AGREEMENT BETWEEN THE
SEYMOUR BOARD OF EDUCATION

AND THE

[UPSEU Logo]

SEYMOUR BOE SECRETARIES
UPSEU, LOCAL 424 - Unit 125

JULY 1, 2022
to
JUNE 30, 2025
Table of Contents

- PREAMBLE .................................................................................. 1
- ARTICLE I - RECOGNITION ......................................................... 1
- ARTICLE II - BOARD RIGHTS, RESPONSIBILITIES AND PREROGATIVES ........................................................................... 1
- ARTICLE III - WORK YEAR AND VACATIONS ............................. 2
- ARTICLE IV - WORKDAY ............................................................. 2
- ARTICLE V - LEAVES .................................................................... 2
  1. Sick Leave .................................................................................. 2
  2. Personal Leave ........................................................................... 2
  3. Death Leave .............................................................................. 3
  4. Jury Duty .................................................................................. 3
- ARTICLE VI - BENEFITS ............................................................... 3
- ARTICLE VII - HOLIDAYS ............................................................ 6
- ARTICLE VIII - SENIORITY, LAYOFF, RE-CALL - VACANCIES, TRANSFERS ................................................................. 7
- ARTICLE IX - SEVERANCE PAY .................................................. 8
- ARTICLE X - GRIEVANCE PROCEDURE ..................................... 9
- ARTICLE XI - UNION MEETING ON SCHOOL PROPERTY ............ 11
- ARTICLE XII - NON-DISCRIMINATION ....................................... 11
- ARTICLE XIII - NO STRIKE ......................................................... 11
- ARTICLE XIV - DUES CHECK-OFF/NEW EMPLOYEES ............... 11
- ARTICLE XV - DISMISSAL/DISCIPLINARY ACTION ................... 12
- ARTICLE XVI - PROBATIONARY PERIOD .................................... 12
- ARTICLE XVII - OVERTIME AND PAY ....................................... 12
- ARTICLE XVIII - WEATHER CONDITIONS ................................. 12
- ARTICLE XIX - GENERAL ........................................................... 13
- ARTICLE XX - DURATION ............................................................ 13
- APPENDIX A .............................................................................. 15
- APPENDIX B .............................................................................. 16
- APPENDIX C SUMMARY OF HEALTH BENEFITS ..................... 17
- ATTACHMENT D SUMMARY OF FLEX DENTAL BENEFITS ......... 27
PREAMBLE

This Agreement entered into by the Seymour Board of Education (hereinafter referred to as the Board), and the United Public Service Employees Union, Local 424 (hereinafter referred to as the UPSEU), has as its purpose the promotion of harmonious relations between the Board and the UPSEU; the establishment of an equitable and peaceful procedure for the resolution of differences; the establishment of rates of pay, hours of work and other conditions of employment.

ARTICLE I - RECOGNITION

The Board recognizes UPSEU, for the purposes of negotiation, as the exclusive representative of all School Secretaries and Bookkeepers employed twenty (20) hours or more per week pursuant to an agreement between the Board and the UPSEU for the purpose of hours, wages, and working conditions. The job classification of Administrative Assistant at the Board of Education Central Office shall be excluded from UPSEU and shall not exceed two (2) positions.

All bargaining unit employees are directly responsible to their administrators.

ARTICLE II - BOARD RIGHTS, RESPONSIBILITIES AND PREROGATIVES

The exclusive functions and rights of the Board include, but are not restricted to, the right to: direct the operation of the public schools in the system in all aspects; select and employ new personnel; manage the school system and the direction of its work force; determine methods and levels for financing and budget allocation; provide, when necessary, for the transportation of students; designate the schools to be attended by the children in the system; establish the number of schools to be utilized by the system; maintain good public elementary and secondary schools and provide such other educational activities as in its judgment will best serve the interests of the system to give the children of the system as nearly equal advantages as may be practicable; maintain and operate buildings, lands, apparatus and other property used for school purposes; decide the textbooks and/or technology in place thereof to be used; make rules for the arrangement, use and safekeeping of the school libraries and to approve the books materials or media selected therefor; prepare and submit budgets and, in its sole discretion, expend monies appropriated to the Board for the maintenance and operation of the schools, and to make such transfers of funds within the appropriated budget as it shall deem desirable; determine, and from time to time redetermine, the number of Board personnel and the methods and materials to be employed; select and determine the qualifications of employees required to promote the efficient operation of the school system; distribute work to employees in accordance with the job content and job requirements determined, and from time to time redetermined, by the Board; establish assignments for employees; determine the procedures for promotion of employees; create, enforce and, from time to time, change rules and regulations concerning discipline of employees; discipline, suspend or discharge employees for just cause; and, otherwise take such measures as the Board may determine to be necessary to promote the orderly, efficient and safe operation of the school system. The Board shall not, however, exercise any of the rights listed herein in a manner that contravenes an express provision of this Agreement.

These rights, responsibilities and prerogatives are subject to delegation in whole or in part, except that the same shall not be exercised in a manner inconsistent with or in violation of any of the specific terms and provisions of this agreement. No action taken by the Board with respect to such
right, responsibilities and prerogatives, other than as there are specific provisions herein elsewhere contained, shall be subject to the grievance provisions of this Agreement.

**ARTICLE III - WORK YEAR AND VACATIONS**

All full-time secretaries shall work a 52-week year with the following paid vacation schedule:

1. After completion of six (6) months of service from the date of hire, an employee will receive one (1) week of paid vacation.

2. After completion of one (1) year of service from date of hire, an employee will receive two (2) weeks paid vacation.

3. After completion of three (3) years of service from date of hire, an employee will receive three (3) weeks paid vacation.

4. After completion of five (5) years of service from date of hire, an employee will receive four (4) weeks paid vacation.

