 | 109,773 |

Each teacher not on step 16 shall move one step at the start of the year. On June 30, 2026, a new step 15a is added for the 2026-2027 school year between steps 15 and 16.

## APPENDIX A

## SALARY GRID WITH STEP ADDED

## AS OF JUNE 30, 2026

| Step | BA | BA+ 30 | BA+60 |
|---|---|---|---|
| 2 | 55,311 | 60,869 | 66,160 |
| 3 | 56,811 | 62,632 | 67,926 |
| 4 | 58,308 | 64,396 | 69,690 |
| 5 | 60,339 | 66,160 | 71,454 |
| 6 | 62,457 | 67,395 | 74,981 |
| 7 | 64,219 | 69,334 | 78,512 |
| 8 | 65,985 | 70,924 | 82,041 |
| 9 | 67,482 | 72,865 | 85,570 |
| 10 | 69,512 | 75,511 | 89,095 |
| 11 | 71,013 | 77,275 | 91,742 |
| 12 | 73,040 | 80,805 | 94,390 |
| 13 | 75,157 | 84,334 | 97,035 |
| 14 | 76,570 | 89,626 | 99,681 |
| 15 | 77,983 | 93,507 | 102,328 |
| 15a | 79,108 | 98,552 | 106,051 |
| 16 | 80,233 | 103,597 | 109,773 |

On June 30, 2026, a new step 15a is added for the 2026-2027 school year between steps 15 and 16.

## APPENDIX B

## EXTRA STIPEND SCHEDULE

## GROUPS 1 - 8

Group 1: **15%**

Athletic Director
Academic Leader
Academic Liaison (K-4, 5-8, and H.S. Academic subjects)
High School Activity Director
Safe School Climate Coordinator
Community Resource Liaison
Chemical Hygiene Officer

Group 2: **12%**

Electives
Humanities
STEM

Group 3: **9%**

Assistant Athletic Director
Coordinator – Media and library
Director – Band 9-12 (Special events, instrumental ensembles meeting outside of school day, travel with performance groups, adjudicated performances)
Director – Vocal 9-12 (Special events, instrumental ensembles meeting outside of school day, travel with performance groups, adjudicated performances)

PLC Leaders:

| | |
|---|---|
| Broad Brook: | PK-4<br>Special Education |
| Middle School: | 5-8<br>Unified Arts<br>Special Education |

| | | |
|---|---|---|
| High School: | Career Tech Ed | Physical Ed/Health |
| | Discovery Programs | Social Studies |
| | English | Science |
| | Fine Arts | Special Education |
| | Guidance (5-12) | World Languages |
| | Math | |

Group 4: **7%**

Advisor – Senior Class
Advisor – Yearbook 9-12
Director – Drama
Director – Musical
Director – Pit Band

Group 5: **6 %**

Advisor – Junior Class
Advisor – National Honor Society
Advisor – Newspaper 9-12
Advisor – Student Council 9-12
Coordinator – Community Day
High School Newsletter
Team Leaders K-8

Group 6: **5%**

Advisor – Color Guard
Director – Band 5-8
Director – Drama 5-8
Director – Dance Club
Director – Renaissance 5-8
Director – Technical (theatrical)
Advisor – Student Council 5-8
Advisor – Newspaper 5-8
Advisor – High School Newsletter
Advisor – Robotics Club

Group 7: **4%**

Advisor – Academic Club High School
Advisor – Sophomore Class
Advisor – Visual Coordinator K-4
Advisor – Visual Coordinator 5-8
Advisor – Visual Coordinator 9-12
Advisor – Yearbook 7-8
Board Certified Behavioral Analyst
Special Education Building Liaisons

Group 8: **3%**

Advisor – Diversity Club
Advisor – Family, Career and Community Leaders of America
Advisor – French Club
Advisor – Freshman Class
Advisor – Future Problem solvers
Advisor – Gasoline Alley
Advisor – Interact Club
Advisor – Kids and Critters
Advisor – Leo Club
Advisor – Panther TV
Advisor – Spanish Club
Advisor – SPIRIT
Service Team Facilitator
Vertical Team Leader Middle School

The amount of payment for each group is based on the given percent for each group times the Step 1 of the Bachelor's+ 30 Schedule as listed in current Teachers' Contract.

## APPENDIX C

## 2023-2024 EXTRA-STIPEND ATHLETIC SALARY SCHEDULES

### 2.25% GWI

| High School Positions | 1-2 years | 3-4 years | 5-10 years | 11+ years |
|---|---|---|---|---|
| Varsity Boys' Soccer | 4,434 | 4,916 | 5,398 | 5,556 |
| J.V. Boys' Soccer | 3,012 | 3,494 | 3,975 | 4,134 |
| Varsity Girls' Soccer | 4,434 | 4,916 | 5,398 | 5,556 |
| J.V. Girls' Soccer | 3,012 | 3,494 | 3,975 | 4,134 |
| Assistant Varsity Football | 4,434 | 4,916 | 5,398 | 5,556 |
| Varsity Coed XCountry | 4,434 | 4,916 | 5,398 | 5,556 |
| Asst. Coed XCountry | 3,012 | 3,494 | 3,975 | 4,134 |
| Varsity Volleyball | 4,434 | 4,916 | 5,398 | 5,556 |
| J.V. Volleyball | 3,012 | 3,494 | 3,975 | 4,134 |
| Varsity Boys' Basketball | 6,025 | 6,505 | 6,989 | 7,145 |
| J.V. Boys' Basketball | 4,434 | 4,916 | 5,398 | 5,556 |
| Freshman Basketball | 2,481 | 2,961 | 3,441 | 3,603 |
| Varsity Girls' Basketball | 6,025 | 6,781 | 6,989 | 7,145 |
| J.V. Girls' Basketball | 4,434 | 4,916 | 5,398 | 5,556 |

*continued next page*

| High School Positions | 1-2 years | 3-4 years | 5-10 years | 11+ years |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| Wrestling | 5,310 | 5,795 | 6,276 | 6,439 |
| Asst. Wrestling | 1,969 | 2,450 | 2,933 | 3,093 |
| Varsity Cheerleading | 2,961 | 3,494 | 3,975 | 4,134 |
| J.V. Cheerleading | 1,419 | 2,992 | 2,378 | 2,543 |
| Varsity Baseball | 4,785 | 5,264 | 5,747 | 5,907 |
| J.V. Baseball | 3,191 | 3,674 | 4,153 | 4,314 |
| Varsity Softball | 4,785 | 5,264 | 5,747 | 5,907 |
| J.V. Softball | 3,191 | 3,674 | 4,153 | 4,314 |
| Varity Coed Track | 6,025 | 6,505 | 6,988 | 7,147 |
| Asst Track | 3,191 | 3,674 | 4,153 | 4,314 |
| Asst Track | 3,191 | 3,674 | 4,153 | 4,314 |
| Varsity Boys' Track | 4,784 | 5,264 | 5,747 | 5,985 |
| Varsity Girls Track | 4,784 | 5,264 | 5,747 | 5,985 |
| Indoor Track | 6,025 | 6,505 | 6,988 | 7,147 |
| **Middle School Positions** | | | | |
| Boys' Soccer | 1,969 | 2,450 | 2,933 | 3,093 |
| Girls' Soccer | 1,969 | 2,450 | 2,933 | 3,093 |
| Boys' Basketball | 1,969 | 2,450 | 2,933 | 3,093 |
| Girls' Basketball | 1,969 | 2,450 | 2,933 | 3,093 |
| Cheerleading | 1,065 | 1,548 | 2,030 | 2,189 |
| Baseball | 1,969 | 2,450 | 2,933 | 3,093 |
| Softball | 1,969 | 2,450 | 2,933 | 3,093 |

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.

## APPENDIX D

## 2024-2025 EXTRA-STIPEND ATHLETIC SALARY SCHEDULES

### 2.25% GWI

| High School Positions | 1-2 years | 3-4 years | 5-10 years | 11+ years |
|---|---|---|---|---|
| Varsity Boys' Soccer | 4,533 | 5,027 | 5,519 | 5,681 |
| J.V. Boys' Soccer | 3,080 | 3,572 | 4,065 | 4,227 |
| Varsity Girls' Soccer | 4,533 | 5,027 | 5,519 | 5,681 |
| J.V. Girls' Soccer | 3,080 | 3,572 | 4,065 | 4,227 |
| Assistant Varsity Football | 4,533 | 5,027 | 5,519 | 5,681 |
| Varsity Coed XCountry | 4,533 | 5,027 | 5,519 | 5,681 |
| Asst. Coed XCountry | 3,080 | 3,572 | 4,065 | 4,227 |
| Varsity Volleyball | 4,533 | 5,027 | 5,519 | 5,681 |
| J.V. Volleyball | 3,080 | 3,572 | 4,065 | 4,227 |
| Varsity Boys' Basketball | 6,160 | 6,652 | 7,146 | 7,306 |
| J.V. Boys' Basketball | 4,533 | 5,027 | 5,519 | 5,681 |
| Freshman Basketball | 2,536 | 3,028 | 3,518 | 3,684 |
| Varsity Girls' Basketball | 6,160 | 6,934 | 7,146 | 7,306 |
| JV Girls' Basketball | 4,533 | 5,027 | 5,519 | 5,681 |

*continued next page*

| **High School Positions** | **1-2 years** | **3-4 years** | **5-10 years** | **11+ years** |
|---|---|---|---|---|
| Wrestling | 5,429 | 5,925 | 6,417 | 6,584 |
| Asst. Wrestling | 2,014 | 2,505 | 2,999 | 3,163 |
| Varsity Cheerleading | 3,028 | 3,572 | 4,065 | 4,227 |
| J.V. Cheerleading | 1,451 | 3,059 | 2,432 | 2,600 |
| Varsity Baseball | 4,893 | 5,382 | 5,877 | 6,040 |
| J.V. Baseball | 3,263 | 3,757 | 4,247 | 4,411 |
| Varsity Softball | 4,893 | 5,382 | 5,877 | 6,040 |
| J.V. Softball | 3,263 | 3,757 | 4,247 | 4,411 |
| Varsity Coed Track | 6,160 | 6,652 | 7,145 | 7,308 |
| Asst Track | 3,263 | 3,757 | 4,247 | 4,411 |
| Asst Track | 3,263 | 3,757 | 4,247 | 4,411 |
| Varsity Boys' Track | 4,892 | 5,382 | 5,877 | 6,119 |
| Varsity Girls' Track | 4,892 | 5,382 | 5,877 | 6,119 |
| Indoor Track | 6,160 | 6,652 | 7,145 | 7,308 |
| **Middle School Positions** | | | | |
| Boys' Soccer | 2,014 | 2,505 | 2,999 | 3,163 |
| Girls' Soccer | 2,014 | 2,505 | 2,999 | 3,163 |
| Boys' Basketball | 2,014 | 2,505 | 2,999 | 3,163 |
| Girls Basketball | 2,014 | 2,505 | 2,999 | 3,163 |
| Cheerleading | 1,089 | 1,583 | 2,075 | 2,238 |
| Baseball | 2,014 | 2,505 | 2,999 | 3,163 |
| Softball | 2,014 | 2,505 | 2,999 | 3,163 |

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.

