COLLECTIVE BARGAINING AGREEMENT

By and Between

SEYMOUR BOARD OF EDUCATION

and the

UPSEU

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 1st, with a copy provided to the Unit President and UPSEU Representative no later than September 15th.

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 1st 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 30th, those paraeducators who have 100 sick days accumulated in their bank, shall, on July 1st 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)

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<td>New Years Day</td>
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<td>Veterans Day **</td>
<td>Martin Luther King Day</td>
</tr>
<tr>
<td>Election Day</td>
<td>Presidents Day</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>Day after Presidents Day*</td>
</tr>
<tr>
<td>Day after Thanksgiving</td>
<td>Good Friday</td>
</tr>
<tr>
<td></td>
<td>Memorial Day</td>
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</tbody>
</table>

* 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:

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2023 to June 30, 2024</td>
<td>8.0%</td>
</tr>
<tr>
<td>July 1, 2024 to June 30, 2025</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

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
RETIEMENT

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) workdays 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 Haski  
Seymour Schools Paraeducators*,  
UPSEU, Unit 80 President  
Witness

By:  
Kevin E. Boyle, UPSEU President  
Witness

By:  
C.L.G.  
Seymour Board of Education  
Witness

By:  
Dr. Susan Compton  
Witness
APPENDIX A
WAGE SCHEDULE

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

<table>
<thead>
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<td>D</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>GWI</th>
<th>3.00%</th>
<th>2.25%</th>
<th>2.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022-23</td>
<td>2022-23</td>
<td>2022-23</td>
</tr>
<tr>
<td>A</td>
<td>16.06</td>
<td>16.42</td>
<td>16.79</td>
</tr>
<tr>
<td>B</td>
<td>16.71</td>
<td>17.08</td>
<td>17.47</td>
</tr>
<tr>
<td>C</td>
<td>17.21</td>
<td>17.60</td>
<td>17.99</td>
</tr>
<tr>
<td>D</td>
<td>17.85</td>
<td>18.25</td>
<td>18.66</td>
</tr>
<tr>
<td>E</td>
<td>18.49</td>
<td>18.90</td>
<td>19.33</td>
</tr>
<tr>
<td>F</td>
<td>19.16</td>
<td>19.59</td>
<td>20.03</td>
</tr>
<tr>
<td>G</td>
<td>19.87</td>
<td>20.32</td>
<td>20.77</td>
</tr>
<tr>
<td>H</td>
<td>20.57</td>
<td>21.03</td>
<td>21.51</td>
</tr>
<tr>
<td>I</td>
<td>21.71</td>
<td>22.20</td>
<td>22.70</td>
</tr>
</tbody>
</table>

Example of step progression

The wage increases for the 2022-23 contract year will be effective and retroactive to the beginning of the 2022-23 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

<table>
<thead>
<tr>
<th>GWI</th>
<th>3.00%</th>
<th>2.25%</th>
<th>2.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$17.83</td>
<td>$18.23</td>
<td>$18.64</td>
</tr>
<tr>
<td>B</td>
<td>$18.46</td>
<td>$18.87</td>
<td>$19.30</td>
</tr>
<tr>
<td>C</td>
<td>$19.10</td>
<td>$19.53</td>
<td>$19.97</td>
</tr>
<tr>
<td>D</td>
<td>$19.73</td>
<td>$20.18</td>
<td>$20.63</td>
</tr>
<tr>
<td>E</td>
<td>$20.47</td>
<td>$20.93</td>
<td>$21.40</td>
</tr>
<tr>
<td>F</td>
<td>$21.20</td>
<td>$21.67</td>
<td>$22.16</td>
</tr>
<tr>
<td>G</td>
<td>$22.35</td>
<td>$22.85</td>
<td>$23.37</td>
</tr>
</tbody>
</table>

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")

**Anthem BlueCross and BlueShield**

Seymour Town and BOE: Anthem Century Preferred PPO HSA PS CSV

**Coverage Period:** 07/01/2022 - 06/30/2023

Coverage for: Individual + Family

Plan Type: PPO + HSA

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [anthem.com](https://go.anthem.com/go/). For general definitions of common terms, such as **allowed amount, balance billing, coinsurance, copayment, deductible, provider**, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](https://www.healthcare.gov/sbc-glossary/) or call (888) 224-4896 to request a copy.

