CONTRACT

between

EAST GREENWICH ASSOCIATION OF

EDUCATIONAL SUPPORT PERSONNEL NEARI/NEA

and

EAST GREENWICH SCHOOL COMMITTEE

(July 1, 2026 - June 30, 2029)

INDEX

ARTICLE		PAGE
	Preamble	3
I	Recognition	3
II	Payroll Deductions	3
III	Association Rights	4
IV	Management Rights	5
V	Job Classifications	5
VI	Hours of Work	9
VII	Seniority	10
VIII	Absences	14
IX	Extended Leaves of Absence	16
X	Protection	17
XI	Personal Injury	17
XII	Insurance and Pension	18
XIII	Strikes and Lockouts	19
XIV	Grievance Procedure	20
XV	Rest and Lunch Periods	23
XVI	Evaluations	23
XVII	Holidays	23
XVIII	Vacations	24
XIX	Wage Schedule	24
XX	Course Reimbursement	26
XXI	Fair Practices	27
XXII	Personnel Files	27
XXIII	Health and Safety	27
XXIV	Supplies and Materials	28
XXV	Classroom Coverage	28
XXVI	Savings Clause	28
XXVII	Duration	28
Appendix A	Retirement Bonus	29
Appendix B	Temporary Disability Insurance	29
Appendix C	Professional Mentoring Program	29

PREAMBLE

This Agreement, entered into by the East Greenwich School Committee (hereinafter sometimes called "the Committee") and the East Greenwich Association of Educational Support Personnel/NEARI/NEA (hereinafter sometimes called "the Association"), has as its purpose the promotion of harmonious relations between the School Committee and the Association; the establishment of an equitable and peaceful procedure for the resolution of differences; and the establishment of the rate of pay, hours of work and other conditions of employment.

ARTICLE I
RECOGNITION

1-1 The Committee recognizes the East Greenwich Association of Educational Support Personnel/NEARJ/NEA as the sole and exclusive bargaining agent for all bargaining unit employees. The bargaining unit consists of all Secretaries, Computer Technicians, Paraeducators, and Clerks employed now or in the future, with the exception of the Administrative Assistant to the Superintendent, Administrative Assistant to the Director of Finance, Administration and Operations, Administrative Assistant to the Assistant Superintendent, and Administrative Assistant to the Director of Student Services.

ARTICLE II
PAYROLL DEDUCTIONS

2-1 Membership in any employee organization may be determined by each individual employee. Members of the Association shall pay dues, fees, and assessments as determined by the Association. The Association shall provide the Committee with a list of all current bargaining unit members who wish to continue to authorize the deduction of dues. The Association shall provide to the Committee a document signed by the employee authorizing the dues deduction. Such deductions shall be in equal amounts, weekly, bi-weekly or otherwise, as the frequency of the pay period may require. Funds deducted pursuant to such authorizations will be transmitted promptly to the Association. Deductions will be in the amount specified in writing by the Association President(s) and/or Treasurer.

2-2 The Committee shall give written notice to the President(s) of the Association of all new employees within the bargaining unit who become eligible for membership in the local. Said notice shall include the employee's name, address, and date of hire. The Committee will discontinue such deductions if notified by the Association in writing and the Committee receives the authorization set forth above. In the event the Committee receives such notification by an employee without first being notified by the Association, it shall refer the employee to the Association. The Association is fully responsible for any objection by an employee regarding their dues, fees, and assessments deduction.

2-3 The Committee shall adopt a check-off system pursuant to which it will deduct from the

salaries of those employees in the bargaining unit who individually and voluntarily authorize the Committee to do so, dues for the Association. Such deductions shall be in equal amounts either weekly, bi-weekly or otherwise, as the frequency of the pay period may require. Funds deducted pursuant to such authorizations will be transmitted promptly to the Association not later than the 20th day of each month within five days after the last payroll of each month. Deductions will be in the amount specified in writing by the Association.

2-4 The Association shall indemnify and save the Employer harmless against any and all claims, demands, suits or other forms of liability that shall arise out of or by reason of action taken or not taken by the Employer in reliance upon the Union's representation that its dues, fees, and assessments have been lawfully increased and in accordance with the Union's Constitution and By-Laws or for the purpose of complying with any of the provisions of this Article.

2-5 The School Department will deduct from the salaries of employees in the bargaining unit who authorize the School Department to do so, monies for tax-sheltered annuities and U.S. Savings Bonds for a credit union designated by the Association. Monies deducted pursuant to such authorizations will be transmitted promptly to the appropriate agency.

ARTICLE III
ASSOCIATION RIGHTS

3-1 Association business will be conducted outside normal working hours where possible. Subject to the foregoing, designated Association members and/or officers shall be granted reasonable time with pay during working hours to investigate and seek to settle grievances and to participate in hearings and meetings with the School Administration or Labor Relations Board on contract negotiations and contract administration.