## APPENDIX E

## 2025-2026 EXTRA-STIPEND ATHLETIC SALARY SCHEDULES

### 2.25% GWI

| High School Positions | 1-2 years | 3-4 years | 5-10 years | 11+ years |
|---|---|---|---|---|
| Varsity Boys' Soccer | 4,635 | 5,140 | 5,643 | 5,809 |
| J.V. Boys Soccer | 3,149 | 3,653 | 4,156 | 4,322 |
| Varsity Girls' Soccer | 4,635 | 5,140 | 5,643 | 5,809 |
| J.V. Girls' Soccer | 3,149 | 3,653 | 4,156 | 4,322 |
| Asst. Varsity Football | 4,635 | 5,140 | 5,643 | 5,809 |
| Varsity Coed XCountry | 4,635 | 5,140 | 5,643 | 5,809 |
| Asst. Coed XCountry | 3,149 | 3,653 | 4,156 | 4,322 |
| Varsity Volleyball | 4,635 | 5,140 | 5,643 | 5,809 |
| J.V. Volleyball | 3,149 | 3,653 | 4,156 | 4,322 |
| Varsity Boys' Basketball | 6,299 | 6,801 | 7,307 | 7,470 |
| J.V. Boys' Basketball | 4,635 | 5,140 | 5,643 | 5,809 |
| Freshman Basketball | 2,593 | 3,096 | 3,597 | 3,767 |
| Varsity Girls' Basketball | 6,299 | 7,090 | 7,307 | 7,470 |
| J.V. Girls' Basketball | 4,635 | 5,140 | 5,643 | 5,809 |

*continued next page*

| **High School Positions** | **1-2 years** | **3-4 years** | **5-10 years** | **11+ years** |
|---|---|---|---|---|
| Wrestling | 5,551 | 6,058 | 6,562 | 6,732 |
| Asst. Wrestling | 2,059 | 2,561 | 3,066 | 3,234 |
| Varsity Cheerleading | 3,096 | 3,653 | 4,156 | 4,322 |
| J.V. Cheerleading | 1,484 | 3,128 | 2,487 | 2,659 |
| Varsity Baseball | 5,003 | 5,503 | 6,009 | 6,176 |
| J.V. Baseball | 3,336 | 3,841 | 4,342 | 4,510 |
| Varsity Softball | 5,003 | 5,503 | 6,009 | 6,176 |
| J.V. Softball | 3,336 | 3,841 | 4,342 | 4,510 |
| Varsity Coed Track | 6,299 | 6,801 | 7,306 | 7,473 |
| Asst Track | 3,336 | 3,841 | 4,342 | 4,510 |
| Asst Track | 3,336 | 3,841 | 4,342 | 4,510 |
| Varsity Boys' Track | 5,002 | 5,503 | 6,009 | 6,257 |
| Varsity Girls' Track | 5,002 | 5,503 | 6,009 | 6,257 |
| Indoor Track | 6,299 | 6,801 | 7,306 | 7,473 |
| Middle School Positions | | | | |
| Boys' Soccer | 2,059 | 2,561 | 3,066 | 3,234 |
| Girls' Soccer | 2,059 | 2,561 | 3,066 | 3,234 |
| Boys' Basketball | 2,059 | 2,561 | 3,066 | 3,234 |
| Girls' Basketball | 2,059 | 2,561 | 3,066 | 3,234 |
| Cheerleading | 1,114 | 1,619 | 2,122 | 2,289 |
| Baseball | 2,059 | 2,561 | 3,066 | 3,234 |
| Softball | 2,059 | 2,561 | 3,066 | 3,234 |

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.

## APPENDIX F

## GRIEVANCE PROCESS FORMS

PRINT OR TYPE GRIEVANCE **FORM A**

### FORMAL GRIEVANCE PRESENTATION

(To be completed by aggrieved person)

AGGRIEVED PERSON _____ DATE OF FORMAL PRESENTATION_____

HOME ADDRESS OF AGGRIEVED PERSON _____

SCHOOL _____ PRINCIPAL_____

YEARS IN SCHOOL SYSTEM _____SUBJECT AREA OR GRADE _____

NAME OF ASSOCIATION SCHOOL REPRESENTATIVE_____

STATEMENT OF GRIEVANCE:

ACTION REQUESTED:

_____

(Signature of Aggrieved)

PRINT OR TYPE GRIEVANCE **FORM B**

## DECISION OF PRINCIPAL

(To be completed by principal, or other appropriate administrator, within 5 days of formal grievance presentation)

AGGRIEVED PERSON _____ DATE OF FORMAL GRIEVANCE PRESENTATION_____

SCHOOL _____ PRINCIPAL (OR OTHER ADMINISTRATOR)_____

DECISION OF PRINCIPAL (OR OTHER ADMINISTRATOR) AND REASONS THEREFOR:

DATE OF DECISION_____ _____
(Signature of Principal)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of decision)

_____ I accept the above decision of principal (or other administrator)

_____ I hereby refer the above decision to the Association's Professional Rights and responsibilities Committee for appeal to the Superintendent of Schools.

DATE OF RESPONSE_____ _____
(Signature of Aggrieved)

PRINT OR TYPE GRIEVANCE **FORM C**

## REFERRAL BY PR&R COMMITTEE

(To be completed by Association PR&R Committee Chairman within 5 days of referral)

AGGRIEVED PERSON _____

DATE OF FORMAL GRIEVANCE PRESENTATION _____

CHAIRMAN OF PR&R COMMITTEE _____

DATE REFERRAL RECEIVED BY PR&R _____

OPINION OF ASSOCIATION PR&R COMMITTEE AND REASONS THEREFORE: (OPTIONAL)

_____ The attached grievance is hereby referred to the Superintendent of Schools for a hearing.

DATE OF REFERRAL_____ _____
(Signature of PR&R Chairman)

PRINT OR TYPE GRIEVANCE **FORM D**

## DECISION BY SUPERINTENDENT

(To be completed by Superintendent of Schools within 5 days of hearing with aggrieved and Association PR&R Committee representatives; hearing to be held within 10 days after receipt of appeal)

AGGRIEVED PERSON _____

DATE OF FORMAL GRIEVANCE PRESENTATION_____

DATE APPEAL RECEIVED BY SUPERINTENDENT_____

DATE HEARING HELD BY SUPERINTENDENT _____

DECISIONS OF SUPERINTENDENT AND REASONS THEREFOR:

DATE OF DECISION _____ _____
(Signature of Superintendent)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of decision)

_____ I accept the above decision of the Superintendent of Schools.

_____ I hereby refer the above decision to the Association's Professional Rights and Responsibilities Committee, to the Board of Education for a review of this grievance.

DATE OF RESPONSE_____ _____
(Signature of Aggrieved)

PRINT OR TYPE GRIEVANCE **FORM E**

## REVIEW BY BOARD OF EDUCATION

AGGRIEVED PERSON _____ DATE OF FORMAL GRIEVANCE PRESENTATION_____

PR&R COMMITTEE REFERRAL TO BOARD: (To be completed within 3 days of PR&R receipt of appeal from aggrieved)

DATE OF REFERRAL TO BOARD _____ _____
(Signature of PR&R Chairman)

BOARD RESPONSE:

(To be completed by Board of Education Chairman within 5 days after Board hearing with aggrieved and Association PR&R Committee representatives; Board hearing to be held within 10 days after receipt of appeal.)

DATE APPEAL RECEIVED BY BOARD OF EDUCATION _____ DATE HEARING HELD BY BOARD OF EDUCATION_____

DECISION OF SUPERINTENDENT AND REASONS THEREFOR:

DATE OF DECISION _____ _____
(Signature of Board Chairman)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of decision)

_____ I accept the above decision of the Board of Education.

_____ I hereby request that the Association submit this grievance to arbitration.

DATE OF RESPONSE_____ _____
(Signature of Aggrieved)

PRINT OR TYPE GRIEVANCE **FORM F**

## DETERMINATION REGARDING ARBITRATION

(To be completed by Association President and PR&R Committee Chairman within 5 days of receipt of request from aggrieved that grievance be submitted to arbitration.)

AGGRIEVED PERSON _____ DATE OF FORMAL GRIEVANCE PRESENTATION _____

ASSOCIATION PRESIDENT_____ DATE REQUEST RECEIVED FOR ARBITRATION _____

DETERMINATION BY ASSOCIATION:

_____The Association, through its PR&R Committee, has determined that this grievance is not meritorious and/or that submitting it to arbitration is not in the best interests of the school system. The grievance therefore is closed.

_____ The Association, through its PR&R Committee, has determined that this grievance is meritorious and that submitting it to arbitration is in the best interests of the school system. The grievance therefore is hereby submitted to arbitration.

DATE OF DETERMINATION _____ _____
(Signature of PR&R Chairman)

_____
(Signature of Association President)

DESIGNATION OF ARBITRATOR: (To be completed by Board Chairman and Association President within 5 days of submission to Board of Association determination to submit grievance to arbitration.)

The parties have agreed upon and selected_____
(Name of Arbitrator)
as the arbitrator to whom the appended grievance is hereby submitted.