### Important Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answers</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is the overall deductible?</strong></td>
<td>$2,000/person or $4,000/family for In-Network Providers.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Are there services covered before you meet your deductible?</strong></td>
<td>Yes. Preventive Care for In-Network Providers.</td>
<td>This plan covers some items and services even if you haven’t yet met the deductible amount. If a copayment or coinsurance applies. 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/">www.healthcare.gov/coverage/preventive-care-benefits</a>.</td>
</tr>
<tr>
<td><strong>Are there other deductibles for specific services?</strong></td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td><strong>What is the out-of-pocket limit for this plan?</strong></td>
<td>$5,000/person or $6,850/family for In-Network Providers.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>What is not included in the out-of-pocket limit?</strong></td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td><strong>Will you pay less if you use a network provider?</strong></td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

**[01/13/21] [DOX版11]**

CT 4-5: Seymour Town and BOE: Anthem Century Preferred PPO HSA PS CSV/SY75/07.22

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<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>In Network Provider (You will pay the least)</th>
<th>Non-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you visit a health care provider's office or clinic</strong></td>
<td>Primary care visit to treat an injury or illness</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>Virtual visits (Telehealth) benefits available.</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>Virtual visits (Telehealth) benefits available.</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No charge</td>
<td>$20% coinsurance</td>
<td>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.</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>Costs may vary by site of service.</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>Costs may vary by site of service.</td>
</tr>
<tr>
<td><strong>If you need drugs to treat your illness or condition</strong></td>
<td>Tier 1 - Typically Generic</td>
<td>$5/prescription (retail and home delivery)</td>
<td>$20% coinsurance (retail) and Not covered (home delivery)</td>
<td>For more information, refer to “National Drug List” at <a href="http://www.anthem.com/phonary/information/">http://www.anthem.com/phonary/information/</a>.</td>
</tr>
<tr>
<td></td>
<td>Tier 2 - Typically Preferred Brand</td>
<td>$25/prescription (retail) and $50/prescription (home delivery)</td>
<td>$20% coinsurance (retail) and Not covered (home delivery)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3 - Typically Non-Preferred Brand and Generic drugs</td>
<td>$40/prescription (retail) and $80/prescription (home delivery)</td>
<td>$20% coinsurance (retail) and Not covered (home delivery)</td>
<td></td>
</tr>
<tr>
<td><strong>If you have outpatient surgery</strong></td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>----none-----</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>----none-----</td>
</tr>
<tr>
<td><strong>If you need immediate medical attention</strong></td>
<td>Emergency room care</td>
<td>$0% coinsurance</td>
<td>Covered as In-Network</td>
<td>----none-----</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>$0% coinsurance</td>
<td>Covered as In-Network</td>
<td>----none-----</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$0% coinsurance</td>
<td>Covered as In-Network</td>
<td>----none-----</td>
</tr>
<tr>
<td><strong>If you have a hospital stay</strong></td>
<td>Facility fee (e.g., hospital room)</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>100 days/benefit period for inpatient rehabilitation.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>$0% coinsurance</td>
<td>$20% coinsurance</td>
<td>----none-----</td>
</tr>
</tbody>
</table>

10139111.DOCX Ver. 1 | For more information about limitations and exceptions, see plan or policy document at [https://ecoc.anthem.com/ecodocs/](https://ecoc.anthem.com/ecodocs/) |
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>In-Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Exclusions, Exceptions &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Office Visit 0% coinsurance</td>
<td>Office Visit 20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>Office Visit 0% coinsurance</td>
<td>Office Visit 20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No charge</td>
<td>Office Visit 20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children's eye exam</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Office Visit, Virtual visits (Telehealth) benefits available. Other Outpatient benefits available. Other Outpatient services available.</td>
</tr>
</tbody>
</table>

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
- Dental care (Pediatric)
- Long-term care

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/ear every 2 benefit periods
- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult) 1 exam/benefit period
- Chiropractic care 100 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See www.bcbsglobalcare.com

{01713911.DOCX Ver. 1}* For more information about limitations and exceptions, see plan or policy document at https://ecr.anthem.com/ecdrps/
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.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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


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, 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 your 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.

