

COLLECTIVE BARGAINING AGREEMENT

By and Between

Hamden Board of Education

and the



**UNITED PUBLIC SERVICE EMPLOYEES UNION
Hamden BOE Nurses
Local 424 – Unit 3**

Expires June 30, 2025

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This agreement entered by and between the Hamden Board of Education, hereinafter referred to as the Board, and United Public Service Employees Union, Local 424, Unit 3 hereinafter referred to as the Union.

ARTICLE 1 PREAMBLE

Section 1.1

The purpose of this Agreement is to establish fair and equitable professional employment conditions for the nurses covered herein and an orderly system of mutually respectful and cooperative employer-employee relationships, in order that more efficient, effective and progressive health care services may be rendered.

ARTICLE 2 RECOGNITION

Section 2.1

The Board hereby recognizes the Union as the sole representative for all Registered Professional Nurses employed by the Board as School Nurses, hereinafter referred to as United Public Service Employees Union, Local 424, Unit 3, for the purpose of bargaining as to hours of work, wages and working conditions.

ARTICLE 3 MANAGEMENT RIGHTS

Section 3.1

Except as otherwise specifically provided in this Agreement, as the same may be amended from time to time, it is recognized that the Board has and will continue to retain, whether exercised or not, the right, responsibility and prerogative to direct the operation of the public schools in the Town of Hamden in all respects including but not limited to the following:

1. All those rights, responsibilities and prerogatives granted to school boards pursuant to the Connecticut General Statutes, as amended;
2. To maintain public elementary and secondary schools and such other education activities as in its judgment will best serve the interest of the Town of Hamden;
3. To determine the maintenance and operation of buildings, lands, apparatus and other property used for school purposes;
4. To prescribe rules for management, studies, classification and discipline for the public schools;
5. To prepare and submit budgets and, in its sole discretion, expend monies appropriated by the Town for the maintenance of the schools, such transfer of funds within the appropriated budget as it shall deem desirable;
6. To establish or continue its policies, practices, rules, regulations and procedures and, from time to time, to change or abolish such policies. Practices, rules, regulations or procedures; provided, however, as to any such changes, the Board shall notify the Union and negotiate as to impact as is required by law.

These rights, responsibilities and prerogatives are not subject to delegation in whole or in part, except that the same shall not be exercised in a manner inconsistent with or in violation of any specific terms and provisions of this Agreement. In the event of conflict between Board policy

and the provisions of this Agreement, the provisions of this Agreement shall prevail.

ARTICLE 4 DISCRIMINATION

Section 4.1

The Board will not interfere with, restrain or coerce the Employees covered by this Agreement because of membership in, or activity on behalf of, the Union. The Board will not discriminate in respect to hire, tenure of employment or any term or condition of employment against any employee covered by this Agreement because of membership in, or activity on behalf of, the Union, nor will it discourage or attempt to discourage membership in the Union or attempt to discourage membership in another Union.

Section 4.2

There shall be no discrimination, threat, penalty, coercion, or intimidation of any kind against any employee by reason of race, creed, color, religious belief, sex, age, Union membership, Union activity, national origin, sexual orientation, or marital status, physical or mental disability, genetic information, gender identity or other characteristics protected by applicable federal or state law. An alleged violation of this Section shall be filed in accordance with the grievance procedure beginning at Step 2. If the grievance is not resolved at Step 2, the grievance shall not proceed forward. This shall not limit any individual from pursuing her/his available claim(s) through the Commission on Human Rights and Opportunities ("CHRO") or the Equal Employment Opportunity Commission ("EEOC"). The grievance process and/or prohibited practice process shall be available for any matter associated with Union membership and or Union activity.

Section 4.3

The Union agrees to cooperate with the Board in its Equal Employment Opportunity and Affirmative Action programs. The Board Education shall hold the Union harmless concerning any and all claims arising out of the implementation of the Board's Equal Employment Opportunity and Affirmative Action programs. In this contract, words of the masculine gender and of the feminine gender shall be interchangeable as the context may require.

ARTICLE 5 UNION DUES

Section 5.1

All present employees who are members of the Union and all employees hereinafter hired shall, within thirty (30) days from the date of their employment, be permitted to become and remain members in good standing of the Union in accordance with the constitution and by-laws of the Union during the term of this Agreement or extension thereof.

Section 5.2

The Union agrees to indemnify and to save the Board of Education harmless from any and all claims or demands which may be made against the Board of Education arising out of an action taken against the Board under any of the Sections of this Article. The Board agrees to furnish names and addresses of new employees and their assignments and any other information consistent with its obligations under Public Act 21-25.

Section 5.3

The Board agrees to deduct monthly dues as specified by UPSEU from the wages of all bargaining unit employees upon receipt of an authorization card signed by the employee, and will continue to deduct

such dues monthly as long as authorized by the employee through UPSEU and will transmit such dues to the Union on a monthly basis. The monthly dues remittances to the Union shall be accompanied by a list of employees from whose wages dues deductions have been made.

ARTICLE 6 HOURS OF WORK

Section 6.1

The workday for nurses shall be six hours and twenty-nine minutes. Hours of work shall continue pursuant to the current practice which provides coverage for the arrival and departure of the students.

Section 6.2

(a) Nurses shall be entitled to a non-paid lunch period of thirty minutes. Lunch may be taken, with the agreement of the school administrator, during the student lunch/recess period if the nurse remains in the school building and if the nurse is on call for emergencies. Nurses may leave the site with the agreement of the school administrator as currently practiced, if lunch is taken at a time other than during the students' lunch/recess. Elementary public-school nurses may combine their 15-minute morning non-paid break with their thirty-minute non-paid lunch break for a forty-five minute consecutive break.

(b) Each Public Elementary School Nurse shall be entitled to a non-paid fifteen-minute break in the morning of each workday.

(c) The parties agree to define one-half day for the purposes of contractual leave as follows:

1. For the High School, Middle School and non-public school nurses, the first 1/2 day (morning) shall be calculated from the employee's start time and end three hours and 15 minutes later.

2. For the public elementary school nurses, the first 1/2 day (morning) shall be calculated from the employee's start time and end three hours and 30 minutes later.

3. For all Nurses, the second 1/2 of the day (afternoon) shall start three hours and 14 minutes before the end of the employee's day.

(d) For all employees 1/2 day of pay shall be defined as 3.25 hours.

Section 6.3

The work year shall be the student school year plus three days before the beginning of the student school year and one day during the year for a workshop in November. Nurses shall not be required to work the day after the close of the school year with the understanding that all year-end duties are to be completed by July 1st without additional compensation. If the student school year (currently 180 days) is increased or decreased by the Board of Education, then the parties agree to negotiate the impact of the change to the extent required by MERA.

The Board of Education will pay up to \$150 toward guest speakers/training for annual November workshop.

Section 6.4

Union members shall have preference for any summer assignments. They shall be compensated by dividing the employee's annual salary by the number of annual workdays. Said result will then be divided by the hours of the regular workday.

The posting for vacancies which occur over the summer will be sent via email and regular mail to each member of the union as well as the clerk in the health office. The summer posting will run for two (2) weeks.

Summer assignments (not including ESY positions) shall be filled on a rotational basis starting with the most senior nurse in each school category (High School, Middle School, Elementary Schools). A nurse's school category shall be based on the assignment they worked on the last day of the preceding academic school year.

ARTICLE 7 WAGES

Section 7.1

Wage rates for all nurses shall be in accordance with the schedule set forth in Section 7.4.

Section 7.2

Employees not at the maximum rate shall progress from step to step at the beginning of each school year. New employees hired on or before February 1 in a school year shall advance to the next step in the following school year. New employees hired after February 1 in a school year shall not receive a step increase in the following school year, however, said employee shall advance a step in the subsequent school years at the beginning of each school year until they reach maximum rate.

The Board has the discretion to start a newly hired employee on Step 1, Step 2, Step 3 or Step 4 of the new salary scale based upon the individual's prior work experience.

Section 7.3

Wages shall be paid bi-weekly from the date of hire. Nurses may select to be paid in installments of 21 or 26 pay periods from September to September. For nurses not hired at the beginning of a school year the contractual annual salary shall be prorated based on the number of workdays remaining in the school year.

Section 7.4

For employees on the payroll as of execution, and retroactive to 7/1/22 – 2.25% GWI based upon the steps of the previous wage scale and a one-time Health Care Appreciation Payment of \$750 effective in the payroll period following execution of the Agreement. However, the \$750 payment will not be factored into an employee's overtime rate.

For employees on the payroll as of execution, and retroactive to 7/1/23 for employees on the payroll as of execution – 2.39% GWI – The new wage scale goes into effect on the execution of this Agreement. Retroactive pay will be based upon the previous wage scale.

Effective July 1, 2024 – 2.39% GWI

Retroactive Pay is based upon the old wage scale set forth below:

step	21/22	22/23	23/24
wage increase		2.25% + step retro to 7/1/22	2.39% + step retro to 7/1/23
1	\$49,581	\$50,697	\$51,908
2	\$52,076	\$53,248	\$54,520
3	\$54,576	\$55,804	\$57,138
4	\$57,077	\$58,361	\$59,756
5	\$59,573	\$60,913	\$62,369
6	\$62,117	\$63,515	\$65,033
7	\$64,569	\$66,022	\$67,600
8	\$67,070	\$68,579	\$70,218
9	\$69,569	\$71,134	\$72,834
10	\$75,820	\$77,526	\$79,379

Upon execution, the new wage scale will be:

step	23/24	24/25
wage increase	2.39% (after retro)	2.39% +step
1	\$51,908	\$53,149
2	\$54,520	\$55,823
3	\$57,138	\$58,504
4(1)	\$59,756	\$61,184
5(2)	\$62,369	\$63,860
6(3)	\$65,033	\$66,587
7(4)	\$67,600	\$69,216
8(5)	\$70,218	\$71,896
9(6)	\$72,834	\$74,575
10(7)	\$79,379	\$81,276

Employees on Step 4 will be on Step 1, Step 5 will be on Step 2, etc.

Bargaining unit members shall have the option of depositing all or a portion of her/his pre-tax retro-active-payments into a pre-established retirement account recognized by Hamden Public Schools. Members shall be advised of the process and timelines prior to the issuance of the retroactive payments. In no circumstances shall this process take more than forty-five (45) calendar days following the date the Union ratifies and the Board approves this contract.

Section 7.5

Beginning in fiscal year 2023-2024, the Lead Nurse shall receive \$6,500 in addition to her/his annual pay.

