

**COLLECTIVE BARGAINING  
AGREEMENT**

*By and Between*

**SEYMOUR BOARD OF EDUCATION**

*and the*



**UNITED PUBLIC SERVICE EMPLOYEES UNION  
LOCAL 424-UNIT 80  
SEYMOUR BOE PARAEDUCATORS**

**July 1, 2022 to June 30, 2025**

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## RECOGNITION

This Agreement, between the Seymour Board of Education (hereinafter called the "Board") and the United Public Service Employees Union, Local 424-Unit 80, Seymour BOE Paraeducators (hereinafter called the "UPSEU"), which the Board recognizes as the exclusive bargaining representative for all Seymour Paraeducators in the Seymour Schools in accordance with Municipal Employee Relations Act under Case #ME-30,784.

The UPSEU accepts such recognition and agrees to represent equally all paraeducators without regard to membership or participation in, or association with the activities of, the UPSEU or any other paraeducator organization and to continue to admit to membership without qualifications other than payment of dues and employment by the Board.

## ARTICLE I BOARD RIGHTS

The Board shall continue to retain its rights, powers and authorities so vested by law, unless specifically limited by the express provisions of this contract. Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board has and will continue to retain, whether exercised or not, all of the rights, powers and authority, whether express or implied, heretofore had by it and, except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, it shall have the sole and unquestioned right, responsibility and prerogative of the management of the affairs of the school and direction of the working force.

a. **Enumerated Rights:** The exclusive functions and rights of the Board include, but are not restricted to, the right to establish or continue policies, practices and procedures for the conduct of Board business and, from time to time, to change or abolish such policies, practices or procedures; to direct the operation of the paraeducators in all aspects; to determine the methods and levels of financing and budget allocation; to determine and, from time to time, re-determine the number of paraeducators to be employed; to employ, promote, demote, transfer, layoff, terminate for just cause or otherwise relieve paraeducators from duty for lack of work or other legitimate reasons; to assign work; to determine shifts, work schedules and hours of work; to discipline, suspend and/or discharge paraeducators for just cause; to determine the procedures for promotions and transfers; to select and determine the qualifications of paraeducators; to select and employ new paraeducators; to determine job descriptions and job classifications; to create, enforce and, from time to time, change rules and regulations concerning discipline and the performance of work.

b. **Unenumerated Rights:** The listing of specific rights in Section (a) of this provision is not intended to be all inclusive, restrictive or a waiver of any rights of the Board not listed which have not been expressly and specifically surrendered herein, whether or not such rights have been exercised by the Board.

## ARTICLE II WORK YEAR

The work year shall be in accordance with the school year established for the Seymour School System. The work year may include additional in-service days for employees, for which the employees shall be provided advance notice. Instructional Paraeducators may be scheduled to work up to five (5) additional days beyond the school year. Clerical Paraeducators may be scheduled to work up to ten (10) additional days beyond the school year. Each employee will be given at least two (2) weeks' advance notice of the date of his/her last workday of each school year.

## ARTICLE III EMPLOYMENT

### Section 1: Notice of Vacancies

Notice of vacancies and/or new positions shall be posted in all schools and on the district website for ten (10) work days. The notice shall include the job classification, the nature of the job requirements in order to qualify, location of assignment, and the date by which the application must be filed.

### Transfers

- a. Bargaining unit paraeducators 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.
- b. When a position becomes available, present paraeducators will be given the opportunity to transfer to the open position first before hiring from the outside to fill a vacant position, provided the paraeducator is qualified to do the job in the opinion of the administration. In making this decision, the IEP (if applicable) of the child(ren) affected will be considered.
- c. Where two or more paraeducators apply for the same position, the position shall be filled by the most qualified paraeducator in the opinion of the administration. If two (2) or more paraeducators are deemed equally qualified in the opinion of the administration, then seniority shall prevail.
- d. In the event that a bargaining unit paraeducator is denied a transfer, the bargaining unit paraeducator will be notified in writing of the reason, or reasons, for such denial by either his/her Administrator or the Superintendent, or his/her designee.
- e. The opinion of the Administrator, Superintendent or his/her designee as it applies to Article III, Section 1, (a-c) and the contents of the letter as set forth in subsection (d) above, shall not be subject to the grievance and arbitration procedure as provided in Article IX.

### Section 2: Seniority

- a. A Seniority list will be created each year as of September 1<sup>st</sup>, with a copy provided to the Unit President and UPSEU Representative no later than September 15<sup>th</sup>.
- b. Seniority is defined as the paraeducator's continuing and uninterrupted length of service to the Board from the paraeducator's most recent date of hire in the bargaining unit.
- c. Any objection to the seniority list shall be reported to the Superintendent within ten (10) work days of the seniority list being provided to the Unit President and UPSEU Representative.

### Section 3: Notification of Employment

Paraeducators shall be notified in writing of non-employment for the following school year by April 1st when possible.

### Section 4: Lay-off and Recall

- a. If the Board deems that layoffs are necessary, the Board, or its designee, will determine which classification(s) shall be affected by the layoff. Once the classification(s) is/are determined, the least senior paraeducators within the affected classification(s) shall be laid off first. Such classifications are the specific classifications set forth in the wage schedule in Appendix A.

- b. The most senior paraeducators within the specific classification that the Board deems a need for a paraeducator will be recalled first. Paraeducators shall have recall rights for two (2) years from date of lay-off.
- c. Any paraeducator being recalled as a result of lay-off shall retain previous seniority.
- d. Notice of recall will be sent by certified mail to the last address provided to the Board by the paraeducator.
- e. In the event a paraeducator refuses to return to work when recalled, or fails to respond to an offer of recall within ten (10) business 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.

#### **Section 5: Placement**

All new paraeducators shall be placed on the wage schedule as determined by the Board or its designee. The Board or its designee shall inform the Union whenever a new hire is placed above Step A.

- a. **Full-Time:** Defined as any paraeducator working thirty (30) hours or more per week on a regular basis in any capacity. Regular defined as five (5) days per week, each week during the school year.
- b. **Part-Time:** Defined as any paraeducator working less than thirty (30) hours per week on a regular basis in any capacity. Regular defined as five (5) days per week, each week during the school year.

### **ARTICLE IV COMPENSATION**

**Section 1:** All paraeducators will be paid for hours worked in accordance with the classifications and step schedules contained in Appendix A, Wage Schedule.

