

AN AGREEMENT BETWEEN
THE SALEM BOARD OF EDUCATION
SALEM, CONNECTICUT

and
THE SALEM FEDERATION OF TEACHERS
LOCAL 1833
AFT CONNECTICUT
AMERICAN FEDERATION OF TEACHERS

JULY 1, 2026

through

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ARTICLE I

STATEMENT OF AGREEMENT

This Agreement is hereby entered into by and between the Salem Board of Education (hereinafter referred to as the Board) and the Salem Federation of Teachers, Local 1833, AFT Connecticut, American Federation of Teachers, AFL-CIO (hereinafter referred to as the Federation).

ARTICLE II

RECOGNITION

The Board recognizes the Federation as the exclusive bargaining agent for that group of professional employees who hold a certificate or durational shortage area permit issued by the State Board of Education under the provisions of sections 10-144o to 10-149, inclusive and are employed by the Salem Board of Education in positions requiring such a certificate or durational shortage area permit and who are not included in the administrators' unit or excluded from the purview of State Statutes §§10-153a through 10-153n, inclusive. Certain provisions in this contract are not applicable to members of the teachers' unit who hold a durational shortage area permit (hereinafter referred to as "DSAP"). The areas of the contract that are not applicable or are applicable in a different manner are noted by way of an express contract provision in this contract.

ARTICLE III

BOARD PREROGATIVES

Subject to the General Statutes of the State of Connecticut, including §§10-220 and 10-221, and this Agreement, it is recognized that the Board has and will continue to retain, whether exercised or not, the sole and final right, responsibility and prerogative to direct the operation of the public schools in the Town of Salem in all its aspects, including but not limited to the following: to maintain public elementary and secondary schools and such other educational activities as in its judgment will best serve the interests of the Town of Salem; to give the children of Salem as nearly equal advantages as may be practicable; to decide the need for school facilities; to determine the care, maintenance and operation of buildings, lands, apparatus and other property used for school purposes; to determine the number, age and qualifications of the pupils to be admitted into each school; to employ, assign and transfer certified and DSAP personnel; to suspend or dismiss the teachers of the school; to prescribe and enforce rules and regulations for the maintenance of employee discipline and for the performance of work, to create and/or revise job descriptions; to designate the schools which shall be attended by the various children within the town; to make such provisions as will enable each child of school age residing in the town to attend school for the period required by law and provide for the transportation of children wherever it is reasonable and desirable; to prescribe rules for the arrangements, use and safe-keeping of the school libraries and to approve the books, selected therefor and to approve plans for school buildings; to prepare and submit budgets and, in its sole discretion, expend monies appropriated by the town for the maintenance of the schools, and to make such transfers of funds within the appropriate budget as it shall deem desirable. 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 of the specific terms and provisions of this Agreement.

ARTICLE IV

RIGHTS AND RESPONSIBILITIES

Section 1. Federation Rights to Collective Bargaining Information and Data

Upon the request of either party, the Board and/or the Federation shall furnish to one another such information which either party deems relevant to collective bargaining and which it is not legally prohibited from releasing and which is not readily available elsewhere, in accordance with Connecticut General Statutes §1-200 *et seq.* and/or the Teacher Negotiation Act, Connecticut General Statutes §10-153a, *et seq.*

Section 2. Use of School Facilities

Any school facility which the Federation may desire to use shall be arranged for in advance as is required of any other organization desiring the use of school facilities. Any meeting of the Federation or any Federation business shall be conducted outside of the hours during which teachers are required to be on duty. The use of any school facility granted to the Federation is with the understanding that such use will in no way be an expense to the Board or the Town of Salem.

Section 3. Superseding of Board Policy by Provisions of this Agreement

Any previously adopted policy rule or regulation of the Board or administration which conflicts with any provision of this Agreement shall be superseded by the applicable provisions of this Agreement.

Section 4. Omission of Reference to Membership/Affiliation of Teacher

A teacher candidate's membership (or non-membership) in any labor or political organization shall not be used as a basis for refusal to employ such candidate.

Section 5. Just Cause

No teacher shall be suspended without pay or receive a written reprimand, without just cause. DSAP teachers may not grieve this contract provision beyond the Board level of the grievance procedure. Teachers may not grieve a written reprimand beyond the Board level of the grievance procedure.

ARTICLE V

QUALITY EDUCATION

Class Size

The optimum instruction group size for pre-kindergarten through Grade 3 shall be 1:25 and in Grades 4 through 8, the optimum instructional group size shall be 1:27. When any instructional group reaches the optimum, a paraprofessional shall be provided. Under no circumstances shall this Article be interpreted to apply in situations the Board is unable to obtain a substitute teacher due to the temporary absence(s) of staff, or during the time that the Board is advertising to hire additional staff to bring the class size to within the number specified above. Every reasonable effort must be made to maintain class groupings to ensure that student instruction is minimally disrupted. This Article is intended to apply to a teacher's annual assignment of an instruction group.

ARTICLE VI

PROFESSIONAL IMPROVEMENT

Section 1. Professional Improvement

Teachers (not DSAP teachers) who meet the following conditions shall receive full reimbursement for the cost of tuition incurred in taking college level courses at an accredited institution:

- A. The courses must concern educational or subject areas identified on a list issued from time to time by the Board of Education as qualifying for course reimbursement or must be courses recommended by the Superintendent to specific individuals for improving their skills or, must be courses requested by teachers for professional growth;
- B. The particular courses must be approved by the Superintendent in advance. In order to be approved, such courses must be of educational value to the Salem School District and must advance, assist and support the District's curriculum programs. The Superintendent's decision is final and not subject to the grievance procedure;
- C. The teacher must receive at least a "B" grade for the final grade of a course. A transcript or other official record of such grade must be provided;
- D. Prior to each school year the Board, in its sole discretion, shall designate how much money will be available to the staff for course reimbursement. A deadline for applications shall be set;
- E. Any teacher whose course is approved shall submit evidence of the costs of tuition and the Board shall, if all conditions are met, reimburse the teacher 100% of such agreed upon costs, up to the amount allotted in subsection D, above;
- F. No teacher shall receive reimbursement for more than one course per college semester unless,

after the deadline has passed, and after all applications have been approved or disapproved, the amount of funds designated for that year has not been exhausted. Teachers intending to seek reimbursement for more than one course should apply for all courses at the same time, in order of preference;

Section 2. Professional Leave

- A. Upon request to and approval by the Board or its designee, a teacher shall be granted professional leave to attend professional meetings or visit other schools.
- B. Each teacher attending such a meeting or making such a visit shall be granted time off with pay for the period necessary.

The Board may require attendance by any teacher at any professional activity during a normally scheduled school day. Expenses for such required attendance will be paid by the Board.

Section 3. Committee Service

Any teacher engaged at the request of the Board or its designee in any committee service for educational improvement outside of the Town of Salem shall be reimbursed for any reasonable expenses incurred and compensated at the rate of Nine Dollars (\$9.00) per hour for extra time involved beyond the school day.

ARTICLE VII

WORKING CONDITIONS

Section 1. Schedules and Impact

- A.
 - 1. The teacher work year shall consist of one hundred eighty (180) student days; two (2) days for flexible parent-teacher conferences, as required by Conn. Gen. Stat. §10-221(f); three (3) professional development days; and one (1) teacher orientation day prior to the start of the school year for a total work year consisting of one hundred eighty-six (186) work days.
 - 2. The teacher work day shall consist of seven (7) hours and ten (10) minutes consisting of the following: a student day of six (6) hours and fifty (50) minutes, with teachers reporting ten (10) minutes before the start of the student day and staying ten (10) minutes after the student day as non-instructional student contact time. During such portions of the teacher work day preceding and following the student day, teachers will also be required to carry out professional responsibilities as directed by the school administration.

3. Unless the Board, in its discretion, increases or decreases the number of early dismissal days, the only two (2) scheduled early dismissal days during the term of this contract shall be the day before Thanksgiving and the last day of school in June. At the Board's discretion, the early dismissal day before Thanksgiving may be converted into a holiday, but not into a full day.
- B. Over the course of the school year, teachers will be required to attend up to thirty (30) hours of before or after-school meetings, to be scheduled by the administration, which will immediately precede or follow the work day (with the exception of "Open House"). Of this thirty (30) hours per year of before or after school meetings, teachers may use one meeting per month (one hour per month and 10 hours during the school year) for self-directed professional learning activities with 1) their grade level teams, 2) their respective departments, or 3) committee work (as long as such committee work does not receive a stipend); such self-directed meetings will be scheduled collaboratively (and in alignment with school goals) to accommodate team needs and the teams will share their work product from such meetings with the school administration to ensure such alignment. It is anticipated that such meetings will be spread out over the course of the work year and will concern a wide variety of administrative and professional matters, including but not limited to the following: faculty meetings, grade level meetings with administrators, school committee meetings (for example, child study team meetings), and professional development activities, including activities related to school goals such as creating or revising report cards and developing assessments. Nothing herein shall be deemed to restrict the administration from conducting such activities during the school day, including but not limited to periodically relieving teachers of instructional activities during the school day and/or conducting such activities during the school day in lieu of before or after-school meetings.
 - C. The Federation shall be notified in advance of any substantial change in the length of the work year or work day that may be imposed by the Salem Board of Education. The Board and the Federation agree to negotiate over the impact of any such change in the work year or work day.