5. Vacations may be taken any time during the contract year, which is defined as July 1 to June 30, except no vacation time may be taken on any day during either the five (5) working days prior to the commencement of the school year or the five (5) working days subsequent to the last day of the school year, unless specifically granted in writing by the Superintendent or his/her designee.

6. Upon request and at the Superintendent's discretion, a maximum of three (3) vacation days may be carried over from the previous year into the subsequent year.

**ARTICLE IV - WORKDAY**

The workday will consist of 7-1/2 hours when school is in session, exclusive of a 1/2-hour unpaid lunch break, for a total of eight (8) hours. When school is not in session, at the discretion of the Superintendent or his/her designee, the workday may be reduced to five (5) hours per day paid as full workday, with no lunch period.

**ARTICLE V - LEAVES**

1. **Sick Leave:** Fifteen (15) days sick leave, with full pay, shall be granted each year as of July 1st, accumulative to 180 days.

   Secretaries hired during the course of the year will have the number of days pro-rated from their date of hire to July 1st.

   Sick leave is to be used for the purpose of compensating an employee who is unable to attend to the duties of his/her position due to illness or physical incapacity, which includes but is not limited to temporary disability caused by pregnancy, childbirth and recovery there from. An employee may use up to five (5) days of the fifteen (15) days of sick leave per year to provide care for the illness of a family member of the employee’s household.

   Secretaries who have been absent due to illness or physical incapacity for a period of five (5) consecutive working days or more may be required to submit a doctor’s certificate of fitness to return to work before resuming their duties.

2. **Personal Leave:** Three (3) personal leave days, with full pay, shall be granted each year as of July 1st and must be approved by the Superintendent or his/her designee. Reasonable
notice shall be provided in advance of use of the day(s). Personal leave days shall not be cumulative.

Secretaries hired during the course of the year will have the number of days pro-rated from their date of hire to July 1st.

3. **Death Leave:** In the event of a death occurring in the immediate family of an employee, no deduction in salary will be made for absence up to, but not exceeding, five (5) working days. Immediate family shall be defined as spouse, child, stepchild, grandchild, parent, in-laws or siblings.

4. **Jury Duty:** An employee who receives a jury duty notification indicating that the employee’s name has been placed on a list of prospective jurors shall notify the Superintendent of this fact within five (5) workdays of receipt of notification. Absences for jury duty will not be charged against the three (3) personal days.

During the period of jury duty, secretaries shall continue to receive their full salary. After the fifth day of jury duty, the employee shall receive full salary less all compensation paid to the employee for jury service.

Secretaries called to jury duty are to report to their schools on scheduled workdays if their presence in Court is not required.

Secretaries must provide to the Superintendent or his/her designee documentation of days served on jury duty.

5. The Board shall provide an individual up-to-date Sick Leave / Personal Leave listing to each employee as of September 1st each year. The listing shall be provided no later than September 15th.

6. New employees in the bargaining unit may carry over up to fifty (50) sick days accrued while the employee was in another bargaining unit within the District, which shall not be paid out on separation regardless of hire date.

**ARTICLE VI - BENEFITS**

6.1 **High Deductible Health Plan ("HDHP") with Health Savings Account ("HSA") Plan ("HDHP/HSA")** for eligible employees and their dependents.

The Board will provide a HDHP/HSA which shall have a shared annual deductible of $2,250 individual and $4,500 family for in-network and out of network services. The combined in-network out-of-pocket annual maximum shall be $5,250 for individual coverage and $6,850 for family coverage. The combined out-of-network out-of-pocket annual maximum shall be $5,250 for individual coverage and $10,500 for family coverage. Once the deductible is met, the plan will pay 100% for in-network services. Out-of-network services shall be subject to an 80%/20% coinsurance.

Prescription co-pays of $5 for generic drugs, $25 for listed brand name drugs, and $40 for non-listed brand name drugs made after the annual deductible is satisfied will count towards the out-of-pocket maximum. A summary listing of benefits is provided in Appendix C.
A HSA shall be established by the Board for each eligible employee who participates in the HDHP/HSA. The Board shall contribute by direct deposit to the eligible employee's HSA a portion of the in-network annual deductible based on the following percentages and schedules:

July 1, 2022 to June 30, 2025  30% full amount paid in July

Eligible employees will pay the following percentages of premium during this Agreement:

July 1, 2022 to June 30, 2023  11.0%
July 1, 2023 to June 30, 2024  11.5%
July 1, 2024 to June 30, 2025  12.0%

The plan year for the HDHP/HSA shall be July 1st through June 30th.

The Board shall provide a Health Reimbursement Account (HRA) on the same terms, to include any agreed-upon Board contributions to the annual deductible, as the Health Savings Account (HSA) for those Secretaries not legally eligible for a HSA, with an unlimited roll on the HRA balance, not to exceed the total value of the HDHP deductible for that class of insurance.

6.2 When a generic equivalent is available and eligible employees obtain a listed or non-listed brand name drug, they will be responsible for the applicable co-payment plus the difference in cost between the generic and brand name drug. This provision applies regardless of whether the physician indicates *dispense as written* or *no substitution* on the prescription, unless the physician obtains Prior Authorization. When Prior Authorization is obtained, eligible employees will be responsible only for the applicable brand name co-payment.

Prescription benefits are limited to no more than a thirty (30) day supply for covered drugs purchased at a retail pharmacy, and no more than a ninety (90) day supply for covered drugs purchased by mail order. There may be concurrent review for manufacturer's dosage limits and drug interactions.

Prescriptions may be filled up to 30 days with one co-payment at retail or a 31 to 90-day supply with two co-payments by mail order. Experimental drugs for cancer treatment undergoing clinical trials are covered, while other drugs require FDA approval.

6.3 A. Section 125 Plan - Payments for premium costs shall be made through a payroll deduction, which will be done by the adoption of an Internal Revenue Code Section 125 pre-tax premium conversion account so that health insurance contributions may be made from pre-tax dollars.