3-2 The Association shall have the right to use school buildings for meetings free of charge during times when the building is already in use. The procedure determined by the Committee and forms developed by the Superintendent shall be observed by the Association when requesting the use of any school facility.

3-3 The Association will furnish the Committee with a list of its officers and will notify the Committee promptly as and when changes occur.

3-4 A staff representative of NEAR[will be permitted to visit Committee premises for the purpose of discussing grievances or to conduct other necessary Association business provided that such visits will not interfere with the conduct of normal business at the schools or in the school administration offices.

3-5 The Superintendent or their designee and the President(s) of the Association will meet whenever either of them feels it is necessary. Such meetings will be at a time and place mutually convenient.

3-6 The Association will be permitted to use the faculty bulletin boards for the posting

of notices, circulars and other materials.

3-7 The President(s) of the Association shall be notified of the name, address and position of all new employees within ten (10) days of their employment.

3-8 The President(s) of the Association shall be notified in all instances of a one hundred eighty (180) or one hundred ninety (190) day employee working beyond their normal work year.

3-9 The President(s) of the Association shall be consulted annually prior to School Committee approval concerning any changes in the school calendar.

3-10 Union leadership may participate in one (1) day of professional development presented by the National Education Association during school hours with written permission from the Superintendent.

ARTICLE IV
MANAGEMENT RIGHTS

4-1 The Association recognizes that the Committee has the responsibility and authority to manage, direct and supervise all of the operations and activities of the school district granted by applicable federal and Rhode Island state law, including but not limited to R.I. Gen. Laws §16-2-9 and §16-2-11, except to the extent that the exercise of such power is limited, modified or amended by any provision in this agreement. The Committee and/or the Superintendent of Schools has the right to hire, layoff, promote, transfer, assign, fire for just cause and determine the educational policies except where limited by the provisions of this agreement, and the right to promulgate reasonable rules and policies in the exercise of its authority.

4-2 The rights and authority of the Committee, its appointed Superintendent and administrators to manage the school district and its personnel shall not be amended or limited by any claimed or unwritten custom, practice or informal agreement, nor by any claim that the Committee, its appointed Superintendent and administrators have condoned or tolerated any practice or act or acts of any employees.

ARTICLE V
JOB CLASSIFICATIONS

5-1 The following job classifications are in existence at the execution of this Agreement:

Paraeducator
Payroll Clerk
Office Clerk
Administrative Assistant
Computer Technician (Help Desk Technician, Student Information System Support Technician, Network Support Specialist)
Registered Behavior Technician

5-2 The Committee through its Administration shall have the right to abolish jobs or job classifications, to create new positions or job classifications or to combine job classifications, in its discretion. When the students to whom a Paraeducator is assigned are absent, the Paraeducator can be re-assigned to a student and/or classroom to support student need where appropriate and designated by the building principal and/or director of student services. If, in the exercise of these rights, a new job is created or a substantial change is effected in an existing job, the Committee will meet with the Association to discuss the rate of pay for said job. If no agreement is reached, the Committee may designate a rate of pay which may be grieved by the Association. If taken to arbitration pursuant to the provisions of Article XV hereof, the rate of pay fixed by the arbitrator shall be binding and retroactive to the first day the new job was filled.

5-3 The rights set forth in 5-2 will not be exercised for the purpose of removing employees from the bargaining unit to non-bargaining unit positions.

5-4 Registered Behavior Technician (RBT) Certification

a) The terms "Full RBT Training" or "Fully RBT Certified" shall mean that a paraprofessional has completed all coursework and certifications to hold an active RBT credential as outlined by the Behavior Analyst Certification Board (BACB).

b) The term "Component RBT Training" shall mean that a paraprofessional has been exposed to or completed elements of the Full RBT training process but has not obtained an active RBT credential as outlined by the Behavior Analyst Certification Board (BACB).

c) Full RBT training signifies that a paraeducator has been specifically trained to work with students who typically have complex profiles and strong Social-Emotional-Behavioral (SEB) needs, often aligned with a Behavior Intervention Plan (BIP). Components of RBT training shall be offered to paraeducators on a needs-based basis. When possible, priority shall be given to providing this training on scheduled EGESP professional learning days. Component training shall not be considered full training and shall not activate any further employee benefits, such as increased compensation. When possible, a Component-trained paraeducator moves towards Full RBT certification; prior Component trainings shall be counted towards Full certification where applicable.

5.4.2 RBT training requires the Paraeducator to:

1. Complete specific coursework as determined by the district, with notification of the required coursework to the Union and interested employees. Professional learning days may be used for this coursework at the discretion of administration.
2. Pass an RBT exam selected by the District. Candidates may take the exam up to three times to obtain a passing score. After the first failed attempt, the candidate may be required to pay for subsequent attempts (testing/ examination fees).
3. Complete a competency assessment under the direction of a local Board Certified

Behavior Analyst (BCBA). Candidates may take the competency up to three times to obtain a passing score.