Section 2. Class Assignment

- A. Vacancies. Notice of all teaching vacancies occurring during the school year shall be posted in the school(s) for ten (10) school days prior to the closing date of applications. In the event such vacancies occur during the summer vacation months, the Superintendent shall send a copy of the vacancy to the Federation President or his/her designee, as well as post notice on the Salem electronic email system. Teachers who wish to apply for such vacancy shall submit a written notification to the Superintendent. Seniority in the Salem school system shall be one of the factors considered in the selection.
- B. Teachers shall be notified in writing (whether via the Salem electronic mail system or otherwise) of their teaching assignments for the ensuing school year by the end of the school year where practicable. This notification shall include grade level, achievement grouping, and/or subjects that they will teach, and any special or unusual classes or assignments that they will have, unless circumstances warrant a later change. Any teacher whose annual assignment is to be changed shall be notified in writing (whether via the Salem electronic mail system or otherwise) and subsequently consulted prior to making the change. The teacher

shall be given an opportunity to express his/her opinion regarding the new assignment.

Section 3. Notice of Resignation

A teacher who wishes to resign shall be required to give the administration thirty (30) days' notice.

Section 4. Lunch Period

Each teacher shall be provided a thirty (30) minute duty free lunch period daily.

Section 5. Preparation Period

Each full-time certified staff/bargaining unit member shall be guaranteed two hundred twenty (220) minutes of preparation time during each full school week. Every reasonable effort will be made to provide at least one (1) forty (40) consecutive minute period per day that is the same length as a student class period. All part-time certified staff members shall receive such preparation time prorated based upon the percentage of the normal teaching load carried. Preparation periods are those periods in which the teacher is involved in the preparation of classroom materials, lesson plans, and may include weekly grade level team planning time without administrative directive.

Section 6. Statement of Sick Leave

Upon request of the teacher, the Board shall give to such teacher a statement of his/her sick leave days accumulated from previous years.

Section 7. Bus Duty

Each individual teacher may be required to perform twenty (20) bus duty assignments before or after school on a rotational basis to be determined by the administration.

Section 8. Joint Scheduling And Teacher Assignment Committee

The parties will establish an advisory committee of two (2) SFT and two (2) Administrative members designated by each side that will meet at least twice per school year for the purpose of offering feedback to the school administration regarding teaching assignments and schedules.

ARTICLE VIII
GRIEVANCE PROCEDURE

The Federation and the Board agree that during the life of this Agreement any and all grievances arising between them shall be settled in accordance with the grievance procedure of this Agreement.

Section 1. Definitions

- A. A "grievance" shall mean any complaint, allegation or claim by any grievant that as a result of an act by the Board or Administration:
1. He/she has been treated unfairly or inequitably.
 2. There has been a violation or misapplication of any provision of this Agreement, applicable law, established practice, Board policy, administrative directive, rule or regulation and/or binding arbitration award pursuant to this Agreement and/or any personal loss, injury, or inconvenience resulting from same.
- B. Subject to the provisions of applicable statutes and this Agreement, it is expressly understood that board policy, administrative directives, rules and regulations, and the interpretation thereof, are the sole province of the Board and Administration and may be subject to a grievance only when said policy, rule or regulation, or the interpretation thereof, is an alleged violation or misapplication of the provisions of such agreement, applicable law, established practice and/or binding arbitration award pursuant to the Agreement.
- C. A "Grievant" means the teacher, group of teachers similarly affected by a grievance, or the Federation making the claim of a grievance.
- D. "School days" (unless otherwise specified) shall mean days when school is in session, except that after the last day of the teacher work year (but before the commencement of the ensuing teacher work year), "school days" shall mean business days.

Section 2. Grievant's Right to Representation

Any grievant may be represented at any stage of the grievance procedure by himself or, at his option, by a representative of his own choosing provided that:

- A. The representative of the grievant is not acting in a capacity as a representative, legal counsel, or officer of any teacher organization other than the Federation or on behalf of same.
- B. The Federation shall have the right to be present and to state its views at all stages of the procedure.
- C. The Federation shall be notified in writing of the filing of such grievance and thereafter of the disposition of such grievance at each step of the grievance procedure by the administrative representative involved at each step or by his designee.
- D. If a grievant does not file a grievance in writing within thirty (30) calendar days after he/she knew or should have known of the act or conditions on which the grievance is based, then the grievance shall be considered to have been waived.

Section 3. Procedure

Informal Procedure

Any grievant who feels he/she has a grievance shall first discuss the problem with his/her immediate supervisor (i.e., the building principal or other appropriate administrator) in an effort to solve the problem informally. The teacher shall have the right to have the Federation assist him/her in efforts to resolve the problem informally with his/her immediate supervisor.

Step 1 Immediate Supervisor

If the aggrieved teacher is not satisfied with the disposition of his/her grievance at the informal level of the procedure he/she may file his/her written grievance with his/her immediate supervisor; said grievance is to be filed within thirty (30) calendar days after he/she knew or should have known of the act or conditions on which the grievance is based. The immediate supervisor shall submit his/her disposition of such grievance in writing to the grievant and to the Federation within ten (10) school days.

Step 2 Superintendent of Schools

If the grievance is not resolved to the satisfaction of the grievant at Step 1 (Immediate Supervisor), the grievant may within ten (10) school days of the receipt of the disposition at Step 1 (Immediate Supervisor) submit the written grievance to the Superintendent or his designee. The Superintendent or his designee shall submit his disposition of such grievance in writing to the grievant and to the Federation within ten (10) school days. Any grievance arising from the action of an official above the rank of Salem Superintendent of Schools may be submitted directly to the Superintendent or his designee and processed in accordance with Step 2 (Superintendent of Schools).

Step 3 Board of Education

If the grievance is not resolved to the satisfaction of the grievant at Step 2 (Superintendent of Schools), the grievant may within ten (10) school days of the receipt of the disposition at Step 2 (Superintendent of Schools) submit the written grievance to the Board. The Board or a duly authorized committee thereof shall submit its disposition of such grievance in writing to the grievant and the Federation within ten (10) school days immediately following the next regular meeting.

Step 4 Arbitration

1. If the grievance is not resolved to the satisfaction of the grievant at Step 3 (Board of Education), such grievant, with Federation approval, may within ten (10) school days proceed to arbitration and notify the Board of such decision in the form of a notice of submission to arbitration to the American Arbitration Association (hereinafter called the AAA) which shall be sent by the Federation to the Board by registered or certified mail

with return receipt requested.

2. The arbitrator will hear only one grievance in each case. The arbitrator will render his/her final decision in writing and such decision shall be final and binding upon both parties, subject to the limitation of applicable statutes and the terms of this Agreement which shall not be added to, deleted from, or modified in any way by the Arbitrator.
3. Any charges by the American Arbitration Association and the arbitrator shall be shared equally by the Federation and the Board.

Section 4. General Provisions

- A. All grievances shall be processed in accordance with the time limits specified in the above grievance procedure. If the grievant does not initiate a grievance or process a grievance from step to step within the time limits specified, the grievance shall be deemed dropped, if not amicably resolved.
- B. Nothing in this Agreement shall limit the right of the Federation and the Board (and/or the Superintendent and/or the Administration) to mutually agree to an extension of time in any particular instance at any particular step of the grievance procedure. However, no such agreement or extension shall be made when such time limits have expired. Any agreed upon extension must be made in writing.
- C. Any meeting held pursuant to the above-stated grievance procedure shall be conducted at a place and time which will afford a fair and reasonable opportunity for all parties germane to the grievance to be present. Such parties to be present shall be designated by the Federation and the Board independently of one another. No grievant or any other teacher within the certified bargaining unit shall be required by the Administration, the Superintendent and the Board of Education, or any other party to meet with same on matters pertaining to a grievance without Federation representation.
- D. Nothing in this Agreement shall be construed as compelling the Federation to submit any grievance to arbitration.
- E. No reprisals of any kind shall be taken by the Federation or the Board (and/or the Superintendent) or by any member of the Administration against any grievant or other participant in the grievance procedure because of such participation in the grievance procedure.
- F. To facilitate the processing of grievances, a standard form shall be provided by the Federation. Such forms may be obtained through the Grievance Chairman of the Federation, designated Federation Building Representative, or any member of the Executive Board of the Federation.
- G. Upon request of the Federation or the grievant, the Board shall make available information, data and records of a reasonable nature pertinent to a grievance. Such information, data and records may be copied by the Federation.

- H. No disposition of any grievance shall be contrary to any provision of this Agreement, applicable law, or of any established policy, and/or binding arbitration award pursuant to the terms of this Agreement.
- I. Any grievance shall be treated as confidential, to the extent permitted by law, and no grievance documents shall be included in any teacher's personnel file.

ARTICLE IX

ABSENCES AND LEAVES OF ABSENCES

Section 1. Short Term Leave

A. Sick Leave

1. Each full time teacher shall be entitled to sick leave with full pay up to twenty (20) working days each year, cumulative up to but not in excess of the number of days in a teacher's work year, unless increased by state statutes. Less than full time, full year teachers shall receive fifteen (15) sick leave days. Teachers shall be allowed to utilize their sick days in full, half or quarter day increments, provided that quarter day increments may only be taken a) at the start or end of the school day, and b) with as much advance notice to the School Administration as reasonably possible. Up to ten (10) sick days per year may be used for the care of an immediate family member; examples of such use include but are not limited to adoption of a child and care for an ill parent or child.
2. The Superintendent may require certification for sick leave by a licensed medical practitioner a) where a teacher has been absent five (5) or more consecutive school days, b) where the Superintendent has a reasonable suspicion of abuse of such leave based upon a pattern of absence or other credible evidence of abuse, or c) where otherwise permitted or required by law. The cost of certification shall be borne by the Board. In addition, in such cases, the Superintendent may require the teacher to be examined by a Board appointed physician at Board expense, consistent with the law.