B. 1. Eligible employees participating in the HDHP/HSA will be allowed to deposit monies into a flexible spending account ("FSA") under Section 125 of the Internal Revenue Code, for the purpose of dependent care only. These monies may be expended for dependent care under Section 129 of the Internal Revenue Code. Eligible employees may also contribute voluntarily additional dollars to their account under the 125, 129, and 105(h) sections of the Internal Revenue Code.
2. The Board's cost for the FSA will not exceed $800.00 for start-up, $250.00 for annual renewal and $5.00 per participant each month. Any additional cost associated with the FSA will be borne by all the participants in the plan.

6.4 The Board will provide the Flexible Dental Program to eligible employees and eligible dependents, subject to the premium co-pays set forth above. A summary listing of benefits is provided in Appendix N.

6.5 The Board reserves the right to change insurance carriers provided such change shall result in comparable benefits and coverage with no increase in deductibles for secretaries/bookkeepers and their dependents and that such change should be preceded by sixty (60) day notice to the President of the UPSEU.

6.6 Health Benefits Buyout

A. Any secretary hired prior to September 1, 2010 may, from school year to school year, elect to waive health benefits and, in lieu thereof, receive 40% of the plan cost up to a maximum of $6,750.00. Secretaries who elect to make such waiver must notify the Board in writing that he/she is canceling his/her participation and coverage and the participation and coverage of his/her dependents in the insurance plans. The employee can exercise this option only once during the course of a given school year and must waive insurance coverage each school year in order to receive the premium refund. The Board shall make payment to those who waive insurance coverage as set forth above in the following manner:

1/2 the waiver payment in the first pay period in December;

1/2 the waiver payment in the first pay period in June.

B. During the period of insurance waiver, an employee who has waived insurance coverage shall be reinstated to the insurance program provided their request is in writing to the Board, and is for a substantial reason such as, but not limited to, the death of a spouse, divorce and in other instances where insurance coverage not provided by the Seymour Board but available to the employee is lost. Prior to reinstatement, the employee shall reimburse the Board the appropriate pro rate portion of the 40% premium refund or shall effect repayment by means of authorized payroll deduction. Reinstatement shall be in accordance with the regulations of the carriers which may mean, in some cases, that coverage might be delayed for up to one calendar quarter.

6.7 Retirement

A. All eligible employees will remain on the current retirement plan known as Plan B, Connecticut Municipal Employees Retirement Plan.

B. If an employee has at least ten (10) years of continuous service in the Seymour Public Schools at the time of retirement under the MERF plan, the employee may elect to continue his/her participation in the health/dental insurance program for active bargaining unit employees for the retired employee and his/her spouse. The cost of the health/dental insurance will be paid to the Board by the employee at the
prevailing group rates. This benefit will terminate when the retired employee reaches the age of qualification for Medicare.

C. If an employee, who has twenty-five (25) years of service as of July 1, 2016, has at least thirty (30) years of continuous service in the Seymour Public Schools at the time of retirement under the MERF plan, the employee may elect to continue their participation in all health/dental insurance in effect at the time of retirement for the retired employee and their spouse. The cost of the health/dental insurance will be paid by the Board. This benefit will terminate when the retired employee reaches the age of qualification for Medicare.

If an employee, who does not have twenty-five (25) years of service as of July 1, 2016, has at least thirty (30) years of continuous service in the Seymour Public Schools at the time of retirement under the MERF plan, the employee may elect to continue their participation in all health/dental insurance in effect at the time of retirement for the retired employee and their spouse. The cost of the health/dental insurance will be shared by the Board and the retired employee based on the premium share provisions for active employees. This benefit will terminate when the retired employee reaches the age of qualification for Medicare.

When the employee with at least thirty (30) years of continuous service reaches the age of qualification for Medicare, the Board will pay the cost for the BC/BS high option/Plan 82 Medicare supplement for the retired employee and their spouse. This benefit will terminate upon the death of the retired employee, provided that his/her spouse is eligible for Medicare. Once the surviving spouse is eligible for Medicare, such benefit shall cease.

A payment of $2,000 will be made to the employee retiring after thirty (30) years continuous service if the employee does not elect to continue the health/dental insurance coverage in effect at the time of retirement.

6.6 Life Insurance

Secretaries will be provided with group term life insurance coverage (subject to insurance carrier age restrictions) in the amount of $50,000 with the full premium paid by the Board. This benefit will terminate upon the employee's cessation of employment with the Board.

ARTICLE VII - HOLIDAYS

The following shall be considered non-working paid holidays for the secretarial staff:

- Labor Day
- Columbus Day
- Good Friday
- Thanksgiving Day
- Day After Thanksgiving
- Martin Luther King Day
- Presidents' Day
- Veteran's Day
- Memorial Day
- Independence Day
- Floating Holiday

The Holiday/Christmas recess shall also be considered a non-working, paid period for the secretarial staff, with no reduction in hourly wages.
When school is dismissed early on the day before a scheduled holiday, secretaries may leave 1/2 hour after the dismissal of students with no loss of regular wages.

If any of the above holidays are not observed as a school holiday, the secretarial staff will be granted a floating holiday in lieu of the scheduled holiday with no loss of regular wages.

Members will receive Juneteenth as a paid holiday in the event that the Board of Education ever votes to approve the day as a holiday for the District.

**ARTICLE VIII - SENIORITY, LAYOFF, RE-CALL - VACANCIES, TRANSFERS**

A. Notice of Vacancies:

Notice of vacancies and/or new positions shall be posted in all schools for ten (10) working days prior to public announcement. The notice shall include the job classification, the job requirements as detailed in the current job description in order to qualify, and the date by which the application must be filed.

B. Transfers:

1. Bargaining unit members who wish to apply for a vacancy or to transfer to another position shall file a written statement of such desire with the Superintendent or his/her designee within the time limit provided.

2. When a position becomes available, present employees will be given the opportunity to transfer to the open position first before hiring from the outside to fill a vacant position provided the employee is qualified to do the job in the opinion of the administration.