**Section 2:** Paraeducators shall be paid bi-weekly on Friday and shall receive pay stub information in a paperless electronic format. Paraeducators hired as of September 30, 2014, shall have the option to annually request a written copy of their bi-weekly payroll information. A payroll schedule will be provided to each paraeducator by September 1<sup>st</sup> of each year.

The Board agrees to provide "Electronic Money Transfers" 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 to directly accept direct wage deposits.
- b. The Board will transmit monies to such agents of record each pay period.

#### **Section 3: Terms of Employment**

The Superintendent shall have the final recommendation for the selection of paraeducators governed by this agreement and their subsequent terms of employment.

**Section 4:** Effective upon the date of ratification of this Agreement, any paraeducator involved with the changing of diapers and toileting or hygiene as a regular daily duty will receive \$2.00 per hour as a personal care stipend above his/her rate of pay as established in Appendix A, Wage Schedule. If the paraeducator transfers to a position where these duties are not required, they will cease to receive the above referenced rate effective with the date of the transfer.

**Section 5:** The Board will pay the full costs associated with non-Board sponsored workshops, seminars and other professional development activities, as applicable to specific assignments and with the prior approval

of the Administrator or their designee. In the event that a paraeducator is denied his/her request, the denial shall not be subject to the grievance and arbitration procedure as provided in Article IX.

The Administrator or their designee may require a paraeducator to attend Board sponsored workshops, seminars or other professional development activities scheduled for early dismissal/in-service days. The paraeducator will be compensated for his/her hours of attendance at these Board sponsored events in accordance with his/her rate of pay as established in Appendix A, Wage Schedule.

## **ARTICLE V VACATION, HOLIDAY AND OTHER ABSENCES**

### **Section 1: Sick Days (Paraeducators working 20 or more hours per week only)**

a. Fifteen (15) days shall be allowed annually with full pay for absence due to illness of the employee, cumulative to one hundred (100) working days. Up to five (5) days per year may be used per employee to provide care for the illness of a family member of the employee's household. During the first year of employment, new employees shall receive a pro-rated number of sick days, based on the number of months remaining in the work year following their first day of work. On June 30<sup>th</sup>, those paraeducators who have 100 sick days accumulated in their bank, shall, on July 1<sup>st</sup> of that year, be provided with an additional 15 sick days for the next school year, however, under no circumstances shall more than 100 days be carried over.

b. Sick days may not be used to lengthen vacations or holidays.

c. If an employee's absence exceeds five (5) consecutive work days, it shall be the responsibility of the employee to provide the Superintendent or his/her designee with a doctor's certificate verifying the need for the absence upon request.

- i. The Superintendent or his/her designee may request an acceptable medical certificate from an employee for any leave of any duration if absence from work occurs frequently, habitually, or in a pattern.
- ii. When required to provide a medical certificate, the employee may provide a certificate from a doctor of his/her choosing, in which case the employee shall pay the cost. If the Superintendent requires a certificate from a doctor chosen by the Board, the Board shall pay the cost.

### **Section 2: Personal Days (Paraeducators working 20 or more hours per week only)**

Three (3) days shall be allowed annually, with full pay, provided reasonable notification has been given, and must be approved by the Superintendent or his/her designee. Personal days are in addition to sick days. Unused personal days cannot be accrued.

### **Section 3: Delayed Opening**

On delayed opening days, the paraeducators are expected to make every effort to report to work and shall suffer no loss of pay or leave time, if the paraeducator reports for that day by the time school opens.

### **Section 4: Unplanned Early Dismissals and School Closings**

a. On unplanned early dismissal days, the paraeducators are expected to make every effort to report to work and shall suffer no loss of pay or leave time, if the paraeducator reports for that day by the time school opens.

b. On school closings for inclement weather and other emergency closings, paraeducators are not expected to report to work.

c. In the event of a professional in-service half or full day, employees shall, at the discretion of the Board of Education, participate in Board scheduled training to complete the State mandated eighteen (18) hours of training. In addition, for the half day only, paraeducators may also be assigned other appropriate duties by the Administration, if the paraeducator volunteers to stay.

**Section 5: Absence Due to Death**

Employees shall be granted up to five (5) working days of leave immediately following a death in the household of the immediate family, specifically a spouse, child, parent, parent-in-law, brother, sister or stepchild; and three (3) days for the death of a brother-in-law or sister-in-law; and one (1) day for the death of a grandparent or grandparent-in-law, aunt or uncle.

**Section 6: Paid Holidays (Paraeducators working 20 or more hours per week only)**

Labor Day	Christmas Day
Columbus Day	New Years Day
Veterans Day **	Martin Luther King Day
Election Day	Presidents Day
Thanksgiving	Day after Presidents Day*
Day after Thanksgiving	Good Friday
	Memorial Day

\* Day after Presidents Day provided it is a day off by the school system.

\*\* Veterans Day included only when the holiday is celebrated as a day off by the school system.

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

**Section 7: Vacation (Paraeducators working 20 or more hours per week and Regular Part-Time Paraeducators)**

Eligible paraeducators, as defined below, will be paid for five (5) days during the Christmas holiday week, regardless of the length of this holiday vacation. In order to be eligible for such paid days off, paraeducators must have three (3) or more years of service as of their date of hire.

After completion of five (5) years of service with the school system, in addition to the Christmas holiday week, eligible paraeducators, as defined above, will receive winter vacation with pay. Eligible paraeducators will be paid for ten (10) days regardless of the length of these two (2) vacation periods.

After completion of ten (10) years of service with the school system, eligible paraeducators, as defined above, will receive the Christmas holiday week, winter vacation and spring vacation with pay. Paraeducators will be paid for fifteen (15) days regardless of the length of these three (3) vacation periods.

In the event of the elimination of either the Christmas holiday week, winter vacation or spring vacation, eligible paraeducators, as defined above, will receive five (5) days pay in lieu of the eliminated vacation period.

The vacation benefits of this section shall not be available to any regular part-time paraeducator hired after June 11, 2012.

Paraeducators working twenty (20) or more hours per week, hired since June 11, 2012, will be paid for five (5) days during the holiday recess.

**Section 8: Maternity Leave**

Disabilities caused by pregnancy, miscarriage, childbirth, and recovery there from, shall be treated as temporary disabilities for all job-related purposes. Accumulated sick leave shall be available for use during periods of such disability. Pregnancy or childbirth shall not be the basis for termination of employment or compulsory resignation. The Board reserves the right to obtain proper medical certification regarding the beginning and termination of such leave and may require examination or consultation by the School Medical Officer. The Board will continue to pay its share of insurance costs during the period of disability.