B. Personal Leave

1. Five (5) days per year non-cumulative leave of absence may be used for necessary and unavoidable personal business which requires the presence of the teacher and which cannot be conducted with reasonable convenience outside of regular working hours. Requests shall be presented to the Superintendent of Schools two (2) full days in advance, except in cases of emergency. Personal leave is not to be scheduled on a work day before or a work day after a holiday, or vacation except as approved by the Superintendent in his or her discretion.

2. No teacher shall be required to present reason(s) for an absence pertaining to the personal days provision in this section, except in general terms (e.g., attendance in court unrelated to school activities, medical emergencies at home, medical appointments when no after school appointment is available in the near future, college graduation of immediate family members, etc.). In the event a request for personal leave on a specific day is denied and a grievance is filed the teacher may not take such day off, with or without pay.

C. Funeral Leave

Up to five (5) leave days annually may be granted for death of any relative in the employee's family.

D. Jury Duty

Any teacher who is required to serve on a jury may be granted leave of absence for such period. However, the teacher shall join with the Superintendent in requesting relief from such obligation. If such relief is not granted, then the Board of Education shall pay to the teacher his regular salary on a pro-rated basis for the term of such jury duty less any amount paid to the teacher for his service on such jury.

E. Required Court Appearances

Time off not to exceed five (5) working days per year shall be granted for required court appearances when the teacher is a witness under subpoena as the result of a school related activity.

F. Federation Business

Two official delegates designated by the Salem Federation of Teachers shall be granted leave without pay to attend the State AFL-CIO convention.

Section 2. Long Term Leave

A. Duration of Leave

The maximum duration of any long term leave, including extended leave and sabbatical leave, shall be determined by the Board of Education after consultation with the teacher, at the time it grants the leave.

B. Extended Leave of Absence

Upon application through the Superintendent to the Board an extended leave of absence may be granted by the Board for any reason deemed valid by the Board in its sole discretion, to the extent permitted by law, including but not limited to extended illness, professional

improvement, military service, reserve duty, Peace Corps service, VISTA, Teachers Corps, Job Corps, exchange teaching, foreign teaching, personal or family need. All long term leaves of absence are without pay except as may be provided for elsewhere in this Agreement (e.g., Article IX, Section 1.A.1 - Sick Leave).

C. Sabbatical Leave

Requests for sabbatical leave shall be presented to the Board for consideration for any scholarly program and/or travel or research which may contribute to the betterment of education in the Salem School System. The Board may approve such requests if in its sole discretion it finds that such leave will benefit the Salem School System. Further, the Board will specify the conditions which the teacher must meet to ensure that granting the sabbatical leave will benefit the Salem School system. These specific conditions shall be mutually agreed to in writing between the teacher taking the sabbatical leave and the Board of Education prior to the commencement of any such leave. Such sabbatical leave may be granted with specific arrangements regarding such subjects as pay, benefits, position, etc., for a period of time specified by the teacher in his/her request and as mutually agreed to between the teacher and the Board in writing prior to the commencement of any such leave.

D. Return from Long Term Leave

Upon return from an extended leave of absence, the Board shall assign a teacher to a position. If the former position is not available, the position assigned will be at the discretion of the Superintendent, considering the desire of the teacher and the needs of the school system. However, a teacher classified as eligible for return under this Article shall not thereby obtain rights superior or inferior to those rights such teacher would have under the reduction in force and recall provisions of this Agreement (said rights to be determined as if the teacher had not received an extended leave of absence under this Agreement). When the teacher does return he shall be placed on the next higher salary level above that he had attained if he had completed more than one-half the school year before going on leave. If he had not completed more than one-half the school year before going on leave he shall be placed on the same level he had been on prior to the leave. Any teacher returning from a long term leave of absence shall, reasonably far in advance, notify the Salem Superintendent of Schools, in writing, of the date upon which the teacher is ready to resume responsibilities. Failure to submit notification of intent to return to the system for the school year following the leave shall be considered a resignation and will be so treated. The notification of intent to return shall be made by the end of January in the calendar year in which the employee intends to return to work. Any teacher whose leave commences February 1, or after, who intends to return during the following school year, must submit notice of intent to return prior to the last day of school that school year. In addition to the requirements of this subsection, failure to return from the leave of absence upon its expiration shall be considered a resignation and will be so treated.

ARTICLE X

MATERNITY/PARENTHOOD LEAVE

Section 1. Pregnancy Disability Leave

- A. Disabilities caused or contributed to by pregnancy, miscarriage, abortion, childbirth and recovery therefrom shall be treated as sickness for all job-related purposes. Accumulated sick leave shall be available for use during periods of such disability.
- B. A copy of Connecticut General Statutes, §46a-60(a)(7) will be attached as Appendix "D" to this contract for informational purposes only.

Section 2. Parenthood Leave

Any tenured teacher (not DSAP teachers) shall be eligible to receive parenthood leave (as opposed to childbirth disability leave), without pay or benefits, for the purpose of childrearing, if the following conditions and limitations are complied with:

- A. At least sixty (60) days prior to the date parenthood leave is to commence (at least thirty (30) days in cases of adoption) written notice requesting such leave must have been received by the Superintendent's office.
- B. If the Board has already paid all or a part of the cost of any insurance or other benefit covering the period of such leave it must be repaid prior to the commencement of such leave, to the extent permitted by law. A teacher may continue to participate in group insurance plans at his/her own expense during the period of parenthood leave if the teacher pays the Board the total cost of the insurance benefit during that period at least two (2) weeks before the Board would regularly make its payment or payments to its insurance carrier;
- C. Leave must commence at the time of the adoption or birth or, if the employee is disabled as a result of childbirth disability, on the first day following the end of the paid childbirth disability leave;
- D. Leave must terminate on the first day of work the following school year;
- E. If leave would otherwise commence during the summer months, between school years, it will be deemed to commence the first day of school of the next year. (Notice still must be given at least sixty (60) days prior to the date parenthood leave would have commenced.)
- F. Parenthood leave may be extended at the sole discretion of the Board subject to whatever conditions the Board may require. Any extension requested must be made eight (8) weeks prior to the termination of the original leave of absence.
- G. An additional parenthood leave is not available to the same teacher in consecutive school years.

H. The provisions of Article IX, Section 2.D "Return from Long Term Leave" shall apply.

ARTICLE XI

PERSONNEL FILES AND EVALUATIONS

Section 1. Derogatory Material

A. No material derogatory to a professional staff member's conduct, service, character, or personality shall be placed in his/her file unless the professional staff member has had an opportunity to read the material. The professional staff member shall acknowledge that he has read such material by affixing his signature to the actual copy to be filed. Such signature does not necessarily indicate agreement with the content. The following statement shall be permanently affixed to each document in the personnel file:

I acknowledge that I have read the enclosed material with the understanding that my signature merely signifies that I have read the enclosed material and do not necessarily agree with the content.

B. It is understood that should a teacher refuse to sign material which is to be placed in his/her file, such material shall be filed, notwithstanding, and the Federation and the teacher shall be so notified. In the event of such refusal to sign, the Salem Superintendent of Schools shall make a dated and initialed notation on the form that: (a) the teacher refused to sign; and (b) the date and person representing the Federation who was notified as required by this section of the Agreement; and (c) the date the teacher was notified of the filing.

C. Nothing in this section shall be deemed to eliminate the Board's responsibility to maintain records consistent with the law, including but not limited to the Freedom of Information Act.

Section 2. Teacher's Right to Answer Personnel Material

The teacher shall have the right to file an answer to any evaluation and/or any derogatory material placed in his/her file.

Such answer shall be attached to the file copy.

Section 3. Teacher's Right of Access to Personal File

Teachers shall be entitled to knowledge of and access to supervisory records and reports of competence, personal character and efficiency maintained in his personal file with reference to evaluation of his performance by the Board.

Section 4. Copy of Personnel Material Furnished to Teachers

In order to effect compliance with Sections 1, 2, and 3 of this Article, the Board agrees that each

teacher shall be furnished a copy of any requested material of an evaluatory or derogatory nature which the Board intends to use in the evaluation of a teacher's competence, personal character and/or efficiency.

Section 5. Confidential Treatment of Personnel Files

The Board shall continue its policy of treating these files with the highest degree of confidence permitted by law. Nothing in this section shall be deemed to eliminate the Board's responsibility to maintain records consistent with the law, including but not limited to the Freedom of Information Act.

ARTICLE XII

BOARD RESPONSIBILITIES TO TEACHERS

Section 1. Assault of Teachers

No teacher who has filed charges resulting from an assault shall be requested by the Board or the Administration and/or their designee to drop such charges.

Section 2. Injury of Teachers

Any teacher who is injured in the performance of his/her duties shall be entitled to receive worker's compensation coverage as provided by law, subject to review by the school physician.

ARTICLE XIII

SALARY PROVISIONS

Section 1.

Teachers shall be compensated annually in accordance with the salary schedule marked as Appendices A1, A2 and A3, attached hereto and incorporated herein.

Notwithstanding the salary schedules listed in the Appendices, a teacher with a second master's degree in a discipline other than the discipline in which the initial master's degree was attained, or a Ph.D./Ed.D. may be paid under the "6th Year" certificate salary lane, provided that for those who have not been accepted or approved to enter into a program before July 1, 2012, receipt of credit for any second masters will be subject to the Superintendent's approval. Such approval shall not be unreasonably withheld.