3. Where two members apply for the transfer, the position shall be filled by the person with the greatest seniority, provided both persons are qualified to do the job in the opinion of the administration.

4. In the event that a bargaining unit employee is denied a transfer, the employee will be notified, in writing, of the reason, or reasons, for such denial by his/her Administrator making such decisions.

5. The opinion of the administration as it applies to Article VIII, paragraph B, items #2, #3 and the contents of the letter as set forth in item #4, are not grievable.

C. Seniority:

1. A Seniority listing as of October 1st will be posted each year by October 15th and a copy shall be provided to the President of the Secretaries' Union.
2. Seniority is defined as the employee's continuing and uninterrupted length of service to the Board from the employee's most recent date of hire.

3. Any objection to the seniority list shall be reported to the Superintendent within ten (10) working days of the posting of the Seniority Listing. Any bona fide errors will be remedied.

D. Lay-off and Recall:

1. Lay-off of employees will be with the least senior laid off first.

2. Recall of employees will be with the most senior recalled first. Employees shall have recall rights for one (1) year from date of lay-off.

3. Any person being recalled as a result of lay-off shall retain previous seniority.

4. Notice of recall will be sent by certified mail to the last address and email provided to the Board by the employee.

5. In the event an employee refuses to return to work when recalled, or fails to respond to an offer of recall within five (5) days from the date of receipt of the notice of recall, his/her seniority will be considered lost and he/she will no longer be considered eligible for recall.

6. Any employee subject to layoff will be notified in writing at least three (3) weeks prior to any layoff and shall also have an opportunity to meet with the Superintendent of Schools or his/her designee with Union representation.

**ARTICLE IX - SEVERANCE PAY**

9.1 Upon retirement under the terms of the MERF plan, employees with less than twenty-five (25) years of continuous service shall receive a one-time payment of fifty (50%) of their accumulated sick leave.

Upon retirement under the terms of the MERF plan, employees with twenty-five (25) or more years of continuous service shall receive a one-time payment of seventy-five percent (75%) of their accumulated sick leave.

9.2 Upon lay-off by the Board, employees with ten (10) or more years of continuous service shall receive a one-time payment of twenty-five (25%) of their accumulated sick leave.

9.3 No employee hired after September 1, 2007 shall be eligible for the severance and lay off benefits noted in sections 9.1 and 9.2 above.
ARTICLE X - GRIEVANCE PROCEDURE

10.1 The purpose of this grievance procedure shall be to maintain cooperation and understanding between the UPSEU and the Board to secure, at the lowest possible administrative level, equitable solutions to the problems which may from time to time arise affecting the conditions of employment of employees. In instances where friction and misunderstanding may arise, the grievance procedure should be applied to alleviate the situation as quickly as possible with as few steps as possible and with the greatest possible satisfaction to all parties concerned. All parties agree that these proceedings shall be kept as informal and confidential as may be appropriate at any level of procedure. Nothing in this contract shall be construed as limiting the right of any employee having a grievance or problem to discuss the matter informally with the Administrator for referral to the Superintendent and the Board.

10.2 A grievance is hereby defined as any dispute between the Board and UPSEU concerning the interpretation or application of a specific term of this Agreement.

10.3 It is understood that employees shall, during and notwithstanding the pendency of any grievances, continue to observe all assignments and applicable rules and regulations of the Board until such grievance and any effect thereof shall have been fully determined.

Formal grievance procedure can begin only after the employee has first attempted to resolve his dissatisfaction with the building administrator on an informal basis and has presented to the building administrator a written statement describing the grievance and a solution requested.

An employee must submit a written statement on a designated UPSEU grievance form within fifteen (15) working days of the incident on which the grievance is based. A grievance once formally submitted to this procedure shall be terminated either by agreement of the parties concerned or by failure of the grievant or the UPSEU to refer the grievance to the next level within the specified time limit (or longer time if an extension is mutually agreed upon in writing).

10.4 The following steps are agreed to for formally settling properly established grievances. The time limits may be extended only by mutual written agreement.

10.4.1 First - Building Administrator

   a. Employee presents a written statement of the grievance to the Building Administrator within fifteen (15) days of the event giving rise to the grievance.

   b. The Building Administrator shall meet with the employee within five (5) days of receipt by the Building Administrator of (a).
The Building Administrator shall give a written decision to the employee within five (5) days of the meeting of (b).

10.4.2 Second - Superintendent

a. The employee files a request for appeal to the Superintendent with the Building Administrator within fifteen (15) days of the receipt of the decision of 3.4.1 (c) by the employee.

b. The Administrator and the Superintendent meet with the employee within twenty (20) days of receipt of the request of (a) by the Building Administrator.

c. The Superintendent gives a written decision to the employee within ten (10) days of the meeting of (b).

10.4.3 Third - Mediation

If the grievant is not satisfied with the decision at Level Three, the UPSEU may request the services of the Connecticut State Board of Mediation to act as mediator of the grievance. Any request for mediation must be in writing and must be filed with the State Board within ten (10) days of receipt of the decision under Level Three. The mediator's role shall be strictly advisory, and neither party shall be obligated to accept any opinion or recommendation of the mediator.

10.4.4 Fourth - Arbitration

a. When mediation does not resolve the issue satisfactorily, any party may opt for Arbitration. UPSEU shall provide notice of intent to request Arbitration within eleven (11) days from the date of receipt of the Mediator's decision.

b. The UPSEU and the Board Chairman sign an agreement designating an arbitrator within ten (10) days of receipt by the Superintendent of the notice of (a). If they are unable to agree on an arbitrator during this time period, either may contact the American Arbitration Association to appoint an arbitrator.

c. The arbitrator reviews the record, holds hearing, receives statements, and then renders to all parties, his findings with reasons therefor. The arbitrator shall be encouraged to complete this action within twenty (20) days of his/her designation as arbitrator. The fees and expense charges by the arbitrator shall be shared equally by the UPSEU and the Board.

d. The arbitrator selected shall limit himself to the issues submitted and shall consider nothing else. He can add nothing to or subtract anything from this Agreement between the parties.
e. The decision of the arbitrator shall be binding upon the parties and all employees during the life of this Agreement unless the same is contrary to law.