**Section 9: Child Rearing Leave**

Employees shall be granted child rearing leave in accordance with the Family Medical Leave Act (FMLA).

**ARTICLE VI  
FRINGE BENEFITS**

**Section 1: Life Insurance**

Paraeducators working 20 or more hours per week will be provided with group term life insurance coverage (subject to insurance carrier age restrictions) in the amount of twenty-eight thousand dollars (\$28,000), with the full premium paid by the Board. This benefit will terminate upon the employee's cessation of employment with the Board.

**Section 2: Longevity**

At the completion of Fifteen Years	\$400.00
At the completion of Twenty Years	\$700.00

Longevity payments will be paid in a lump sum and will be issued with the first pay check of the school year. Only employees hired on or before January 1, 2009 will be eligible to receive longevity payments.

**Section 3: Health Insurance**

Effective July 1, 2015, the Anthem High Deductible Health Plan ("HDHP") with Health Savings Account ("HSA") Plan ("HDHP/HSA") for full-time paraeducators.

From the plan year beginning July 1, 2022 through June 30, 2023, the Board will provide a HDHP/HSA which shall have an annual deductible of \$2,000 individual and \$4,000 family for in-network and out of network services. Effective July 1, 2023, the deductibles shall thereafter increase to \$2,250 individual and \$4,500 family. The combined in-network out-of-pocket annual maximum shall be \$5,000 individual and \$6,850 family coverage. The combined out-of-network out-of-pocket annual maximum shall be \$5,000 for individual coverage and \$10,000 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 B.

A HSA shall be established by the Board for each eligible paraeducator who elects the HDHP/HSA option. The Board shall deposit employee pre-tax deductions into the HSA account as directed, in writing, by the paraeducator. The Board shall annually, in September or January of each year, contribute by direct deposit

to the Paraeducator's HSA (or HRA for active employees not eligible for an HSA) thirty percent (30%) of the in-network annual deductible.

Eligible employees will pay the following percentages of premium for medical and dental plans during this Agreement:

Effective upon ratification	8.0%
July 1, 2023 to June 30, 2024	9.0%
July 1, 2024 to June 30, 2025	10.0%

If a paraeducator adds their eligible dependents under age 26 to the plan, the paraeducator shall pay 100% of the cost difference between the single coverage rate and the two person/family rate.

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

## ARTICLE VII RETIREMENT

Eligible full-time paraeducators shall participate in Plan B of the Municipal Employee Retirement Fund (MERF).

## ARTICLE VIII CONFIDENTIALITY AND GENERAL PROVISIONS

**Section 1:** Paraeducators shall exercise extreme caution in making statements in public since an unusual amount of weight might be placed upon them because of their position. Further, paraeducators shall zealously guard any confidential information for which they might be privy to because of their position.

**Section 2:** It is understood that this agreement is subject to, and shall operate within, the framework of the Statutes of the State of Connecticut.

**Section 3:** There shall be no reprisals of any kind taken against any paraeducator by reason of his or her membership in a professional organization or participation in its activities.

### Section 4: Copies of Agreement

The Board shall provide an electronic copy of this Agreement for each member of the bargaining unit.

### Section 5: Personnel Records

The official personnel records of Paraeducators shall be kept on file by the Central Office. Paraeducators may schedule an appointment with Central Office to review their own file and request up to one (1) free copy of relevant documents. Paraeducators may do this no more than twice per year. Requests for copies must identify specific documents to be copied.

## ARTICLE IX GRIEVANCE AND ARBITRATION

A grievance is hereby defined to be any dispute concerning the interpretation or application of any provision of this Agreement. All grievances must advise the employer of the specific provisions claimed to have been violated, of the nature of the grievance, and the remedy requested. The following steps are agreed to for

formally settling properly established grievances. The time limits set forth may be extended only by mutual agreement.

**Level One** — Paraeducators who have grievances are encouraged to attempt to work the matter out informally with their immediate supervisor and/or principal, with an UPSEU Representative present, if desired by the paraeducator(s).

**Level Two** — In the event that such aggrieved member of the unit is not satisfied with the disposition of his/her grievance at Level One, or in the event that no decision has been rendered within five (5) working days after presentation of the written grievance at Level One, he/she may appeal the written grievance to the Superintendent within fifteen (15) workdays after the decision at Level One, or fifteen (15) work days after the grievance was presented in writing at Level One, whichever is sooner.

The Superintendent shall represent the administration at this level of the grievance procedure. Within the five (5) work days after the receipt of the written grievance by the Superintendent, the Superintendent or his/her designee shall meet with the aggrieved paraeducator and an UPSEU Representative, in an effort to resolve it.

**Level Three** — In the event that the aggrieved member of the unit is not satisfied with the disposition of his/her grievance at Level Two, or in the event no decision has been rendered within fifteen (15) work days after he/she has first met with the Superintendent, he/she may within five (5) work days after a decision by the Superintendent or fifteen (15) work days after he/she has first met with the Superintendent, whichever is sooner, present a request in writing to the State Board of Mediation and Arbitration for mediation services if mutually agreed to by the parties. If mediation does not resolve the issue, or the parties desire to forgo mediation and arbitrate the issue, one arbitrator shall be mutually chosen by the grievant and the Board. If no agreement can be reached concerning the single arbitrator, then the State Board of Mediation shall appoint an impartial arbitrator. The total cost of the grievance arbitration shall be borne equally by the UPSEU and the Board.

The authority of the arbitrator shall be limited to the terms and provisions of this Agreement and the question or questions submitted. The arbitrator shall be bound by this Agreement and he/she shall not have the power to add to, delete from, or modify in any way any of the provisions of this Agreement. The decision of the arbitrator shall be final and binding on the parties.

## **ARTICLE X PARAEDUCATOR PROTECTION CLAUSE**

The Board shall protect and save harmless any paraeducator from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit, or judgment by reason of alleged negligence or other act resulting in accidental bodily injury or destruction of property within or without the school building, provided such paraeducator at the time of the accident resulting in such injury, damage or destruction was acting in the discharge of duties within the scope of employment or under the direction of the Board.

## **ARTICLE XI AGENCY SHOP AND DUES CHECK-OFF**

a. During the life of this agreement, a paraeducator retains the freedom of choice whether or not to become or remain a member of the UPSEU.