Section 7.6

Any nurse assigned as a case manager for 504's shall receive an annual stipend of \$600 at the end of the school year. Said stipend shall be pro-rated based on the number of months during the school year when the employee was actively at work and so assigned.

ARTICLE 8 OVERTIME

Section 8.1

Whenever an employee works in excess of their normal work week, they shall be paid for such overtime work at the rate of one and one-half times their straight time hourly rate. However, sick time will not count as hours worked for the purpose of determining whether the employee worked in excess of their normal workweek and, therefore, is entitled to overtime pay.

Section 8.2

Employees, who are required and directed to attend meetings which are scheduled or extend beyond the end of the employee's normal workday, shall be paid overtime for such time worked. When required to attend conferences, training sessions, etc., an employee shall be reimbursed for actual and reasonable expenses incurred and shall be compensated at the regular daily rate of pay.

Section 8.3

An employee who is recalled to work by an administrator after the conclusion of her/his normal work day, and after having left the place of employment, shall be compensated at an overtime rate for the actual number of hours worked after returning to work, or a minimum of three (3) hours, whichever is greater.

Section 8.4

For the purpose of determining the number of hours an employee has worked during any week, the employee shall be credited with the number of hours in a normal work day for any holiday which occurs on Monday through Friday inclusive of any week, and for any day upon which an employee is on any leave authorized by this Agreement, with the exception of sick leave (as noted above in Section 8.1) which shall not count towards determining the number of hours worked.

Section 8.5

Employees who know twenty-four (24) hours in advance that overtime work will be required must seek authorization from their supervisor twenty-four (24) hours in advance. Said rule shall not apply and overtime shall be paid provided all of the following requirements are met:

1. Any emergency situation must arise in which the employee will have to establish that, said notice requirement could not be met; further the employee must establish that said work could in no way be performed during normal working hours; further that it was in the best interest of the Board that said work be performed.

2. The employee reports said emergency conditions within twenty-four (24) hours

ARTICLE 9 LONGEVITY

Section 9.1

In addition to the basic salary that shall be paid to members of this bargaining unit, longevity pay based upon continuous and uninterrupted years of service with the Board in accordance with the following schedule to be paid on the anniversary of the employee's date of employment:

A year of service shall be a full 365 days from the anniversary date of employment.

After 5 years of service	\$675
After 6 years of service	\$695
After 7 years of service	\$715
After 8 years of service	\$735
After 9 years of service	\$755
After 10 years of service	\$775
After 11 years of service	\$795
After 12 years of service	\$815
After 13 years of service	\$835
After 14 years of service	\$855
After 15 years of service	\$875
After 16 years of service	\$920
After 17 years of service	\$940
After 18 years of service	\$960
After 19 years of service	\$980
After 20 years of service	\$1,000

Employees hired after May 8, 2018 shall not be entitled to longevity pay.

Section 9.2

Upon termination, except for cause, an employee who has completed more than eight (8) months of service from the anniversary date of employment in said termination year, shall be granted longevity pay pro rata to the date of termination.

Section 9.3

Longevity pay shall not be included in any manner in the computation of fringe benefits, unless so stated in the Town's Retirement Plan.

ARTICLE 10 SICK LEAVE

Section 10.1

Bargaining unit members are recognized "service workers" as defined under the Connecticut Sick Leave Law (CGS §§ 31-57r-3157w). As such, the statute shall control if/when any sick leave provisions in this contract would result in lesser benefits than those provided by law. Sick leave shall be considered to be

the absence from duty with pay for the following reasons:

- A. An employee, employee's child or employee's spouse:
 - i. illness, injury or health condition;
 - ii. diagnosis, care or treatment of mental or physical illness, injury or health condition;
 - iii. preventative medical care
- B. When the serious illness of a person who is both a member of the employee's family and member of her/ his household requires her/his personal attendance.
- C. When the employee is required to undergo medical, optical or dental care or treatment and only when this cannot be accomplished during off-duty hours.

Section 10.2

- A. Sick leave shall be accrued at the rate of one and one-half (1-1/2) working days for each calendar month during the fiscal year. Unused sick days shall accrue to an accumulated total of two-hundred and twenty (220) days.
- B. For employees hired after July 1, 2011, the maximum sick leave accumulation shall be one-hundred and twenty (120) days.

Section 10.3

Sick leave shall continue to accumulate during a leave of absence with pay, or vacation time, or during an FMLA leave.

Section 10.4

- A. After July 1, 1985, if an employee retires in accordance with the Hamden Employees Retirement Plan, the employee shall be compensated within thirty (30) days of the employee's effective retirement date, for unused sick leave days as follows: 50% of sick leave days up to 90 days; 75% of sick leave days from 91 days to 120 days; and 100% of any remaining unused sick days. Such redemption payment shall not be counted in any calculation of any retirement plan benefit.
- B. Employees hired after July 1, 2011, and who retire in accordance with the Hamden Employees Retirement Plan, the employee shall be compensated within thirty (30) days of the employee's effective retirement date, for unused sick leave days as follows: 50% of sick leave days up to first 50 days; 75% of sick leave days from 51 days to 100 days; and 100% of sick leave days from 101 days to 120 days. Such redemption payment shall not be counted in any calculation of any retirement plan benefit.
- C. Employees hired after May 8, 2018, shall not be eligible for payment of accrued sick time upon retirement.

Section 10.5

The Board shall maintain a record for each school nurse of all sick and personal leave taken and accumulated, which shall be available to the employee. An Employee Accruals YTD Report shall be sent monthly via interoffice mail.

Section 10.6

- A. Nurses shall be entitled to utilize sick leave in one-half (1/2) day increments, except that nurses may utilize sick leave in two (2) hour increments to attend doctors' appointments which cannot be scheduled outside work hours.
- B. Nurses who take three (3) or more consecutive days of sick leave shall provide a doctor's note upon return to work, if requested by the Director of Pupil Personnel Services. Further, the district may require a doctor's note for any sick leave absence when there is suspected abuse in the use of sick time; in this circumstance a nurse shall receive prior notification that a doctor's note will be required prior to her/his return to work.

Section 10.7

Nurses shall participate in a Short-Term Disability (STD) program provided at District expense; attached as Appendix A. The Board reserves the right to change insurance carriers provided that the new coverage is substantially equivalent to the previous plan and will provide thirty (30) calendar days advance notice of any such change to the Union.

ARTICLE 11 FUNERAL LEAVE

Section 11.1

A. An employee shall be granted three (3) days of leave with pay for a death in the immediate family. The immediate family shall be defined as the employee's mother, father, spouse, brother, sister, child, grandparents, and the mother, father, brother, sister or grandparent of the employee's spouse, or any person domiciled in the employee's home. Up to an additional three (3) days may be granted at the discretion of the Superintendent of schools or his/her designee for travel to out-of-state funerals.

Section 11.2

In the event of the death of other relatives, the school nurse shall be granted two (2) days leave with pay, for actual attendance at a funeral or memorial service.

Section 11.3

If called off duty because of a sudden death in the immediate family, that day should not be considered part of the three (3) days Bereavement Leave and the employee shall be compensated for the remainder of the day.

ARTICLE 12 FAMILY AND MEDICAL LEAVE

Section 12.1

All eligible bargaining unit members are entitled to job protection and leave provisions included under the federal Family and Medical Leave Act (FMLA) and any applicable state laws.

Section 12.2

The Board of Education shall grant Family Medical Leave pursuant to all applicable State and Federal laws. Employees shall be required to utilize any applicable accumulated leave for absences due to FMLA; except that any member on an FMLA status may set aside up to ten (10) accrued sick and/or personal days to have available at the conclusion of her/his FMLA leave.

**ARTICLE 13
WORKER'S COMPENSATION**

Section 13.1

Workers' compensation shall be supplemented by the difference in the employee's regular pay for a period of twelve (12) months over a rolling two (2) year period from the date of an employee's injury.

Section 13.2

Any employee who was injured in the performance of his/her work and who is unable to subsequently perform the duties assigned to him/her prior to his/her injury or disability, shall be assigned to light duty work with the department, if available, for a period not to exceed six (6) months. The employee will receive her/his regular rate of pay during a light duty assignment.

**ARTICLE 14
JURY DUTY**

Section 14.1

Any bargaining unit member on jury duty shall be paid her/his regular wages. Any compensation received from the court for jury duty service shall be remitted to the district upon receipt.

**ARTICLE 15
PERSONAL LEAVE DAYS**

Section 15.1

Employees covered by this Agreement shall be granted personal leave days with pay in accordance with following schedule: Except in the case of a personal emergency, written notice for use of personal leave shall be provided to the Director of Human Resources or his/her designee at least forty-eight (48) hours prior to the use of such leave.

- A. Employees with a minimum of three (3) years of consecutive service shall be entitled to three (3) personal leave days with pay during the period commencing July 1 and ending June 30 of each year.
- B. Employees with a minimum of two (2) years of consecutive service shall be entitled to two (2) personal leave days with pay during the period commencing July 1 and ending June 30 each year.
- C. Employees in their first year shall be entitled to one (1) personal leave day with pay after six months of consecutive service.
- D. After working one year, the one personal day earned may be carried over if not used. After two completed years, one of the two personal days earned may be carried over if both have not been used. All personal days will be credited at the beginning of the school year. Up to one (1) unused personal day may be carried over to the following contract year. The maximum number of personal days that may be used during any one school year shall not exceed four (4).

Section 15.2

Personal days shall not be unreasonably denied. However, if any employee has been denied use of her/his personal day/s by the employer, the employee shall be paid in the last pay period in June each year for each personal day not taken due to denied use by the employer.

Section 15.3

Personal leave days may not be used to extend an employee's leave (such as holidays) unless authorized by the Director of Human Resources or his/her designee. Also, personal leave days may not be used during the first two (2) weeks of school or the last two (2) weeks of school unless authorized by the Director of Human Resources or his/her designee.

ARTICLE 16 SENIORITY

Section 16.1

In the event of a layoff, unless mutually agreed otherwise, seniority shall prevail with the least senior employee being laid off first, and so on. Seniority shall be calculated from the most recent date of hire into the bargaining unit.

Section 16.2

A. There shall be a seniority roster for nurses. The seniority list shall be provided to the Unit President annually during the month of September.

B. If a school is closed or there is a reduction in force, the affected nurse(s) will have the right to bump a less senior nurse.

Section 16.3

Employees being laid off shall be given four (4) weeks written notice of layoff or pay in lieu thereof.