DATE OF DESIGNATION _____ _____
(Signature of Association President)

_____
(Signature of Board Chairman)

# APPENDIX I: Health, Vision, HEP

Summary of Benefits –

State Partnership Plan:

Point-of-Service (POS)
Health Insurance Plan

&

Vision Rider

&

Health Enhancement Plan (HEP)

(See Next Pages)

**The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**
**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.osc.ct.gov/anthemctpartner. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at http://www.cciio.cms.gov or call Anthem Blue Cross and Blue Shield at 1-800-922-2232 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **What is the overall deductible?** | In-network: **$350**/individual; **$1,400**/family; **waived for HEP members**<br>Out-of-network: **$300**/Individual; **$900**/family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. Once you or a family member meets the individual deductible amount, the plan begins to pay for you or that family member. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. |
| **Are there services covered before you meet your deductible?** | Yes. In-network primary care and specialist office visits, in-network preventive care, prescription drugs, emergency room care, in-network urgent care, in-network mental health and substance abuse outpatient services, and in-network eye exams are covered before you meet your deductible. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copay or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| **Are there other deductibles for specific services?** | No. | You don't have to meet deductibles for specific services. |
| **What is the out-of-pocket limit for this plan?** | Medical: In-network: **$2,000**/individual; **$4,000**/family; Out-of-network **$2,300**/individual; **$4,900** family<br>Prescription drugs: **$4,600**/individual; **$9,200**/family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| **What is not included in the out-of-pocket limit?** | Premiums, balance-billing charges, penalties for failure to obtain prior authorization for services, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit. |
| **Will you pay less if you use a network provider?** | Yes. See www.osc.ct.gov/anthemctpartner or call 1-800-922-2232 for a list of network providers. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

| Important Questions | Answers | Why This Matters: |
|---|---|---|
| **Do you need a referral to see a specialist?** | No. | You can see the specialist you choose without a referral. |

All copay and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Preferred In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you visit a health care provider's office or clinic** | Primary care visit to treat an injury or illness | No charge. Deductible does not apply. | $15 copay/visit. Waived if no in-state preferred provider. Deductible does not apply. | 20% coinsurance | None. |
| | Specialist visit | No charge. Deductible does not apply. | | | |
| | Preventive care/screening/ immunization | No charge. Deductible does not apply. | No charge. Deductible does not apply. | | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| **If you have a test** | Diagnostic test (x-ray, blood work) | No charge | 20% coinsurance | 40% coinsurance | None. |
| | Imaging (CT/PET scans, MRIs) | No charge | 20% coinsurance | 40% coinsurance | Prior authorization required to avoid penalty: lesser of $500/20% of cost. |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Preferred In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you need drugs to treat your illness or condition** More information about **prescription drug coverage** is available at www.osc.ct.gov/benefits/pharmacy.htm | Generic drugs | Preferred generic: Retail: $5 copay/fill; Mail order & maintenance drugs: $5 copay/fill. Non-preferred generic: Retail: $10 copay/fill; Mail order & maintenance drugs: $10 copay/fill. | | 20% coinsurance for non-participating pharmacy | Retail: 30-day supply; Mail order: 90-day supply. Deductible does not apply to prescription drugs. Check details of your Rx coverage at: www.osc.ct.gov/benefits/pharmacy.htm. Maintenance drugs must be filled by mail order or by Maintenance Network pharmacy after first retail fill. Penalty may apply if brand name drug is requested when a generic is available. Some drugs require prior authorization. No charge for preventive care drugs or FDA-approved generic contraceptives (or brand name contraceptives if generic is medically inappropriate). |
| | Preferred brand drugs | Retail: $25 copay/fill; Mail order & maintenance drugs: $25 copay/fill. | | 20% coinsurance for non-participating pharmacy | |
| | Non-preferred brand drugs | Retail: $40 copay/fill; Mail order & maintenance drugs: $40 copay/fill. | | 20% coinsurance for non-participating pharmacy | |
| | Specialty drugs | No charge for specialty drugs if enrolled in PrudentRx program. Same as non-preferred brand drugs if not enrolled in PrudentRx program. | | Not covered | |
| **If you have outpatient surgery** | Facility fee (e.g., ambulatory surgery center) | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services. |
| | Physician/surgeon fees | No charge | | | |
| **If you need immediate medical attention** | Emergency room care | $250 copay/visit. Deductible does not apply. | | $250 copay/visit. Deductible does not apply. | Copay waived if admitted or if no reasonable medical alternative. |
| | Emergency medical transportation | No charge | | No charge | None. |
| | Urgent care | $15 copay/visit. Deductible does not apply. | | 20% coinsurance | None. |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Preferred In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| **If you have a hospital stay** | Facility fee (e.g., hospital room) | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services. No coverage in excess of cost of a semi-private room unless medically necessary. |
| | Physician/surgeon fees | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services. |
| **If you need mental health, behavioral health, or substance abuse services** | Outpatient services | $15 copay/visit. Deductible does not apply. | | 20% coinsurance | None. |
| | Inpatient services | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services. |
| **If you are pregnant** | Office visits | $15 copay/first visit only. Deductible does not apply. | | 20% coinsurance | Cost sharing does not apply for preventive services. Depending on the type of service, a copay, coinsurance, or deductible may apply. Maternity care may include tests & services described somewhere else in the SBC (i.e., ultrasound). |
| | Childbirth/delivery professional services | No charge | | 20% coinsurance | Prior authorization required for stay in excess of 48 hours (96 hours for cesarean delivery) to avoid penalty of lesser of $500 or 20% of covered services. |
| | Childbirth/delivery facility services | | | | |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Preferred In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | Home health care | No charge | | 20% coinsurance | Limit: 200 visits/calendar year. |
| | Rehabilitation services | No charge | | 20% coinsurance | Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services.<br>In-network speech therapy limit: 30 visits/calendar year. Limit does not apply to treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of oropharynx.<br>Out-of-network physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/condition/calendar year. |
| | Habilitation services | No charge | | 20% coinsurance | None. |
| | Skilled nursing care | No charge | | 20% coinsurance | Out-of-network limit: 60 visits/ year/ person<br>Prior authorization required to avoid penalty of lesser of $500 or 20% of covered services. |
| | Durable medical equipment | No charge | | 20% coinsurance | Prior authorization required for items over $500 to avoid penalty of lesser of $500 or 20% of covered services. |
| | Hospice services | No charge | | 20% coinsurance | Inpatient services: prior authorization required to avoid penalty of lesser of $500 or 20% of covered services.<br>Out-of-network inpatient services limit: 60 days/person/calendar year.<br>Out-of-network in-home services limit: 200 visits/calendar year |

| Common Medical Event | Services You May Need | What You Will Pay | | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|---|---|
| | | Preferred In-Network Provider (You will pay the least) | In-Network Provider | Out-of-Network Provider (You will pay the most) | |
| If your child needs dental or eye care | Children's eye exam | $15 copay/visit. Deductible does not apply. | | 50% coinsurance | Limit: 1 visit/calendar year performed as part of an exam. |
| | Children's glasses | Not covered | | Not covered | You must pay 100% of this service, even in-network. |
| | Children's dental check-up | Not covered | | Not covered | You must pay 100% of this service, even in-network. |

Excluded Services & Other Covered Services:

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Children's glasses
- Cosmetic surgery
- Dental care (adult and child)
- Non-emergency care when traveling outside the United States (urgent care covered)
- Long-term care
- Routine foot care (except when medically necessary for treatment of diabetes)
- Weight loss programs (except as required by law)

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)**

- Acupuncture (limit: 20 visits per calendar year)
- Bariatric surgery (prior authorization required)
- Chiropractic care (limit: 30 visits per calendar year for out-of-network services)
- Hearing aids (limit: 1 set per 36 month period; prior authorization required)
- Infertility treatment (prior authorization required)
- Non-emergency care when traveling outside the United States (urgent care only)
- Private-duty nursing (prior authorization required)
- Routine eye care (adult, limit: 1 exam per calendar year)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

Anthem Blue Cross and Blue Shield
108 Leigus Road
Wallingford, CT 06492
1-800-922-2232

CVS/Caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084
Fax: 1-866-443-1172

Additionally, a consumer assistance program can help you file your appeal. Contact the Connecticut Office of the Health Care Advocate at 1-866-466-4446

**Does this plan provide Minimum Essential Coverage? Yes**
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**
Para obtener asistencia en Español, llame al 1-800-922-2232.
Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-922-2232.
如果需要中文的帮助，请拨打这个号码1-800-922-2232.
Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-922-2232.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:

**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copays and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

| | |
|---|---|
| **Total Example Cost** | **$12,700** |

**In this example, Peg would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $350 |
| Copays | $25 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $60 |
| **The total Peg would pay is** | **$435** |

### Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

| | |
|---|---|
| **Total Example Cost** | **$5,600** |

**In this example, Joe would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $120 |
| Copays | $190 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Joe would pay is** | **$310** |

### Mia's Simple Fracture
(in-network emergency room visit and follow up care)

| | |
|---|---|
| The plan's overall deductible | $350 |
| Specialist copayment | $15 |
| Hospital (facility) | $0 |
| Other | $0 |

**This EXAMPLE event includes services like:**
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

| | |
|---|---|
| **Total Example Cost** | **$2,800** |

**In this example, Mia would pay:**

| *Cost Sharing* | |
|---|---|
| Deductibles | $350 |
| Copays | $320 |
| Coinsurance | $0 |
| *What isn't covered* | |
| Limits or exclusions | $0 |
| **The total Mia would pay is** | **$670** |

**NOTE:** These numbers assume the patient does not participate in the plan's wellness program. If you participate in the plan's wellness program, you may be able to reduce your cost. For more information about the wellness program, please visit http://osc.ct.gov/benefits.htm



The **plan** would be responsible for the other costs of these EXAMPLE covered services.

# Summary of Benefits Cigna Health and Life Insurance Company

## Cigna Vision
## East Windsor Board of Education
## C1 - Custom PPO Comprehensive Plan

**Welcome to Cigna Vision**
**Schedule of Vision Coverage**

| Coverage | In-Network Benefit | Out-of-Network Benefit | Frequency Period ** |
|---|---|---|---|
| Exam Copay | $15 | N/A | 12 months |
| Exam Allowance (once per frequency period) | Covered 100% after Copay | Up to $45 | 12 months |
| Materials Copay | $0 | N/A | 12 months |
| Eyeglass Lenses Allowances: (one pair per frequency period) | | | |
| Single Vision | Covered 100% after Copay | Up to $40 | 12 months |
| Lined Bifocal | Covered 100% after Copay | Up to $65 | 12 months |
| Lined Trifocal | Covered 100% after Copay | Up to $75 | 12 months |
| Lenticular | Covered 100% after Copay | Up to $100 | 12 months |
| Contact Lenses Allowances: (one pair or single purchase per frequency period) | | | |
| Elective | Up to $360 | Up to $345 | 12 months |
| Therapeutic | Covered 100% | Up to $345 | 12 months |
| Frame Retail Allowance (one per frequency period) | Up to $175 | Up to $126 | 12 months |

** Your Frequency Period begins the day after your last visit (Date of service basis)

**Definitions:**
**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
**Coinsurance:** the percentage of charges Cigna will pay. Customer is financially responsible for the balance.
**Allowance:** the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.
**Materials:** eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

**In-Network Coverage Includes**:
- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 18 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic); and lens styles.
  - Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;

- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakis; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

**Healthy Rewards® - Vision Network Savings Program:**

- When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

**What's Not Covered:**

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

**How to use your Cigna Vision Benefits**

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

**1. Finding a doctor**

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com**, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision

customer service representative.