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Joe is Managing Joe’s Type 2 Diabetes</th>
<th>Mia’s Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ The plan’s overall deductible $2,000</td>
<td>□ The plan’s overall deductible $2,000</td>
<td>□ The plan’s overall deductible $2,000</td>
</tr>
<tr>
<td>□ Specialist coinsurance 0%</td>
<td>□ Specialist coinsurance 0%</td>
<td>□ Specialist coinsurance 0%</td>
</tr>
<tr>
<td>□ Hospital (facility) coinsurance 0%</td>
<td>□ Hospital (facility) coinsurance 0%</td>
<td>□ Hospital (facility) coinsurance 0%</td>
</tr>
<tr>
<td>□ Other coinsurance 0%</td>
<td>□ Other coinsurance 0%</td>
<td>□ Other coinsurance 0%</td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductible $2,000</th>
<th>Copayments $10</th>
<th>Coinsurance $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits or exclusions $60</td>
<td>The total Peg would pay is $2,070</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductible $2,000</th>
<th>Copayments $700</th>
<th>Coinsurance $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits or exclusions $20</td>
<td>The total Joe would pay is $2,720</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th>Deductible $2,000</th>
<th>Copayments $0</th>
<th>Coinsurance $0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits or exclusions $0</td>
<td>The total Mia would pay is $2,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

{01713911.DOCX Ver. 1}® For more information about limitations and exceptions, see plan or policy document at https://rcs.anthem.com/ecodppli
Albanian (Shqip): Nëse keni pyetje në lindje me këtë dokument, keni të drejtë të merrni falas ndihme dhe informacion në gjihen tuaj. Per të kontaktoar me një përktës, telefononi (888) 224-4896

Amharic (አማርኛ): ከአማርኛ እስከ የተለያዩ ይችላል እስከ ከአማርኛ ከተላላስ እስከ ከአማርኛ እስከ ከአማርኛ እስከ ከአማርኛ (888) 224-4896 የስልች-

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فحجز التحصيل على المساعدة والمعلومات باللغة العربية. يرجى الاتصال برقم (888) 224-4896.


Bassa (Bàwòó Wùfù): M dyi dî-yi-die-dë bë bëqo bë cèè-dë niè ke dyi ni, c mò ni dyi-bëqo-dë bë m ke gbo-kpâ-kpâ ke bô kpô dë m bëqo-wùfù dë m bëqo-wùfù. Bë m ke wùfù-zîn-nyô dë gbo wùfù ke, dë (888) 224-4896.

Bengali (বাংলা): বই এই সংজ্ঞার্থের বিষয়ে প্রাতির কথা বাবে, তাহলে প্রাতির ভাবে বিলাসী সাধারণ পাওয়া ও তথ্য পাওয়া অধিক আশা আছে।

BurmeSE (ဗီစီ): မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း နှင့် မိုးလေုင်း (888) 224-4896 အား ကျင်းပွဲ

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。如需與譯員通話，請致電(888) 224-4896。

Dinka (Dinka): Na naŋ thëec né ke de yà thëec, ke yia naŋ log bë yi kuow ku wer alëu bë geer ye yia ne thog du ke cin wëu tââuë ke payë. Te ko yin ba jam wëne ran ye thok gëycz, ke yia cel (888) 224-4896.

Dutch (Nederlands): Bij vragen over dit document hebet u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (888) 224-4896.
Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiti ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unuiinterpret, contactați telefon (888) 224-4896.

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

Samoan (Samoan): Afaia e iai ni ou fesili e uiga i lenei tusi, e iai lou 'iaia e maua se fesoasoani ma fa'amatalaga i lou lava gagana e auono ma se toto. Ina ia talanoa i se tagata faaliliu, vili (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 kaarapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makapag-usap sa isang tagapagtulungan, tawagan ang (888) 224-4896.