- b. UPSEU dues shall be deducted by the Board from the paycheck of each paraeducator who signs and remits to the Board an authorization form. Such deduction shall be discontinued upon written request of a paraeducator.
- c. The amount of dues deducted under this provision, together with a list of paraeducators, shall be remitted to UPSEU in the month in which such deductions are made together with a list of paraeducators and their addresses for whom any such deductions are made.
- d. The UPSEU shall indemnify the Board for any liability or damages incurred by the employer in compliance with these provisions.
- e. The Board shall provide the UPSEU Labor Relations Representative in writing via email within ten (10) school days the following information as it relates to new hires: 1) first and last name; 2) job title & work location (school); 3) available contact information to include phone, email and home address; 4) rate of pay.
- f. The Union shall be provided an opportunity to meet with new employees during the course of any employment orientation program for new employees. Where such an employee orientation does not exist, the Union shall be provided an opportunity to meet new employees during the first month of a new hire's appointment either on an 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 XII PROBATIONARY PERIOD**

Except as otherwise specifically provided in this Agreement, the first sixty (60) work days of employment of a paraeducator shall constitute such paraeducator's probationary period during which 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 IX. In the event that a paraeducator is absent from work during his/her probationary period, or for those days for which work is not scheduled, the paraeducator's probationary period shall be extended for each day the paraeducator was absent from work.

#### **ARTICLE XIII NON-DISCRIMINATION**

There shall be no reprisals of any kind taken against any paraeducator by reason of his/her membership in a professional organization or participation in its activities. All provisions of this Agreement shall apply equally to all paraeducators 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 violation of this provision of the contract shall not be subject to the grievance and arbitration procedure as provided in Article IX. The use of masculine or feminine pronouns in this Agreement shall apply to paraeducators of either sex.

#### **ARTICLE XIV UNION MEETING ON SCHOOL PROPERTY/UNION TRAINING**

Upon approval of the Superintendent or his/her designee, after a request at least twenty-four (24) hours in advance, 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.

The School District will provide one paid training day for each of the two Union officers per fiscal year, to be scheduled in advance with the School Administrator.

**ARTICLE XV  
NO STRIKE/NO LOCKOUT**

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 paraeducator who engages in such activity shall be subject to disciplinary action, up to and including discharge. The Board agrees that it shall not lockout its employees at any time.

**ARTICLE XVI  
DISCIPLINE**

No employee shall be disciplined or discharged by the Board without just cause and shall generally be progressive commensurate with the offense.

**ARTICLE XVII  
EDUCATION INCENTIVE**

The Board shall reimburse the money spent for books and tuition for any employee enrolled in a course in job related subjects with the approval of the Superintendent of Schools and upon the successful completion of each semester's work with a grade of B or better, up to a maximum of \$10,000 for the bargaining unit.

**ARTICLE XVIII  
DURATION**

This Agreement contains the full and complete agreement between the Board and 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 first day of July 2022 to and including the 30th day of June 2025. This Agreement will automatically extend itself for a period of one year according to state statute, unless either party gives notice within the designated time period that they wish to open negotiations for modifications to said Agreement.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

By: Karen Heskin  
Seymour Schools Paraeducators',  
UPSEU, Unit 80 President

By: C. G. [Signature]  
Seymour Board of Education

[Signature]  
Witness

Dr. Susan Compton  
Witness

By: [Signature]  
Kevin E. Boyle, UPSEU President

[Signature]  
Witness

**APPENDIX A  
 WAGE SCHEDULE**

**Section 1: This wage scale applies to positions classified as Part-Time Monitor Paraeducator.**

<b>3.00%</b>		<b>2.25%</b>		<b>2.25%</b>	
<b>Step</b>	<b>2022-23</b>	<b>Step</b>	<b>2023-24</b>	<b>Step</b>	<b>2024-25</b>
<b>A</b>	\$14.00	<b>A</b>	\$15.00	<b>A</b>	\$15.34
<b>B</b>	\$14.00	<b>B</b>	\$15.25	<b>B</b>	\$15.59
<b>C</b>	\$14.00	<b>C</b>	\$15.51	<b>C</b>	\$15.86
<b>D</b>	\$14.32	<b>D</b>	\$16.03	<b>D</b>	\$16.39

**Example of step progression**

The wage increases for the 2022-23 contract year will be effective and retroactive to the beginning of the 2022-2023 Seymour School Year. All wage increases for the 2023-24 and 2024-25 contract years will be effective at the beginning of the Seymour School Year. Step movement will occur in each year of the Agreement.

If a paraeducator is hired prior to April 1st of the then current school year, he/she will receive a wage increase in accordance with the wage schedule/wage schedule language at the commencement of the ensuing school year.

If a paraeducator is hired after April 1st of the then current school year, he/she will remain on the same wage step at the commencement of the ensuing school year.

Part-Time Monitor paraeducators will not be eligible for any benefits as outlined in this Agreement.

\*To the extent the state minimum wage exceeds any of the rates listed above the state minimum will prevail.

**APPENDIX A  
 WAGE SCHEDULE, CONTINUED**

**Section 2:** This wage scale applies to positions classified as Clerical Paraeducator.

GWI		3.00%	2.25%		2.25%	
Step	2022-23	2022-23	Step	2023-24	Step	2024-25
A		\$16.06	A	\$16.42	A	\$16.79
B		\$16.71	B	\$17.08	B	\$17.47
C		\$17.21	C	\$17.60	C	\$17.99
D		\$17.85	D	\$18.25	D	\$18.66
E		\$18.49	E	\$18.90	E	\$19.33
F		\$19.16	F	\$19.59	F	\$20.03
G		\$19.87	G	\$20.32	G	\$20.77
H		\$20.57	H	\$21.03	H	\$21.51
I		\$21.71	I	\$22.20	I	\$22.70

**Example of step progression**

The wage increases for the 2022-23 contract year will be effective and retroactive to the beginning of the 2022-2023 Seymour School Year. All wage increases for the 2023-24 and 2024-25 contract years will be effective at the beginning of the Seymour School Year. Step movement will occur in each year of the Agreement.

If a paraeducator is hired prior to April 1st of the then current school year, he/she will receive a wage increase in accordance with the wage schedule/wage schedule language at the commencement of the ensuing school year.

If a paraeducator is hired after April 1st of the then current school year, he/she will remain on the same wage step at the commencement of the ensuing school year.