Nothing in this Section shall be applied to reduce the level of compensation for any staff member employed prior to July 1, 2013, consistent with the law.

Section 2.

Teachers shall be compensated for stipend positions in accordance with the stipend schedule marked as Appendix B, attached hereto and incorporated herein. The elimination of existing stipend positions and the establishment of new positions are deemed to be administrative matters which are subject only to Board approval. Upon the establishment of a new stipend position approved by the Board during the term of this current agreement, a joint committee consisting of four persons, two each designated by the Board (or its school administration) and the Federation, shall agree on the stipend amount for the new position for the remainder of the current agreement, consistent with existing positions. Every reasonable attempt shall be made by both parties to reach agreement on the stipend amount for the new position within thirty days of the establishment of the new position by the Board. In addition, the joint committee shall provide input and recommendations with regard to the elimination and establishment of new positions.

The Board agrees that its employees shall have the first priority for filling a stipend position. The most qualified teacher applicant shall receive the stipend position unless another Salem School District employee is more qualified for the position. Nothing herein shall be deemed to interfere with the Board's prerogative to a) evaluate and non-renew/terminate personnel in accordance with Board Policy (Policy 4115.3, as may be amended) and state law (Connecticut General Statutes §10-222e) and b) eliminate or not fund a position or positions.

Section 3.

All teachers shall be paid bi-weekly on Fridays, based upon one of the following payment plan options:

- a. Ten Month Basis – i) Twenty-two (22) payments with twenty-one (21) payments @ 1/26 of the annual salary, ii) and one final disbursement of five (5) payments @ 1/26 of the annual salary, payable before the last school day of each school year.
- b. Ten Month Basis - Twenty-two (22) equal payments.

A teacher will not be permitted to change a chosen payment plan during the course of the school year.

Section 4.

If termination of employment comes prior to the end of the regular school year, each teacher's pay will be pro-rated on the basis of days taught.

Section 5.

Each teacher shall be paid by direct deposit to the financial institution of his/her choice.

ARTICLE XIV

BENEFIT PROGRAM

Section 1. Medical Insurance

A. The Board shall provide to all teachers, subject to the conditions herein stated, individual and dependent insurance coverage as outlined, for informational purposes only, in Appendix C (Benefit Program). Teachers will continue to be offered the Connecticut State Partnership 2.0 Plan ("SPP") and the prescription drug plan offered through the SPP (as both administered by the carrier selected by the plan) with the benefits outlined in the attached (See Schedule C, Partnership 2.0 Plan Summary"), and as set forth in the Memorandum of Understanding executed by the parties in May of 2024, provided that if the plan design changes during the period of time that the Board is a participating member, the new plan design will be adopted).

The health plan benefits shall be as set forth in the SPP, including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, plan design (including co-pays) and other administration provisions shall be as established by the SPP.

The SPP contains a Health Enhancement Plan ("HEP") component. All employees participating in the SPP are subject to the requirements, terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or noncompliance penalties/costs (including increases in premiums or annual deductibles), those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee(s). No portion or percentage shall be paid by the Board. The cost increase shall be implemented through payroll deduction. The monthly premium cost increase shall be implemented through payroll deduction, and the increased annual deductible(s) shall be implemented through the claims administration.

The carrier network for the SPP plan will be the carrier network selected by the SPP.

In the event any of the following occur, the Board or the Union may reopen negotiations in accordance with Conn. Gen. Stat. Section 10-153f(e) as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part.

- a. If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or
- b. If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are

imposed so as to affect the Board, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan.

In any negotiations triggered above as well as negotiations for a successor to this collective bargaining agreement, the parties shall consider the High Deductible Health Plan with Health Savings Account in the CBA effective July 1, 2022 through June 30, 2025 (see Appendix D) to be the baseline for such negotiations, and the parties shall consider the following additional factors:

- Trends in health insurance plan design outside of the SPP;
- The costs of different plan designs, including a high deductible health plan structure.

Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing in applying the statutory criteria in making its ruling.

The premium cost share for this plan for teachers shall be as follows: the Board shall pay eighty-one percent (81%), and the teacher shall pay nineteen percent (19%) of the cost of providing the health insurance coverage described herein during the 2026-27 school year. During the 2027-28 school year, the Board shall pay eighty percent (80%), and the teacher shall pay twenty percent (20%) for said insurance coverage. During the 2028-2029 school year, the Board shall pay seventy-nine percent (79%), and the teacher shall pay twenty-one percent (21%) for said insurance. The premium rates shall be set by the SPP.

Section 2.

The Board shall provide a fifty thousand dollar (\$50,000.00) life insurance policy with accidental life and dismemberment, for each full time teacher.

Section 3.

The Board may substitute insurance carriers and plans as it sees fit so long as the new carrier or plans provides reasonably comparable coverage and administration. The agreement of the Federation must be obtained in writing before a carrier or plan is changed by the Board. The agreement of the Federation shall not be unreasonably withheld. The HDHP/HSA plan in the CBA effective July 1, 2022 through June 30, 2025 (see Appendix D) shall be the baseline for determining reasonably comparability. Disputes as to comparability are to be resolved forthwith by final and binding arbitration before a mutually agreeable arbitrator experienced in matters of insurance coverage.

In the event the SPP is amended by the State, such amendments shall be in full force and effect for the term of this Agreement, without the necessity of any action by either the Board or the Federation, but shall not limit or curtail the Board's rights to leave the SPP for a reasonably comparable or better plan as set forth above.

Section 4.

The Board will provide each teacher and his/her family with full service dental insurance according to the provider of record. The plan shall include a \$1,500 annual maximum. The premium cost share for such dental insurance for teachers shall be as follows: the Board shall pay eighty (80%), and the teacher shall pay twenty percent (20%) of the cost of providing the dental insurance coverage described herein.

Section 5.

- A. To be eligible to receive the insurance benefits set forth in Sections 1 and 4 of this Article, each teacher must submit a written wage deduction authorization permitting the Board to deduct the teacher's share of the cost from his/her salary. Each teacher will be informed in writing of the cost and the amount of the deduction.
- B. Subject to law, including the rules and regulations of the Internal Revenue Service, the Board, shall, no later than the effective date of this Agreement, implement and maintain a "Section 125" salary deduction agreement which shall be designed to permit exclusion from taxable income of the employee's share of health insurance premiums, dependent care costs and unreimbursed medical expenses.

Section 6.

The Board agrees to administer, but not pay for, a group disability insurance program.

ARTICLE XV

LONGEVITY

Section 1.

Teachers shall have the following longevity payments added to his/her individual annual salary based on completed years of service in the Salem public school system:

<u>Completed Years of Service</u>	<u>Longevity Payment</u>
12 years but less than 15 years	\$300
15 years but less than 20 years	\$500
20 years	\$800

For the purpose of calculating longevity, if a teacher's date of hire is on or before the first day of the scheduled teachers' work year, then the end of the same scheduled work year shall be defined as one completed year of service in the Salem public school system. Any teacher hired after the start of the scheduled teachers' work year shall be pro-rated for the purpose of calculating their completed years of service in the Salem public school system. The pro-ration shall be calculated over a ten month work year.

Leaves of absence of less than one year will be credited towards years of service for the purpose of computing longevity. Leaves of absence of one year or longer will not be credited towards years of service for the purpose of computing longevity.

Section 2.

Payments under this Article are not cumulative. This Article is not applicable to DSAP teachers.

Section 3.

This benefit shall only be available to those teachers hired and employed prior to July 1, 2019.

ARTICLE XVI

PRORATION

All part time teachers shall receive salary and insurance benefits based upon the percentage of the normal teaching load carried.

ARTICLE XVII

DUES DEDUCTION

Section 1.

The Board shall deduct Union dues in the amount designated by the Federation from the pay of each teacher who individually and voluntarily authorizes such deductions in writing.

Section 2.

Any teacher wishing to set aside a certain monthly amount in a Credit Union shall notify the Board in writing of the amount and this money shall be deducted by the Board and delivered to the Pequot Federal Credit Union.

Section 3.

The Federation shall indemnify and save the Board harmless against all claims, demands, suits or other forms of liability which may arise out of any deductions or other action taken pursuant to this Article.

ARTICLE XVIII

AVAILABILITY OF AGREEMENT

The Board shall provide each employee a copy of this Agreement within thirty (30) days of signing, whether electronically or otherwise. Each teacher may be provided with one paper copy of the agreement upon request. New employees will be provided with such a copy (as described above) at the time of hire.

ARTICLE XIX

CONFORMITY TO LAW AND SAVING CLAUSE

If any provision of this Agreement is or shall at any time be so determined contrary to law, then such provisions shall not be applicable or performed or enforced except to the extent permitted by law. In the event that any provision of this Agreement is or shall at any time be so determined to be by a court of competent jurisdiction contrary to law, all other provisions of this Agreement shall continue in effect.

ARTICLE XX

CLOSURE AND ADDENDA

This contract contains the full and complete agreement between the Board and the Federation. Either party may propose to renegotiate, amend, alter or delete any proposal in the current contract provided that the other party agrees; or either party may propose to add a new clause not in the current contract provided that the other party agrees. In such an event, if both parties subsequently reach agreement upon any proposal so put forth, such proposal shall be reduced to writing and included in this Agreement. No such proposal whether in the form of an addenda, memoranda of understanding, or other type form or supplement to this Agreement, either verbal or written, shall be deemed valid and enforceable unless duly executed in writing and signed by both parties.