4. Maintain RBT certification through annual refresher trainings, as needed.

5. Maintain at the expense of the District any additional certifications such as SafetyCare training deemed necessary to support RBT work.

5-4.3 Selection for the RBT Process:

a) To be selected for RBT training, interested paraeducators currently in the employ of the District must go through a criterion-based hiring process defined by the District. The district shall outline this criterion-based hiring process in writing to the Union. Due to the highly specialized assignments typically given to RBTs, Work experience as a paraeducator within the East Greenwich School District shall be one factor, to be considered alongside leadership skills, pedagogy, achievement, critical thinking, communication skills, professional engagement, and prior formal evaluations. If a candidate has no recent evaluations in their file, that will not be held against them during the selection process. The CBH process may include, but is not limited to, formal application via SchoolSpring, an interview(s), observation of the candidate in their current school-based setting, and/or a review of prior job performance evaluations. If all other criterion-based hiring factors are equal, the District commits to hiring from the internal candidate pool before hiring from outside the District.

b) A selected candidate must agree to:

1. Complete the RBT training and certification as detailed above.
2. Commit to a District position for the remainder of the year in which the training is completed, plus one additional full school year.
3. Accept a position of need requiring an RBT certification as determined by the District as soon as the paraeducator is considered fully qualified. The District shall prioritize placing RBTs in their home building if a position is available. If this position is eliminated during a school year, the member shall either be placed in an RBT position elsewhere in the district or in a building paraeducator position, with priority given to positions in their original home school/building. This elimination of a position and subsequent potential bumping shall follow the procedures set forth in Article 7.
4. Work in one or more RBT positions for a minimum period inclusive of the remainder of the school year in which RBT certification is achieved plus one full subsequent school year as these positions and associated needs remain available. During this time, the RBT may not move to a non-RBT position unless there is no longer a need for an RBT-qualified EGESP member in the district or through mutual agreement between the Member and District Administration. After this period, the RBT may notify the District in writing, at least one month prior to the annual job assignment meeting (typically in early June), that they do not wish to continue working in an RBT position. The employee may then bid on non-RBT open paraeducator positions per the CBA.

5. Be an active part of student BIPs and related data collection per current district practices.
6. To be assigned to a single or multiple students on an evolving basis in their home school as determined by the district. When possible, district administration will work to place the RBT in their homeschool or another preferred school.
7. Be willing to share their RBT expertise with other professionals to assist in building SEB support capacity in the district.

5-4.4 RBT Compensation

a) Upon being selected for an RBT position, The district shall pay for any associated coursework, exams, and competency assessments both for the initial certification and the maintenance of certification while the member is employed by the District and the District has a corresponding need for the given number of RBT-certified members. Failure to obtain passing scores on any required exams or competencies shall allow the District to hold the candidate responsible for the costs of subsequent exams (retakes), competencies, and related coursework during the member's initial or current RBT certification cycle.
b) The salary of the RBT shall be their current step plus five ($5) dollars per hour. All other benefits outlined per the current paraeducator contract shall remain intact.
c) While working as an RBT the employee shall continue to accrue seniority.

5-4.5 Selection as an RBT is strictly voluntary for incumbent employees. New employees hired after the start of this contract may be required to become certified as RBTs based on current and evolving District needs. This potential pathway will be included in job descriptions and postings as applicable. All paraprofessionals shall participate in an annual exploratory RBT overview and/or mini-training on one of the annual scheduled professional learning days. Interested employees may participate in continued training in accordance with the related CBH Process or other provisions outlined in this contract. This additional time shall be prioritized on existing professional learning days or contractual meeting times, provided that District administration has not identified any greater professional learning or informational priorities to address during these times.

5-5 Every position within each bargaining unit classification shall have a job description, which shall be maintained in a catalog prepared by the Superintendent or their designee. Consistent with District policy # 5110, the position description shall identify the title of the job; the immediate supervisor; the requisite qualifications, education, and prior experience; the hours of work, if known; whether it is full or part time; whether it is based on a calendar or school year; and whether it is exempt from the overtime provisions of the Fair Labor Standards Act. The Association is free to request copies of any job description within its bargaining unit and may provide input and recommendations to the Superintendent for consideration of any amendments to the job description. A listing of all current job descriptions shall be kept as an addendum to the Collective Bargaining Agreement, but may be amended at management's discretion under the

terms of this provision.