Employees who resign shall give four (4) weeks written notice to the Director of Human Resources or his/her designee. In extenuating circumstances that are approved by the Director of Human Resources or his/her designee, a shorter notice may be given. Failing to give proper notification outside of extenuating circumstances (approved by the Director of Human Resources or his/her designee) the employee shall be paid for his/her actual time worked, but shall forfeit any other benefits, lump sum or otherwise, provided for under this Agreement.

Section 16.4

Employees who are laid off shall be placed on a recall list and offered re-employment before any new employees are hired for a period of two (2) years following the date of layoff. Recall shall be in reverse order of layoff. Employees who are laid off are responsible for ensuring the Board has up-to-date contact information. When a member is recalled, her/his accrued seniority within the unit shall be retained.

Section 16.5

Bargaining unit employees shall not be laid off, terminated without cause, or have their hours reduced if other personnel are substantially performing School Nurse's primary duties for the Board.

Section 16.6

Confirmation of appointment and salary shall be in writing and given to each employee.

Section 16.7

A. All requests for voluntary transfers shall be done in writing/email and given to the Director of Human Resources by May 1 of each year (Voluntary Transfers).

B. Notice of transfers will be given to affected employees at least thirty (30) calendar days prior to the date of transfer, except where vacancies must be filled on shorter notice.

C. In the event of an opening in School Health Services, such opening will be first offered to current school nurses employed by the Hamden Board of Education. Voluntary transfers shall be based upon the seniority of bargaining unit employees. Involuntary transfers shall be based upon the experience and qualifications of bargaining unit employees. As between employees who have substantially equivalent experience and qualifications; the least senior employee shall be involuntarily transferred to the position. Any school nurse can only be involuntarily transferred one (1) time (except for temporary transfers discussed below) cannot be again involuntarily transferred during her/his employment.

D. The Board may also temporarily transfer any school nurse for a period of up to ninety (90) calendar days. Such temporary transfer shall be based upon the seniority of bargaining employees with the least senior nurse being temporarily transferred, except when the Board can demonstrate that the transfer of another bargaining unit member will more effectively and efficiently insure the health and safety of the students. In such case, the Director of Human Resources or his/her designee shall meet with the Union prior to the temporary transfer to advise the Union of the need for the transfer. Once ninety (90) calendar days have expired the affected nurse shall be transferred back to his/her original position.

Section 16.8

The duties and responsibilities of positions existing on the effective date of this agreement shall be attached here to as Appendix B and will not be unilaterally changed during the term of this agreement.

Section 16.9

When a new employee is hired, the Board shall notify the Union of the new employee's classification, salary and any other specifications of employment, within thirty (30) calendar days of hire.

Section 16.10

In matters of promotion within the bargaining unit except when professional requirements do not permit, preference shall be given, by seniority, to a current employee who is qualified, over a non-employee.

Section 16.11

An employee's seniority shall be lost, following due process as appropriate, when (s)he:

- (1) terminates voluntarily;
- (2) is discharged for cause;
- (3) fails to report to work within fourteen (14) calendar days after receipt of notice of recall directed to his/her last known address;
- (4) is laid off in excess of contractual recall rights;
- (5) fails to report to work upon the termination of a FMLA leave or any other authorized leave of absence;
- (6) is absent from work for a period of two (2) consecutive work days without proper notification of absence to the Board, unless due to extraordinary circumstances acceptable to the Board; or

(7) if the employee is absent as a result of illness, accident or injury on the job for a period equal to twelve (12) months over a rolling twenty-four (24) month period.

An employee whose seniority is lost for any of the reasons outlined in this paragraph, shall be considered a new employee if (s)he is again employed by the Board except that past service shall be bridged if an employee is hired back by the Board within six (6) months of separation. In such cases, a new hire date shall be calculated by deducting the period of separation. The failure of the Board to rehire such employee shall not be subject to the grievance provisions of this Agreement.

ARTICLE 17 UNION REPRESENTATION

Section 17.1

Three (3) members of the Union designated as the Negotiating Committee shall suffer no loss of pay for time spent in contract negotiations during regular working hours.

Section 17.2

A written list of the Negotiating Committee members, officers and stewards shall be furnished to the Board immediately after their designation and the Union shall notify the Board promptly of any changes.

Section 17.3

The Board will agree to such reasonable arrangements as may be necessary by Union representatives to properly carry on their Union duties provided such duties cannot be performed during non-working hours.

Section 17.4

Two (2) officers of the Union, and any necessary witnesses, required to attend any grievance or arbitration hearing shall suffer no loss of pay for such attendance.

Section 17.5

Two (2) members of the Union designated as the Negotiating Committee shall suffer no loss of pay for time spent in contract negotiations.

Section 17.6

No more than two (2) members of the Union shall suffer no loss of pay for attendance at State Conventions and conferences of UPSEU.

ARTICLE 18 DISCHARGE AND DISCIPLINE

Section 18.1

No employee shall be discharged, or otherwise disciplined without just cause. Any employee who has been discharged shall, if requested, be granted an interview with his/her Union representative before he/she is requested to leave the premises.

Section 18.2

Disciplinary action shall include a written warning with respect to any correctable conduct before an employee is suspended or discharged for repetition of such conduct unless the misconduct is severe.

Section 18.3

In all cases of discharge or other discipline, the Union President shall be notified of the action as soon as possible, and a written copy of the discharge shall be mailed to the Union.

Section 18.4

Disciplinary action shall include: (1) verbal warning; (2) written warning; (3) a suspension without pay; and (4) discharge. Discipline shall normally follow this order unless the facts of the situation indicate an offense sufficiently serious to eliminate a step or steps listed herein.

Section 18.5

All disciplinary action may be applied in a fair manner and shall not be inconsistent with the infraction for which the disciplinary action is being applied.

ARTICLE 19 GRIEVANCE PROCEDURE

Section 19.1

In the event that any dispute arises between the Board and the Union, or any employee, concerning the interpretation or application of the provisions of this Agreement, such dispute shall be deemed to be a grievance, and shall be settled in accordance with the grievance procedure set forth herein. No matter that is not specifically set forth in this Agreement shall be the subject matter of a grievance. The Union shall file with the department head and with the Assistant Superintendent the name(s) of its designated representative(s) as per Article 17 Union Representation for the purposes of Step 1 and Step 2. It is expressly understood that, any other contract language notwithstanding, said grievance procedure shall not be available to a probationary employee in the case of discharge.

Section 19.2 Step 1 - Any grievance shall be first presented, in writing, to the Director of Pupil Personnel clearly setting forth the specifics of the grievance in order that the Board may clearly ascertain the nature of the grievance, within fourteen (14) days after date of occurrence, or within fourteen (14) days after date of said occurrence becomes known to grievant.

Section 19.3 Within fourteen (14) days after receipt of a grievance by the Director of Pupil Personnel, she/he shall meet with the grievant and the Union and the Union representatives for the purpose of adjusting or resolving such grievance.

Section 19.4 Step 2 -If such grievance is not resolved to the satisfaction of the Union or the grievant by the Director of Pupil Personnel within nine (9) days after such meeting, the Union or the grievant may present such grievance, in writing, within nine (9) days thereafter, to the Director of Human Resources.

Section 19.5 Within nine (9) days, after receipt said grievance by the Director of Human Resources, he/she shall meet with the grievant and the Union representatives. Within nine (9) days, after said meeting with the Director of Human Resources, the Director of Human Resources shall advise the Union of his/her decision in writing.

Section 19.6 Step 3 If said grievance is not resolved to the satisfaction of the grievant by the Director of Human Resources, the Union may, within thirty (30) days after receipt of said decision, submit such grievance to arbitration before the Connecticut State Board of Mediation and Arbitration. The decision of the State Board of Mediation and Arbitration shall be final and binding on the parties, providing it is not contrary to law. The arbitration fees and expenses shall be borne by the parties hereto. At any grievance or arbitration hearing, the grievant shall be entitled to representation of his/her choice. The authority of the arbitrator is limited to the provisions of this Agreement, with no authority to add to, or subtract from

this Agreement.

The arbitrator shall have the authority to order or deny reinstatement of an employee with or without back pay. In the event there is an award of back pay, any earnings by the employee during the period of unemployment (including unemployment insurance benefits) shall be offset and deducted from this award. Employees who have been discharged shall have the duty to mitigate the loss of wages.

Section 19.7 Any of the limitations specified in this article and the steps provided herein may be waived by written mutual agreement of the parties. If limitations are not waived, a grievance not presented within the time periods set forth above shall be deemed waived and shall not be subject to the grievance procedure. Further, a grievance not timely appealed in accordance with the time limits above shall be deemed resolved according to the last disposition in the matter.

Section 19.8 In the event the department head, or Assistant Superintendent, the grievant or his representative becomes ill or is on vacation, the time limitations set forth herein shall be extended until such time as each is available to perform their duties, but in no event shall such time be extended longer than the period of two (2) weeks.

ARTICLE 20 BULLETIN BOARDS

Section 20.1

The Board shall continue to maintain bulletin boards as is the current practice for the use of the Union.

ARTICLE 21 ALTERATION OF AGREEMENT

Section 21.1

No Agreement alteration, understanding, variation, waiver or modification of any of the terms, conditions, or covenants contained herein shall be made by any employee or group of employees with the Board and in no case shall it be binding upon the parties hereto unless such Agreement is made and executed in writing between the parties hereto and the same has been ratified by the Union.

Section 21.2

The waiver of any breach or condition of this Agreement by either party shall not constitute a precedent in the future enforcement of all the terms and conditions herein.

ARTICLE 22 SAVINGS CLAUSE

Section 22.1

In the event that any federal or State legislation, governmental regulations or court decision causes invalidation of any Article or Section of the Agreement, all other Articles and Sections not so invalidated shall remain in full force and effect.

ARTICLE 23 VISITATION

Section 23.1

Accredited Representatives of the Union will have reasonable access to the premise of the Board during working hours and to the offices of Town by appointment.

**ARTICLE 24
NO STRIKE CLAUSE**

Section 24.1

During the life of this Agreement there shall be no strike, slowdown, suspension or stoppage of work in any part of the Board's operation by employees, or employee nor shall there be any lockout by the Board in any part of the Board's operation.