ARTICLE XI - UNION MEETING ON SCHOOL PROPERTY

Upon approval of the Superintendent or his designee, after request at least twenty-four (24) hours in advance, the UPSEU may call meetings in each school before or after school or during the lunch hour whenever necessary, provided such meetings do not conflict with other scheduled activities.

ARTICLE XII - NON-DISCRIMINATION

There shall be no reprisals of any kind taken against any employee by reason of his membership in a professional organization or participation in its activities.

All provisions of this Agreement shall apply equally to all employees without discrimination in regard to political or labor organization affiliation, age, race, creed, color, religion, national origin, sex, marital status or physical disability. Any alleged violations of Article XII of this Agreement shall not be subject to the grievance and arbitration language set forth in Article X.

ARTICLE XIII - NO STRIKE

The UPSEU agrees it will not authorize, instigate, sanction or condone any strike, work stoppage, concerted refusal to render services or interference with the orderly operation of the Board at any time. Any employee who engages in such activity shall be subject to disciplinary action, up to and including discharge.

ARTICLE XIV - DUES CHECK-OFF/NEW EMPLOYEES

14.1 During the life of this Agreement, an employee retains the freedom of choice whether or not to become or remain a member of the UPSEU.

14.2 UPSEU dues shall be deducted by the Board from the paycheck of each employee who signs and remits to the Board an authorization form. Such deduction shall be discontinued upon written request of an employee thirty (30) days in advance.

14.3 The amount of dues deducted under this Article, together with a list of employees, shall be remitted to UPSEU in the month in which such deductions are made together with a list of employees and their addresses for whom any such deductions are made.

14.4 The UPSEU shall indemnify the Board for any liability or damages incurred by the Employer in compliance with this Article.

14.5 Within ten (10) days of hire, the Board shall provide the Union with the employee’s 1) full name; 2) work classification; 3) work location/department; 4) rate of pay; 5) work email address; 6) employee mailing address; 7) work telephone; and 8) hire date.

14.6 The Union shall be provided an opportunity to meet with new employee during the course of any employment orientation program for new employee. Where such an orientation program does not exist, the Union shall be provided an opportunity to meet with new
employees during the first month of a new hires’ appointment either on employee’s time, or for such new employees who have a paid lunch, at a convenient time during the workday, but shall not exceed thirty (30) minutes.

**ARTICLE XV - DISMISSAL/DISCIPLINARY ACTION**

All disciplinary action will be for just cause.

**ARTICLE XVI - PROBATIONARY PERIOD**

There shall be a probationary period of sixty (60) working days before the position is permanently filled. During a new employee’s probationary period, no layoff, suspension, discipline or discharge shall be construed as a violation of any of the provisions of this Agreement or cause for or subject to the grievance and arbitration procedure as provided in Article X. In the event that an employee is absent from work during his/her probationary period, the employee’s probationary period shall be extended for each day the employee was absent from work.

**ARTICLE XVII - OVERTIME AND PAY**

17.1 Employees shall be paid by direct deposit bi-weekly on Fridays.

17.2 The Board agrees to provide “Electronic Money Transfer (s)” in the following capacities:

   a. It will be mandatory for all employees to request, in writing, for the Board to credit to such employee’s account all salary and wages in any bank which has agreed with the Board to directly accept such wage deposits.

   b. To transmit monies to agents of record each pay period.

17.3 Overtime must be approved in advance in writing by the Superintendent or his/her designee or verified in writing by the building/department administrator.

**ARTICLE XVIII - WEATHER CONDITIONS**

When schools are closed because of any emergency such as snow, ice or other hazardous conditions, school-based employees will be excused from work without loss of pay.

When school children are dismissed early because of an emergency such as snow, ice or other hazardous conditions, school based employees will be excused one-half hour after the children are dismissed without loss of pay, except one designated employee who will stay until all buses have completed their runs.

On late opening school days, the school-based employees are expected to make every effort to report to work and shall suffer no loss of pay or leave time, provided they report to work when school opens.

When a school-based employee is required to work when school is closed for any of the above reasons, he/she will be compensated as stated in Article XVII - Overtime.

With respect to non-school based employees, the above-noted language shall be applied at the discretion of the Superintendent or his/her designee.
ARTICLE XIX - GENERAL

19.1 Should any article, section or portion thereof, of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction, such decision of the court shall apply only to the specific article, section, or portion thereof, directly specified in the decision. Upon issuance of a decision, the parties agree immediately to negotiate concerning a substitute for the invalidated article, section or portion thereof.

19.2 This Agreement shall be electronically accessible to all employees of the bargaining unit.

19.3 The UPSEU shall furnish the Board with a list of its officers and executive committee members and shall notify the Board as soon as possible, in writing, of any changes. Such notification shall be sent to the Superintendent. No officer or executive committee member shall be recognized by the Board until such written notification of the appointment shall be received by the Board from a duly authorized officer of the UPSEU.

19.4 The use of masculine or feminine pronouns in this Agreement shall apply to employees of either sex.

19.5 Any bargaining unit member who voluntarily leaves the employment of the Board shall give the Board two (2) weeks' notice whenever possible.

ARTICLE XX - DURATION

This Agreement contains the full and complete agreement between the Board and the UPSEU on all bargainable issues. The Agreement shall be binding upon the Board and the UPSEU for the period of three (3) years from the 1st day of July 2022 to and including the 30th day of June 2025.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals this ____ day of _____, 2022.