ARTICLE XXI

LAYOFF/RECALL

Section 1. Layoff

Whenever a tenured teacher's position is to be eliminated and no vacant position exists to which he/she may be appointed if qualified and no position held by a non-tenured teacher exists to which he/she may be appointed if qualified, such teacher shall be considered by the Board for any other teaching position held by another tenured teacher for which the teacher is certified and qualified. If, in the opinion of the Board, the teacher whose position is eliminated is more qualified than another tenured teacher for a remaining position, the more qualified teacher shall be appointed and the teacher holding

that position shall be laid off. If two such teachers are deemed equal with respect to qualifications the tenured teacher with the longest continuous length of service as a teacher for the Board shall be appointed and the less senior teacher laid off.

Section 2. Recall

If the contract of employment of a teacher is terminated because of elimination of position, the name of that teacher shall be placed on a reappointment list and remain on such list for a period of two (2) years. If a position becomes open during such period, and the teacher has been selected by the Board as a person on the recall list who is certified and most qualified to hold that position, then the teacher will be notified in writing by registered mail, sent to his last known address at least thirty (30) days prior to the last date of re-employment where possible. In determining whether a teacher is qualified for reappointment, the Board shall consider the criteria as set forth in Section 1. Layoff. The teacher shall accept or reject the appointment in writing within seven (7) days after receipt of such notification. If the appointment is accepted, the teacher shall receive a written contract within twenty (20) days of receipt of the teacher's reply by the Board. If the teacher rejects the appointment offer or does not respond according to this procedure within seven (7) days after receipt of such notification the name of the teacher will be removed from the recall list.

Section 3. Seniority

Seniority is defined as a teacher's length of continuous service with the Board in a position that requires certification. An approved leave of absence shall not constitute a break in continuous service. Leaves of absence of less than one year will be credited towards years of service for the purpose of computing the accrual of seniority. Leaves of absence of one year or longer will not be credited towards years of service for the purpose of computing the accrual of seniority.

Section 4. This Article shall not apply to DSAP teachers. Such individuals have no contractual rights in reference to layoff and/or recall.

ARTICLE XXII

DURATION

This Agreement shall be binding and effective as of the first day of July 1, 2026, and shall continue in full force and effect until the 30th day of June, 2029.


ARTICLE XXIII

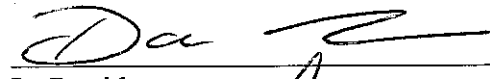
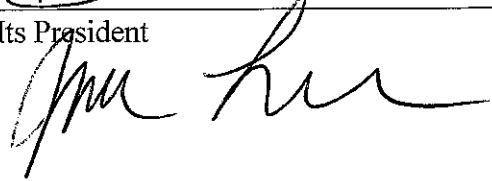
SIGNATURE AND SEAL OF AGREEMENT

IN WITNESS WHEREOF, the following have set unto their signatures and seals on the 6th day of April, 2026.

FOR THE SALEM BOARD
OF EDUCATION

FOR THE SALEM FEDERATION OF
TEACHERS, AFT CONNECTICUT
AMERICAN FEDERATION OF TEACHERS,
AFL-CIO


Its Chairperson


Its President


APPENDIX A-1
2026-2027 SALARY SCHEDULE

Step	BA	MA	6 TH YR
3	54,710	61,374	64,663
4	56,666	63,528	66,886
5	58,615	65,753	69,159
6	60,549	68,054	71,479
7	62,548	70,441	73,854
8	64,865	73,964	77,548
9	67,183	78,403	81,425
10	70,542	83,341	86,065
11	74,070	88,176	90,800
12	77,352	92,052	94,553
13	79,978	95,164	97,633
14	85,082	101,222	103,732

APPENDIX A-2
2027-2028 SALARY SCHEDULE

Step	BA	MA	6 TH YR
4	56,666	63,528	66,886
5	58,656	65,799	69,207
6	60,591	68,101	71,529
7	62,592	70,490	73,906
8	64,911	74,016	77,602
9	67,230	78,458	81,482
10	70,591	83,400	86,125
11	74,122	88,238	90,864
12	77,406	92,117	94,620
13	80,034	95,230	97,701
14	82,588	98,262	100,753
15	87,635	104,259	106,844

APPENDIX A-3
2028-2029 SALARY SCHEDULE

Step	BA	MA	6 TH YR
4	56,666	63,528	66,886
5	58,656	65,799	69,207
6	60,591	68,101	71,529
7	62,592	70,490	73,906
8	64,911	74,016	77,602
9	67,230	78,458	81,482
10	70,591	83,400	86,125
11	74,122	88,238	90,864
12	77,406	92,117	94,620
13	80,034	95,230	97,701
14	82,588	98,262	100,753
15	88,647	105,463	108,078

**APPENDIX A-4
EXPERIENCE GRID**

As per agreement, movement on grids for 2026-2027, 2027-2028 and 2028-2029.

Teachers entering the Salem School System with previous experience shall be placed on the salary schedule in accordance with the following:

<u>2026-2027</u>		<u>2027-2028</u>		<u>2028-2029</u>	
<u>EXP</u>	<u>STEP</u>	<u>EXP</u>	<u>STEP</u>	<u>EXP</u>	<u>STEP</u>
0	3	0	4	0	4
1	4	1	5	1	5
2-3	5	2	6	2	6
4-5	6	3-4	7	3	7
6-7	7	5-6	8	4-5	8
8	8	7-8	9	6-7	9
9-10	9	9	10	8-9	10
11	10	10-11	11	10	11
12	11	12	12	11-12	12
13-14	12	13	13	13	13
15-18	13	14-19	14	14	14
19	14	20	15	15	15

The intent is to have this Appendix A-4 appear in every subsequent contract negotiated between the parties until the "1-2 years" experience step in the 2025-2026 Salary Schedule reaches maximum. Once a teacher is placed on the experience grid, his/her step movement shall be based upon the negotiated salary schedules contained in Appendices A-1, A-2, and A-3.

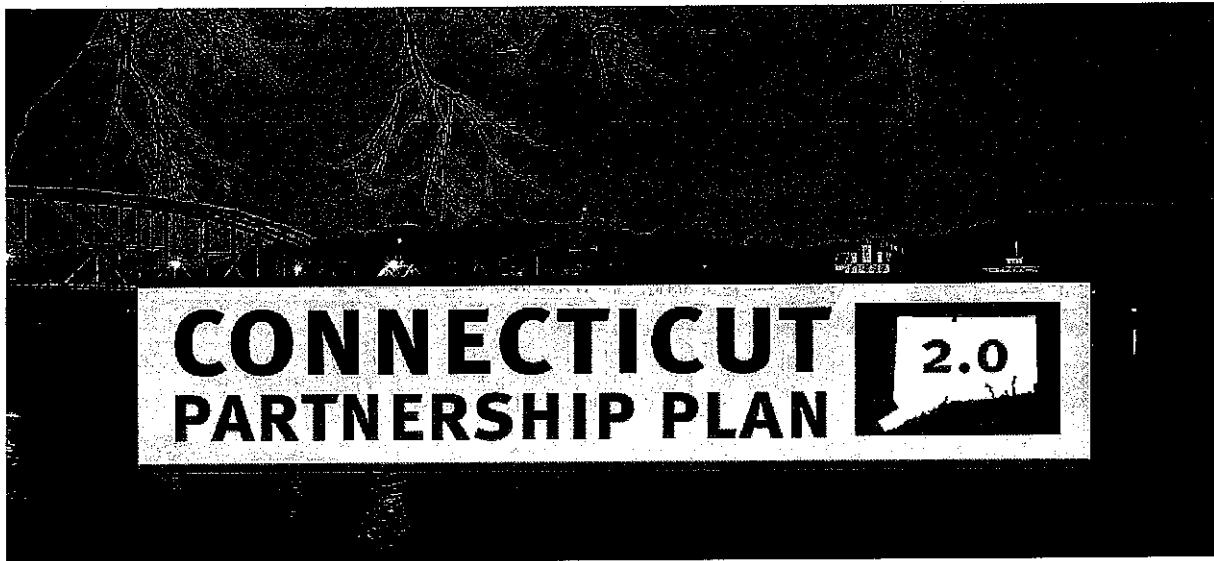
**APPENDIX B
STIPEND SCHEDULE**

	2025-2026	2026-2027 .77% GWI	2027-2028 .81% GWI	2028-2029 .58% GWI
Yearbook Advisor	\$1,751	\$1,764	\$1,779	\$1,804
Eighth Grade Advisor	\$1,912	\$1,927	\$1,942	\$1,953
Jazz Band Director	\$1,525	\$1,537	\$1,549	\$1,558
Choral/Theater Advisor	\$1,700	\$1,713	\$1,727	\$1,737
Broadcast Advisor	\$1,700	\$1,713	\$1,727	\$1,737
NJHS Advisor	\$1,250	\$1,260	\$1,270	\$1,277
PBIS Advisor	\$1,600	\$1,612	\$1,625	\$1,635
Leadership Team (5 positions)	\$1,700	\$1,713	\$1,727	\$1,737
Journalism Club Advisor	\$1,500	\$1,512	\$1,524	\$1,533
Tech Innovation Advisor	\$1,600	\$1,612	\$1,625	\$1,636
Athletics				
Coed Soccer Coach (2 positions)	\$1,758	\$1,772	\$1,786	\$1,796
Cross Country Coach	\$1,758	\$1,772	\$1,786	\$1,796
Cross Country Assistant Coach	\$1,300	\$1,310	\$1,321	\$1,328
Boys' Basketball Coach	\$1,758	\$1,772	\$1,786	\$1,796
Boys' Assistant Basketball Coach	\$1,300	\$1,310	\$1,321	\$1,328
Girls' Basketball Coach	\$1,758	\$1,772	\$1,786	\$1,796
Girls' Assistant Basketball Coach	\$1,300	\$1,310	\$1,321	\$1,328
Track Coach	\$1,758	\$1,772	\$1,786	\$1,796
Assistant Track Coach (2 positions)	\$1,300	\$1,310	\$1,321	\$1,328
Athletic Coordinator	\$1,500	\$1,512	\$1,524	\$1,533
Volleyball Coach	\$1,758	\$1,772	\$1,786	\$1,796

Curriculum Club / Guidance
Summer

\$35/hour
\$40/hour

APPENDIX C



A Great Opportunity for Very Valuable Healthcare Coverage

Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

The CT Partnership Plan is the same Expanded Access plan currently offered to State of Connecticut employees. You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.*

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 6, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and or visit carecompass.ct.gov/ctpartner.