**2. Schedule an appointment**
Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

**3. Out-of-network plan reimbursement**

**How to use your Cigna Vision Benefits**

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:
- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

**Discrimination is Against the Law**

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
P.O. Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

**Proficiency of Language Assistance Services**

ATTENTION: language assistance services, free of charge, are available to you. Call 1-877-478-7557 (TTY: 800-428-4833).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-478-7557 (TTY: 800-428-4833).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-478-7557（TTY：800-428-4833）

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-478-7557 (TTY: 800-428-4833).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다1-877-478-7557 (TTY: 800-428-4833) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa 1-877-478-7557 (TTY: 800-428-4833).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-478-7557 (телетайп: 800-428-4833).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-778-874-7557 ] (رقم هاتف الصم والبكم: 800-428-4833).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-478-7557 (TTY: 800-428-4833).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-478-7557 (ATS: 800-428-4833).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1-877-478-7557 (TTY: 800-428-4833).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-478-7557 (TTY: 800-428-4833).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-478-7557（TTY: 800-428-4833）まで、お電話にてご連絡ください。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-478-7557 (TTY: 800-428-4833).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-478-7557 (TTY: 800-428-4833).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-478-7557 (TTY: 800-428-4833) تماس بگیرید.

CT

# HEALTH ENHANCEMENT PROGRAM (HEP)

# FAQ

**Q: What is HEP?**

A: HEP stands for "Health Enhancement Program." It encourages employees and their enrolled family members to take charge of their health and their health care by providing guidelines to follow for preventive and chronic care management. By signing up for and fulfilling all HEP requirements, you can save $100 per month in premiums ($1,200 per year) and become eligible for a waiver of an annual in-network deductible of $350 per member (up to a maximum of $1,400 per family).

**Q: What are the requirements?**

A: There are two parts to HEP: age/gender appropriate preventive requirements and chronic condition education requirements.

**Preventive requirements:**

## 2022 HEP REQUIREMENTS

MORE INFO: WWW.CTHEP.COM | (877) 687-1448

| PREVENTIVE SCREENINGS | AGE | | | | | | |
|---|---|---|---|---|---|---|---|
| | 0-5 | 6-17 | 18-24 | 25-29 | 30-39 | 40-49 | 50+ |
| Preventive Visit | 1 per year | 1 every other year | Every 3 years | Every 3 years | Every 3 years | Every 2 years | Every year |
| Vision Exam | N/A | N/A | Every 7 years | Every 7 years | Every 7 years | Every 4 years | 50-64: Every 3 years<br>65+: Every 2 years |
| Dental Cleanings* | N/A | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year | At least 1 per year |
| Cholesterol Screening | N/A | N/A | Every 5 years (20+) | Every 5 years | Every 5 years | Every 5 years | Every 5 years |
| Breast Cancer Screening (Mammogram) | N/A | N/A | N/A | N/A | N/A | 1 screening between age 45-49** | As recommended by physician |
| Cervical Cancer Screening (Pap Smear) | N/A | N/A | Every 3 years (21+) | Every 3 years | Pap smear only every 3 years or Pap and HPV combo screening every 5 years | Pap smear only every 3 years or Pap and HPV combo screening every 5 years | Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65 |
| Colorectal Cancer Screening‡ | N/A | N/A | N/A | N/A | N/A | 40-44: N/A<br>45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years | |

* Dental cleanings are required for family members who are participating in a dental plan sponsored by your employer
** Or as recommended by your physician
‡ NEW: colorectal screening age requirements lowered to 45 years of age for calendar year 2022 as recommended by US Task Force on Preventive Services

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.

**Chronic condition education:**

We provide support and education for participants with asthma, chronic obstructive pulmonary disorder (COPD), coronary artery disease (CAD), diabetes, heart failure, hypertension (high blood pressure), and hyperlipidemia (high cholesterol).

In order to meet the chronic education requirement, you have a few options. One option is to register on the portal at CTHEP.com and take a short survey, read a fact sheet, or watch a video on your specific condition. Another option is to call our care team at 1-877-687-1448.

If one of our dedicated nurse care managers calls you, you are required to have at least one conversation. If the nurse recommends that you participate in a support program, that decision is entirely up to you. It is not a requirement, but it is highly encouraged.

**Q: When does the program start?**
A: The program runs on a calendar year basis so each year on January 1st a new compliance year begins. Your requirements for the year are based on your age on that day. So, if you are 49 on January 1st, you are held to the requirements for a 49-year-old, even though you turn 50 in that calendar year.

**Q: How does Care Management Solutions determine compliance?**
A: Each year, CMSI loads your age appropriate preventive and chronic requirements to your HEP portal. As you obtain your required screenings, CMSI receives the claims data from your insurance carrier and uploads that data to your HEP portal. As the claims come in you will see your requirements marked as complete.

**Q: How can I track my progress toward my requirements?**
A: The best way is to register on CTHEP.com. Once you sign in, your home page will display your requirements based on your age and gender. You will also see any chronic condition(s) requirements that apply to you. You can see any dependents' information, too. If they are under age 18, you will be able to view specific requirements and progress. If they are over age 18, you will be able to review a summary to see how many requirements they have and how many have been completed.

**Q: How do I know if my family members are compliant?**
A: As mentioned above, if you register at CTHEP.com, you will be able to view specific requirements for dependents under age 18, for dependent over 18 you can view a summary. Dependents over age 18, can create their own secure login to see their individual status in the HEP program. If they would like you to have access to their individual requirements, they can sign a personal health information (PHI) release form that would grant you access.

**Q: I am a new employee. I tried to register at CTHEP.com, but it doesn't recognize me.**
A: It takes about 45 days for CMSI to receive your enrollment information. We recommend you wait until the middle of the month after your insurance goes into effect.

**Q: I don't have access to a computer. How will I know if I am missing a requirement?**
A: Everyone is notified by mail towards the end of the compliance year of any missing requirements. Dependents ages 18 and over will receive their own letters. You typically receive the first letter at the end of September and will continue to receive letters until we receive the claims showing the requirement(s) have been completed. You can also call the dedicated customer service team at CMSI at 1-877-687-1448 to discuss your compliance status.

**Q: A service is required less frequently than every year – every 2, 3, 4, 5, 7, and even 10 years. Do I have that long to complete it?**
A: Here's how those work: We will look back at claims the appropriate number of years to see if the requirement has been completed. Requirements are measured using the current compliance year. For example, for Compliance year 2020, if you are 45 years old, and a vision exam is required once every four years, on Dec. 31, 2020 we will look back to see if it was completed in either 2017, 2018, 2019, or 2020.

**Q: I had a service that I needed before this insurance went into effect. Do I have to have it again?**
A: No, you do not. Have your health care provider fill out a provider notification form (PNF) with the date the service was done and submit it to us (instructions are on the form). For example: you are a new employee (or a new Partnership group) who is 57 years old and had your colonoscopy seven years ago. That satisfies your requirement for a colonoscopy, but you must submit the PNF. You can access a PNF at any time at CTHEP.com under "FORMS" at the top of the home page.

**Q: I had my physical in December of last year, and my doctor is telling me I cannot get one sooner than December of this year because of the insurance. What do I do? I am afraid if it gets cancelled due to weather I will be out of compliance.**
A: You do NOT have to wait 365 days to schedule a preventive visit. Your insurance pays for one every calendar year, regardless of when in the calendar year you have it. If your provider has a question about this, they should contact your health insurance company.

**Q: Are there any alternate options to a colonoscopy?**
A: While a colonoscopy is the most accurate way to test for colon cancer, we know that it is not appropriate for everyone. If your doctor agrees, you can take an annual FIT or FOBT test, or you may take a COLOGUARD® test every 3 years.

**Q: I can't do one of the requirements because I have dentures, had a hysterectomy, or had a mastectomy.**
A: Have your doctor fill out a PNF indicating that you should be exempt from the service. Be sure they indicate it is a permanent exemption. When we receive the form, we'll remove the requirement for you.

**Q: My doctor does not feel I need to have one of the requirements. Why do I have to do it?**
A: If your doctor feels one of the requirements is not appropriate for you, they can fill out a PNF. This will be required every year unless it is a permanent exemption, as in the cases above.

**Q: My physician checks my eyes during my annual physical wellness exam. Does that count toward the required vision exam?**
A: Your in-office vision exam counts long as your doctor submits a claim to your insurance company with a procedure code indicating they completed an eye exam as part of your wellness exam. If your doctor does not bill or submit a claim for the vision exam, you will need to have him/her fill out a PNF.

**Q: I went to the doctor. Why am I still showing non-compliant with a requirement?**
A: We typically receive claims one to two weeks after they are processed by your insurance company. This can, however, vary with doctors' offices and their billing processes. If a couple of months has passed and the portal continues to reflect that you're noncompliant for a screening that you have already completed, then call CMSI so one of our representatives can assist you.

**Q: I went to the doctor months ago. Why am I still showing as non-compliant for my preventive visit?**
A: Going to a doctor for a problem, such as a sore throat or headaches, or a medicine check for a chronic condition does not satisfy the preventive requirement. The visit has to be specifically for a preventive exam, which is also referred to as a routine physical or well visit. For an adult, it typically includes lab work and screenings. For a child, it typically incudes immunizations. Preventive visits are intended to prevent illness or detect problems before you have symptoms.

**Q: Why does it seem like I always have to submit a provider notification form (PNF)?**
A: There are only a few situations that require you to submit a PNF:

1. Your dependents have other insurance, and that insurance is primary. In this case we will never receive a claim for preventive services, and you will always have to submit a form. You should bring the form at the time of service and ask the provider to complete it and send us a copy.
2. You had the service done before this insurance went into effect. Since we do not have past claims history, you will need to submit a PNF as proof you had the service.
3. You just had the service, but the compliance deadline is two months away. We recommend submitting a PNF rather than waiting for the claim to be processed and sent to us.