**ARTICLE 25
NURSES WORKING CONDITONS**

Section 25.1

There shall be monthly staff meetings for the purpose of sharing problems and solutions to problems in the School Health Service to be conducted as determined by the Director of Pupil Personnel Services or her/his designee. Additional meetings may be planned by the Director of Pupil Personnel Services or her/his designee. The Board will recognize that the school nurses are an integral part of the special services staff.

Section 25.2

There shall be at least three (3) in-service education meetings held as determined by the Lead Nurse in coordination with the Director of Pupil Personnel Service or her/his designee for the purpose of developing and updating nursing skills.

Section 25.3

Hamden School Health Services' memoranda regarding handling of school health problems or procedures shall be circulated throughout the entire staff.

Section 25.4

Members of the bargaining unit called to appear before any member of the supervisory staff of the Board of Education shall, prior to attendance at such meeting, be advised of the purpose of the meeting and the names of all persons expected to attend. Should in the opinion of the employee, the subject matter of the meeting be such as could result in possible disciplinary action, or relate to the delivery of professional care, the employee shall have the right to have present a representative of the Union and/or President of the bargaining unit.

Section 25.5

The employer shall make all reasonable efforts to assure the health and safety of the nurse during the course of her/his employment.

Section 25.6

All school nurses must be registered by the Connecticut State Board of Examiners for nurses and have a valid license to practice nursing in the State of Connecticut.

Section 25.7

Any additional responsibilities such as student nurse orientation, retirement vision and hearing testing which are not part of a nurse's normal daily duties, but which are scheduled during normal working hours, shall be assigned on a rotating basis.

Section 25.8

No nurse should be required to cover more than her regular assignment. except for short-term emergencies.

Section 25.9

The Board may grant a regular employee a leave of absence without pay for study or such other reasons as is deemed in the best interest of the Board. Such leave of absence shall be agreed to in writing and signed by the district, the union and the individual member. If, within fourteen (14) calendar days of the expiration of said leave of absence, the employee has not notified the district of her/his intent to return to work, the Board shall be permitted to recognize such non-notification as a resignation effective on the first day of such leave of absence.

Section 25.10

The Board will provide each employee with a hard copy or an electronic copy of the Agreement within thirty (30) days after the signing of this Agreement. New employees will be provided with a hard copy or an electronic copy of this Agreement at the time of hire. The UPSEU office will be provided with two (2) signed originals.

Section 25.11

Any employee who believes that a piece of equipment to which he/she has been assigned is not in safe operating condition or is unsafe or unhealthy to employees, or the area in which he/she is assigned to work is unsafe or unhealthy to employees, the employee may refuse to use such piece of equipment, or refuse to work in the unsafe or unhealthy area until it has been inspected by the Director of School Health Services, or his/her designee, who shall determine the condition of the piece of equipment or unsafe or unhealthy conditions contrary to generally accepted standards shall have the right to confer with the director or his/her designee within a reasonable time with a view to minimize wherever possible such exposure.

ARTICLE 26 HEALTH INSURANCE

Section 26.1

The Board shall pay and provide for each employee and any eligible dependents the following:

- A. The Anthem High Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Members electing the HDHP must be enrolled in the HDHP for the entire plan year.

No later than the fifth (5th) working day after the effective date of the HDHP the Board shall deposit its deductible contribution into the Health Savings Account (HSA) for each member. For each plan year thereafter, the Board shall deposit one-half (1/2) its deductible contribution into the member's HSA during the first week of July and one-half (1/2) during the first payroll period in January.

HDHP Annual Deductible

\$2,000 for single coverage / \$4,000 for single +1 or family coverage

Board Deductible Contribution

Duration of contract: 50% for single, single +1, or family coverage – ½ of the contribution will be paid in July and the remaining ½ of the contribution will be paid in January.

For members covered by the HDHP who are not eligible under the law for an HSA, (Ex: those covered by Medicare or Tricare) the employer shall provide an IRS approved Health Reimbursement Account (HRA). Members shall be reimbursed for submitted out of pocket medical expenses that go toward her/his annual deductible for single, single +1, or family coverage up to the percentage contribution amount that the Board contributes to member HSA accounts each plan year. The Board's contribution towards the deductible for newly hired employees will be prorated based upon the month in which the employee begins employment.

The HDHP Plan design is attached to this Agreement as Appendix C.

B. Employee insurance premium contribution. The cost of the medical plan shall be borne by the Board of Education, except that current employees shall, by payroll deduction, pay the following percentages of the applicable COBRA rate or allocated rate (whichever is lower):

Employee Premium Contribution

Current	16.5%	
Year 1	16.5%	
Year 2	17.5%	effective July 1, 2023
Year 3	18%	effective July 1, 2024

Nurses hired before July 1, 2007, who retire with fifteen (15) years or more of service in Hamden Public Schools shall have the same Medical Insurance coverage in effect at the time of their retirement. Nurses hired on or after July 1, 2007, who retire with fifteen (15) years or more in Hamden Public Schools shall have the same medical coverage as active employees.

Nurses hired before July 1, 2000 who retire (retired employee) with fifteen (15) years or more of service in Hamden Public Schools shall not contribute to the cost of the "plan" for the retiree or any eligible dependents; however, Nurses, hired on or after July 1, 2000, who retire with fifteen (15) years or more of service in Hamden Public Schools shall be required to pay the same cost sharing applicable at the time of retirement. Nurses hired after July 1, 2023, shall not be entitled to retiree medical coverage.

Retirees, who are Medicare eligible, must apply for Medicare benefits in order to remain eligible for coverage under the Board policies. Medicare shall be the primary plan and the Board. The Board will provide a Medicare supplement (Group Plan F or its equivalent) to retirees when they become eligible for Medicare. Nurses hired after July 1, 2023 shall not be entitled to a Medicare supplement.

The Board will make available an Internal Revenue Code Section 125 program which will allow premium contributions to be made on a pre-tax basis. In addition, the Board will provide a Flexible Spending Account for dependent care expenses to be treated in the same way.

C. Payroll adjustments for all contributions mentioned above shall be made on a pro rata basis and deducted over the twenty-one (21) pay period schedule as developed by the administration.

D. Notwithstanding the above, the Nurses may elect to waive all medical insurance coverage and in lieu thereof, to receive a payment of \$1,000.00. Payment to those employees waiving coverage will be made on a pro-rated basis each month during the school year.

E. Where there is a change in a Nurse's status such as, but not limited to, change in the spouse's benefit program, the waiver may, by written notice to the Board of Education, be revoked. Upon receipt of revocation of the waiver, coverage by "the Plan" shall be subject to any regulations or policy restrictions, including waiting periods, which may then be in effect. Depending upon the effective date of coverage, appropriate financial adjustments shall be made between the Nurse and Board so as to ensure

that the prorated basis in Section A *above* was accurate.

F. Payment of the insurance waiver shall be subject to an I.R.S. Section 125. The Board will make available an Internal Revenue Code Section 125 Program which will allow premium reimbursement only for those electing to waive their benefits.

Section 26.2

The Board reserves the right to change insurance carriers provided that the new coverage, provider network and administration is substantially equivalent to the previous plan taken as a whole. The Union will be given no less than ninety (90) calendar days' notice prior to the implementation of any new plan. Any unresolved issues of substantially equivalent insurance shall be submitted by the Union for resolution to the American Arbitration Association within thirty (30) days after receiving the prior notice referenced *above*. The Union and the Board will split *evenly* the administrative costs of utilizing AAA, but the Board agrees to pay the full cost of the arbitrator's fees. Should the Union file for arbitration, the new plan will not be implemented pending the arbitrator's decision.

ARTICLE 27 GROUP LIFE INSURANCE

Section 27.1

The Board will provide, at Board's expense, group life insurance to each employee in the amount of \$45,000. Upon retirement, additional term life insurance may be purchased by the retiree at group rates.

Section 27.2

Effective January 1, 1982, for employees who retire under the provision of the Town's Retirement Plan, or who qualify for retirement benefits under the terms of the Federal Social Security Act, and who have a minimum of fifteen (15) years of service, the Board will provide at Board's expense a group life insurance benefit in the amount of \$2,500.00. For employees hired on or after May 8, 2018, retirees will not be provided with a group life insurance benefit.

ARTICLE 28 MALPRACTICE INSURANCE

Section 28.1

The Board shall provide each employee covered by this Agreement at the Board's expense, the professional malpractice liability insurance while on duty and provide a copy of the policy. If thirty (30) days prior to the expiration of the coverage the Board fails to provide evidence of said insurance the employee may purchase said coverage and the Board will reimburse employee.

ARTICLE 29 RETIREMENT PLAN

Section 29.1

For bargaining unit employees hired before June 30, 2007, the Hamden Employees Retirement Plan ("the Plan") as enacted in 1969 and modified from time to time by collective bargaining agreements is incorporated herein by reference as part of this Agreement as long as the Retirement Plan includes Board of Education employees. Effective upon ratification and approval of this Agreement that expires on June 30, 2022, the Cost of Living Benefit will be the lesser of the Consumer Price Index or 1.75%, as calculated by the actuaries used by the Town for the Plan. Further, effective September 17, 2019, employees will contribute an additional .5% to the Plan for a total of 8.5%. Effective July 1, 2020, employees will contribute an additional .5% to the Plan for a total of 9.0%. Bargaining unit employees hired after July 1,

2007, shall not be eligible to participate in the Hamden Employees Retirement Plan, but instead shall, if eligible, participate in the Connecticut Municipal Employees Retirement System ("CMERS").

The Plan will not be negotiated again until July 1, 2027.

Section 29.2

Nurses may participate in a 403(B)-retirement benefit plan when provided by the Board. The current list of approved 403(B) plan providers is attached as Appendix D.4162

ARTICLE 30 EDUCATION

Section 30.1

Two (2) education days for participating in nursing education institutes, workshops and in-service programs, within the State of Connecticut, shall be granted to each employee per year with reimbursement for all fees for same and travel expenses, in accordance with existing practice.

ARTICLE 31 TRANSPORTATION

Section 31.1

Any employee who, as a condition of employment, is required to travel from his/her primary worksite to other locations within the Town and in the course of doing so is required to use his/her motor vehicle shall be compensated at the IRS allowed mileage rate.

ARTICLE 32 COVERAGE

Section 32.1

The provisions of this Agreement shall be binding upon the Board and its successors and assigns.

ARTICLE 33 RETROACTIVE PAYMENTS

Section 33.1

Any retroactive payments required by this Agreement to be made shall be made within forty-five (45) calendar days after the date the Agreement has been ratified by the Union and approved by the Board.