ARTICLE VI
HOURS OF WORK

6-1 The following number of hours and number of work days are established for the term of this Contract:

Administrative Assistants	7 or 7.25 hours/day	190 Days*
School Counseling Administrative Assistant	7.5 hours/day	225 Days**
Paraeducators	7 hours/day***	180 Days*
Payroll Clerk	8 hours/day	260 Days**
Office Clerk	8 hours/day	260 Days**
Central Office Administrative Assistant	8 hours/day	260 Days**
Computer Technicians	8 hours/day	260 Days**
High School Administrative Assistant I	7.5 hours/day	225 Days

* Excluding Holidays
** Including Holidays and Vacation
***Incumbent 4 and 6 hour employees, as of 9/1/2023, shall not have their hours of work increased except by mutual agreement between the employee and the Superintendent.

6-1.a Temporary or permanent changes to an employee's hours will be mutually decided between the employee, their respective supervisor, and the Superintendent.

6-2 Professional development shall be planned under the direction of Administration through the district wide Professional Development Committee. The Association President(s) may appoint up to 2 members to the Professional Development Committee. Topics for Professional Development Days shall be the responsibility of the School Administration. The Director of Student Services shall consult with the Association Leadership on topics of Professional Development. CPR and de-escalation training shall be provided to members, as determined by the Director of Student Services, on an annual or bi-annual basis. Professional Development Days shall be at no cost to the employee.

6-3 Employees shall be expected to attend one (1) hour of paid professional development or meeting per month outside of work hours, under the direction of administration. Employees shall be provided with a scheduled of these meetings on or before the first day of the school year.

6-4 Subject to the terms of 7-15 hereof, additional days may be assigned by mutual consent of the employee and the Superintendent or designee. The hourly rate shall prevail.

6-5 All hours of work beyond forty (40) hours per week shall be compensated at the rate of time and one-half.

6-6 The school year shall consist of a minimum of one hundred and eighty days (180) days. At least three (3) days shall be for the purposes of Professional Learning and paid at the existing rates of pay. Professional Learning days shall be part of the continuous work year for all employees, with no days in between professional development days and other workdays.

6-7 Except under extraordinary circumstances, the district will strive to notify Paraeducators of their assignment (grade level and/or teacher) at the building level at least two (2) weeks prior to the start of the school year. Paraeducators may be assigned to a different position within their school pending an open position at any time based on need. However, paraeducators are not to be used as floaters unless hired in that capacity. If no position is available in their school, the least senior paraeducator in that school shall be bumped to an open position in another building.

6-8 Any Paraeducator covering a classroom for an absent teacher, in lieu of the District hiring a substitute, shall be compensated at the long-term substitute teacher rate. The rate shall be prorated for the duration of coverage.

ARTICLE VII
SENIORITY

7-1 The Committee shall annually provide an updated seniority list. It shall be brought up to date annually and mailed to the President(s) of the Association within ten (10) days after the list is established.

7-2 Seniority is defined as the total length of continuous employment since the first day of work. Seniority and employment with the District will terminate upon:

(a) Resignation;
(b) Retirement;
(c) Termination for just cause;
(d) Failure to return to work at the expiration of a leave of absence;
(e) Failure to accept recall from layoff to the employee's job classification;
(t) Unauthorized absence from work; and
(g) Expiration of recall rights.

7-3 In the event that two (2) or more employees have the same seniority date, the employee with the most service prior to their most recent date of employment shall be considered senior. If no such employee has prior service, seniority shall be determined by drawing lots. A representative designated by the Association shall be present at the drawing.

7-4 Any other provision of this Agreement to the contrary notwithstanding, for the first one hundred and eighty (180) working days of employment, an employee shall be on probation and may be terminated for any reason, with or without cause, without recourse to the grievance

procedure. Probationary employees shall have no seniority rights while on probation. At the completion of the probationary period, seniority shall be retroactive to the first day of the probationary period. During the first forty-five (45) days of this probationary period, the employee may not use any vacation or personal days.

7-4.a During an employee's probationary period, they shall not be allowed to bid or transfer into another position, unless mutually agreed upon between the Union and Superintendent.

7-4.b Each probationary employee shall be evaluated in writing by their supervisor as often as the Principal/ Supervisor deems necessary but not less than twice during the probationary period. Said employee shall receive a copy of their evaluation report.

7-5 Vacancies shall be defined as the creation of a new position by the Committee or the availability of a position which the Committee intends to fill due to resignation, retirement, promotion, death or dismissal of a member of the bargaining unit.

When a vacancy occurs during the academic year resulting from termination, resignation, death or any other condition where the return of the employee is not expected, other than a temporary vacancy which the Superintendent wishes to fill, the vacancy may be filled by either the least senior paraeducator or a qualified long- term substitute and the President(s) shall be notified of said vacancy. The President(s) shall be notified of displacements and shall work together with the Superintendent to achieve appropriate placement of members, if such placement exists. On or about June I such vacancies shall be posted internally on the district website. In addition, with union consultation, such postings shall be simultaneously posted for external candidates on SchoolSpring. The President(s) shall be notified of all such postings. The posting will specify the job classification and description with the essential job duties and responsibilities, school hours, if known, the position within the job classification (where appropriate), the qualifications necessary, and such information as may be pertinent from 6-1 hereof. If the posting takes place during summer school vacation, the Committee will email, using district email, a copy of the posting to each employee during the summer school vacation.