**Q: If I'm showing one of the chronic conditions, how do I complete the requirement?**
A: The chronic condition requirement is an educational requirement that is separate from a doctor's visit or bloodwork for that condition. The education can be done in one of these ways:

1. You create an account on CTHEP.com, then take a survey, read a factsheet, or watch a video. After you finish, simply hit the "submit" button.
2. If you prefer not to register, you can print a factsheet from the log-in page. You click the chronic conditions button, select the appropriate condition, print the fact sheet, fill it out and send it in to us.
3. You can call us at 877-687-1448 and a representative will help you take a quiz over the phone.

This is an annual requirement due by December 31 along with the preventive requirements. Please remember, too, that if one of our dedicated HEP nurses calls you, you must accept the call to be considered in compliance.

**Q: I didn't get the mailing you sent. It went to my old address.**
A: Make sure you notify your employer of your address change through your benefit officer, payroll officer, benefit administrator, or human resources department. They will send the change to us. This could take up to six weeks, depending on when we receive the notice.

**Q. Why does my child have to be compliant? He/she will be turning 26 and coming off my health plan before the end of the year.**
A: The state changed medical coverage requirements for dependents in 2019. Dependents who turn 26 during the year now stay on a parent's plan until the end of the calendar year instead of the first of the month following their 26th birthday.

**Q: My spouse is a state retiree on Medicare and doesn't have to comply with HEP. If it's his policy, why do I have to meet the requirements?**
A: If you are under 65 and a dependent of a retiree in the Medicare Advantage plan who based on retirement date (10/2/2011 and later) would otherwise be required to meet the requirements of HEP, the benefit provided to you includes all the components of HEP. You must be compliant with the requirements to continue to receive the financial benefits of the program.

**Q: I am a new employee -- do I have to be compliant with HEP? Or, I just added a dependent -- do they have to be compliant with HEP?**
A: HEP compliance is measured once you are in the program for a full year. For example, if the effective date of your insurance is Jan. 1, 2019, you must be compliant by Dec. 31, 2019. If the effective date of your insurance July 1, 2019, you must be compliant by Dec. 31, 2020.

**Q: I am divorced and have no contact with my children who are in HEP.**
A: You may download and print a non-custodial parent form from CTHEP.com. Find it under the "Forms" tab. Follow instructions on the form to complete and return it.

**Q: My child is serving in the military. How can I get him/her to comply?**
A: You may download and print a military exemption form from CTHEP.com. Find it under the "Forms" tab. Follow instructions on the form to complete and return it.

**Q: Why can't I see my dependents' requirements? I pay for the insurance.**
A: The Health Insurance Portability and Accountability Act (HIPAA) prevents us from disclosing this information without express consent from your dependent. Your dependent may give us permission by going to CTHEP.com and clicking on the "Help, Forms & Contact" box. Download and print the release of personal health information (PHI) form and follow the instructions.

Your dependent may also give consent for us to talk to you by registering at CTHEP.com. Then, he or she can sign in and click on the "Contact" information tab, scroll to the bottom, and fill out the HIPAA release section. Make sure to "save" before navigating away from the page.

**Q: How do I get access to my adult dependents' requirements/status?**
A: There are several ways:

- Have your dependent fill out a PHI release form (see above).
- Have your dependent register on the portal and give us permission (see above).
    - These two options allow you to call us and get information on your dependents.
- Have all your dependents 17 and over fill out the PHI release form and complete the cover sheet. This allows you access to their requirements thru the portal at CTHEP.com. This must be done annually.

**Q: Why did I have extra money taken out of my paycheck?**
A: When you are placed into a non-compliant status, your premium contribution increases by $100 a month. You should check CTHEP.com and get your missing requirement(s) done as quickly as possible. Once you've completed them, fill out the reinstatement form (find it on the portal) and send to CMSI. It can take one or two pay cycles before you see the change in your paycheck.

**Q: If I'm out of compliance and being penalized, will I automatically be reinstated once I complete the requirement?**
A: No, you won't be automatically reinstated. If you've completed a requirement, you must have a **reinstatement form** filled out by a health care provider and sent to us right away. That begins the reinstatement process. Claims for the service alone will not automatically reinstate you.

**Q: I removed a non-compliant person from my insurance. Why wasn't I reinstated?**
If you have removed a non-compliant person, please contact us right away so we can verify it and start the reinstatement process.

**Q: I just completed my missing requirement and sent in my reinstatement form. When will I be reinstated?**
A: You will be reinstated the first day of the month following receipt of a completed reinstatement form.

**Q: Do I have to wait until open enrollment to be reinstated?**
A: No, you don't have to wait. Please send us a **reinstatement form** with proof of your missing requirements right away. Once you (and any family members) are 100% compliant, we will send your name for reinstatement. That reinstatement is effective on the first day of the month following when you send in the reinstatement form. If you find that you're compliant but are being charged, please contact us immediately so we can assist you with the reinstatement process. It is your responsibility to know your compliance status in HEP.

**Q: There are so many different forms – I don't know which one to use**
A: There are a number of different forms that address very different circumstances –

- Provider Notification Form (PNF) – this formed is used to report a service you have had done and must be signed by your provider

- Reinstatement Form – Looks similar to a PNF, but this form is used if you are currently in a non-compliance status and are being penalized. This form must be signed by your provider if you are missing a preventive requirement. If you are missing the chronic condition education and you completed it on the portal, no provider signature is required

- Non-Custodial Parent Form – This form is to be used if you have a dependent child on your insurance plan and you do not have custody, so you cannot ensure his/her requirements are complete.

- Military Exemption Form – This is to be used if you have a dependent on your insurance plan that is actively deployed in the military.

- Religious Exemption Form - This form should be used to claim an exemption from the requirements of the Health Enhancement Program based upon your adherence to religious beliefs.

- Permission to Release PHI – This is the form a participant would fill out to release their Protected Heath Information (PHI). If you want to be able to speak to a customer service representative about your spouses or overage dependents specific requirements they need to complete this form and follow the instructions to return to us.

- Permission to View PHI - This is the form you must fill out and submit with a Permission to Release PHI (above) in order to view your spouse and overage dependents requirements on the portal. Everyone on your plan that is 17 or over must complete the required forms for this option. This must be done on an annual basis

All of these forms can also be found at CTHEP.com by clicking on the Help, Forms & Contact button, or by clicking on the forms tab.

CARE MANAGEMENT SOLUTIONS
A DIVISION OF WELLSPARK

# Your Personal Prescription Benefit Program

## CT Partnership Groups

Your prescription benefit plan, administered by CVS Caremark, is designed to bring you quality pharmacy care that will help you save money.

| | **Acute Medications**<br><br>For short-term medications (Up to a 30-day supply) | **Maintenance Medications**<br><br>For long-term medications (Up to a 90-day supply)<br><br>Mandatory CVS Caremark Mail Service or State of CT Maintenance Drug Network* after initial 30-day fill at retail | **Diabetes Maintenance Medications**<br><br>For long-term medications (Up to a 90-day supply) | **Health Enhancement Program Only**<br><br>Enrolled participants with Asthma/ COPD, Heart Failure/Heart disease, Hyperlipidemia, or Hypertension qualify for reduced copays on condition-related maintenance medications (Up to a 90-day supply) |
|---|---|---|---|---|
| **Where** | Any participating CVS Caremark Retail Network Pharmacy. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at **www.caremark.com** or call Customer Care toll-free at 1-800-318-2572. | You have the convenience of getting your long-term medications through CVS Caremark Mail Service Pharmacy or dispensed at one of our 9,600 CVS Pharmacy locations as well as a retail pharmacy that participates in the State of CT Maintenance Drug Network. When you use CVS Caremark Mail Service Pharmacy, your medications can be sent directly to your home or office. www.osc.ct.gov/benefits/pharmacy.htm | | |
| **Generic Medications**<br>Ask your doctor or other prescriber if there is a generic available, as these generally cost less. | **$5** for lower cost generic prescriptions<br>**$10** for higher cost generic prescriptions | **$5** for lower cost generic prescriptions<br>**$10** for higher cost generic prescriptions | **$0** for a generic prescription | **$0** for a generic prescription |
| **Preferred Brand-Name Medications**<br>If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list. | **$25** for a preferred brand-name prescription | **$25** for a preferred brand-name prescription | **$0** for a preferred brand-name prescription | **$5** for a preferred brand-name prescription |
| **Non-Preferred Brand-Name Medications**<br>You will pay the most for medications not on your plan's preferred drug list. | **$40** for a non-preferred brand-name prescription | **$40** for a non-preferred brand-name prescription | **$0** for a non-preferred brand-name prescription | **$12.50** for a non-preferred brand-name prescription |
| **Maximum Out-of-Pocket** | $4,600 per individual / $9,200 per family | | | |
| **Web Services** | Go to the State of CT Comptroller's website, www.osc.ct.gov/benefits/pharmacy.htm for drug cost tools, drug lists, forms, etc. | | | |
| **Customer Care** | Contact Customer Care at 1-800-318-2572. | | | |

* State of CT Maintenance Drug Network- All CVS Pharmacies are included in the State of CT Maintenance Drug Network. Other retail participating pharmacies that elect to join are also included.

Any pharmacy interested in joining the State of CT Maintenance Drug Network, log on to www.caremark.com, click on "Pharmacists and Medical Professionals", click on "State of CT Custom Maintenance Drug Network process (PDF)" for more information.

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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# Frequently Asked Questions

**CVS Caremark ID Cards**

**How do I get a new ID card?**

New members will automatically receive 2 ID cards per family in the employee's name. If you have lost your ID card or need additional ID cards, please contact Customer Care at 1-800-318-2572. Become a registered user on www.caremark.com (Member Sign in) and print a copy of your ID card. You may also register and use the CVS Caremark mobile app.

**About CVS Caremark Mail Service and the State of CT Maintenance Drug Network**

**Where can I fill maintenance (long-term) prescriptions?**

The choice is yours. You can order up to a 90-day supply of maintenance medications at:

**CVS Caremark Mail Service:** Register for mail service by phone at 1-800-875-0867 or log onto www.caremark.com/faststart and sign in or register, if necessary. Have your CVS Caremark ID, the names of your medications, your provider's information, and your payment information ready.

**CVS Pharmacy:** Visit your local CVS Pharmacy. If you are currently using CVS Pharmacy to fill your maintenance medications, you can continue to do so.

**State of CT Maintenance Drug Network:** If your pharmacy is participating in the State of CT Drug Network, you can utilize the pharmacy to dispense your maintenance medications.