By: [Signature]
UPSEU, Unit 125 President
12-6-2022
Date

By: [Signature]
UPSEU President Keven E. Boyle, Jr.
12-14-2022
Date

By: [Signature]
Chairperson, Seymour Board of Education
10-8-2022
Date

Witness for Union

Witness for BOE
**APPENDIX A**

July 1, 2022 - June 30, 2025

All new hires shall be placed on step one and shall advance one step each contract year. All other current employees covered by this Agreement shall advance one step each contract year except those at maximum step, who shall move horizontally each contract year.

If an employee is hired after April 1st of the then current contract year, he/she will remain on the same salary step at the commencement of the ensuing contract year.

**SECRETARIES SALARY SCHEDULES**

<table>
<thead>
<tr>
<th>System-Wide Bookkeepers</th>
<th>2.25%</th>
<th>2.25%</th>
<th>2.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.W.I.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-1-22 to 6-30-23*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step One</td>
<td>$23.89</td>
<td>$24.42</td>
<td>$24.97</td>
</tr>
<tr>
<td>Step Two</td>
<td>$25.14</td>
<td>$25.71</td>
<td>$26.29</td>
</tr>
<tr>
<td>Step Three</td>
<td>$26.73</td>
<td>$27.33</td>
<td>$27.94</td>
</tr>
<tr>
<td>Step Four</td>
<td>$28.62</td>
<td>$29.26</td>
<td>$29.92</td>
</tr>
<tr>
<td>Step Five</td>
<td>$29.34</td>
<td>$30.00</td>
<td>$30.67</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secretaries/Operating Unit Bookkeepers</th>
<th>2.25%</th>
<th>2.25%</th>
<th>2.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>G.W.I.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-1-22 to 6-30-23*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hourly Rate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step One</td>
<td>$22.63</td>
<td>$23.14</td>
<td>$23.66</td>
</tr>
<tr>
<td>Step Two</td>
<td>$23.89</td>
<td>$24.42</td>
<td>$24.97</td>
</tr>
<tr>
<td>Step Three</td>
<td>$25.47</td>
<td>$26.04</td>
<td>$26.63</td>
</tr>
<tr>
<td>Step Four</td>
<td>$27.36</td>
<td>$27.98</td>
<td>$28.61</td>
</tr>
<tr>
<td>Step Five</td>
<td>$28.05</td>
<td>$28.68</td>
<td>$29.32</td>
</tr>
</tbody>
</table>

Secretaries work year - 7.5 hours per day x 260 workdays per year = 1950 hours

*Retroactive to July 1, 2022*
APPENDIX B

Section 1. Longevity shall be considered an added compensation to employed services to the Board. Longevity payments shall not affect the annual pay rate to which the employee is entitled. Said longevity payments shall be included in the employee's total earnings for the purpose of determining his/her pension benefits.

   a. Longevity payments shall be as follows:

      15 years of service but less than 20 years 20 years of service but less than 25 years 25 years of service but less than 30 years 30 years of service and thereafter

      $200.00       $250.00       $300.00       $350.00

Section 2. Service shall be calculated from the first date an employee is assigned as a bargaining unit employee of the Board.

Section 3. The longevity payments prescribed by this article shall be included in the pay distributed on the first payday in September in each year. The parties specifically agree that there shall be no proration of longevity payments. The parties agree that an employee shall be deemed entitled to the longevity payment prescribed by this article as of the first day of the contract year in which he/she will attain, or does attain, the years of service noted in the schedule in Section 1, hereof.

Section 4. In the event of the death of an employee who is entitled to such longevity payments, said longevity payments shall be paid to his/her widow(er) or, in the event the employee is not survived by a widow(er), said longevity pay shall be paid to his/her dependent children.

Section 5. Only employees hired prior to July 1, 2016, will be eligible for longevity payments.
APPENDIX C
SUMMARY OF HEALTH BENEFITS

Anthem Blue Cross and Blue Shield, Seymour BOE HSA
Your Plan: Anthem Centuray Preferred FPO GHSA $2250/$4500 80/20% OON
Your Network: Centuray Preferred Plant# 11 SECRETARIES

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Cost if you see an In-Network Provider</th>
<th>Cost if you see a Non-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Deductible</td>
<td>$2,250 person / $4,500 family</td>
<td></td>
</tr>
<tr>
<td>See note section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Limits</td>
<td>$3,250 person / $4,050 family</td>
<td>$3,250 person / $10,500 family</td>
</tr>
<tr>
<td>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefits period. See note section for additional information regarding your out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care screening immunization</td>
<td>No charge</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and pneumococcal vaccines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor Home and Office Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Specialist care visit</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>
# Your summary of benefits

<table>
<thead>
<tr>
<th>Covered Medical Benefits</th>
<th>In Network Provider</th>
<th>Out of Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Preventive Care</strong></td>
<td>No Charge</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td><strong>Routine Postnatal Care</strong></td>
<td>No Charge</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td><strong>Other provider visits:</strong></td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Retail Health Clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-line Medical Visit</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Live Health Online is the preferred telehealth solution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(<a href="http://www.livemdoh.com">www.livemdoh.com</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture/Counsel</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td><strong>Other services in an office:</strong></td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Allergy testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemo/radiation therapy</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Dialysis/Hemodialysis</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td><em>For the drug itself dispensed in the office thru infusion/injection.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Your summary of benefits

<table>
<thead>
<tr>
<th>Diagnostic Services</th>
<th>Cost if in Network Provider</th>
<th>Cost if out of Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Freestanding/Site-of-Service Lab</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X-ray:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Freestanding/Site-of-Service Radiology Center</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>

**Advanced Diagnostic Imaging:** Imaging services include MRI, MRA, CAT, CT-L, PET, and SPECT scans

<table>
<thead>
<tr>
<th>Office</th>
<th>0% coinsurance after deductible is met</th>
<th>20% coinsurance after deductible is met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freestanding/Site-of-Service Radiology Center</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>
### Your summary of benefits