**APPENDIX A  
 WAGE SCHEDULE, CONTINUED**

**Section 3:** This wage scale applies to positions classified as Instructional Paraeducator

GWI		3.00%			2.25%			2.25%
Step	2022-23	2022-23	Step	2023-24	2023-24	Step	2024-25	2024-25
A	\$17.83		A	\$18.23		A	\$18.64	
B	\$18.46		B	\$18.87		B	\$19.30	
C	\$19.10		C	\$19.53		C	\$19.97	
D	\$19.73		D	\$20.18		D	\$20.63	
E	\$20.47		E	\$20.93		E	\$21.40	
F	\$21.20		F	\$21.67		F	\$22.16	
G	\$22.35		G	\$22.85		G	\$23.37	

**Example of step progression**


The wage increases for the 2022-23 contract year will be effective and retroactive to the beginning of the 2022-2023 Seymour School Year. All wage increases for the 2023-24 and 2024-25 contract years will be effective at the beginning of the Seymour School Year. Step movement will occur in each year of the Agreement.

If a paraeducator is hired prior to April 1st of the then current school year, he/she will receive a wage increase in accordance with the wage schedule/ wage schedule language at the commencement of the ensuing school year.

If a paraeducator is hired after April 1st of the then current school year, he/she will remain on the same wage step at the commencement of the ensuing school year.

**APPENDIX B  
HIGH DEDUCTIBLE HEALTH PLAN ("HDHP")**

Summary of Benefits and Coverage: What this **Plan** Covers & What You Pay for Covered Services      Coverage Period: 07/01/2022 - 06/30/2023  
 Anthem® BlueCross and BlueShield      Coverage for: Individual + Family | Plan Type: PPO + HSA  
 Seymour Town and BOE: Anthem Century Preferred PPO HSA PS CSV

 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, <https://es.anthem.com/condo/la>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (888) 224-4896 to request a copy.**

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$2,000/person or \$4,000/family for In-Network Providers. \$2,000/person or \$4,000/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive Care for In-Network Providers. Children's eye exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment 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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
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?	\$5,000/person or \$6,850/family for In-Network Providers. \$5,000/person or \$10,000/family for Non-Network Providers.	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, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, 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, Century Preferred. See <a href="http://www.anthem.com">www.anthem.com</a> or call (888) 224-4896 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.

Do you need a referral to see a specialist? No. You can see the specialist you choose without a referral.

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

Common Medical Exam		What You Will Pay		Limitations, Exceptions & Other Important Information
	Services You May Need	In-Network Provider (You will pay the less)	Non-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	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/immunization	No charge	20% coinsurance	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)	0% coinsurance	20% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	Costs may vary by site of service.
	Tier 1 - Typically Generic	\$5/prescription (retail and home delivery)	20% coinsurance (retail) and Not covered (home delivery)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at <a href="http://www.anthem.com/pharmacy">http://www.anthem.com/pharmacy</a>	Tier 2 - Typically Preferred Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	20% coinsurance (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at <a href="http://www.anthem.com/pharmacy">http://www.anthem.com/pharmacy</a>
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	20% coinsurance (retail) and Not covered (home delivery)	*See Prescription Drug section
	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	-----none-----
If you have outpatient surgery	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----
	Emergency room care	0% coinsurance	Covered as In-Network	-----none-----
	Emergency medical transportation	0% coinsurance	Covered as In-Network	-----none-----
If you need immediate medical attention	Lipid care	0% coinsurance	20% coinsurance	-----none-----
	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	100 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----



**Common Medical Events**      **Services You May Need**      **What You Will Pay**      **Limitations, Exceptions, & Other Important Information**

**In-Network Provider**      **Non-Network Provider**

**(You will pay the least)**      **(You will pay the most)**

	Office Visit 0% <u>coinsurance</u> Other Outpatient 0% <u>coinsurance</u>	Office Visit 20% <u>coinsurance</u> Other Outpatient 20% <u>coinsurance</u>	Office Visit Virtual visits (Telhealth) benefits available. Other Outpatient -----none----- -----none-----
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services Inpatient services	Office Visit 0% <u>coinsurance</u> Other Outpatient 0% <u>coinsurance</u>	Office Visit Virtual visits (Telhealth) benefits available. Other Outpatient -----none----- -----none-----
<b>If you are pregnant</b>	Office visits Childbirth/delivery professional services Childbirth/delivery facility services	No charge 0% <u>coinsurance</u> 0% <u>coinsurance</u>	<b>Cost sharing does not apply for preventive services.</b> Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). -----none-----
<b>If you need help recovering or have other special health needs</b>	Home health care Rehabilitation services Habilitation services Skilled nursing care Durable medical equipment Hospice services	0% <u>coinsurance</u> 0% <u>coinsurance</u> 0% <u>coinsurance</u> 0% <u>coinsurance</u> 0% <u>coinsurance</u> 0% <u>coinsurance</u>	Costs may vary by site of service. *See Therapy Services section 120 days/benefit period for skilled nursing services. *See <b>Durable Medical Equipment Section</b> -----none-----
<b>If your child needs dental or eye care</b>	Children's eye exam Children's glasses Children's dental check-up	No charge Not covered Not covered	*See Vision Services section -----none-----

**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.)**

- Cosmetic surgery
- Dental Check-up
- Routine foot care unless you have been diagnosed with diabetes
- Dental care (Adult)
- Glasses for a child
- Weight loss programs

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

- Acupuncture
- Hearing aids 1 item(s)/ear every 2 benefit periods
- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult) 1 exam/benefit period
- Dental care (Pediatric)
- Long-term care
- Chiropractic care 100 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See [www.bcbglab.com](http://www.bcbglab.com)

- Private-duty nursing \$15,000 maximum/benefit period in a Home Setting only

**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: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.ctinfo.cms.gov](http://www.ctinfo.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](http://www.healthcare.gov). For more information about the [Marketplace](http://www.healthcare.gov), visit [www.healthcare.gov](http://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:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.ctinfo.cms.gov](http://www.ctinfo.cms.gov)

Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297 3000, (800) 203-3447

Connecticut Office of Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144, (866) 466-4446, [www.ct.gov/oha](http://www.ct.gov/oha), [healthcare.advocate@ct.gov](mailto:healthcare.advocate@ct.gov)

**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](#).

*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**, **copayments** 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**  
 Managing Joe's Type 2 Diabetes

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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	\$2,000	What isn't covered	
Copayments	\$10	Limits or exclusions	\$60
Coinsurance	\$0	The total Peg would pay is	\$2,070

**Managing Joe's Type 2 Diabetes**  
 Mia's Simple Fracture

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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	\$2,000	What isn't covered	
Copayments	\$700	Limits or exclusions	\$20
Coinsurance	\$0	The total Joe would pay is	\$2,720

**Mia's Simple Fracture**  
 Emergency room care (including medical supplies)

- The plan's overall deductible \$2,000
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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	\$2,000	What isn't covered	
Copayments	\$0	Limits or exclusions	\$0
Coinsurance	\$0	The total Mia would pay is	\$2,000



**French (Français)** : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (888) 224-4896.

**German (Deutsch)**: Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (888) 224-4896.

**Greek (Ελληνικά)** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (888) 224-4896.

**Gujarati (ગુજરાતી)**: જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. ફલાષિયા સાથે વાત કરવા માટે, કોલ કરો (888) 224-4896.