**Do I only have to use a CVS Pharmacy?**

You can utilize any participating retail pharmacy to fill your acute (short-term) medications. For maintenance medications, you are allowed one 30-day fill only at any participating retail pharmacy. After the first 30-day fill, you must fill your prescription through the CVS Caremark Mail Service, CVS Pharmacy, or other pharmacies participating in the State of CT Maintenance Drug Network. A full list of pharmacies in the network can be found on the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

**How long does it take for my prescriptions to arrive by mail?**

Please allow 7-10 days for delivery from the time the order is placed. You are able to check your refill status online or by calling 1-800-318-2572. **Please note:** mail order packaging accommodates all temperature sensitive drugs.

**About the CVS Caremark Preferred Drug List**

**What is a preferred drug list and where can I get a copy of the updated drug list?**

A preferred drug list is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The list promotes the use of preferred brand-name and generic drugs whenever possible. The U.S. Food and Drug Administration (FDA) requires generic drugs to be therapeutically equivalent to a brand-name drug in dosage, strength, route of administration, quality, performance, and intended use. Generally, generic drugs cost less than brand-name drugs.

**You can get an updated preferred drug list in a few ways:** As a registered user on www.caremark.com (Member Sign in); by contacting Customer Care at 1-800-318-2572; or by visiting the State of CT Comptroller's website at www.osc.ct.gov/benefits/pharmacy.htm.

**Am I required to fill a generic medication?**

For brand-name drugs with a generic equivalent available, you are responsible for the difference in cost between the generic and brand-name medication plus the copay if you or your provider request the brand-name drug.

For multi-source brand-name drugs, there are some that are formulary and others that are excluded. For formulary multi-source brand-name drugs, there is a coverage exception process based on medical necessity and other circumstances. The form can be located at www.osc.ct.gov/benefits/pharmacy.htm. If approved, the difference in cost will be waived. For multi-source brand-name drugs excluded from the formulary, this form **should not be utilized**. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

**What is a prior authorization?**

Certain medications require prior authorization before they receive coverage under the plan. Some medications are covered with restrictions on the quantity and other medications are excluded from the plan. Members can initiate a prior authorization by having their provider contact CVS Caremark at 1-800-626-3046 or by visiting www.caremark.com, click on "Pharmacists and Medical Professionals", next click on "Prior Authorization", then http://info.caremark.com/epa. For the Formulary Exception/Prior Authorization Request Form, go to www.caremark.com/portal/asset/Global_Prior_Authorization_Form.pdf.

**What are compound medications and how are they covered?**

Compound medications are made by combining, mixing, or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. In most cases, these medications will require prior authorization before obtaining coverage under the plan. Your provider can follow the above prior authorization procedure.



CVS/caremark

# APPENDIX J: Dental

Summaries of Benefits –

State Partnership Plan:

Dental Plan 1
(with Rider A)

&

Dental Plan 2
(with Riders A, B, C, D)

(See Next Pages)

# *Cigna Dental Benefit Summary*
# *East Windsor Board of Education - Full A Plan*
# *Plan Renewal Date: 07/01/2022*

**Insured by:** Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

| *Cigna Dental PPO* | | | | |
|---|---|---|---|---|
| ***Network Options*** | ***In-Network:*** **State of Connecticut Network** | | ***Non-Network:*** **See Non-Network Reimbursement** | |
| ***Reimbursement Levels*** | Based on Contracted Fees | | Maximum Reimbursable Charge | |
| ***Calendar Year Benefits Maximum*** Applies to: Class I, II and III expenses | Unlimited | | Unlimited | |
| ***Calendar Year Deductible*** Individual Family | $0 | | $0 | |
| ***Benefit Highlights*** | ***Plan Pays*** | ***You Pay*** | ***Plan Pays*** | ***You Pay*** |
| ***Class I: Diagnostic & Preventive*** Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| ***Class II: Basic Restorative*** Restorative: fillings Endodontics: minor and major Oral Surgery: minor Repairs: Dentures Crowns: prefabricated stainless steel / resin | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| ***Class III: Major Restorative*** Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Space Maintainers: non-orthodontic Oral Surgery: major | 50% No Deductible | 50% No Deductible | 50% No Deductible | 50% No Deductible |
| ***Benefit Plan Provisions:*** | | | | |
| ***In-Network Reimbursement*** | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. | | | |
| ***Non-Network Reimbursement*** | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 85th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees. | | | |
| ***Cross Accumulation*** | All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network. | | | |
| ***Calendar Year Benefits Maximum*** | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. | | | |
| ***Calendar Year Deductible*** | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. | | | |
| ***Late Entrant Limitation Provision*** | No coverage until next open enrollment. This provision does not apply to new hires. | | | |
| ***Pretreatment Review*** | Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed. | | | |
| ***Alternate Benefit Provision*** | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings. | | | |

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|---|---|
| ***Oral Health Integration Program**** | The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum.<br>For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24. |
| ***Timely Filing*** | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| ***Benefit Limitations:*** | |
| Oral Evaluations/Exams | 2 per calendar year. |
| X-rays (routine) | Bitewings: 2 per calendar year. |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup. |
| Cleanings | 2 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 2 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 14. |
| Inlays, Crowns, Bridges, Dentures and Partials | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |
| Denture and Bridge Repairs | Reviewed if more than once. |
| Denture Relines, Rebases and Adjustments | Covered if more than 6 months after installation. |
| Prosthesis Over Implant | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |

***Benefit Exclusions:***
Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Brush Biopsy
- Anesthetics
- Minor and Major Periodontal services
- Relines, Rebases, Adjustments, Repairs- Bridges, Crowns and Inlays
- Bridges, Dentures and Partials
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

# *Cigna Dental Benefit Summary*
# *East Windsor Board of Education - Full ABCD Plan*
# *Plan Renewal Date: 07/01/2022*

**Insured by:** Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

| ***Cigna Dental PPO*** | | | | |
|---|---|---|---|---|
| ***Network Options*** | ***In-Network:*** **State of Connecticut Network** | | ***Non-Network:*** **See Non-Network Reimbursement** | |
| ***Reimbursement Levels*** | Based on Contracted Fees | | Maximum Reimbursable Charge | |
| ***Calendar Year Benefits Maximum*** Applies to: Class I, II and III expenses | Unlimited | | Unlimited | |
| ***Calendar Year Deductible*** Individual Family | $0 | | $0 | |
| ***Benefit Highlights*** | ***Plan Pays*** | ***You Pay*** | ***Plan Pays*** | ***You Pay*** |
| ***Class I: Diagnostic & Preventive*** Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| ***Class II: Basic Restorative*** Restorative: fillings Endodontics: minor and major Oral Surgery: minor Repairs: Dentures Crowns: prefabricated stainless steel / resin | 100% No Deductible | No Charge | 100% No Deductible | No Charge |
| ***Class III: Major Restorative*** Inlays and Onlays Prosthesis Over Implant Crowns: permanent cast and porcelain Space Maintainers: non-orthodontic Oral Surgery: major | 50% No Deductible | 50% No Deductible | 50% No Deductible | 50% No Deductible |
| ***Class IV: Orthodontia*** Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: $600 | 60% No Deductible | 40% No Deductible | 60% No Deductible | 40% No Deductible |
| ***Class: VIII: Periodontal – Minor and Major*** Calendar Benefits Maximum: $500 | 50% No Deductible | 50% No Deductible | 50% No Deductible | 50% No Deductible |
| ***Benefit Plan Provisions:*** | | | | |
| ***In-Network Reimbursement*** | For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule. | | | |
| ***Non-Network Reimbursement*** | For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 85th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees. | | | |
| ***Cross Accumulation*** | All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network. | | | |
| ***Calendar Year Benefits Maximum*** | The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply. | | | |
| ***Calendar Year Deductible*** | This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply. | | | |
| ***Late Entrant Limitation Provision*** | Payment will be reduced by 50% for Class III, IV, and VIII services for 12 months for eligible | | | |

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|---|---|
| ***Pretreatment Review*** | Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed. |
| ***Alternate Benefit Provision*** | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. This provision does not apply to fillings. |
| ***Oral Health Integration Program**** | The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum.<br>For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24. |
| ***Timely Filing*** | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| ***Benefit Limitations:*** | |
| Missing Tooth Limitation | For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense. |
| Oral Evaluations/Exams | 2 per calendar year. |
| X-rays (routine) | Bitewings: 2 per calendar year. |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months. |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup. |
| Cleanings | 2 per calendar year, including periodontal maintenance procedures following active therapy. |
| Fluoride Application | 2 per calendar year for children under age 19. |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16. |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 14. |
| Inlays, Crowns, Bridges, Dentures and Partials | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |
| Denture and Bridge Repairs | Reviewed if more than once. |
| Denture Relines, Rebases and Adjustments | Covered if more than 6 months after installation. |
| Prosthesis Over Implant | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |

***Benefit Exclusions:***
Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Brush Biopsy
- Anesthetics
- Relines, Rebases, Adjustments, Repairs- Bridges, Crowns and Inlays
- Implants: implants or implant related services;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

| | |
|---|---|
| ***Alternate Benefit Provision*** | When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. |
| ***Oral Health Integration Program (OHIP)*** | Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24. |
| ***Timely Filing*** | Out of network claims submitted to Cigna after 365 days from date of service will be denied. |
| ***Benefit Limitations:*** | |
| Missing Tooth Limitation | For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense. |
| Oral Evaluations | 2 per calendar year |
| X-rays (routine) | Bitewings: 2 per calendar year |
| X-rays (non-routine) | Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months |
| Diagnostic Casts | Payable only in conjunction with orthodontic workup |
| Cleanings | 2 per calendar year, including periodontal maintenance procedures following active therapy |
| Fluoride Application | 2 per calendar year for children under age 19 |
| Sealants (per tooth) | Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 16 |
| Space Maintainers | Limited to non-orthodontic treatment for children under age 14 |
| Inlays, Crowns, Bridges, Dentures and Partials | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |
| Denture Repairs | Reviewed if more than once |
| Prosthesis Over Implant | Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges. |
| ***Benefit Exclusions:*** Covered Expenses will not include, and no payment will be made for the following: | |
| Procedures and services not included in the list of covered dental expenses; | |
| Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet; | |
| Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars; Anesthesia; Brush Biopsy; Relines, Rebases, and Adjustments; Repairs - Bridges, Crowns, and Inlays; | |
| Periodontics: bite registrations; splinting; | |
| Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines; | |
| Implants: implants or implant related services; | |
| Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion; | |
| Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines; | |
| Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs | |
| Charges in excess of the Maximum Reimbursable Charge]. | |