The Committee shall have no additional responsibility, express or implied, to see to it that actual notice of the posting is received by such employees. Paraeducators who are successfully working with one individual student based on the requirements of an IEP ("Individualized Education Program") or Section 504 Plan shall be allowed to stay with that student, as long as the IEP or Section 504 Plan continues to identify the need for 1:1 support. If such need is no longer identified in the student plan or if the paraeducator no longer seeks to be assigned to the student, they may apply for any posted position.

7-5.1 Lateral Positions. Any employee applying for a vacant lateral pos1t10n shall possess acceptable levels of skills and competence for the position sought, as required by the Basic Education Program and any policies or directives adopted by the Committee and/or the Board of Education. First preference in filling any vacancy will be given to internal candidates on the basis of qualifications for the job, as determined by the School Administration. Qualifications being equal, the most senior employee shall be awarded the position. If there are no qualified internal candidates, then the District shall award the position to the most qualified external

candidate. The District agrees that Paraeducators are considered qualified for all District Paraeducator positions. Paraeducators may bid on vacancies during the school year for any position which becomes available but shall not fill the vacancy until the beginning of the next school year. All known annual vacancies shall be posted on SchoolSpring or the existing District electronic notification service on or before June 1. Administrators reserve the right to interview existing employees who desire to be transferred to a vacant position in order to determine the best qualified candidate for the vacant position. If the District determines that there are no qualified internal candidates, it may interview external candidates in order to find someone qualified to fill the vacant position. Vacancies which can be filled internally will normally be filled within twenty (20) days of the posting.

7-5.2 Promotional Positions. Promotional positions for Paraeducators are those positions that involve a change in classification to RBT, Technician or Administrative Assistant. For all other positions, they involve a higher pay grade. Promotional positions shall be posted internally prior to being posted externally. Qualifications being equal, the most senior internal employee shall be awarded the position. If no qualified candidate is identified from the pool of internal candidates, the District may post the vacancy for external candidates. If there are no qualified internal candidates, then the District shall award the position to the most qualified external candidates.

7-6 Layoffs within job classification shall be based upon the individual needs of the students as determined by the School Administration. Affected employees shall receive a minimum of two (2) weeks notice before being laid off in any year. If their position is one which must be filled, and the layoff occurs during the school year, the employee occupying the position to be vacated by the layoff will be transferred to the position of the laid off employee.

7-7 An employee who is laid off will have the right to displace the most junior employee in the bargaining unit with commensurate hours if available and whose job they have the relevant, skill and ability to perform competently, without training. If a position with commensurate hours is not available the laid off employee shall replace the most junior employee in the same job classification. If a position in the same job classification is not available the laid off employee shall replace the most junior employee in the bargaining unit whose job they have the relevant skill and ability to perform competently, without training. The requirement of competence without training does not mean that the employee is not entitled to an orientation with respect to the scope of the job and location of files, equipment and other resources necessary to perform it. If the Committee determines that there is no job occupied by a junior employee which the laid off employee has the relevant skill and ability to perform competently without training, and the laid off employee disagrees, they may take the matter up as a grievance.

7-8 A laid off employee will have recall rights for a period of two (2) years after layoff. Notice of recall will be in writing, both via standard mail and email, and an employee will have ten (10) calendar days after the mailing of notice of recall to that last email and physical address appearing in their personnel file in which to accept recall and report to work.

7-9 When vacancies are posted pursuant to 7-5, a copy of the posting will be electronically transmitted to employees on layoff and they shall have the right to bid for the vacancy within the posting period. Personal email of the laid off employee should be updated with the Director of

Human Resources.

7-10 Employees on layoff will be considered for the filling of temporary vacancies.

7-11 Vacancies. A Long-Term Vacancy shall be defined as a known vacancy of up to forty-five (45) or more consecutive work days and not more than one (1) school year. A Long-Term Vacancy exists when an employee is absent for any reason under circumstances in which their return to work is expected within the school year or at the beginning of the next school year following the absence. A Short-Term Vacancy exists when an employee is absent for any reason under circumstances in which their return to work is expected within less than forty-five (45) consecutive work days. Long-Term Vacancies shall be filled with Long Term Substitutes whenever possible. The Long- Term Substitute shall be paid step one of the Collective Bargaining Agreement with no health benefits.
One-Year Only Employees are defined as employees who work one hundred thirty-five (135) days or more within one (1) school year. One-Year Only Employees shall be members of the bargaining unit.