*Source: Healthcare Bluebook: healthcarebluebook.com

**CONNECTICUT
PARTNERSHIP PLAN**

2.0

POS MEDICAL BENEFIT SUMMARY

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) Waived for HEP-compliant members	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay after you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs	\$0 copay (your doctor will need to get prior authorization for high-cost testing)	20% of allowable UCR* charges (you will need to get prior authorization for high-cost testing)
Durable Medical Equipment	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)

1 IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility, 20% cost share at non-preferred facility. Outside your carrier's immediate service area: no co-pay.

1 OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance. Outside of carrier's immediate service area: deductible plus 20% coinsurance.

(continued on next page) 2



POS MEDICAL BENEFIT SUMMARY

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
**Inpatient		
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

** Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

3

When you need information about your benefits...

CareCompass.CT.gov is your one-stop shop for benefits and general information on your coverage. Click Partnership to view medical, dental, pharmacy and vision benefit information.

- Access your personalized benefits portal at carecompass.quantum-health.com, or by clicking Sign In on the Care Compass home page
- To view forms, visit CareCompass.CT.gov/forms, or click the Forms button at the bottom of the Care Compass home page.

When you need benefits support...

You and any enrolled dependents can speak with a personal Care Coordinator (833-740-3258) for help understanding your benefits, finding a doctor, and dealing with the complexities of health care. Quantum Health makes it easier for you to navigate your benefits and access the right care for you by coordinating with your medical, pharmacy, and dental member service teams. Chat with a Care Coordinator 8:30 a.m. – 10 p.m., Monday – Friday, at 833-740-3258, or send a message through your secure portal.

Earn incentives

The state has identified providers in Connecticut that meet the highest patient care standards for specific procedures and conditions as "Providers of Distinction". By completing your care with a designated "Provider of Distinction", you will receive a gift certificate in the mail.

To view a full list of procedures and incentives, visit CareCompass.CT.gov/providersofdistinction. Note: The amount of the reward varies by procedure or condition.

When you need to find the best provider or to find a location for a routine lab test...

Visit your Quantum Health benefits portal, select My Plan, and then Find Provider to locate a covered provider.

You pay nothing—\$0 copay—for lab tests, if you visit a preferred Site of Service provider. To find a Site of Service provider, visit your personalized benefits portal at carecompass.quantum-health.com.

When you're injured...

Your health plan has resources to help you through orthopedic injuries, from diagnosis to minor aches and pains, to surgery and recovery.

Get help diagnosing minor or lingering injuries through a virtual visit. Your provider will help create a rehab program you can do at home.

For surgical procedures, find the best providers for the care you need. Learn more at CareCompass.CT.gov/orthopedics.

Help Managing and Reversing Diabetes

Get help managing Type 1 or Type 2 Diabetes with Virta Health. Members are connected and supported with access to a diabetes health coach and receive free testing supplies and tips to manage their A1c. In the diabetes reversal program, where members with Type 2 Diabetes can learn to eat their way to better health with personalized nutrition plans and support from medical providers, professional coaches, and digital health tools.

Help Preventing Diabetes

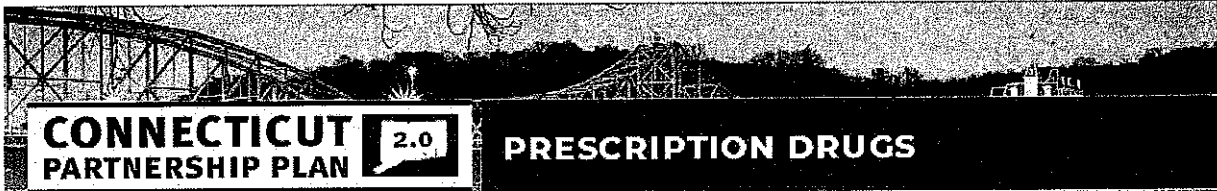
If you have prediabetes, the digital Diabetes Prevention Program offered by Wellspark can help you prevent diabetes by focusing on lifestyle changes.

To learn more about these programs, visit CareCompass.CT.gov/diabetes.

Well-being Seminars

30-minute health seminars led by Wellspark health professionals include ways to manage stress, quit smoking, boost immunity, choose healthy foods, practice meditation, chair exercises, and more. You can also meet your HEP Chronic Condition education requirement by attending the corresponding "Basics" seminar.

To see the upcoming schedule, visit CareCompass.CT.gov/healthy-living, and click "Wellbeing Seminars"



Prescription Drugs	Maintenance* (31-to-90-day supply)	Non-Maintenance (up to 30-day supply)	HEP Chronic Conditions
Generic (preferred/non-preferred)**	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

** Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

Preferred and Non-Preferred Brand-Name Drugs

A drug's tier placement is determined by Caremark's Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

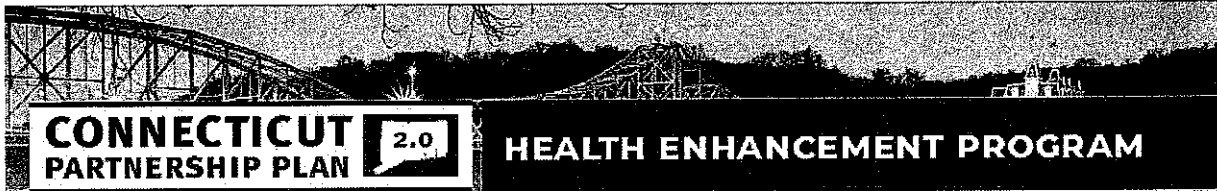
Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It

is not enough for your doctor to note "dispense as written" on your prescription; a separate form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on www.osc.ct.gov/ctpartner) and scroll down to Pharmacy under Benefit Summaries.)



CONNECTICUT PARTNERSHIP PLAN 2.0

HEALTH ENHANCEMENT PROGRAM

The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, and mammograms). **Here are the 2025 HEP Requirements:**

PREVENTIVE SCREENINGS	Dependent Requirements	Employee and Spouse Requirements				
	6-25 years	18-29 years	30-39 years	40-49 years	50-64 years	65+ years
Preventive Visit		Every 2 years				
Dental Cleaning	At least 1 per year	At least 1 per year				
Cholesterol Screening		Every 5 years (age 20+)				
Breast Cancer Screening (for women)		N/A		Mammogram every 2 years to age 75		
Cervical Cancer Screening (for women)		Pap every 3 years (age 21+)	Pap only every 3 years or Pap/HPV combo every 5 years		N/A	
Colorectal Cancer Screening		N/A		Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75		

To check your Health Enhancement Program compliance status, visit CareCompass.CT.gov, then sign in or register for your Quantum Health benefits portal. To view your status, click the My Health tab in your portal.

You can also download the MyQHealth app on the App Store or Google Play.

Additional Requirements for Those With Certain Conditions

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

If You Do Not Comply with the requirements of HEP

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible.

Quantum Health is the administrator for the Health Enhancement Program (HEP) and gives you access to your personalized health benefits portal. The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. Login to your personal benefit portal at carecompass.quantum-health.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Send a secure message to a Care Coordinator for benefits assistance
- Connect you to your medical, pharmacy, dental and other healthcare services covered in your plan- with just one login.

Quantum Health: (833)740-3258, 8:30 a.m.-10 p.m. ET, Mon.-Fri.