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

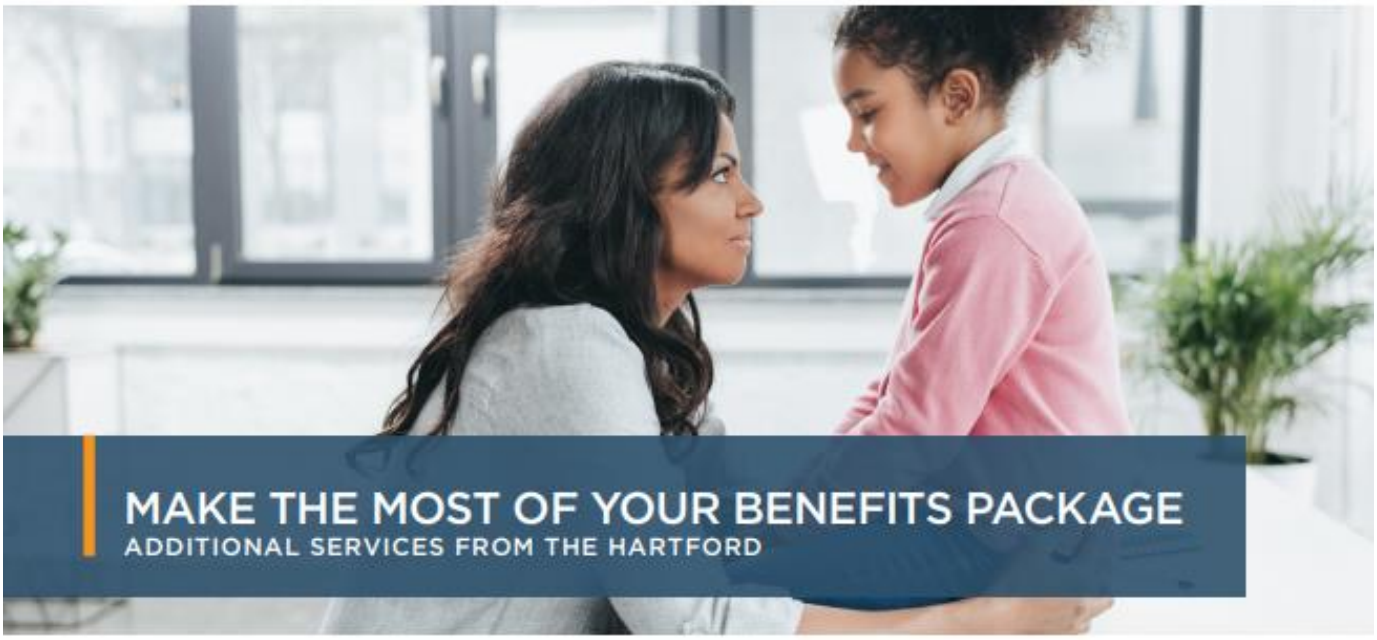
All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

# APPENDIX K: Life Insurance

Summary of Benefits –

Life Insurance

(See Next Pages)



# MAKE THE MOST OF YOUR BENEFITS PACKAGE

## ADDITIONAL SERVICES FROM THE HARTFORD

**Life and Disability Insurance** from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

### FUNERAL CONCIERGE SERVICES[1]

**Helps provide peace of mind when it's needed most.**

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings.

For more information, call: **866-854-5429**
Visit: **www.everestfuneral.com/hartford**
Use code: **HFEVLC**

### BENEFICIARY ASSIST® COUNSELING SERVICES[2]

**Getting through a loss is hard. Getting support shouldn't be.**

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited 24/7 phone access for legal and financial advice or emotional counseling with up to five* face-to-face sessions or equivalent professional time for one service or a combination of services, for up to a year from the date a claim is filed.

For more information, call: **800-411-7239**

### ESTATEGUIDANCE® WILL SERVICES[2,3]

**Create a simple will from the convenience of your home.**

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance. It helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Visit: **www.estateguidance.com**
Use code: **WILLHLF**

THE HARTFORD

**What do I do first?**

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance.

**Then, contact Travel Assistance via phone:**

U.S. and Canada:
800-243-6108 (toll-free)
Outside U.S.: 202-828-5885
Or email: assist@imglobal.com

**Ability Assist® & HealthChampion℠**

Call toll-free:
800-96-HELPS
(800-964-3577)

**To register, visit:**
www.guidanceresource.com

Use Company Code: HLF902
Use Company Name: ABILI
Select: "Ability Assist Program" to create your own confidential user name and password

(Cut here, or snap a photo with a mobile device to capture information above.)

## TRAVEL ASSISTANCE WITH IDENTITY THEFT SUPPORT SERVICES[4]

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

Identity Theft Support Services provide 24/7/365 assistance including education on how to prevent theft and guidance on what to do if a theft occurs.

Caseworkers help review credit information, and if a theft has occurred, will notify major credit bureaus, assist with completing an identity theft affidavit, help with replacing credit/debit cards and more.

## ABILITY ASSIST® COUNSELING SERVICES WITH HEALTHCHAMPION℠ HEALTH CARE NAVIGATION[2,5]

**Disability can be a challenge. Getting support doesn't have to be.**

Ability Assist Counseling Services offers 24/7 access to master's level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

If your company provides life or disability coverage for less than 5,000 people, Ability Assist is available to you at any time if you're covered by a group policy or Leave Management services with The Hartford. If your company provides disability coverage for more than 5,000 people, you'll have access to this service once you have an approved claim or leave. See your benefits manager for details.

HealthChampion offers Health Care Navigation support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Visit **TheHartford.com/employeebenefits**

THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home



Some services may not be available in all states. For more information, visit http://www.TheHartford.com/employee-benefits/value-added-services.

[1] California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

[2] Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC, as described in these materials and reserves the right to discontinue any of these services at any time.

[3] Beneficiary Assist, EstateGuidance, Ability Assist and HealthChampion are offered through The Hartford by ComPsych® Corporation. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time.

[3] The EstateGuidance® website is secured with a GoDaddy.com WebServer Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption. A simple will does not cover printing or certain other features. These features are available at an additional cost to you.

[4] Travel Assistance and Identity Theft Support services are offered through a vendor which is not affiliated with The Hartford. These services are not insurance. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time. Services may vary and may not be available in all states.

[5] HealthChampion℠ specialists are available during business hours only. Inquiries outside this time frame can request a callback or schedule an appointment.

The Hartford's Privacy Policy is available at: http://www.TheHartford.com/online-privacy-policy.

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## SCHEDULE OF INSURANCE

**Cost of Coverage:**
**Non-Contributory Coverage:** Basic Life Insurance
Basic Accidental Death and Dismemberment

**Eligible Class(es) For Coverage:** All Full-time Active Employees who are Custodians, Secretaries, Van Drivers And Teachers Aids/Paraprofessionals who are citizens or legal residents of the United States, its territories and protectorates; excluding temporary, leased or seasonal employees.

Full-time Employment: at least 20 hours weekly

**Eligibility Waiting Period for Coverage:**
The first day of the month coinciding with or next following the date You were hired.

The time period(s) referenced above are continuous. The Eligibility Waiting Period for Coverage will be reduced by the period of time You were a Full-time Active Employee with the Employer under the Prior Policy.

**Life Insurance Benefit**

**Amount of Life Insurance:**

Basic Amount of Life Insurance

**Maximum Amount**

$30,000

**Accidental Death and Dismemberment Benefit**

Basic Principal Sum

**Maximum Amount**
$30,000

**Reduction in Amount of Life Insurance**

We will reduce the Amount of Life Insurance for You by any Amount of Life Insurance in force, paid or payable:
1) in accordance with the Conversion Right;
2) under the Portability provision; or
3) under the Prior Policy.

**Reduction in Coverage Due to Age**

We will reduce the Life Insurance Benefit and Principal Sum for You by the percentage indicated in the table below. This reduction will be effective on the date You attain the ages shown below. The reduction will apply to the Amount of Life Insurance and Principal Sum in force immediately prior to the first reduction made.

Reductions also apply if:
1) You become covered under The Policy; or
2) Your coverage increases;

on or after the date You attain age 70.

| Percentage by which original amount of coverage will be reduced. | **Your Age** | **Your % Reduction** |
|---|---|---|
| | 70 | 35% |
| | 75 | 55% |

The reduced amount of coverage will be rounded to the next higher multiple of $500, if not already a multiple of $500. An appropriate adjustment in premium will be made.

**Additional Accidental Death and Dismemberment Benefits**

**Seat Belt Benefit Amount**
Percentage of Accidental Death and Dismemberment Principal Sum: 10%
Maximum Amount: $10,000
Minimum Amount: $1,000

**Air Bag Benefit Amount**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000

**Repatriation Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000

**Child Education Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000
Minimum Benefit: $1,250

**Day Care Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000
Minimum Benefit: $1,250

**Rehabilitation Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000

**Spouse Education Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000
Minimum Benefit: $1,250

**Adaptive Home and Vehicle Benefit**
Percentage of Accidental Death and Dismemberment Principal Sum: 5%
Maximum Amount: $5,000

# APPENDIX L: FSA

Flexible Spending Arrangement (FSA)

(See Next Pages)

# Flexible Spending Account (FSA)
# Section 125 Program

The East Windsor Board of Education maintains an optional Section 125 Program with two Flexible Spending Accounts ("FSA"s): 1) a standard health care FSA ("Healthcare Flexible Spending Account") and a Dependent Care FSA. The purpose of these Section 125 plans is to enable eligible teachers to divert a portion of their gross salaries, prior to reduction for federal income or Social Security taxes for "Medical Care" Expenses and "Dependent Care" Expenses, and have the following conditions:

- ***Healthcare Flexible Spending Account FSA:*** The *Healthcare FSA* has a maximum of $3,050 per plan year (in 2023). The limits are often adjusted year-by-year by federal law. The health care contributions go into an account through Health Equity from which, during the plan year, the member can be reimbursed for covered health care expenses per the IRS. This FSA is available to members who participate in the State Partnership Plan. This type of FSA cannot be used by persons enrolled in a high deductible health plan (HDHP) paired with a Health Savings Account (HSA). The qualified expenses for this FSA are for "Medical Care" expenses as defined by the IRS Section 213 (d) code.