Short-Term Vacancies may be filled by hiring substitute employees or by the temporary transfer within or between job classifications, of regular employees. Before filling a Short-Term Vacancy by transfer the Committee shall ask for volunteers and as between a volunteering employee and a non-volunteering employee, if relevant skills, ability and experience are equal and if the volunteer can be as easily replaced as the non-volunteer, the volunteer shall be transferred. Unless sooner returned, at the expiration of sixty (60) working days of transfer, the transferred employee shall return to the position they originally occupied. Such substitute employees, except regular, permanent employees filling short-term vacancies shall be paid a rate of pay as determined by the School Committee and shall not be eligible for any fringe benefits including but not limited to health, dental and life insurance, holiday pay, vacation, personal days, sick days or paid leaves of absences of any kind. Nor shall they have or accrue seniority and may be terminated at any time, with or without cause.
The hiring of a person on layoff to fill a long-term or short-term vacancy shall not be considered a recall of such employee and they shall be considered to be a substitute employee for the duration of their temporary employment.

7-12 Part-time employees are employees hired in any of the job classifications covered by this Agreement to work less than twenty (20) hours per week. Part-time employees have the same probationary period and accrue the same seniority as full-time employees but are ineligible for the following benefits: sick time, personal days, vacation days, health, dental, life insurance and ERSRI retirement contributions. A full-time employee who is reduced to less than twenty (20) hours per week other than by bid pursuant to 8-5 shall be considered a full-time employee for purposes of benefits eligibility.

7-13 Part-time vacancies will be posted in the same manner as full-time vacancies. The posting will specify the work schedule. Should the scheduled hours of a part-time position be increased to or above twenty (20) per week, the position will be re-posted for bids. For purposes of this provision, occasional increases in hours worked occasioned by filling in on temporary vacancies in other positions will not be deemed an increase in scheduled hours.

7-14 The Committee will not hire part-time employees for the purpose of avoiding fringe benefits. The hiring of two (2) or more part-time employees to do work which could a easily be performed by one (1) full-time employee shall be deemed a violation of this Agreement and any such violations shall first be discussed between the Superintendent or their designee and the Association President(s).

7-15 Employees who do not work a full year may submit a written expression of interest in summer work to the Superintendent before the end of the school year. Employees who have done so will be given preference, on the basis of seniority, for summer employment for which they are qualified on the basis of relevant skill and ability. The Committee1s obligation pursuant to this paragraph will be satisfied ifit makes a reasonable effort to contact an employee who has expressed interest.

7-16 Whenever an employee substitutes for an absent employee or temporarily fills a vacancy in a different job classification for a duration of one day or longer, the employee shall be paid at the higher rate of pay for that job classification at the substitute employee1s current step level.

7-17 If at any time a bargaining unit position will be proposed for elimination, the Superintendent shall notify the President(s) of the Association fourteen (14) days in advance. If elimination of position results from any budget action of the Town Council, notification shall occur as soon as feasible.

ARTICLE VIII
ABSENCES

8-1 Personal Illness.

a. An employee covered under the Contract who is absent because of personal or family illness (for those members of the employee's immediate family or people living in the employee's household) shall, be responsible to ensure that their absences are entered into the District's absence management system. Employees shall receive their full salary forperiods amounting to fifteen (15) working days a year. The unused days of the preceding years of service in East Greenwich will be maxed at a total of one hundred twenty (120) sick leave days. The allocation of sick leave days will be made and accrue on the first day of each school year but will only be prorated to a maximum of three (3) days for any employee during their probationary period.

b. Upon request from the Superintendent or designee, employees shall provide a doctor's note for absences of four (4) or more consecutive work days.

c. RIPFMLA Leave. Members of the Association shall be afforded family and medical leave benefits in a manner consistent with state law and school policy. Any such leaves taken shall run concurrently with such paid leave as may be available to the member. This leave includes sick, family and personal days.

d. Any sick leave discharge under this section shall be counted against an employee's qualifying leave entitlements under the Family and Medical Leave Act (FMLA") of 1993, Pub. L. No. 103-03, Section 405(b)(2), 107 Sta. 6 (1993) and the Rhode Island Parental and Family Medical Leave Act ("RIPFMLA"), R.I. Gen. Laws§ 28-48-1, et seq.

8-2 Critical Illness or Death in the Immediate Family. A maximum of five (5) days absence with pay shall be granted in any one (1) year for each death in the immediate family. A maximum of five (5) days absence with pay shall be granted for critical illness in the immediate family. Critical illness means illness which the attending physician considers sufficiently serious to require the employee's presence at the bedside. Immediate family of either husband or wife includes: father, mother, grandparent, brother, sister, son, daughter, or any other relative living in the household. One (1) day with pay shall be granted to attend the funeral of all other members of the family.