Thai (ไทย): หากคุณมีคำถามใด ๆ ก็อย่าลังเลสอบถามเรา เราสามารถคิดค้นวิธีการให้คุณได้ข้อมูลและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย โดยโทร (888) 224-4896 เพื่อพูดคุยกับเรา

Ukrainian (Українська): Якщо ви маєте запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу і інформацію вашою рідною мовою. Щоб отримати послуги перекладача, звертайтеся за номером (888) 224-4896.

Urdu: اگر میں یہ کسی بھی متون کو مرتب کرنے کے لئے یہ معلومات سے توجہ دینے کے لئے کسی چیز کا حصول یا کسی ماتر میں 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 (Yoruba): Ti o ni ezigadu iedere nipasoke yii, o ni eto lati gba isanmi ati iru fun ni ede re kii. Bii wa ogbun kan iwo, 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-N1060, 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/filerec/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://ecr.anthem.com/coopdfs/][1]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/site-glossary/][2] or call (888) 224-4896 to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why This Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$2,250/person or $4,500/family for In-Network Providers. $2,250/person or $4,500/family for Non-Network Providers.</td>
<td>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.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. Preventive Care for In-Network Providers. Children’s eye exam for In-Network Providers.</td>
<td>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>][3].</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$5,000/person or $6,850/family for In-Network Providers. $5,000/person or $10,000/family for Non-Network Providers.</td>
<td>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.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you may pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes, Century Preferred. See [<a href="http://www.anthem.com">www.anthem.com</a>][4] or call (888) 224-4896 for a list of network providers.</td>
<td>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.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>

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[1]: https://ecr.anthem.com/coopdfs/
[4]: [www.anthem.com](http://www.anthem.com)
All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Medical Event</th>
<th>Previous You May Need</th>
<th>In-Network Provider (You will pay the least)</th>
<th>Non-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider's office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>Virtual visits (Telehealth) benefits available.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>Virtual visits (Telehealth) benefits available.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preventative care/ screening/ immunization</td>
<td>No charge</td>
<td>20% <strong>coinsurance</strong></td>
<td>You may have to pay for services that aren't preventative. Ask your provider if the services needed are preventative. Then check what your plan will pay for.</td>
<td></td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>Costs may vary by site of service.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>Costs may vary by site of service.</td>
<td></td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Tier 1 - Typically Generic</td>
<td>$5/prescription (retail and home delivery)</td>
<td>20% <strong>coinsurance</strong> (retail and home delivery)</td>
<td>For more information, refer to &quot;National Drug List&quot; at <a href="http://www.apha.com/pharmacyinformation/">http://www.apha.com/pharmacyinformation/</a>. *See Prescription Drug section</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 2 - Typically Preferred Brand</td>
<td>$25/prescription (retail) and $50/prescription (home delivery)</td>
<td>20% <strong>coinsurance</strong> (retail and home delivery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3 - Typically Non-Preferred Brand and Generic drugs</td>
<td>$40/prescription (retail) and $80/prescription (home delivery)</td>
<td>20% <strong>coinsurance</strong> (retail and home delivery)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>0% <strong>coinsurance</strong></td>
<td>Covered as In-Network</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>0% <strong>coinsurance</strong></td>
<td>Covered as In-Network</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>100 days/benefit period for Inpatient Rehabilitation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>0% <strong>coinsurance</strong></td>
<td>20% <strong>coinsurance</strong></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>In Network Provider (You will pay the least)</td>
<td>Out of Network Provider (You will pay the most)</td>
<td>Exclusions, Exceptions, or Other Important Information</td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
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<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Office Visit 0% coinsurance</td>
<td>Office Visit 20% coinsurance</td>
<td>Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient benefits unknown.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>Costs may vary by site of service. *See Therapy Services section.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>10% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>120 days/benefit period for skilled nursing services. *See Durable Medical Equipment Section.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>0% coinsurance</td>
<td>20% coinsurance</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td>Children's eye exam</td>
<td>No charge</td>
<td>20% coinsurance</td>
<td>*See Vision Services section.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>Not covered</td>
<td>Not covered</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not covered</td>
<td>Not covered</td>
<td>none</td>
<td></td>
</tr>
</tbody>
</table>