- ***Dependent Care FSA:*** The *Dependent Care FSA* has a maximum of $5,000 (or $2,500 if married, filing separately) contribution per plan year (in 2023) for dependent care and may be adjusted year-by-year by federal law. The dependent care contributions go into an account through Health Equity from which, during the course of the plan year, the member can be reimbursed for their covered dependent care expenses per IRS guidelines.

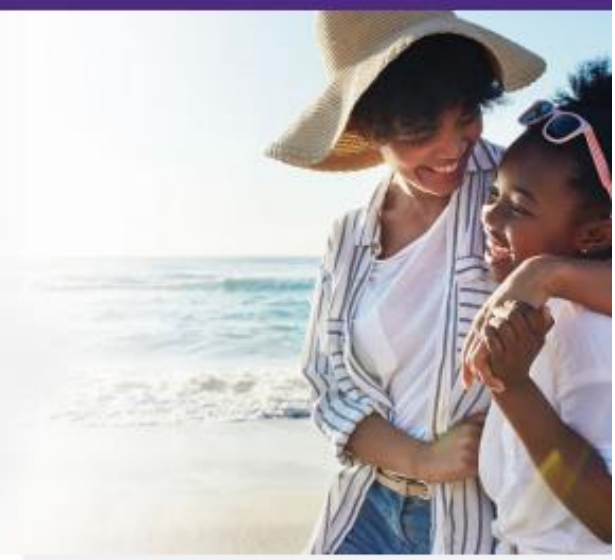
**Health Equity administers the FSAs for East Windsor Board of Education employees. Please also see the informational fliers in this Appendix and the Health Equity website at https://healthequity.com/fsa for more details on this benefit.**

March 2023

HealthEquity | FSA

# FLEXIBLE SPENDING ACCOUNT

FSAs are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible medical expenses. FSAs help members realize significant savings on healthcare costs. Don't think of it as money deducted from your paycheck—think of it as money added to your wallet.



## Annual tax saving potential[1]

(when you contribute the max)

# $855

2022 IRS Contribution Limit

$2,850

## Expect remarkable.

- Mobile-optimized[2] account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- Help Center with comprehensive user guides and how-to articles
- 24/7 call or chat with our 100% US-based Member Services team

**866.735.8195 | HealthEquity.com/learn**

## Save big on thousands of eligible medical expenses, including:

Pain relievers | Doctor visits | Dental cleaning | Sleep aids | Eyeglasses/ contacts | Cold/cough medicine | Chiropractic care | Insulin testing supplies

See the full list at **HealthEquity.com/qme**

HealthEquity | DCFSA

# DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

DCFSAs are tax-advantaged accounts that let you use pre-tax dollars to pay for eligible dependent care expenses. A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.

## Annual tax saving potential[1]

(when you contribute the max)

# $1,500

2022 IRS Contribution Limit

$5,000[3]

## Expect remarkable.

- Mobile-optimized[2] account management, with easy claims and reimbursement
- Step-by-step on-screen tutorials in the member dashboard
- Help Center with comprehensive user guides and how-to articles
- 24/7 call or chat with our 100% US-based Member Services team

**866.735.8195 | HealthEquity.com/learn**

## Save big on eligible dependent care expenses, including:

Daycare | Nursery School | Preschool | Summer Day Camp | Before or After School Programs | Elder Daycare

HealthEquity does not provide legal, tax or financial advice. Always consult a professional when making life-changing decisions. | [1]The example used is for illustrative purposes only. Actual savings may vary. The figure is based on a 30% effective tax rate, including state, federal and FICA taxes. | [2]Accounts must be activated via the HealthEquity website in order to use the mobile app. | [3]If Married Filing Separately your limit is $2,500 | 

HealthEquity

Horace Mann

# QUALIFIED MEDICAL EXPENSES

## Spend smarter. Save more on healthcare.

Save as much as 30 percent[1] when you use your tax-advantaged account to pay for qualified medical expenses.

**See a full list of qualified medical expenses at HealthEquity.com/QME**

Thousands of common expenses are covered. Here are just a few.[2]

- Pain relievers
- Doctor visits
- Eyeglasses/contacts
- Cold and cough medicine
- Menstrual care products
- Chiropractic care
- Insulin testing supplies
- Sleep aids
- Shoe inserts
- Sunscreen

**Questions? We're here for you 24/7**
**866.735.8195 | HealthEquity.com/Learn**

[1]Based on average federal income and payroll taxes. Your actual tax savings will vary. Estimate for illustrative purposes only.
[2]It is the member's responsibility to verify qualified expenses.
HealthEquity does not provide legal, tax or financial advice.
 Horace_Mann_QME_flyer_Dec_2020

QUICKSTART GUIDE

# Your Flexible Spending Account

## At-a-Glance



### Register online now!

If you haven't registered online yet, please do so today. To register, just visit **www.healthequity.com/wageworks** and click "LOG IN/REGISTER" and select "Employee Registration." You'll need to answer a few simple questions and create a username and password.

### Questions?

HealthEquity makes it easy for you to get the help you need now. Please call us at 877-924-3967 or visit the Support Center at **www.healthequity.com/wageworks** where you will find answers to frequently asked questions, important forms, videos and other useful resources.

### Download the EZ Receipts® mobile app!

Use your mobile device to file claims and take care of your account paperwork from anywhere. Go to **www.healthequity.com/wageworks** to learn more.

## Welcome to HealthEquity. Start Saving. Here's How.

Welcome to your healthcare and/or dependent care flexible spending account (FSA) sponsored by your employer and brought to you by HealthEquity.

Your FSA is a great way to save on hundreds of eligible expenses like prescriptions, copayments, over-the-counter (OTC) items, and child and elder care.

## Your FSA: The Essentials

Your FSA is governed by IRS regulations that detail who is eligible to use the account and where and how the money in it is to be used. Your FSA was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- **Make sure account funds are only spent on expenses for those who are eligible.** Typically, those eligible are you, your spouse and your eligible dependents.
- **Know what expenses are eligible.** Log in to your account at **www.healthequity.com/wageworks** for a complete list of eligible healthcare expenses. Generally, eligible healthcare expenses include services and products that are medically necessary to treat a specific condition. Dependent care expenses typically include care provided for your qualifying child (under age 13) or other qualifying dependent so you can work.
- **Keep your receipts.** Save receipts that describe exactly what you paid for. Make sure the amount and service date—not the payment date—are included.
- **Over-the-counter (OTC) medications, drugs and menstrual care products.** You can pay for items out of pocket and use Pay Me Back to submit your claim to HealthEquity for reimbursement. Pay Me Back claims can be submitted online, or with your smartphone or mobile device. (FSA plans vary by employer, and these changes do not necessarily change the benefits under your employer's plan.)
- **Register for an online account at www.healthequity.com/wageworks.** When you register online and provide a current email, you ensure that you will have 24/7 access to your account and will be automatically signed up to receive important updates and alerts. You also must have an account to use the mobile app and take advantage of features like Submit Receipt or Claim.
- **Keep track of your FSA balance.** Plan ahead to make sure you spend the full amount of your balance

HealthEquity | Horace Mann

# QUICKSTART GUIDE

## Managing Your Account

You can manage and check up on your account through HealthEquity online or over the phone. The "Claims and Activity" page online details all your account activity.

For the latest information, visit **www.healthequity.com/wageworks** and log in to your account 24/7. In addition to reviewing your most recent FSA activity, you can:

- Update your account preferences and personal information.
- View your transactions and account history.
- Schedule payments to healthcare and dependent care providers.
- Check the complete list of eligible expenses for your FSA program.
- Download the EZ Receipts app to file claims.

## Using Your FSA Dollars

When you pay for an eligible healthcare and dependent care expense, you want to put your FSA to work right away. HealthEquity gives you several options to use your money the way you choose.

**Automatic Health Plan Claim (AHPC)** – When you visit a healthcare provider such as a doctor or dentist, your insurance carrier later provides the amount of the transaction not covered by the health plan to HealthEquity. This amount represents the "out-of-pocket" cost for which your FSA can be used. HealthEquity uses this data to initiate payment directly to you from your Healthcare FSA.

If you do not wish to auto pay from your account, simply follow the instructions below.

- Log in to your FSA at **www.healthequity.com/wageworks**.
- From the Dashboard, select your Health Care FSA program then click on the "Program Options" link.
- Under "Your Options" select the "Automatic Health Plan Claims "Off" radio button.
- Click "Save Changes."

## Using your Mobile Device

With the EZ Receipts mobile app, you can file and manage your reimbursement claims on the spot, with a click of your mobile device camera, from anywhere.

To use EZ Receipts:

- Download at **www.healthequity.com/wageworks/employees/go-mobile**.
- Log in to your account.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim.
- Use your mobile device camera to capture the documentation.
- Submit the image and details to HealthEquity.

## Paying online

You can pay many of your eligible healthcare and dependent care expenses directly from your FSA with no need to fill out paper forms.* It's quick, easy, secure and available online at any time.

To pay a provider:

- Log in to your FSA at **www.healthequity.com/wageworks**.
- Select "Submit Receipt or Claim."
- Request "Pay My Provider" from the menu and follow the instructions.
- Make sure to provide an invoice or appropriate documentation. When you're done, HealthEquity will schedule the checks to be sent in accordance with the payment guidelines. If you pay for eligible, recurring expenses, follow the online instructions to set up automatic payments.

* You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, visit **www.healthequity.com/wageworks**.

## Filing a claim

You also can file a claim online to request reimbursement for your eligible healthcare and dependent care expenses.

- Go to **www.healthequity.com/wageworks**, log in to your account and select "Submit Receipt or Claim."
- Select "Pay Me Back."
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, EOBs and other supporting documentation.
- Attach supporting documentation to your claim by using the upload utility.
- Make sure your documentation includes the five following pieces of information required by the IRS:
  - Date of service or purchase
  - Detailed description
  - Provider or merchant name
  - Patient name
  - Patient portion or amount owed

Most claims are processed within one to two business days after they are received, and payments are sent shortly thereafter.

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at **www.healthequity.com/wageworks** and follow the instructions for submission.



HealthEquity | Horace Mann

## SIGNATURE BLOCK

IN WITNESS WHEREOF, the parties hereunto have caused these presents to be executed by their proper officers, hereunto duly authorized, and their seals affixed hereto as of the date and year written.

Superintendent, East Windsor Board of Education

Patrick Tudryn 4/28/23

(Signed) (Date)

Patrick Tudryn, Ed.D

(Printed)

President, East Windsor Education Association (EWEA)

4/28/23

(Signed) (Date)

Eliza Johnson

(Printed)