<table>
<thead>
<tr>
<th>Covered Medical Benefits</th>
<th>In Network Provider</th>
<th>Out of Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency and Urgent Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Case</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Emergency Room Facility Services</td>
<td>0% coinsurance after deductible is met</td>
<td>Covered at In-Network</td>
</tr>
<tr>
<td>Emergency room doctor and other services</td>
<td>0% coinsurance after deductible is met</td>
<td>Covered at In-Network</td>
</tr>
<tr>
<td>Ambulance Transportation</td>
<td>0% coinsurance after deductible is met</td>
<td>Covered at In-Network</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health and Substance Use Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor office visit and Online Visit</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Facility visits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility fees</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Doctor Services</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility fees:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Freestanding Surgical Center</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>
Your summary of benefits

<table>
<thead>
<tr>
<th>Covered Medical Benefits</th>
<th>Cost Proportion In Network</th>
<th>Cost Proportion Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor and other services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Stay (all inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services): Facility fees (for example, room &amp; board)</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Doctor and other services</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Recovery &amp; Rehabilitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Rehabilitation services (for example, physical/speech/occupational therapy/chiropractic): Office</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>

(Seymour School Secretaries
UPSEU Local 424
7/1/2022 to 6/30/25)
<table>
<thead>
<tr>
<th>Covered Medical Benefits</th>
<th>In Network Provider</th>
<th>Non-Network Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac rehabilitation</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Office</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Outpatient/hospital</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Skilled nursing care (in a facility)</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Coverage for In-Network Provider and Non-Network Provider excluded is limited to 120 days per benefit period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Coverage for leasing aids is limited to 1 per ear every 2 years.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td>0% coinsurance after deductible is met</td>
<td>20% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Mandatory referral if prescribed by a licensed orthotist for a patient who suffers from a condition or amputation./Members may have for prosthetic arms, legs and accessories a 0% coinsurance after deductible when In-Network.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Your summary of benefits

<table>
<thead>
<tr>
<th>Covered Prescription Drug Benefits</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Deductible</strong></td>
<td>Combined with medical deductible</td>
<td>Combined with medical deductible</td>
</tr>
<tr>
<td><strong>Pharmacy Out of Pocket</strong></td>
<td>Combined with medical out of pocket maximum</td>
<td>Combined with medical out of pocket maximum</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong></td>
<td>National Drug List</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 1 - Typically Generic</strong></td>
<td>Covers up to a 30 day supply (mail pharmacy). Covers up to a 90 day supply (home delivery program).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After deductible is met $5 copay retail $5 copay mail order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% co-insurance after deductible (retail and home delivery).</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 2 - Typically Preferred Brand</strong></td>
<td>Covers up to a 30 day supply (mail pharmacy). Covers up to a 90 day supply (home delivery program).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After deductible is met $25 copay retail $50 copay mail order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% co-insurance after deductible (retail and home delivery).</td>
<td></td>
</tr>
<tr>
<td><strong>Tier 3 - Typically Non-Preferred Brand</strong></td>
<td>Covers up to a 30 day supply (mail pharmacy). Covers up to a 90 day supply (home delivery program).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>After deductible is met $40 copay retail $80 copay mail order</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20% co-insurance after deductible (retail and home delivery).</td>
<td></td>
</tr>
</tbody>
</table>
Your summary of benefits

Notes:
- The family deductible and out-of-pocket maximum are non-embedded, the deductible can be met individually or accumulatively.
- Your coinsurance, copays and deductible count toward your out of pocket amount.
- For additional information on this plan, please visit sir.anthem.com to obtain a "Summary of Benefit Coverage".
- If your plan includes out of network benefits, all services with calendar/year limits are combined both in and out of network.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any differences between the covered expense and the actual non-participating provider's charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.
Language Access Services:

Get help in your language

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Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic: إذا كان لديك أي استفسارات بشأن هذا المستند، فهناك إمكانية الحصول على المساعدة والمعلومات باللغة العربية. يمكنك الاتصال بمركز المساعدة باللغة العربية على الرقم (844) 682-6553.

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Norwegian: Dette dokumentet har informasjon i olikt språkkjeg og hvis du ønsker å få informasjon i norsk, kan du kontakte (844) 682-6553.

{01671075.DOCX Ver. 1} Page 25 of 29
Language Access Services:

Polish (polski): W przypadku pytania związane z niniejszym dokumentem może posiadać bezpłatne usługi pomocnicze do informacji w swoim języku. Aby zasugerować je, należy dodać pod numer: (844) 682-6553.

Punjabi (ਪੰਜਾਬੀ): ਸੁਨਾਇਦੀ ਕਾਜ਼ ਵਾਲਾਹਿੰਦੀ ਬੀਏਲ ਖਾਸ ਉੱਪਨ ਵਿੱਚ ਹੋ ਸਕਦੀ ਹੈ ਬੀਏਲ ਖਾਸ ਬੁਲਿਆਂ ਵਿੱਚ ਪੰਜਾਬੀ ਭਵਾਨਾ ਵਿੱਚ ਸਕਦੀ ਹੈ। ਪੰਜਾਬੀ ਬੁਲਿਆਂ ਵਿੱਚ ਲਿਖਣ ਲਈ, (844) 682-6553 ਹੈ ਚਲ ਸਕਦਾ ਹੈ।

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы можете прямо на безплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переведчиком,

Позвоните по тел. (844) 682-6553.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costo. Para hablar con un intérprete, llame al (844) 682-6553.