**Haitian Creole (Kreyòl Ayisyen)**: Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn ed ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (888) 224-4896.

**Hindi (हिंदी)**: अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको नि:शुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (888) 224-4896।

**Hmong (White Hmong)**: Yog dias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (888) 224-4896.

**Igbo (Igbo)**: O bur u na i nwere ajuju o buka gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o buja. Ka gi na okowa okwu kwuo okwu, kpoo (888) 224-4896.

**Ilokano (Ilokano)**: Nu addaan ka iti aniaman a saludsod panggep iu daytoy a dokumento, adda karbengam a makaala ti rulong ken impormasyon babacn ti lengguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (888) 224-4896.

**Indonesian (Bahasa Indonesia)**: Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (888) 224-4896.

**Italian (Italiano)**: In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (888) 224-4896.

**Japanese (日本語)**: この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには (888) 224-4896 にお電話ください。



**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (888) 224-4896.

**Russian (Русский):** Если у вас есть какие-либо вопросы в отношении данного документа, вы можете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с системой перевода, позвоните по тел. (888) 224-4896.

**Samoan (Samoa):** Afai e iai ni ou fesili e uiga i leni tusi, e iai lou 'aia e maia se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (888) 224-4896.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (888) 224-4896.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (888) 224-4896.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang wlang bayad. Makipag-usap sa isang tagapagpalwanag, tawagan ang (888) 224-4896.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่เสียค่าใช้จ่าย โดยโทร (888) 224-4896 เพื่อพูดคุยกับเรา

**Ukrainian (Українська):** Якщо у вас виникли запитання з приводом цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладу, за номером (888) 224-4896.

کے لئے۔ اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (888) 224-4896 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (888) 224-4896.

**Yoruba (Yorùbá):** Ti o bá ní èrèyà ìbèrè nipa àkòsílẹ̀ yì, o ni ètò láti gba iranran àti iranran ní èdè tí o fẹ́. Bá wa o gbunfọ kan sofọ, pe (888) 224-4896.

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't 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 VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

**!** 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, <https://sec.anthem.com/cocdps/li>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (888) 224-4896 to request a copy.**

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$2,250/person or \$4,500/family for In-Network Providers. \$2,250/person or \$4,500/family for Non-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive Care for In-Network Providers. Children's eye exam for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment 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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
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?	\$5,000/person or \$6,850/family for In-Network Providers. \$5,000/person or \$10,000/family for Non-Network Providers.	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, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, 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, Century Preferred. See <a href="http://www.anthem.com">www.anthem.com</a> or call (888) 224-4896 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.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event		Where You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	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	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	20% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/ screening/ immunization	No charge	20% coinsurance	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)	0% coinsurance	20% coinsurance	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	20% coinsurance	Costs may vary by site of service.
	Tier 1 - Typically Generic	\$5/prescription (retail and home delivery)	20% coinsurance (retail) and Not covered (home delivery)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at <a href="http://www.anthem.com/pharmacy">http://www.anthem.com/pharmacy</a>	Tier 2 - Typically Preferred Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	20% coinsurance (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a>
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	20% coinsurance (retail) and Not covered (home delivery)	*See Prescription Drug section
	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	20% coinsurance	-----none-----
If you have outpatient surgery	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----
	Emergency room care	0% coinsurance	Covered as In-Network	-----none-----
	Emergency medical transportation	0% coinsurance	Covered as In-Network	-----none-----
If you need immediate medical attention	Urgent care	0% coinsurance	20% coinsurance	-----none-----
	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	100 days/benefit period for Inpatient rehabilitation
	Physician/surgeon fees	0% coinsurance	20% coinsurance	-----none-----



**Common Medical Events**      **Services You May Need**      **What You Will Pay**      **Limitations, Exceptions, & Other Important Information**

Common Medical Events	Services You May Need	What You Will Pay	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit Virtual visits (Telhealth) benefits available. Other Outpatient -----none----- -----none-----
	Inpatient services	0% coinsurance	20% coinsurance
	Office visits	No charge	30% coinsurance
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	20% coinsurance
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance
If you need help recovering or have other special health needs	Home health care	0% coinsurance	20% coinsurance
	Rehabilitation services	0% coinsurance	20% coinsurance
	Habilitation services	0% coinsurance	20% coinsurance
	Skilled nursing care	0% coinsurance	20% coinsurance
	Durable medical equipment	0% coinsurance	20% coinsurance
If your child needs dental or eye care	Hospice services	0% coinsurance	20% coinsurance
	Children's eye exam	No charge	20% coinsurance
	Children's glasses	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered

**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.)**

- Cosmetic surgery
- Dental Check-up
- Routine foot care unless you have been diagnosed with diabetes
- Dental care (Adult)
- Glasses for a child
- Weight loss programs

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

- Acupuncture
- Hearing aids 1 item(s)/ear every 2 benefit periods
- Banatic surgery
- Infertility treatment
- Routine eye care (Adult) 1 exam/benefit period
- Dental care (Pediatric)
- Long-term care
- Chiropractic care 100 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See [www.bchsglobalcare.com](http://www.bchsglobalcare.com)

- Private-duty nursing \$15,000 maximum/benefit period in a Home Setting only

**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: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.ctdho.cms.gov](http://www.ctdho.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](http://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:

ATTN: Grievances and Appeals, P.O. Box 1038, North Haven, CT 06473-4201

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.ctdho.cms.gov](http://www.ctdho.cms.gov)

Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447

Connecticut Office of Healthcare Advocate, P.O. Box 1543, Hartford, CT 06144, (866) 466-4446, [www.ct.gov/oha](http://www.ct.gov/oha), [healthcare.advocates@ct.gov](mailto:healthcare.advocates@ct.gov)

**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**.

*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**, **copayments** 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 Prenatal care visits (prenatal care) Childbirth/Delivery Facility Services Specialist visit (anesthesia)	Miriam Joe's Type 2 Diabetes Consultation with her doctor Prescription drugs Durable medical equipment	Mia's Simple Fracture Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)
--	---	--

- The plan's overall deductible \$2,250
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<b>Cost Sharing</b>	
Deductibles	\$2,250
Copayments	\$10
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,320</b>

- The plan's overall deductible \$2,250
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<b>Cost Sharing</b>	
Deductibles	\$2,250
Copayments	\$600
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,870</b>

- The plan's overall deductible \$2,250
- Specialist coinsurance 0%
- Hospital (facility) coinsurance 0%
- Other coinsurance 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:

<b>Cost Sharing</b>	
Deductibles	\$2,250
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,250</b>

{01713911.DOCX Ver. 1} The plan would be responsible for the other costs of these EXAMPLE covered services.

## Language Access Services:

(TTY/TDD: 711)

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (888) 224-4896.

**Amharic (አማርኛ):** ስለዚህ ሰነድ ማንኛውም ጥያቄ ከሌዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በገጻ የማግኘት መብት አለዎት። ለስተርጓሚ ለማናገር (888) 224-4896 ይደውሉ።

. (888) 224-4896 على اتصال مع مترجم، للتحدث إلى مترجم. للمساعدة والمعلومات بلغتك دون مقابل. (العربية) Arabic

**Armenian (հայերեն):** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (888) 224-4896:

**Bassa (𞒃𞓇𞓃𞓂𞓇𞓃𞓂):** M dɔy dɔy-dɔe-dɔe bɛ bɛdɛ bɛ cɛɛ-dɛ nià kɛ dɔy ni. ɔ mɔ ni dɔy-bɛdɛin-dɛ bɛ m kɛ gbo-kpá-kpá kɛ bɔ kpɔ dɛ m bɛdɛ-wɔndɔm bɔ pídyi. Bɛ m kɛ wudu-ziiin-nyɔ dɔ bɔ wɔndɔ kɛ, dɛ (888) 224-4896.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও ভাষা গণ্যকার অধিকার আপনাকে আছে। একজন দাভাবীর সাথে কথা করার জন্য (888) 224-4896 - (ওঁ কন করুন।)

**Burmese (မြန်မာ):** ဤတွက်တာဝန်နှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခမဲ့အဖြစ် ဝေဖန်ပေးရန် သင့်ဘာသာစကားဖြင့် ရယူနိုင်ရန် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်စုံနှင့် စကားပြန်နိုင်ရန် (888) 224-4896 သို့ ခေါ်ဆိုပါ။

**Chinese (中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需要譯員通話，請致電(888) 224-4896。

**Dinka (Dinka):** Na naŋ thiéc né ke de rɔ thotɛ, ke ɔn naŋ loŋ bɛ ri kuonɔr ku wɛr alɛu bɛ gɛɛr rɔ ɔn ne thonŋ du ke cu wɛu taauk ke piɔr. Tɛ kox ɔn ba jam wɛnɛ ran rɛ thok gɛrɔc, ke ɔn cɔl (888) 224-4896.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (888) 224-4896.

**Farsi (فارسی):** در صورتی که سؤالی بجز امون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم تلفنی، با شماره (888) 224 4896 تماس بگیرید.

## Language Access Services:

**French (Français) :** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (888) 224-4896.

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (888) 224-4896.

**Greek (Ελληνικά)** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (888) 224-4896.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાની તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (888) 224-4896.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (888) 224-4896.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको नि:शुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (888) 224-4896 ।

**Hmong (White Hmong):** Yog uas koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham ntrog tus neeg txhais lus, hu xov tooj rau (888) 224-4896.

**Igbo (Igbo):** O bụrụ na i nwere ajijụọ bụla gbasara akwụkwọ a, i nwere ikike inweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu (888) 224 4896.

**Ilokano (Ilokano):** Nu addaan ka ita aniaman a saludsod panggep id daytoy a dokumento, adda karbengam a makaala ti rulong ken impormasyon babacn ti lengleng nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (888) 224-4896.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (888) 224-4896.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (888) 224-4896

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには (888) 224-4896 にお電話ください。





## Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't 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 VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Summary of Benefits

Anthem Dental Essential Choice PPO

Seymour Town S. Boc-Boe Plan

Anthem Blue Cross and Blue Shield Dental Complete Network



### 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 get 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 simply 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 want our dental members to better understand their oral health and the 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 member 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 Capabilities:** With our latest mobile application, 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](http://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.

	In-Network	Out-of-Network
<b>Coverage Year</b>	Contract Year	
<b>Annual Benefit Maximum</b>		
• Per insured person	\$1,500	\$1,500
• Diagnostic & Preventive Services are applied to the Annual Benefit Maximum		
<b>Annual Maximum Carryover</b>	No	No
<b>Orthodontic Lifetime Benefit Maximum</b>		
• Per eligible child	\$1,000	\$1,000
<b>Annual Deductible</b>		
• Per insured person	\$50	\$50
• Family maximum	2x single member deductible	3x single member deductible
<b>Deductible Waived for Diagnostic/Preventive Services</b>	Yes	Yes
<b>Out-of-Network Reimbursement</b>	85th percentile	