8-3 Personal Absences. Absences with pay for three (3) days will be allowed for the conducting of personal affairs which cannot be handled outside of school hours. Verbal notification will be given at least twenty-four (24) hours in advance except for emergencies. Personal absences shall be reported to the District's absence management system. One unused day may be carried over into the next school year for a maximum total of four (4)days in any given year. Employees with less than three (3) years of service in the District, may not take consecutive personal days. Employees with three (3) years of service who have no documented discipline or history of absence abuse in their personnel file, may take two (2) consecutive days of personal leave per year with thirty (30) days' notice to the Superintendent. No employee may take consecutive personal days during the first two weeks and last two weeks of school or on any days abutting a school vacation day, without advanced written permission from the Superintendent or designee. Requirements. Absences must be reported on the District's absence management system. Failure to do so may result in discipline. Personnel shall not be granted a personal leave day on a day immediately before or after a holiday, vacation period or during the first and last week of the school year unless authorized by the Superintendent or designee.

8-4 Other Absences.

a. Absences with pay may be allowed by the Superintendent for the observance of religious obligations which cannot be performed outside of school hours but not in excess of three (3) days. Such requests shall be made in writing to the Superintendent through the Principal.

b. After five (5) years of continuous service with the East Greenwich Public Schools an employee may be granted up to one (1) year leave of absence without pay provided the employee does not accept employment elsewhere during this period. While on leave the employee shall be entitled to no fringe benefits. Seniority shall accrue to respective employees when such employee is on authorized leave. The employee shall be placed in the same or a substantially similar position upon return from such leave.

c. Quarantine. Any member who qualifies for sick leave due to quarantine from, shall receive no loss in pay up to five days for each instance and shall not be required to discharge their own entitlement. In determining that a member is subject to a state or local quarantine order related to, the district shall apply the quarantine directives set forth by the Rhode Island Department of Health.

8-5 Jury Duty. When an employee is summoned for jury service, the pay received for such service will be endorsed to the School Department and the employee shall receive their full salary for the number of days involved. If the jury pay is greater than the pay received from the School Department, the employee shall keep the jury pay and the School Department will not be required to compensate the employee for the lost time for jury duty.

8-6 Deductions. When an employee is absent for more than the allowed number of days or when granted leave without pay, daily deductions shall be made at the daily rate of pay they would have received if they had worked.

8-7 Patterns of Absence. Employees who display a pattern of inability or failure to report for work may be subject to corrective action regardless of their overall attendance record. For example, an employee who is regularly absent from work on a Friday or on the day before or after a holiday may be viewed as displaying a pattern of absence.

8-8 Family Medical Leave Act. Please refer to the District's FMLA Policy.

8-9 Parental Leave. Parental leave may be taken in accordance with federal and state law. Please refer to the District's FMLA Policy for more information.

ARTICLE IX
EXTENDED LEAVES OF ABSENCE

9-1 A leave of absence without pay or increment of up to one (1) year may be granted for the purpose of caring for a sick member of the employee's immediate family.

9-2 Any employee whose personal illness extends beyond the period covered by their accumulated sick days may be granted a leave of absence for up to one (1) year without pay or benefits, contingent upon a doctor's note indicating the same. The employee shall be placed in the same or a substantially similar position upon their return to work.

9-3 A leave of absence, without pay or fringe benefits, for up to one (1) year may be granted at the discretion of the Superintendent, for the purpose of pursuing an education degree or to receive advanced training, including student teaching.

9-4 All requests for extended leaves must be filed with the Superintendent in writing at least thirty days in advance of the start of the requested leave time, except in cases of emergencies. Requests for extended leave time shall be granted or denied by the Superintendent as promptly as possible.

9-5 An employee may request a leave of absence without pay or increment for any other reason or cause not set forth above. Granting such leave shall be at the discretion of the superintendent.

9-6 To the extent practicable, all employees returning from leave of absence may be returned to the same or similar position to the one the employee held at the time of leave. Upon return from leave, the employee shall advance onto the next pay step from the step last paid.

ARTICLE X
PROTECTION

10-1 An employee shall immediately report to the school principal in writing all cases of assault suffered by them in connection with their employment.

10-2 Liability Insurance. The Committee agrees to continue to carry Liability Insurance for all employees under a policy to read as follows:

All employees will be covered under the East Greenwich Town Policy with a limit for Bodily Injury and Property Damage of one million dollars ($1,000,000) during those times when employees are engaged in school sponsored activities.

ARTICLE XI
PERSONAL INJURY

11-1 The Committee shall obtain and maintain a policy in compliance with the Workers' Compensation Law of the State of Rhode Island for all employees.

11-2 Any loss of wages resulting from personal injury caused by an assault on an employee in the course of their employment shall be considered to be primarily covered by Workers Compensation Insurance or any other applicable policy or benefits.