Tagalog (Tagalog): Kung maroon kang kahitang kasingkaling tulong sa dokumentong ito, may hangganan kang haringi ng tulong sa imopingbayan sa iyong wika ang walang bayad. Mahigpit na sa imong tawagguhitwan, tawagin ang (844) 682-6553.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền tekst của quý vị gửi về thông tin Thông tin này có thể quý vị hết tư vấn miễn phí. Để tư vấn với một tham gia dịch vụ, hãy gọi (844) 682-6553.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop 82002-1160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 300 Independence Avenue, SW, Room 509F, HHHS Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at
https://www.hhs.gov/ocr/privacy/hipaa/faq/index.html. Complaint forms are available at
ATTACHMENT D
SUMMARY OF FLEX DENTAL BENEFITS

Summary of Benefits

Antibiotic Dental Essential Choice HMO

Seymour Town & Boro Blue Plan

Antimicrobial Blue Cross and Blue Shield Dental Comprehensive

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to keep healthy. So, don’t skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools:

- Ask a Hygienist: Dental members can easily email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.

- Dental Health Risk Assessment: We need our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.

- Dental Care Cost Estimator: In order to help our dental members better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.

- Mobile Connect: With our latest mobile app, members can find a network dentist as well as view their claims. Our application is available for both Android and Apple phones.

Dentists in your plan network:

- You'll save money when you visit a dentist in your plan network. Because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.

- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for how to call, write or email us.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

<table>
<thead>
<tr>
<th>Coverage Year</th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Benefit Maximum</td>
<td>In Network: $1,000</td>
<td>Out-of-Network: $1,000</td>
</tr>
<tr>
<td>Annual Maximum Co-pays</td>
<td>In Network: $10</td>
<td>Out-of-Network: $10</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit Maximum</td>
<td>In Network: $2,000</td>
<td>Out-of-Network: $2,000</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>In Network: $30</td>
<td>Out-of-Network: $30</td>
</tr>
<tr>
<td>Family maximum</td>
<td>In Family: In Family:</td>
<td></td>
</tr>
<tr>
<td>Deductible Waived for Cosmetic/Preventive Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-Network Restitution</td>
<td>$25 per visit</td>
<td></td>
</tr>
</tbody>
</table>

Antimicrobial Blue Cross and Blue Shield is the trade name of Antimicrobial Health Plans, Inc. a subsidiary of the Blue Cross Blue Shield Association. Antimicrobial Health Plans, Inc. is a registered trade name of Antimicrobial Blue Cross and Blue Shield Association.
<table>
<thead>
<tr>
<th>Dental Services</th>
<th>In-Network Author Pays</th>
<th>Out-of-Network Author Pays</th>
<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Teeth cleaning, prophylaxis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- OCT scans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Periodontal flap (only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oral surgery</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Emergency services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic (Non-Surgical) Services</strong></td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Consultation with a physician or pharmacist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Surgical extraoral stabilization or diagnostic procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Anesthesia extraoral</td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Immediate post-operative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Emergency procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cedentistry (Non-Surgical)</strong></td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- General debridement only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cedentistry (Surgical)</strong></td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Adjunctive debridement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics (Non-Surgical)</strong></td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Peri-implant maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Scaling and root planing, when the mouth permits a depth of four mm or greater</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 24 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics (Surgical)</strong></td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Periodontal surgery, flap, crown, root canal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Surgery (Simple)</strong></td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Simple extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Surgery (Complex)</strong></td>
<td>60% coverage</td>
<td>60% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Complex extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major (Restorative) Services</strong></td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Crowns, onlays, veneers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosthodontics</strong></td>
<td>50% coverage</td>
<td>50% coverage</td>
<td>No waiting period</td>
</tr>
<tr>
<td>- Dentures and bridges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Repair and replacement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Root Canal/Endodontic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crowns, onlays, root canal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Operating room visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Limit one per 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Dental Services (continued) | In-District
Arranged PPO | Out-of-Network
Arranged PPO | Waiting Period |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Orthodontic Services</td>
<td>50% co-insurance</td>
<td>50% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>* Through age 18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary/Minor Joint Disorder (TMD)</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>* Splints, plates, and surgical procedures including orthodontics and oral surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosmetic Teeth Whitening</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>* Not covered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Coverage varies, such as age, duration on or off care, and may not cover all treatment. For more information on benefits, please contact your union representative.

### Additional Services and Programs

<table>
<thead>
<tr>
<th>Additional Services and Programs</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Wellness Health Connection - Dental</td>
<td>Included</td>
</tr>
<tr>
<td>* For members with orthodontic conditions, optional dental benefits are available with a deductible or waiting periods. Eight regular services are paid at 100% and will not reduce your coverage year amount maximum (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Accident Dental Injury Benefit</td>
<td>Included</td>
</tr>
<tr>
<td>* Provides coverage for accidental injuries to teeth up to the coverage year amount maximum (Frequencies). No deductible, no maximum coverage, or waiting periods apply</td>
<td></td>
</tr>
<tr>
<td>Estimate of Benefits</td>
<td>Included</td>
</tr>
<tr>
<td>* For members with orthodontic conditions, optional dental benefits are available with a deductible or waiting periods. Eight regular services are paid at 100% and will not reduce your coverage year amount maximum (if applicable)</td>
<td></td>
</tr>
<tr>
<td>International Emergency Dental Program</td>
<td>Included</td>
</tr>
<tr>
<td>* Provides emergency dental benefits while working or living abroad, including hospitalization, emergency, and urgent care. Eight regular services will be paid 100%, with no deductibles, no maximum coverage, or waiting periods apply</td>
<td></td>
</tr>
</tbody>
</table>

**Services provided before or after the term of this coverage - Benefits resumed before your effective date or after your coverage ends, unless otherwise specified in the dental plan contract.**

Services included in the plan include:
- Orthodontia
- Suturing
- Oral surgery
- Endodontia
- Periodontia
- Gum disease prevention
- Emergency services
- Hospitalization

This is not a contract to a specific listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail.

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Seymour School Secretaries
UPSEU Local 424
7/1/2022 to 6/30/25

Ambicare Dental and Blue Cross are the plan names of Ambicare Dental Plans, Inc. Inc. A subsidiary of Blue Cross Blue Shield Association. AABC is an affiliated managed care company. The Blue Cross and Blue Shield Association are registered marks of the Blue Cross and Blue Shield Association.