**CONNECTICUT
PARTNERSHIP PLAN** 2.0

YOUR BENEFIT RESOURCES

Care Compass is your hub for your health benefits: CareCompass.CT.gov/ctpartner

General benefit questions, Medical, and Health Enhancement Program (HEP)

Quantum Health- Care Coordinators
CareCompass.CT.gov/ctpartner or login to your benefits portal from Care Compass
833-740-3258

Prescription drug benefits

CVS Caremark
CareCompass.CT.gov/ctpartner/pharmacy or login to your benefits portal from Care Compass
1-800-318-2572

Dental and Vision Rider benefits (if applicable)

Cigna
CareCompass.CT.gov/ctpartner/dental
CareCompass.CT.gov/ctpartner/vision
or login to your benefits portal from Care Compass
1-800-244-6224

Office of the State Comptroller, Healthcare Policy & Benefit Services Division

www.osc.ct.gov/ctpartner
860-702-3560

For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

APPENDIX D

Your summary of benefits



Anthem Blue Cross and Blue Shield

Your Plan: Anthem Century Preferred PPO Rx \$5/\$25/\$40

Your Network: Century Preferred

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

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$2,500 person / \$5,000 family	\$7,500 person / \$15,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$5,000 person / \$7,350 family	\$15,000 person / \$30,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</i>	No charge	50% coinsurance after deductible is met
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist care visit	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Routine Prenatal Care	No Charge	50% coinsurance after deductible is met
Routine Postnatal Care	No Charge	50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Other practitioner visits: Retail health clinic</p> <p>On-line Medical Visit <i>Live Health Online is the preferred telehealth solutions (www.livehealthonline.com)</i></p> <p>Chiropractic services <i>Coverage is limited to 12 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p> <p>Acupuncture <i>Coverage is limited to Pain Management.</i></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>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Other services in an office: Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection.</i></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>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Diagnostic Services</p> <p>Lab: Office</p>	<p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding/Site-of-Service Lab	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
X-ray:		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding/Site-of-Service Radiology Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Advanced Diagnostic Imaging: <i>Imaging services include MRI, MRA, CAT, CTA, PET, and SPECT scans.</i>		
Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding/Site-of-Service Radiology Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency Room Facility Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency room doctor and other services	0% coinsurance after deductible is met	Covered as In-Network
Ambulance Transportation	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder		
Doctor office visit and Online Visit	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Facility visit: Facility fees	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Surgery		
Facility fees: Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hospital Stay (all Inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services):</p> <p>Facility fees (for example, room & board)</p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Recovery & Rehabilitation</p> <p>Home health care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, and speech therapy combined is limited to 60 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i></p> <p>Outpatient hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, and speech therapy combined is limited to 60 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 100 days per benefit period.</i></p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Hospice</p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Durable Medical Equipment <i>Coverage for hearing aids is limited to 1 per ear every 2 years.</i></p>	50% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Prosthetic Devices <i>Mandatory coverage of a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Member cost share for prosthetic arms, legs and microprocessors is 0% coinsurance after deductible when In-Network.</i></p>	50% coinsurance after deductible is met	50% coinsurance after deductible is met

Your summary of benefits

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 out of pocket	Combined with medical out of pocket
<p>Prescription Drug Coverage Essential Drug List <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i></p>		
<p>Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i></p>	\$5 copay per prescription after deductible (retail only).	50% coinsurance after deductible is met (retail and home delivery).
<p>Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i></p>	\$25 copay per prescription after deductible (retail only).	50% coinsurance after deductible is met (retail and home delivery).
<p>Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i></p>	\$40 copay per prescription after deductible	50% coinsurance after deductible is met (retail and home delivery).

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

Questions: Visit us at www.anthem.com

CT/L/Anthem Century Preferred PPO GHSA2273 Rx \$5/\$30/\$60/30% to \$500/01-19

Your summary of benefits

Notes:

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

Your summary of benefits

Language Access Services:

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 (844) 682-6553.

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 (844) 682-6553.

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՝ (844) 682-6553:

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 (844) 682-6553。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (844) 682-6553 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 (844) 682-6553.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nespòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (844) 682-6553.

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 (844) 682-6553.

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、(844) 682-6553 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 (844) 682-6553 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idílkidgo ná bohónéedzǎ dóo bee ahóót'i' t'áá ni nizaad k'ehj' bee nií hodoonih t'áadoo bááh'ílinígóó. Ata' halne'ígíí la' bich'i' hadeesdzih ninizingo koj' hodílnih (844) 682-6553.

Language Access Services:

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: (844) 682-6553.

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 ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (844) 682-6553 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. (844) 682-6553.

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 (844) 682-6553.

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 (844) 682-6553.

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 (844) 682-6553.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We 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>.



Salem Board of Education Teachers, #800645-000
 Current Century Preferred, effective July 1, 2015
 \$25/\$400/\$100/\$150
 Benefits at a Glance Salem BOE

	In Network You pay:	Out-of-Network You pay:
Office Visit (OV) Copayment	\$25	Deductible & Coinsurance
Hospital (HO) Copayment	\$400	Deductible & Coinsurance
Urgent Care (UR) Copayment	\$75	Not covered
Emergency Room (ER) Copayment – waived if admitted	\$100	\$100
Outpatient Surgery (OS) Copayment	\$150	Deductible & Coinsurance
Annual Deductible (individual/2-member family/3+ member family)		\$400/\$800/\$1,200
Coinsurance	Not applicable	30% after deductible up to
Cost Share Maximum (individual/2-member family/3+ member family)	\$6,600/\$13,200/ \$13,200	\$2,400/\$4,800/\$7,200
Lifetime Maximum	Unlimited	Unlimited

PREVENTIVE CARE

Well child care* See reverse side for schedule of visits	No charge	Deductible & Coinsurance
Periodic, routine health examinations*	No charge	
Routine OB/GYN visits	No charge	
Mammography	No charge	
Hearing screening	No charge	

MEDICAL CARE

Primary care office visits	OV Copayment	Deductible & Coinsurance
Specialist consultations	OV Copayment	
OB/GYN care	OV Copayment	
Maternity care – initial visit subject to copayment, no charge thereafter	OV Copayment	
Laboratory	No charge	
X-ray and Diagnostic Testing	No charge	
High-cost outpatient diagnostic – prior authorization required The following are subject to copay: MRI, MRA, CAT, CTA, PET, and SPECT scans Note: \$375 Copayment maximum per member per calendar year	\$75 Copayment per service (see note)	
Allergy Services	OV Copayment	
Office visits/testing	\$25 copay	
Injections—80 visits in 3 years		

HOSPITAL CARE – Prior authorization required.

Semi-private room (General/Medical/Surgical/Maternity)	HO Copayment	Deductible & Coinsurance
Maternity and newborn care	HO Copayment	
Skilled nursing facility – up to 120 days per calendar year	HO Copayment	
Rehabilitative services – up to 60 days per person per calendar year	No charge	
Outpatient surgery – in a hospital or surg-center	OS Copayment	

EMERGENCY CARE

Walk-in centers	OV Copayment	Deductible & Coinsurance
Urgent care – <i>at participating centers only</i>	UC Copayment	Not covered
Emergency care – <i>copayment waived if admitted</i>	ER Copayment	ER Copayment
Ambulance – <i>air and land are unlimited</i>	No charge	No charge

OTHER HEALTH CARE

Outpatient rehabilitative services <i>30 visit maximum for PT, OT, & ST. 20 visit maximum for Chiropractic care.</i>	OV Copayment	Deductible & Coinsurance
Durable medical equipment & Prosthetic devices – <i>Unlimited calendar year maximum (limited to certain items)</i>	No charge	
Home Healthcare; includes benefits for medical social services- <i>200 visits per member per calendar year</i>	No charge	
Outpatient cardiac rehabilitation therapy up to 36 visits per cardiac episode	No charge	
Infertility Services – <i>Prior Authorization required, State mandated benefits apply</i>	Applicable Copayment	

MENTAL HEALTH/SUBSTANCE ABUSE CARE

Inpatient- <i>Prior Authorization required</i>	HO Copayment	Deductible & Coinsurance
Outpatient/office visits	OV Copayment	

*** Schedule of health examinations:**

- 7 visits for ages 0 to 1
- 7 visits for ages 1 thru 5
- 1 exam a year for ages 5 thru 12
- 1 exam a year for ages 12 thru 22
- 1 exam a year for ages 22+

***Routine Vision & Hearing examinations:**

- 1 exam per member every two calendar years

Notes To Benefit Descriptions

- ◆ In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.
- ◆ Inpatient Hospital Per Admission Copay is waived if readmitted within 30 days for same diagnosis. Maximum of 3 copays per person per year.
- ◆ Skilled Nursing Facility Copay is waived if admitted within 3 days of hospital discharge.
- ◆ Home Health Care services are covered when in lieu of hospitalization. Includes infusion (IV) therapy.
- ◆ Members must utilize participating Blue Quality Centers for Transplant hospitals to receive benefits for Human Organ & Tissue Transplant services. This network of the finest medical transplant programs in the nation is available to members who are candidates for an organ or bone marrow transplant. A nurse consultant trained in case management is dedicated to managing members who require organ and/or tissue transplants. Covered services are subject to an Unlimited lifetime maximum.
- ◆ Members are responsible for the balance of charges billed by out-of-network providers after payment for covered services has been made by Anthem Blue Cross and Blue Shield according to the Comprehensive Schedule of Professional Services



This does not constitute your health plan or insurance policy. It is only a general description of the plan. Please refer to your plan documents for exclusions and limitations under the plan.



**Salem Board of Education Teachers
3-TIER PUBLIC SECTOR MANAGED RX PROGRAM- PPO**

**\$5 COPAYMENT GENERIC DRUGS
\$30 FORMULARY BRAND NAME DRUGS
\$40 NON-FORMULARY BRAND NAME DRUGS
Unlimited Maximum**

Description of Benefits	Your copayment example
Tier 1: Generic drugs	\$5
The term "generic" refers to a prescription drug that is considered non-proprietary and is not protected by a trademark. It is required to meet the same bioequivalency test as the original brand name drug. Tier 1 copayment applies.	
Tier 2: Formulary brand name drugs	\$30
The term "formulary brand name" refers to a brand name prescription drug identified on the formulary by Anthem Blue Cross and Blue Shield as a prescription drug with a Tier 2 copayment.	
Tier 3: Non-formulary brand name drugs	\$40
The term "non-formulary brand name" refers to a brand name prescription drug not identified on the formulary by Anthem Blue Cross and Blue Shield. Tier 3 copayment applies.	
Annual Maximum	Unlimited
Per member per calendar year	

How To Use The 3-Tier Managed Rx Program

The 3-Tier Managed Rx Program incorporates different levels of copayments for three types of prescription drugs: generic, formulary brand name and non-formulary brand name, as defined in the chart above. The formulary lists generics and brand name drugs that have been selected for their quality, safety and cost-effectiveness. These formulary drugs have lower member copays than non-formulary drugs (but may not have a lower overall cost in all instances). You minimize your copayments when you use generic prescriptions and brand name prescriptions listed on the formulary. You'll still have coverage for non-formulary brand name drugs not on the formulary, but at a higher cost-share.