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

10/2020

Dental Services	In-Network Arthem Phys:	Out-of-Network Arthem Phys:	Waiting Period
<b>Diagnostic &amp; Preventive Services</b> <ul style="list-style-type: none"> <li>Periodic dental exam               <ul style="list-style-type: none"> <li>Limited to two per 12 months</li> </ul> </li> <li>Teeth cleaning (prophylaxis)               <ul style="list-style-type: none"> <li>Limited to two per 12 months, combined with periodontal maintenance</li> </ul> </li> <li>Biting X-rays               <ul style="list-style-type: none"> <li>Limited to two sets per 12 months</li> </ul> </li> <li>Full-Mouth or Panoramic X-rays               <ul style="list-style-type: none"> <li>Limited to one per 36 months</li> </ul> </li> <li>Fluoride application               <ul style="list-style-type: none"> <li>Limited to two per 12 months through age 18</li> </ul> </li> <li>Sealant application               <ul style="list-style-type: none"> <li>Limited to one per 60 months through age 18</li> </ul> </li> </ul>	100% coinsurance	100% coinsurance	No waiting period
<b>Basic (Restorative) Services</b> <ul style="list-style-type: none"> <li>Consultation (second opinion), only with X-rays and no other services               <ul style="list-style-type: none"> <li>Limited to one per 12 months</li> </ul> </li> <li>Space maintainer insertion covered at Diagnostic/Preventive level               <ul style="list-style-type: none"> <li>Limited to one per tooth space per lifetime through age 18</li> </ul> </li> <li>Amalgam (silver-colored) filling               <ul style="list-style-type: none"> <li>Limited to one per tooth surface per 24 months</li> </ul> </li> <li>Composite (tooth-colored) filling               <ul style="list-style-type: none"> <li>Limited to one per tooth surface per 24 months</li> </ul> </li> <li>posterior (back) fillings not paid as an amalgam (silver-colored filling)</li> <li>Brush trays (cancer test)               <ul style="list-style-type: none"> <li>Limited to one per 12 months, at cost</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Endodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Root Canal (permanent teeth only)               <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Endodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Apicoectomy and apicalization               <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime, permanent teeth only</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Periodontics (Non-Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal maintenance               <ul style="list-style-type: none"> <li>Limited to four per 12 months, combined with teeth cleanings</li> </ul> </li> <li>Scaling and root planing, when the tooth pocket has a depth of four millimeters or greater               <ul style="list-style-type: none"> <li>Limited to one per quadrant per 24 months</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Periodontics (Surgical)</b> <ul style="list-style-type: none"> <li>Periodontal surgery (osseous resection, graft procedures)               <ul style="list-style-type: none"> <li>Limited to one per quadrant per 36 months</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Oral Surgery (Simple)</b> <ul style="list-style-type: none"> <li>Simple extraction               <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Oral Surgery (Complex)</b> <ul style="list-style-type: none"> <li>Surgical extraction               <ul style="list-style-type: none"> <li>Limited to one per tooth per lifetime</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period
<b>Major (Restorative) Services</b> <ul style="list-style-type: none"> <li>Crowns, onlays, veneers               <ul style="list-style-type: none"> <li>Limited to one per tooth per 60 months</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Prostodontics</b> <ul style="list-style-type: none"> <li>Dentures and bridges               <ul style="list-style-type: none"> <li>Limited to one per tooth/arch per 60 months</li> </ul> </li> <li>Implant placement               <ul style="list-style-type: none"> <li>Not covered</li> </ul> </li> <li>Implant prosthodontics               <ul style="list-style-type: none"> <li>Not covered</li> </ul> </li> </ul>	50% coinsurance	50% coinsurance	No waiting period
<b>Repairs/Adjustments</b> <ul style="list-style-type: none"> <li>Crown, denture, and bridge repairs               <ul style="list-style-type: none"> <li>Limited to one per tooth per 12 months, not within 6 months of placement</li> </ul> </li> <li>Denture and bridge adjustments               <ul style="list-style-type: none"> <li>Limited to two per tooth per 12 months, not within 6 months of placement</li> </ul> </li> </ul>	80% coinsurance	80% coinsurance	No waiting period

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Dental Services (continued)	In-Network Anthem Pays	Out-of-Network Anthem Pays	Waiting Period
<b>Child Orthodontic Services</b> o Through age 18	50% coinsurance	50% coinsurance	No waiting period
<b>Temporomandibular Joint Disorder (TMJ)</b> o X-rays, exams, and surgical procedures including arthroscopy and orthotic devices o Not covered	Not covered	Not covered	Not covered
<b>Cosmetic Teeth Whitening</b> o Not covered	Not covered	Not covered	Not covered

*NOTE: Cosmetic benefits, such as teeth whitening, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please contact a qualified tax advisor.*

#### Additional Services and Programs

<b>Anthem Whole Health Connection - Dental™</b> o For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)		Included	
<b>Accidental Dental Injury Benefit</b> o Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance or waiting periods apply		Included	
<b>Extension of Benefits</b> o Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered		Included	
<b>International Emergency Dental Program</b> o Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)		Included	

#### Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when both structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation /N sedation and general anesthesia when performed with nonsurgical dental care

Analgesic, anesthetic agents, and anxiolytic nitrous oxide, therapeutic drug eruptions, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a 24 month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract, it is a partial 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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**MEMORANDUM OF AGREEMENT**

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The Board and UPSEU Local 424-Unit 80 hereby agree to the following.

Full time paraprofessionals in the bargaining unit represented by UPSEU Local 424 - Unit 80 may elect to purchase, at the paraprofessional's expense, the health insurance benefit plan(s) offered by the Board to other Board employees.

Notwithstanding the above, the Board agrees to pay ten percent (10%) of the cost of the Blue Care POE plan for up to a total of six (6) paraprofessionals for the 2014-15 plan year only, with seniority within the bargaining unit utilized as the criteria for participation in the plan.

The annual cost of the plan shall be paid in equal installments during the paraprofessional's work year.

IN WITNESS WHEREOF, the parties hereunto set their hands and seals

By: *Sharon Dandy*  
Seymour Schools Paraprofessionals  
UPSEU Local 424 - Unit 80

3/14/18  
Date

By: *Jennifer A. Miller*  
Seymour Board of Education

3/5/2018  
Date

**MEMORANDUM OF AGREEMENT**

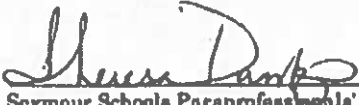
**MEMORANDUM OF AGREEMENT**

The Board and UPSEU Local 424 - Unit 80 hereby agree to the following:

- 1 Due to the change in job descriptions/wage schedules starting in 2006-06, the following paraprofessionals will be grandfathered for wage schedule purposes at the previous top step and will receive an hourly pay rate increase of one-half (0.5) of the agreed upon C.W.I. in each year. This clause shall apply only to the individual paraprofessionals noted below, and shall individually cease upon their retirement or severance of employment with the Board.

Linda Souza and Wendy Sebas

IN WITNESS WHEREOF, the parties herunto set their hands and seals:

By:  3/14/18  
Seymour Schools Paraprofessionals' Date  
UPSEU Local 424 - Unit 80

By:  3/15/2018  
Seymour Board of Education Date