**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
  - Dental care (Pediatric)
  - Long-term care

**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
- Chiropractic care 100 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)

*01713911.DOCX Ver. 1* For more information about limitations and exceptions, see plan or policy document at [https://cos.anthem.com/ecdps/](https://cos.anthem.com/ecdps/)
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.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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


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, 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’s Having a Baby**

- 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:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,250</td>
</tr>
<tr>
<td>Copayments</td>
<td>$10</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $60

**The total Peg would pay is:** $2,320

---

**Managing Joe’s Type 2 Diabetes**

- 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:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,250</td>
</tr>
<tr>
<td>Copayments</td>
<td>$600</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $20

**The total Joe would pay is:** $2,870

---

**Mia’s Simple Fracture**

- 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:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,250</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
</tr>
</tbody>
</table>

**What isn’t covered**

- Limits or exclusions: $0

**The total Mia would pay is:** $2,250

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Language Access Services:

(TTY/TDD: 711)

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Anthem Blue Cross and Blue Shield Dental Network

WELCOME TO YOUR DENTAL PLAN!
Regular dental checkups can help find early warning signs of serious health problems, which means you can get the care you need to stay healthy. So, don't stump 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 want our dental members to better understand their oral health and the risk factors for tooth decay, gum disease and oral cancer.
- 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 applications, 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 the fees for covered services. Dentists who are not in your plan network have not agreed to provide care, and may bill you for amounts that are more than what Anthem pays them, and what the dental usually charges.
- To find a dentist by name or location, go to anthem.com and 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></th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Benefit Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Per covered person</td>
<td>$1,500</td>
<td>$1,300</td>
</tr>
<tr>
<td>- Diagnostic &amp; Preventive Services are applied in the Annual Benefit Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum Carryover</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Orthodontic/Endodontic Lifetime Benefit Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>- Per eligible child</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Per covered person</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>- Family maximum</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Deductible Waived for Diagnostic/Preventive Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>60%</td>
<td>60%</td>
</tr>
</tbody>
</table>

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[Date: 10/25/20]

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<table>
<thead>
<tr>
<th>Service Category</th>
<th>In Network</th>
<th>Out of Network</th>
<th>Starting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive Services</strong></td>
<td>100% co-insurance</td>
<td>100% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Periodic exams</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Teeth cleaning (scaling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to two per 12 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Fluoride treatments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to two per 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Polishing of Paternal X-rays</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Limited to two per 36 months</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Fluoride application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to two per 12 months</td>
<td></td>
<td></td>
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<tr>
<td>• Teeth application</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per 60 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Basic (Restorative Services)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Consultation (second opinion)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per 12 months</td>
<td></td>
<td></td>
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<tr>
<td>• Space maintenance (covered at Diagnostic/Preventive level)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per tooth space per lifetime through age 18</td>
<td></td>
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<tr>
<td>• Amalgam (silver-colored) fillings</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Limited to one per tooth filling per 24 months</td>
<td></td>
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</tr>
<tr>
<td>• Composite (white-colored) fillings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per tooth filling per 12 months</td>
<td></td>
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<tr>
<td>• Onlay/Inlay (crown)</td>
<td></td>
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</tr>
<tr>
<td>• Limited to one per 12 months</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Endodontics (Non-Surgical)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Root Canal (permanent teeth only)</td>
<td></td>
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<tr>
<td>• Limited to one per tooth per lifetime</td>
<td></td>
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</tr>
<tr>
<td>• Endodontics (Surgical)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Apicoectomy and amputation</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Limited to one per tooth per lifetime, permanent teeth only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodontics (Non-Surgical)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Periodontal maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per tooth filling per 24 months</td>
<td></td>
<td></td>
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<tr>
<td>• Scaling and root planing, when the tooth pocket has a depth of four millimeters or greater</td>
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<tr>
<td>• Limited to one per quadrant per 24 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Periodontics (Surgical)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Periodontal surgery, gum grafting, graft procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per quadrant per 36 months</td>
<td></td>
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<td></td>
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<tr>
<td>• Oral Surgery (Simple)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Simple extraction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per tooth per lifetime</td>
<td></td>
<td></td>
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<tr>
<td>• Oral Surgery (Complex)</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Major (Restorative Services)</td>
<td>50% co-insurance</td>
<td>50% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Crowns, inlays, onlays</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Limited to one per tooth per lifetime</td>
<td></td>
<td></td>
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<tr>
<td>• Prosthodontics</td>
<td>50% co-insurance</td>
<td>50% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Dentures and wigens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited to one per tooth filling per 60 months</td>
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<tr>
<td>• Implant placement</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Not covered</td>
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<td></td>
<td></td>
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<tr>
<td>• Implant prosthodontics</td>
<td></td>
<td></td>
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<tr>
<td>• Not covered</td>
<td></td>
<td></td>
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<tr>
<td>• Repair/Adjustments</td>
<td>80% co-insurance</td>
<td>80% co-insurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Crown, denture, bridge repairs</td>
<td></td>
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<tr>
<td>• Limited to one per tooth per 12 months, not within 6 months of placement</td>
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<tr>
<td>• Denture and bridge adjustments</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Limited to two per tooth per 12 months, not within 6 months of placement</td>
<td></td>
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<tr>
<td>Dental Services (continued)</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>Waiting Period</td>
</tr>
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</tr>
<tr>
<td>Child Orthodontic Services</td>
<td></td>
<td></td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Through age 18</td>
<td>50% co-insurance</td>
<td>50% co-insurance</td>
<td></td>
</tr>
</tbody>
</table>