ARTICLE 34 PRIOR PRACTICE

Section 34.1

Nothing in this Agreement shall be construed as bridging any right, benefit, or privilege that employees have enjoyed heretofore, unless it is specifically stated that said practice has been superseded by a provision of this Agreement.

**ARTICLE 35
PERSONNEL FILES**

Section 35.1

The Board of Education shall, permit each employee to inspect his/her personnel file. No individually identifiable information contained in a personnel file of any employee shall be disclosed by the Board to any other person or entity not employed by or affiliated with the Board without the written authorization of such employee except as required by law. Employees shall receive a copy of all material to be placed in their files after the original date of employment that may form the basis for any disciplinary action or become a part of a formal evaluation.

**ARTICLE 36
GENERAL PROVISIONS**

Section 36.1

Any charge or complaint by a member of the public or other Board of Education employee against a bargaining unit member may be investigated by the Board of Education. All complaints, verbal or written, shall state the specifics of any alleged incident and parties involved. Members so charged may grieve such action through the grievance procedure.

Section 36.2

The Board of Education agrees to reimburse the School Nurse for their nursing license up to one hundred and ten dollars (\$110.00). To qualify for reimbursement, each School Nurse shall submit to the Superintendent or their designee proof of payment for, and cost, of their license. If the State imposes a continuing education requirement to maintain licensure, the Board of Education agrees to reimburse Nurses for the cost of the education requirement.

Section 36.3

The Board of Education shall provide a written annual status report to each employee concerning his/her pension account. Such report shall include Board of Education contributions and employee contributions to date with an estimated benefit at time of retirement.

**ARTICLE 37
DURATION**

Section 37.1

A. The duration of this Agreement shall be effective upon execution and extend through June 30, 2025, and until a subsequent contract is negotiated, and becomes effective, subject to any retroactive provisions agreed upon in a subsequent contract.

Section 37.2

This Agreement is and contains the entire Agreement between the parties and shall not be altered or amended except by a written Agreement signed by both parties hereto.

Section 37.3

Negotiations for the next subsequent period shall be commenced in accordance with State statute. This Agreement is made upon execution by and between the Hamden Board of Education and UPSEU Local 424 Unit 3.

FOR HAMDEN BOARD OF EDUCATION

FOR LOCAL 424, UNIT 3 BOE NURSES
UNITED PUBLIC SERVICE EMPLOYEES
UNION



Melissa A. Kaplan
Board of Education Chairperson



Kevin E. Boyle
UPSEU President

8/9/2023

Date

8/11/23

Date

**Appendix A
Job Description**

**HAMDEN PUBLIC SCHOOLS
HAMDEN, CT 06517**

Title:
School Nurse

Qualifications:

1. Registered professional nurse, designated R.N. and currently licensed in the state of Connecticut
2. The equivalent of one (1) year full-time working experience as a registered nurse in the last (3) years such as pediatric, ambulatory, public health or school nursing prior to employment as a school nurse.
3. CPR certification or completion of such certification prior to the first day of employment as a school nurse.
4. Passing a background check.

Reports To:
Director of Pupil Personnel Services

Job Goal:

In cooperation with other health professionals, educators and school personnel assumes the initiative and responsibility for providing a wide variety of health care services designed to promote and protect the student's optimal health status.

Performance Responsibilities:

1. As a manager of health care within the school health program the nurse is responsible:
 - a. To participate in program planning by identifying health needs of children in the school by collaborating in the formation of specific objectives and policies and by making recommendations regarding budget.
 - b. To implement program objectives by the organization and completion of activities formulated in the planning phase.
Program implementation involves:
 1. Communication with students, families, school staff and involved community persons and agencies.
 2. Assessment of student and staff health status.
 3. Assessment of the school community health based on epidemiological surveys.
 4. Prevention and control of communicable disease.
 5. Facilitation of the adaptation to school of exceptional and/or handicapped children.
 6. Follow-up of health related absences.
 7. Promotion of optimal environmental personal health.
 - c. To participate in the evaluation of program activities/outcomes by:
 1. Record keeping for all procedures and activities
 2. Conduction or participation in studies of various aspects of the school health programs.
 3. Design of and/or participation in research concerning school health and health education.
 4. Analysis of personal effectiveness within the school health program.
 5. Evaluation of school nursing practice and utilization of consultation, supervision and continuing education for improvement.

2. As a deliverer of health services, the school nurse is responsible to:
 - a. Systematically assess the health status and health needs of the school children through the following means:
 1. Periodic and episodic health appraisal using observation physical examination techniques, measurements and review of medical, dental and psychological examinations.
 2. Collection of a health history.
 3. Assessment of growth and development and psychosocial health.
 4. Periodic screening of at-risk populations to detect visual problems, hearing loss, scoliosis or other conditions.
 5. Periodic conferences with teacher, other school staff, the child and his/her family, and other relevant persons for early detection of health problems or learning and perceptual disabilities.
 6. Observation of students in the classroom and during play or recreation periods as a means of evaluation.
 - b. Plan and carry out appropriate interventions once the health needs are known. Such interventions include:
 1. Provision of health education or personal counseling to the child and family.
 2. Referral to physician or other community resource.
 3. Initiating a school health team conference.
 4. Participation as the health specialist on the child's education evaluation team in order to interpret the child's health status and needs as they pertain to development of an individual education plan.
 5. Crisis intervention in the event of a serious injury or accident, medical emergency or emotional disturbance.
 6. Supervision of first aid care given by other school personnel and direct provision of first aid care when it cannot be delegated to others.
 7. Provision of immunizations or referral for same of student whose immunization status is not complete.
 8. Exclusion of children with communicable disease.
 9. Administration of medication or medical treatment as ordered by a physician/nurse practitioner.
 - c. To follow up on those children and school personnel with know illnesses or health problems to ensure their fullest recovery and prompt return to school through a variety of means which man include:
 1. Telephone calls to check progress towards health.
 2. Home visits
 3. Establishing communications with specific community agencies to facilitate referrals treatment and evaluation of referral outcomes.
 4. Assessment of homebound referrals and alternative resources of homebound students.
3. As a health counselor for individuals and groups, the school nurse is responsible:
 - a. To provide health counseling and guidance on an individual basis to assist students and their families in problem solving and decision making about health and development issues, acute illness care, adjustments to changes and limitations stemming from chronic disease, or life styles which affect health.
 - b. To provide health counseling and guidance to a group.
 - c. To work with families and groups of students to identify how their information, attitudes and

- values affect their health behavior and level of wellness.
- d. To inform youth, parents and school personnel about professional health care services and resources available for the identified health problem or concern.
4. As a health educator in the school health program the school nurse is responsible:
- a. To provide direct health education to a child, youth or parent who consults the nurse about a health or developmental problem.
 - b. To correlate his/her director service activities with the health education curriculum by such means as:
 - 1. Providing teachers with sufficient information about health appraisals or screening procedures so that they can incorporate this content into their health classes prior to the implementation of such screening procedures.
 - 2. Providing students and/or staff with a prepared health talk or discussion related to a current health issue such as communicable disease outbreak in the school.
 - c. To collaborate with teachers in developing programs and skills needed to work effectively in specific areas for which the school population is at high risk, such as personal hygiene, drug abuse, family living, venereal diseases, etc.
 - d. To act as a resource person to the educators involved in the planning, development, implementation and evaluation of health education curricula.
 - e. To provide information or in-service education to other school staff about health care issues and first aid management...
 - f. To act as a resource person in promoting health careers.
5. As an advocate for the health rights of children and their families both within the school setting and between the school and community at large; the school nurse is responsible:
- a. To make identified health needs known to families and to appropriate health care resources.
 - b. To facilitate the child/family utilization of community resources through referral and support.
 - c. To interpret identified health problems to school personnel so that appropriate adaptations can be made in the student's class schedule, physical education activities, class lesson plans or the school physical plant.
 - d. By conferring with other health professionals and community groups to increase their awareness of locally identified health needs in the school population.
 - e. By keeping informed of and/or participating in legislative programs that may have an impact on school health services and health education.
6. These examples of duties are not meant to be all inclusive and nurses may be assigned other related duties as required and directed.

Terms of Employment

Ten months. Salary to conform to Nurses' contract.

Appendix B
Short Term Disability Plan Information

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

GROUP SHORT TERM DISABILITY INSURANCE POLICY

Policyholder:	Hamden Public Schools
Policy Number:	156379-A
Effective Date:	July 1, 2013

The consideration for this Group Policy is the application of the Policyholder and the payment by the Policyholder of premiums as provided herein.

Subject to the **Policyholder Provisions** and the **Incontestability Provisions**, this Group Policy (a) is issued for the Initial Rate Guarantee Period shown in the **Coverage Features**, and (b) may be renewed for successive renewal periods by the payment of the premium set by us on each renewal date. The length of each renewal period will be set by us, but will not be less than 12 months.

For purposes of effective dates and ending dates under this Group Policy, all days begin and end at 12:00 midnight Standard Time at the Policyholder's address.

All provisions on this and the following pages are part of this Group Policy. "You" and "your" mean the Member. "We", "us", and "our" mean Standard Insurance Company. Other defined terms appear with their initial letters capitalized. Section headings, and references to them, appear in boldface type.

STANDARD INSURANCE COMPANY

By


President


Corporate Secretary

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COVERAGE FEATURES

This section contains many of the features of your short term disability (STD) insurance. Other provisions, including exclusions, limitations, and Deductible Income appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	156379-A
Policyholder:	Hamden Public Schools
Employer(s):	Hamden Public Schools
Group Policy Effective Date:	July 1, 2013
Policy Issued in:	Connecticut

Member means a citizen or resident of the United States or Canada and one of the following:

1. A regular Nurse Union Employee of the Employer hired after July 1, 2011 who is Actively At Work at least 6 hours and 29 minutes each day; or
2. A regular Supervisor Union employee of the Employer who is Actively At Work at least 40 hours each week.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days.

Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Class Definition: None

SCHEDULE OF INSURANCE

Eligibility Waiting Period:	You are eligible on one of the following dates: If you are a Member on the Group Policy Effective Date, you are eligible on that date. If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month coinciding with or next following 90 consecutive days as a Member.
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Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

STD Benefit:	60% of the first \$1,667 of your Predisability Earnings, reduced by Deductible Income.
Maximum:	\$1,000 before reduction by Deductible Income.
Minimum:	\$15

Benefit Waiting Period:

For Noncontributory insurance,
Contributory insurance for Members
who apply during the Enrollment Period,
and for Members who were required to
submit Evidence Of Insurability to
become insured and it was approved:

For Disability caused by
accidental Injury: 59 days

For Disability caused by Physical
Disease, Pregnancy or Mental
Disorder: 59 days

For Contributory insurance for
Members who do not apply
during the Enrollment Period:

For Disability caused by
accidental Injury: 59 days

For Disability caused by Physical
Disease, Pregnancy or Mental
Disorder: During the 12-month period beginning on the date your
insurance becomes effective: 60 days; and
thereafter: 59 days

**Enrollment Period for
Contributory insurance:**

The 31-day period beginning on the date you become
eligible.