Talk to your provider about using generic drugs or brand name drugs included on the formulary. You'll have lower copayments when you use these drugs.

- You will be responsible for **one** copayment when purchasing up to a **30-day supply** of prescription drugs from a retail pharmacy.
- You'll be responsible for **two** copayments when purchasing up to a **90-day supply** of maintenance drugs through the mail-order program.

Generic Substitution: Prescriptions may be filled with the generic equivalent when available.

- When you purchase a generic drug at a participating pharmacy, you'll only be responsible for a \$5 copayment.
- When a generic equivalent is available and you obtain the brand name version, you will be responsible for the applicable brand name copay.

Concurrent Drug Utilization Review

Concurrent Drug Utilization Review (C-DUR) works with the retail pharmacy's standard guidelines to provide a **second level of quality and safety checks**. The process, which is provided on-line as part of the electronic claims filing process, helps promote access to safe, appropriate, cost-effective medications for members. C-DUR involves a series of rules or guidelines, which identify potential medication therapy issues and deliver a message to the pharmacy by computer, before the medication is dispensed. The process alerts the pharmacist of potential issues such as drug-to-drug interactions, refills requested too close together, incorrect dosing or drug duplications.

Step Therapy is another element of C-DUR that consists of specialized programs that review pharmacy claims submitted for a member against his/her prescription profile and can be used to assist in controlling utilization and promoting quality, cost-effective drug therapies for patients. All therapy protocols developed by APM are reviewed and approved by the P&T Committee. The current drugs affected by step therapies are: Ambien CR, Arthrotec, Celebrex, Enbrel, elidel, Lunesta, Monopril, Penlac, Pritosec, Prevacid, Rozerem & Zegerid.

A step therapy is requiring drug X, Y, or Z prior to receiving drug A. Step therapy protocols are built in the claims processing system to search the member's history for the required drugs. If the claim history does not indicate the member has had drug X, Y, or Z; drug A will reject at the point of service pharmacy.

The member, pharmacy or physician may contact Anthem Prescription Customer Service to clarify the claim rejection.

An APM representative reviews the criteria with the caller. The caller is advised if the request is approved or more information is required.

If additional information is needed, the member, pharmacy, or Anthem Prescription may contact the physician. The physician may supply the additional information via telephone or fax.

An APM support Specialist reviews the additional information and compares it to the step therapy protocol. The request will be approved and authorization entered into the pharmacy claim processor if the information matches the step therapy protocol. Criteria is not met if the information does not match the step therapy protocol. The caller is informed of the status of the request.

Pharmacy Programs

Voluntary Mail-service Program

Members have access to Anthem Rx, the voluntary mail-service pharmacy program. Members can order up to a 90-day supply of these maintenance medications and have them delivered directly to their home.

The \$5 generic/\$30 formulary brand name/\$40 non-formulary brand name copayment and unlimited annual maximum apply. When ordering up to a 90-day supply, two copayments will apply, as follows: \$10 generic/\$60 formulary brand name/\$80 non-formulary brand.

National Pharmacy Network

Members also have access to Community Rx, a network of more than 65,000 retail pharmacies throughout the country. Members may call 1-800-962-8192 to locate a participating pharmacy when traveling outside the state.

Non-participating Pharmacies

Members who fill prescriptions at a non-participating pharmacy are responsible for payment at the time the prescription is filled. Members must submit claims to Anthem Blue Cross and Blue Shield for reimbursement, and payment will be sent to the member. Members who use non-participating pharmacies will pay 20% of the in-network allowance, plus the difference between Anthem Blue Cross and Blue Shield's payment and the pharmacist's actual charge.

Points to Remember

- Anthem Blue Cross and Blue Shield will provide coverage for prescription drugs dispensed by a pharmacy when prescription drugs are deemed medically necessary based on specific criteria and dispensed pursuant to a prescription issued by a physician, subject to copayment.
- Anthem Blue Cross and Blue Shield will not be liable for any injury, claim or judgment resulting from the dispensing of any drug covered by this plan. Anthem Blue Cross and Blue Shield will not provide benefits for any drug prescribed or dispensed in a manner contrary to normal medical practice.
- Anthem Blue Cross and Blue Shield reserves the right to apply quantity limits to specified drugs as listed on the formulary. If a member requires a greater supply, the member's provider can follow the prior authorization process.

Prescription Drug Eligibility

Eligible prescription drug benefits are limited to injectable insulin and those drugs, biologicals, and compounded prescriptions that are required to be dispensed only according to a written prescription, and included in the United States Pharmacopoeia, National Formulary, or Accepted Dental Remedies and New Drugs, and which, by law, are required to bear the legend: "Caution—Federal Law prohibits dispensing without a prescription" or which are specifically approved by the Plan.

Limits and Exclusions

Benefits are limited to no more than a 30-day supply for covered drugs purchased at a retail pharmacy, and no more than a 90-day supply for covered drugs purchased by mail order. All prescriptions are subject to the quantity limitations imposed by state and federal statutes.

This drug rider does not provide drugs dispensed by other than a licensed, retail pharmacy or our mail-order service; any drug not required for the treatment or prevention of illness or injury; vaccines or allergenic extracts; devices and appliances; needles and syringes that are not prescribed by a provider for the administration of a covered drug; prescriptions dispensed in a hospital or skilled nursing facility; drugs for use in connection with drug addiction; over-the-counter or non-legend drugs; antibacterial soaps/detergents, shampoos, toothpastes/gels and mouthwashes/rinse.

APPENDIX E
SECTION 46a-60 (a)(7)

§46a-60. Discriminatory employment practices prohibited

(a) It shall be a discriminatory practice in violation of this section: . . .

(7) For an employer, by himself or his agent: (A) To terminate a woman's employment because of her pregnancy; (B) to refuse to grant to that employee a reasonable leave of absence for disability resulting from her pregnancy; (C) to deny to that employee, who is disabled as a result of pregnancy, any compensation to which she is entitled as a result of the accumulation of disability or leave benefits accrued pursuant to plans maintained by the employer; (D) to fail or refuse to reinstate the employee to her original job or to an equivalent position with equivalent pay and accumulated seniority, retirement, fringe benefits and other service credits upon her signifying her intent to return unless, in the case of a private employer, the employer's circumstances have so changed as to make it impossible or unreasonable to do so; (E) to fail or refuse to make a reasonable effort to transfer a pregnant employee to any suitable temporary position which may be available in any case in which an employee gives written notice of her pregnancy to her employer and the employer or pregnant employee reasonably believes that continued employment in the position held by the pregnant employee may cause injury to the employee or fetus; (F) to fail or refuse to inform the pregnant employee that a transfer pursuant to subparagraph (E) of this subdivision may be appealed under the provisions of this chapter; or (G) to fail or refuse to inform his employees, by any reasonable means, that they must give written notice of their pregnancy in order to be eligible for transfer to a temporary position;

**SIDE LETTER OF AGREEMENT
RE: MEDICAL INSURANCE WAIVER**

Teachers employed during the 2000-01 school year who elected to waive medical insurance benefits will be allowed to continue to elect to receive a cash settlement as follows: \$1,000 in lieu of individual coverage, \$2,500 in lieu of two person coverage, and \$3,500 in lieu of family coverage. This settlement will be prorated on a monthly basis if the employee leaves the school system prior to the end of the fiscal year. An employee who elects to waive medical insurance coverage may re-elect to have the insurance coverage at any time. In such a case, the cash settlement will be prorated on a monthly basis. It is understood that the Board of Education will give the above settlement to those who elected in 2 equal payments, one-half in December and one-half in June. Individuals who re-elect insurance coverage at any time during the year will not have the coverage provided until they settle their prorated financial obligation with the Board. At all times the individual and group must meet the requirements of the Board's insurance-carrier(s).

It is understood that this waiver option is available only to current employees who elected the waiver during the 2000-2001 school year. Any current employee who did not elect the waiver will not be entitled to elect the waiver in the future and no new employees will be allowed to elect the waiver. Once an employee who has elected the waiver re-elects to receive insurance coverage, that employee's entitlement to any waiver ceases and the waiver is no longer available to that employee.

Notwithstanding the foregoing, the parties agree that the two (2) employees hired during the school year 2001-2002 who were granted the waiver shall continue to be allowed to elect the waiver unless he/she elects to receive insurance coverage in which case the waiver no longer will be available to him/her. All payments are to be made in December and June for all employees.

FOR THE SALEM
BOARD OF EDUCATION

By MJST
It's Chairperson

Date

3/15/07

FOR THE SALEM FEDERATION OF
TEACHERS, LOCAL 1833, AFT CONNECTICUT
AMERICAN FEDERATION OF TEACHERS, AFL-CIO

By Mary M. Barone
It's President

Date

3/14/07