Temporary Nerve Block (TNB)  
• X-rays, sprints, and surgical procedures involving anesthesia and intradiscal devices  
• Not covered  

Cosmetic Teeth Whitening  
• Not covered  

**Note:** Cosmetic benefits, such as those ensuring in an insurance policy may have some tax implications for both employer groups and plan members. For example, the exclusion or tax deduction of the cosmetic benefits may be considered part of an individual's gross income. For more information concerning the tax implications of cosmetic benefits, please consult a tax advisor.

**Admission Services and Programs:**

- **Anthem Whole Health Connection - Dental:** Included
  
  • For members with certain health conditions, additional dental benefits are available without a deductible or waiting period. Eligible services are paid at 100% and won't reduce your coverage year's maximum if applicable.

- **Accidental Dental Injury Benefit:** Included
  
  • Provides members 100% coverage for accidental injuries to the teeth up to the coverage year's annual maximum if applicable. No deductibles, member co-insurance, or waiting periods apply.

- **Extension of Benefits:** Included
  
  • 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.

- **International Emergency Dental Program:** Included
  
  • Provides emergency dental services while traveling or traveling abroad from covered English-speaking areas. Eligible covered services will be paid 100% with no deductibles, member co-insurance, or waiting periods, and won't reduce the member coverage year's annual maximum if applicable.

**Additional Limitations & Exclusions:**

- Services provided before or after the terms 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 teeth when teeth structure and function are satisfactory and no pathologic conditions (caries) exist.
- Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care.
- Anesthesia, analgesic agents, and anesthesia related services, therapeutic drug injections, neodymium or other non-surgical or surgical dental care, except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with acute surgical services.
- Waiting periods for orthodontic, periodontal, 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 the 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 the summary and the policy your policy will prevail.
MEMORANDUM OF AGREEMENT

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 POS 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 paraprofessionals' work year.

IN WITNESS WHEREOF, the parties hereto unto set their hands and seals

By ____________________________

Seymour Schools Paraprofessionals
UPSEU Local 424 - Unit 80

Date: 3/14/18

By ____________________________

Seymour Board of Education

Date: 3/5/2018
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 2005-06, 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 O.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 Sebes

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

By: ___________________________ [Signature]
   Seymour Schools Paraprofessionals'
   UPSEU Local 424 - Unit 80

Date: 3/4/18

By: ___________________________ [Signature]
   Seymour Board of Education

Date: 3/5/2018