Maximum Benefit Period:

180 days. However, STD Benefits will end on the date
long term disability benefits become payable to you under
a group plan provided by your Employer, even if that
occurs before the end of the Maximum Benefit Period.

If you are Disabled for less than one full week, we will pay one-seventh of the STD Benefit for each day
of Disability.

PREMIUM CONTRIBUTIONS

Insurance is: Noncontributory

PREMIUM AND RENEWALS

Premium Rate: Due quarterly and determined by multiplying the following
by 3

\$0.260 monthly per \$10.00 of STD Benefit, before
reduction by Deductible Income.

Premium Due Dates: July 1, 2013 and each October 1, January 1, April 1 and
July 1 thereafter.

Initial Rate Guarantee Period: July 1, 2013 to July 1, 2016

Minimum Participation Number:	10 insured Members
Minimum Participation Percentage:	100% of eligible Members

INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay STD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

ST.IC.OT.1

BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are a citizen or resident of the United States or Canada and one of the following:

1. A regular Nurse Union Employee of the Employer hired after July 1, 2011 who is Actively At Work at least 0 hours each day; or
2. A regular Supervisor Union employee of the Employer who is Actively At Work at least 40 hours each week.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days.

You are not a Member if you are a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

(VAR MBR DEF) ST.BI.OT.1

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. When Insurance Becomes Effective

Subject to the **Active Work Provisions**, your insurance becomes effective as follows:

1. Insurance Subject To Evidence Of Insurability

Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Insurance Not Subject To Evidence Of Insurability

The **Coverage Features** states whether insurance is Contributory or Noncontributory.

a. Noncontributory Insurance

Noncontributory insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Insurance

You must apply in writing for Contributory insurance and agree to pay premiums. Contributory insurance not subject to Evidence Of Insurability becomes effective on:

- i. The date you become eligible if you apply on or before that date; or
- ii. The date you apply if you apply after the date you become eligible.

Note: If you do not apply during the Enrollment Period, then until you have been insured under the Group Policy for 12 consecutive months, you will have a longer Benefit Waiting Period for Disabilities caused by Physical Disease, Pregnancy or Mental

Disorder. The Enrollment Period and applicable Benefit Waiting Periods are shown in **Coverage Features**.

B. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

C. Evidence Of Insurability Requirement

Evidence Of Insurability satisfactory to us is required:

- a. For Members eligible for more than 31 days but not insured under the Prior Plan.
- b. For reinstatements if required.

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your insurability that we may reasonably require.

(VAR EOI WITH 60 DAY PD) ST.EF.OT.3

ACTIVE WORK PROVISIONS

A. Active Work Requirement

You must be capable of Active Work on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing with reasonable continuity the Material Duties of your Own Occupation at your Employer's usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

ST.AW.OT.1

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.

- a. During the first 90 days of a temporary or indefinite administrative or involuntary leave of absence or sick leave, provided your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member. A period when you are absent from Active Work as part of a severance or other employment termination agreement is not a leave of absence, even if you are receiving the same Predisability Earnings.
- b. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
- c. During any other temporary leave of absence approved by your Employer in advance and in writing and scheduled to last 30 days or less. A period of Disability is not a leave of absence.
- d. During the Benefit Waiting Period and while STD Benefits are payable.

ST.EN.OT.1

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a Disability that is not covered solely because of the exclusion for work related Disabilities, your insurance will end. However, if you become a Member again immediately after workers' compensation temporary benefits end, the Eligibility Waiting Period will be waived.
2. If your insurance ends because you cease to be a Member for any reason other than item 1 above, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. In no event will insurance be retroactive.

(NONOCC) ST.RE.OT.4

DEFINITION OF DISABILITY

You are Disabled if you meet the following Own Occupation definition of Disability.

You are required to be Disabled only from your Own Occupation. You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
2. You suffer a loss of at least 20% in your Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

You may work in another occupation while you meet the Own Occupation definition of Disability. However, you will no longer be Disabled when your Work Earnings from another occupation exceed 80% of your Predisability Earnings.

Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation, that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

(WITH 40_WITH PARTL) ST.DD.OT.1

RETURN TO WORK PROVISIONS

A. Return To Work Responsibility

No STD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Predisability Earnings, but you elect not to work.

B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation definition of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if STD Benefits are payable on that date.

Your Work Earnings will be Deductible Income as determined in 1., 2. and 3.

1. Determine the amount of your STD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
2. Determine 100% of your Predisability Earnings.
3. If 1. is greater than 2., the difference will be Deductible Income.

C. Work Earnings Definition

Work Earnings means your gross weekly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available in your Own Occupation. Work Earnings includes sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than weekly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from week to week, we may determine your Work Earnings by averaging your earnings over the most recent four-week period. You will no longer be Disabled when your average Work Earnings over the last four weeks exceed 80% of your Predisability Earnings.

ST.RW.OT.1

REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit in an amount agreed to by us, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

ST.RA.OT.1

TEMPORARY RECOVERY

You may temporarily recover from your Disability during the Maximum Benefit Period, and then become Disabled again from the same cause or causes, without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable allowable period. See **Definition Of Disability**.

A. Allowable Period

The allowable period of recovery during the Maximum Benefit Period is: a total of 90 days of recovery.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Period, the following will apply.

1. The Predisability Earnings used to determine your STD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Maximum Benefit Period.
3. No STD Benefits will be payable for the period of Temporary Recovery.
4. No STD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during your period of recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

ST.TR.OT.2

WHEN STD BENEFITS END

Your STD Benefits end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date long term disability benefits become payable to you under a group long term disability policy, even if that occurs before the end of the Maximum Benefit Period.

5. The date benefits become payable to you under any other disability insurance plan under which you become insured through employment during a period of Temporary Recovery.
6. The date you fail to provide proof of continued Disability and entitlement to STD Benefits.

(REV LTD LIM) ST.BE.OT.3

PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings will not affect your Predisability Earnings.

Predisability Earnings means your weekly rate of earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Commissions averaged over the prior 52 weeks or over the period of your employment if less than 52 weeks.
3. Shift differential pay.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Stock options or stock bonuses.
4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Any other extra compensation.

If you are paid on an annual contract basis, your weekly rate of earnings is one fifty-second (1/52nd) of your annual contract salary.

If you are paid hourly, your weekly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per week, but not more than 40 hours. If you do not have regular work hours, your weekly rate of earnings is based on the average number of hours you worked per week during the preceding 52 weeks (or during your period of employment if less than 52 weeks), but not more than 40 hours.

(REG WITH COM_NO STOCK) ST.PD.OT.1

DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Your Work Earnings, as described in the **Return To Work Provisions**.
2. Any amount you receive or are eligible to receive because of your disability under a state disability income benefit law or similar law.
3. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.

4. Any disability or retirement benefits you receive or are eligible to receive under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members. You and your Employer's contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan.
5. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while STD Benefits are payable.
6. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.
7. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgment, settlement or other method, as permitted by the laws of Connecticut. If you notify us before filing suit or settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.
8. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(PUB_NONOCC_WITH RTW_NO OTHR OFFST_WITH 3RD) ST.DLCT.1

EXCEPTIONS TO DEDUCTIBLE INCOME

Deductible Income does not include:

1. Any cost of living increase or general increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income. (This exception does not apply to any increase resulting from a change in your condition or circumstances, or any reevaluation of your claim.)
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Group credit or mortgage disability insurance benefits.
6. Accelerated death benefits paid under a life insurance policy.
7. Benefits from the following:
 - a. Profit sharing plan.
 - b. Thrift or savings plan.
 - c. Deferred compensation plan.
 - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
 - e. Individual Retirement Account (IRA).
 - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
 - g. Stock ownership plan.
 - h. Keogh (HR-10) plan.

(PUB_NO OTHR OFFST) ST.ED.OT.1

RULES FOR DEDUCTIBLE INCOME

A. Weekly Equivalents

Each week we will determine your STD Benefit using the Deductible Income for the same weekly period, even if you actually receive the Deductible Income in another week.

If you are paid Deductible Income in a lump sum or by a method other than weekly, we will determine your STD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we mail you our request. Otherwise, we may reduce your STD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any STD Benefits until we have been repaid in full. In the meantime, any STD Benefits paid, including the Minimum STD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

ST.RU.OT.1

SUBROGATION

If STD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission, as permitted by the laws of the state of Connecticut. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of STD Benefits, and such notice shall constitute a lien on any judgment recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of STD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

ST.SG.CT.1

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay STD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive STD Benefits will not be affected by:

1. Any amendment to the Group Policy that is effective after you become Disabled; or
2. Termination of the Group Policy after you become Disabled.

ST.BA.OT.1

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while STD Benefits are payable, STD Benefits will continue while you remain Disabled. However, 1 and 2 below will apply.

1. STD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. All provisions of the Group Policy, including the **Disabilities Excluded From Coverage** and **Limitations** sections, will apply to the new cause of Disability.

ST.ND.OT.1

DISABILITIES EXCLUDED FROM COVERAGE

A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.

C. Work Related

You are not covered for a Disability arising out of or in the course of any employment for wage or profit.

D. Violent Or Criminal Conduct

You are not covered for a Disability caused or contributed to by your committing or attempting to commit a felony, or actively Participating in a violent disorder or Riot. Actively participating does not include being at the scene of a violent disorder or Riot while performing your official duties. Participating means the act of taking part. Riot means a disturbance of the peace by an assembly of persons acting with the common purpose of intentionally or recklessly causing or creating a risk of public alarm or engaging in violent conduct.

E. Loss Of License Or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

(NONOCC) ST.XD.CT.1

LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No STD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

B. Occupational Benefits

No STD Benefits will be paid for any period when you are eligible to receive benefits for your Disability under a workers' compensation law or similar law. If your claim for these benefits is accepted, compromised or settled (whether disputed or undisputed), you must repay us for the full amount of any payments we make to you while your claim for occupational benefits is pending.

C. Paid Sick Leave Or Other Salary Continuation

No STD Benefits will be paid for any period when you are receiving paid sick leave pay, annual or personal leave pay, or other salary continuation, including donated amounts, (but not vacation pay) from your Employer.

D. Imprisonment

No STD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

E. Return To Work Responsibility

No STD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Predisability Earnings, but you elect not to work.

F. Rehabilitation Program

No STD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us and your physician unless your Disability prevents you from participating.

(NONOCC_RTW RSP_MAND REHB) ST.LM.CT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If you do not receive our forms within 15 days after you ask for them, you may submit your claim in a letter to us. The letter should include the date Disability began, and the cause and nature of the Disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to STD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend STD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay STD Benefits within 60 days after you satisfy Proof Of Loss.

STD Benefits will be paid to you at the end of each week you qualify for them. STD Benefits remaining unpaid at your death will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

I. Assignment

The rights and benefits under the Group Policy are not assignable.

(REV PUB WRDG) ST.CL.OT.2

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in its administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. The amount of benefits payable;
 - d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

ST.AL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought more than three years after the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

ST.TL.OT.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement you make to obtain or to increase insurance is a representation and not a warranty. No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any person claiming benefits a copy of the signed written instrument which contains your misrepresentation.

After insurance has been in effect for two years, during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim.

B. Incontestability Of The Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums.

ST.IN.CT.1

CLERICAL ERROR, AGENCY AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

B. Agency

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent. The Policyholder and your Employer have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the amount paid and the amount which would have been paid if the age had been correctly stated.

ST.CE.OT.1

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups of Members.

ST.TA.OT.1

CONTINUED INSURANCE DURING SCHOOL VACATIONS

If you cease to be a Member because of a school break or vacation, your insurance will be continued during that period.

ST.SV.OT.1

DEFINITIONS

Benefit Waiting Period means the period you must be continuously Disabled before STD Benefits become payable. No STD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us.

Group Policy means the group STD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals.

Injury means an injury to the body.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

Maximum Benefit Period means the longest period for which STD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No STD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical

symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Noncontributory means (a) insurance is nonelective and the Policyholder or Employer pay the entire premium for insurance; or (b) the Policyholder or Employer require all eligible Members to have insurance and to pay all or part of the premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physical Disease means a physical disease entity or process that produces structural or functional changes in your body as diagnosed by a Physician.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent, or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications of pregnancy.

Prior Plan means your Employer's group short term disability insurance plan in effect on the day before the effective date of your Employer's coverage under the Group Policy and which is replaced by the Group Policy.

STD Benefit means the weekly benefit payable to you under the terms of the Group Policy.

ST.DF.OT.1

POLICYHOLDER PROVISIONS

A. Premiums

The premium due on each Premium Due Date is the sum of the premiums for all persons then insured. Premium Rates are shown in the **Coverage Features**.

B. Contributions From Members

The Policyholder determines the amount, if any, of each Member's contribution toward the cost of insurance under the Group Policy.

C. Changes In Premium Rates

We may change Premium Rates whenever:

1. A change or clarification in law or governmental regulation affects the amount payable under the Group Policy. Any such change in Premium Rates will reflect only the change in our obligations.
2. Factors material to underwriting the risk we assumed under the Group Policy with respect to an Employer, including, but not limited to, number of persons insured, age, Predisability Earnings, gender, and occupational classification, change by 25% or more.
3. The premium contribution arrangement for Members is changed or varies from that stated in the Group Policy when issued or last renewed.
4. We and the Policyholder or the Employer mutually agree to change Premium Rates.

Except as provided above, Premium Rates will not be changed during the Initial Rate Guarantee Period shown in the **Coverage Features**. Thereafter, except as provided above, we may change Premium Rates upon 31 days advance written notice to the Policyholder. Any such change in Premium Rates may be made effective on any Premium Due Date, but no such change will be made more than once in any contract year. Contract years are successive 12 month periods computed from the end of the Initial Rate Guarantee Period.

D. Payment Of Premiums

All premiums are due on the Premium Due Dates shown in the **Coverage Features**.

Each premium is payable on or before its Premium Due Date directly to us at our home office. The payment of each premium by the Policyholder as it becomes due will maintain the Group Policy in force until the next Premium Due Date.

E. Grace Period And Termination For Nonpayment

If a premium is not paid on or before its Premium Due Date, it may be paid during the following Grace Period of 31 days. The Group Policy or an Employer's coverage under the Group Policy will remain in force during the Grace Period.

If the premium is not paid during the Grace Period, the Group Policy will terminate automatically at the end of the Grace Period.

The Policyholder is liable for premium for insurance under the Group Policy during the Grace Period. We may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

F. Termination For Other Reasons

The Policyholder may terminate the Group Policy by giving us written notice. The effective date of termination will be the later of:

1. The date stated in the notice; and
2. The date we receive the notice.

We may terminate the Group Policy as follows:

1. On any Premium Due Date if the number of persons insured is less than the Minimum Participation shown in the **Coverage Features**.
2. On any Premium Due Date if we determine that the Policyholder has failed to promptly furnish any necessary information requested by us, or has failed to perform any other obligations relating to the Group Policy.

The minimum advance notice of termination by us is 31 days.

G. Premium Adjustments

Premium adjustments involving a return of unearned premiums to the Policyholder will be limited to the 12 months just before the date we receive a request for premium adjustment.

H. Certificates

We will issue certificates to the Policyholder showing the coverage under the Group Policy. The Policyholder will distribute a certificate to each insured Member. If the terms of the certificate differ from the Group Policy, the terms stated in the Group Policy will govern.

I. Records And Reports

The Policyholder or Employer will furnish on our forms all information reasonably necessary to administer the Group Policy. We have the right at all reasonable times to inspect the payroll and other records of the Policyholder or Employer which relate to insurance under the Group Policy.

J. Agency And Release

Individuals selected by the Policyholder or by any Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them, and do not represent or act on behalf of Standard. The Policyholder, Employer and such individuals have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy. The

Policyholder and each Employer hereby release, hold harmless and indemnify Standard from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of any of them or their representatives, agents or employees.

K. Notice Of Suit

The Policyholder and Employer shall promptly give us written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract. Changes

The Group Policy and the application of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder's application is attached to the Group Policy when issued.

The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. No agent has authority to change the Group Policy, or to waive any of its provisions.

M. Effect On Workers' Compensation, State Disability Insurance

The coverage provided under the Group Policy is not a substitute for coverage under a workers' compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

ST.PH.OT.1

CT/STDP2000X

Appendix C
Insurance – HDHP Plan Design

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: HAMDEN:TOWN AND BOARD OF EDUCATION (Non Med Wrap): Anthem Century Preferred PPO HSA PS CSV

Your Network: Century Preferred

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$2,000 person / \$4,000 family	\$2,000 person / \$4,000 family
Out-of-Pocket Limit	\$4,000 person / \$6,850 family	\$4,000 person / \$8,000 family
The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.		
Preventive Care / Screening / Immunization	No charge	20% coinsurance after deductible is met
<u>Doctor Home and Office Services</u>		
Primary Care Visit	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Specialist Care Visit	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Routine Prenatal Care	No charge	20% coinsurance after deductible is met
Routine Postnatal Care	No charge	20% coinsurance after deductible is met
<u>Other Practitioner Visits:</u>		
Retail Health Clinic	0% coinsurance after deductible is met	20% coinsurance after deductible is met

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Questions: (888) 224-4896 or visit us at www.anthem.com

CT/LG/HAMDEN:TOWN AND BOARD OF EDUCATION (Non Med Wrap): Anthem Century Preferred PPO HSA PS CSV/5E9C/07-01-2021

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>On-line Visit Includes Mental Health and Substance Abuse Live Health Online is the preferred telehealth solution. (www.livehealthonline.com).</p> <p>Manipulation Therapy Coverage is limited to 50 visits per benefit period. (Chiropractic, PT, OT, ST combined).</p> <p>Acupuncture</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><u>Other Services in an Office:</u></p> <p>Allergy Testing</p> <p>Chemo/Radiation Therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription Drugs - Dispensed in the office</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab:</p> <p>Office</p> <p>Freestanding/Site of Service Lab</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>
<p>X-Ray:</p> <p>Office</p> <p>Freestanding/Site of Service Radiology Center</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging: Office Freestanding/Site of Service Radiology Center Outpatient Hospital	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Emergency Room Facility Services Emergency Room Doctor and Other Services	0% coinsurance after deductible is met 0% coinsurance after deductible is met	Covered as In-Network Covered as In-Network
<u>Ambulance</u>	0% coinsurance after deductible is met	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u> Doctor Office Visit Facility Visit: Facility Fees Doctor Services	0% coinsurance after deductible is met 0% coinsurance after deductible is met 0% coinsurance after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees: Hospital	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Surgical Center	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	20% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u>		
Facility Fees	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	20% coinsurance after deductible is met
<u>Recovery & Rehabilitation</u>		
Home Health Care <i>Coverage is limited to 200 visits per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Rehabilitation services:		
Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, speech therapy, and manipulative treatment is limited to 50 visits combined per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, speech therapy, and manipulative treatment is limited to 50 visits combined per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Cardiac rehabilitation		
Office <i>Coverage is limited to 36 visits per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (facility) <i>Coverage is limited to 100 days per benefit period.</i>	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Durable Medical Equipment	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Prosthetic Devices	0% coinsurance after deductible is met	20% coinsurance after deductible is met
Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical	Combined with medical
Prescription Drug Coverage <i>National Drug List</i> <i>This product has a 34-day Retail Pharmacy Network available. A 34 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>34 day supply (retail pharmacy). 100 day supply (home delivery).</i>	\$0 copay per prescription after deductible is met (retail and home delivery)	20% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>34 day supply (retail pharmacy). 100 day supply (home delivery).</i>	\$0 copay per prescription after deductible is met (retail and home delivery)	20% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>34 day supply (retail pharmacy). 100 day supply (home delivery).</i>	\$0 copay per prescription after deductible is met (retail and home delivery)	20% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Your copays, coinsurance and deductible count toward your out of pocket amount.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.

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

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (888) 224-4896

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

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (888) 224-4896.

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:

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。

Farsi (فارسی): در صورتی که سؤالی پیرامون 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 شفاهی، با شماره (888) 224-4896 تماس بگیرید.

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.

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.

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。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (888) 224-4896로 문의하십시오.

Language Access Services:

Navajo (Diné): Dǫ naaltsoos biká'ígíí łahgo bina'ídiłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj bee nił hodoonih t'áadoo bááh ilinígóó. Ata' halne'ígíí la' bich'i' hadeesdizih ninizingo koǫ' hodiilnih (888) 224-4896.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (888) 224-4896.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (888) 224-4896 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас 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.

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 walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (888) 224-4896.

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.

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://eoc.anthem.com/eocdps/aso>. 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/ 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- <u>Network Providers</u> . \$2,000/person or \$4,000/family for Non- <u>Network Providers</u> .	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your deductible?	Yes. <u>Preventive Care</u> for In- <u>Network Providers</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$3,000/person or \$6,000/family for In- <u>Network Providers</u> . \$4,000/person or \$8,000/family for Non- <u>Network Providers</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <u>out-of-pocket limit</u> must be met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes, Century Preferred. See www.anthem.com or call (888) 224-4896 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>Out-of-Network Provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>Out-of-Network Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .
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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	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	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% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Costs may vary by site of service.
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	Costs may vary by site of service.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at http://www.anthem.com/pharmacyinformation/	Tier 1 - Typically Generic	\$5/prescription (retail) and \$10/prescription (home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	*See Prescription Drug section
	Tier 2 - Typically Preferred Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	20% <u>coinsurance</u> (retail) and Not covered (home delivery)	
	National Drug List			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Physician / surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Urgent care</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	100 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	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 -----none----- Other Outpatient -----none-----
	Inpatient services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Office visits	No charge	20% <u>coinsurance</u>	<u>Cost sharing does not apply for preventive services.</u> Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery professional services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
	Home health care	0% <u>coinsurance</u>	20% <u>coinsurance</u>	200 visits/benefit period.
	Rehabilitation services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	*See Therapy Services section.
	Habilitation services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	Skilled nursing care	0% <u>coinsurance</u>	20% <u>coinsurance</u>	120 days/benefit period for skilled nursing services.
	Durable medical equipment	0% <u>coinsurance</u>	20% <u>coinsurance</u>	*See <u>Durable Medical Equipment</u> Section
	Hospice services	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----none-----
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	-----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
- Long-term care
- Weight loss programs

- Dental care (Adult)
- Eye exams for a child
- Routine eye care (Adult)
- Dental care (Pediatric)
- Glasses for a child
- Routine foot care unless you have been diagnosed with diabetes

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

- Acupuncture
- Bariatric surgery

- Chiropractic care 50 visits/benefit period combined with all other therapies

* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

- Hearing aids 1 Item(s)/ear every 2 benefit periods
- Private-duty nursing \$15,000 maximum/benefit period in a Home Setting only
- Most coverage provided outside the United States. See www.bcbstglobalcare.com

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 Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, or contact Anthem at the number on the back of your ID card. 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 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 Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

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/No

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/No

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.

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://coc.anthem.com/cocdps/aso>.



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 (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow-up care)			
■ The plan's overall deductible ■ Specialist <u>coinsurance</u> ■ Hospital (facility) <u>coinsurance</u> ■ Other <u>coinsurance</u>	\$2,000 0% 0% 0%	This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)	■ The plan's overall deductible ■ Specialist <u>coinsurance</u> ■ Hospital (facility) <u>coinsurance</u> ■ Other <u>coinsurance</u>	\$2,000 0% 0% 0%	This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)		
Total Example Cost		Total Example Cost			Total Example Cost		
\$12,700		\$5,600			\$2,800		
In this example, Peg would pay:		In this example, Joe would pay:			In this example, Mia would pay:		
<u>Cost Sharing</u>		<u>Cost Sharing</u>			<u>Cost Sharing</u>		
Deductibles	\$2,000	Deductibles	\$2,000	Deductibles	\$2,000		
Copayments	\$10	Copayments	\$700	Copayments	\$0		
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0		
What isn't covered		What isn't covered		What isn't covered			
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0		
The total Peg would pay is		The total Joe would pay is		The total Mia would pay is			
\$2,070		\$2,720		\$2,000			

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 ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (888) 224-4896 ይደውሉ።

. (888) 224-4896 على مترجم، اتصل إلى مقابل. للتحدث إلى مستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. (888) 224-4896 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 (Bàsɔ̀n Wùdù): M̐ dyi dyi-diè-dè-bè bédé b́á céé-dè nià ke dyí ní, ɔ̀ m̐ ni dyí-bédèin-dè b́é m̐ ké gbo-kpá-kpá kè b̐́ kp̐́ dè m̐ b́ídfí-wùdù̀n b́ó pídyi. B́é m̐ ké wudu-ziin-nyò d̀ò gbo wùdù ke, d́á (888) 224-4896.

Bengali (বাংলা): যদি এই নথিপত্র বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা করার জন্য (888) 224-4896 - (৩ কল করুন।

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခမဲ့ကြေးငွေ ဖေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့်သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန် (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。如需與譯員通話，請致電(888) 224-4896。

Dinka (Dinka): Na naŋ thiëc në ke de yā thorë, ke yin naŋ loŋ bē yi kuony̋ ku wër alëu bē geer yic yin ne thoŋ du ke cn wëu tāäwë ke piny. Te kər yin ba jam wënë ran ye thok geryic, ke yin col (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 سوالی بپیرامون 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 شفا می، 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 મેળવવાનો તમને અધિકાર છે. કુશાયિયા 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 निःशुल्क 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 tias 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 bụrụ na ị nwere ajụjụ ọ bụla gbasara akwụkwọ a, ị nwere ikike inweta enyemaka na ozị n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (888) 224-4896.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lengleng nga avan 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:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសាបស្ចុគដោយឥតគិតថ្លៃ។
ដើម្បីជ្រើសរើសភាសាអ្នកបកប្រែ សូមហៅ (888) 224-4896 ។

Kirundi (Kirundi): Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (888) 224-4896.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (888) 224-4896 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.
ເພື່ອໄດ້ຮັບກັບວ່າມາພາສາ, ໃຫ້ໃບທາ (888) 224-4896.

Navajo (Diné): Dii naaltsoos bika'igii lahgo bina'idilkidgo na bohónéedzǫ́ dóó bee ahóót'i' t'áá ní nizaad k'ehj' bee níí hodoonih t'áadoo bǫ́ąh ilinígóó. Ata' balne'igii la' bich'i' hadeesdzih nínízingo koj' hodiilnih (888) 224-4896.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (888) 224-4896

Oromo (Oromifaa): Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (888) 224-4896 bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwversetze zu schwetze, ruff (888) 224-4896 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (888) 224-4896.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (888) 224-4896.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਆਸ਼ੀਰੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (888) 224-4896 'ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

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 имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (888) 224-4896.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoni 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 walang bayad. Makipag-usap sa isang tagapagpalibanag, tawagan ang (888) 224-4896.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (888) 224-4896 เพื่อพูดคุยกับสำน

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (888) 224-4896.

Urdu (اردو): 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.

Yiddish (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין א"ער שפראך און קיין פארז צו רעדן צו אן איבערזעצער, רופט (888) 224-4896.

Yoruba (Yorùbá): Tí o bá ní èyikéyí ibèrè nípà àkòsílẹ̀ yí, o ní ètò látu gba ànàwọ̀ àtí ìwífún ní èdè rẹ lófèfẹ̀. Bá wa ògbùfọ̀ kan sọrọ̀, pe (888) 224-4896.

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>

Appendix D
403(B) Retirement Plan Information



MEMORANDUM

TO: All Hamden Public School Employees

FROM: Thomas Ariola CPA,
Interim CFO

DATE: March 13, 2023

RE: Hamden Public Schools 403B/457 Plans

The Provider list and Payroll Deduction forms can be downloaded from the Hamden Public School Website at www.hamden.org.

Click the following: I WANT TO...(top right side of screen), Access Teacher and Staff Resources and Payroll Forms.

As of March 13, 2023 Hamden Public Schools has approved eight vendors to participate in the Hamden Public Schools 403B/457 plans. Their names, addresses, and contact information are described below.

<p><u>Ameriprise Financial Services, Inc.</u> Deduction Code # : 403b - 2303/2403 Christopher Maciejak 250 State Street North Haven, CT 06473 (203) 407-8188 x318 Christopher.e.maciejak@ampf.com</p>	<p><u>AXA Equitable</u> Deduction Code: 403b-2307/2407/457-2357/2457 Emmanuel Kouzelis 3 Corporate Drive, Suite 212 Shelton, CT 06484 (860) 839-5378 emmanuel.kouzelis@newcanaangroup.com</p>
<p><u>Security Benefit</u> Deduction Code # : 403b/403b Roth/457 Bill Mann LPL Financial Investment Advisor Representative 54 Flagler Ave Cheshire CT 06410 W: 203 271 3192 / F: 203 271 0687 http://thefinancialarchitect.net Securities & Advisory Services offered through LPL</p>	<p><u>Voya (formerly ING)</u> Deduction Code: 403b-2301/2401/457-2347/2447 Eric Spooner One Orange Way A1N, Windsor, CT 06095 Office (860) 580.2112 Toll Free (800) 784.6386 x 5801553 Eric.Spooner@voya.com</p>
<p><u>Metropolitan Life Insurance/ Brighthouse</u> Deduction Code #: 403b 2305/2405 (CitiStreet); 2335/2435 (Security First); 2336/2436 (Met Life) MetLife Resources – Carol C. Hopkins 45 Glastonbury Blvd., 1st Fl. Glastonbury, Ct 06033 W. 860.380.2680; C. 860.575.0183; F. 860.218.2899 chopkins@barnumfg.com</p>	<p><u>Waddell & Reed (sold to LPL Financials)</u> Deduction Code #: 403b -2345/2445 https://www.lpl.com/waddell-reed/access-your-account.html</p>
<p><u>Aspire</u> Deduction Code #: 403b Joseph Milici 675 3rd Ave. STE 900 New York, NY 10017 (203) 833-3246 Joseph.Milici@lumierefg.com</p>	<p><u>PenServ (formerly Foresters Financial)</u> Deduction Code #: 403b 2311/2411 Michael Lucas 127 Washington Avenue North Haven, CT 06473 (203) 239-4545 x 248 Michael.lucas@ceterainvestors.com</p>

If you have any questions, please call Thomas Ariola at 203.407.2423 or Joyce McCann at 203.407.2240 or contact via email at tariola@hamden.org or jmccann@hamden.org.