11-3 In the event that such coverage does not cover the loss of wages incurred, the Committee will pay the difference between the wages lost and compensation received from Workers Compensation and/or other applicable policy or benefits. Pursuant to the Rhode Island Worker's Compensation Act, the employee will be subject to a 3-day wait period which shall be charged to the employee's annual sick leave allotment. If an employee is out from a work-related injury for an extended period of time, the District will issue a maximum of two (2) consecutive payroll payments until a payroll register is received from The RI Interlocal Trust or other worker's compensation manager. A written communication will be provided to the employee from the District with details of payment made. If a payroll register is not received after the second payroll payment, the District will mark the employee unpaid until it receives the payroll register.

ARTICLE XII
INSURANCE AND PENSION

12-1 Health Care Coverage.

a. The Committee shall provide all eligible members of the bargaining unit with the health insurance benefits/coverages in the form of an individual plan or a family plan, as the case may be. Said plan shall be a high-deductible, health savings account ("HSA"), as set forth in the plan design summary attached hereto as Exhibit A. The HSA plan will include the following deductibles:

Individual Plan:	$ 1,750.00
Family Plan:	$ 3,500.00

b. The Committee agrees to contribute the following amounts annually to all bargaining unit members under the HSA plan:

Individual Plan: $1,250 effective plan year January 1, 2026 and for each successive plan year thereafter.

Family Plan: $2,200 effective plan year January 1, 2026 and for each successive year thereafter

c. The Committee agrees to advance and deposit the full amount of the individual or family plan deductible of $1,750 or $3,500 respectively effective January 1, provided however, that each bargaining unit member will repay the Committee its share on a pre-tax basis via bi-weekly payroll deductions over the course of 26 pay periods annually.

Employees may elect to contribute more than the minimum funding amounts outline herein not to exceed IRS federal regulations. The contribution required by the Committee shall continue annually regardless of fund balance.

In addition to the $500 or $1300 employee contribution toward the individual or family plan deductible, as the case may be, the employee shall also be responsible for the 17 percent of the working rate charged to and paid by the Committee if the employee's annual salary is less than $36,000.00 and 20 percent of the working rate charged to and paid by the Committee if the employee's annual salary is greater than $36,000.00 depending on the respective plan for the duration of this Agreement. Said percentage co-share shall be paid on a pre-tax basis via bi-weekly payroll deduction over the course of 26 pay periods annually.

The benefits, obligations and contributions toward the costs associated with the coverages hereunder shall be prorated in the event any employee terminates or separates their employment from the District during the term of this Agreement, unless otherwise provided under this Agreement.

Employees who are eligible for family coverage under the health insurance policy then in effect, who are not receiving paid family plan coverage through a spouse equal to the coverage listed above, shall be provided with family coverage by the East Greenwich School Committee. If two married partners are both employed in the East Greenwich School System, family coverage will be provided for only one (1) of them.

For those employees who are by law ineligible to participate in the HSA plan, such employees shall be eligible to participate in a modified PPO plan with deductibles and co-share amounts of 17 percent and 20 percent respectively, as set forth in the summary attached hereto as Exhibit B. For new employees hired on or after March 1st in any year in which the HSA is in effect, said employee shall be offered the PPO optional plan as described herein until eligible for the HSA the next plan year beginning January 1.

12-2 All employees covered by this Agreement shall receive automatic increase in service retirement allowance, Plan C (COLA).

12-2.a Plan Design. See Attached.

12-3 All employees covered under this Contract shall be covered by a group term life insurance policy in the amount of twenty thousand dollars ($20,000.00) at no cost to the employee.

12-4 All employees covered by this Contract shall be included in the Municipal Employees Retirement System.

12-5 EGAESP President(s) and the Superintendent or their designee shall annually arrange for informational sessions for the membership regarding the High Deductible Plan/Health Savings Account.

12-6 The manner in which the employee contributions are made shall be handled administratively by developing an election form to be mutually agreed upon by the parties.

12-7 The Committee reserves the right during the term of this Agreement to change healthcare plans and companies from an HSA to a high-deductible PPO plan. The Committee agrees to provide a healthcare plan that offers substantially equivalent benefits to the plan currently in existence.

12-8 The District will offer employees covered by this Article a vision coverage plan afforded other employees of the District and annual dental benefit per participant of $1,500.00.

ARTICLE XIII
STRIKES AND LOCKOUTS

13-1 The Association will not cause, call or sanction any strike, work stoppage, or slowdown; nor will the School Committee lock out its employees during the term of this Agreement.

ARTICLE XIV
GRIEVANCE PROCEDURE

14-1 The purpose of the following grievance procedure shall be to settle equitably at the lowest possible administrative level issues which may arise from time to time affecting the welfare of persons subject to this Contract. The Committee also agrees to make available to any aggrieved person and/or their representative all data not privileged under law which is within the possession of the Committee and which bears on the issues raised by the grievance.

14-2 Definitions.

14-2.1 Grievance. A grievance is defined as an event or a condition which affects the welfare of an employee or group of employees and/or the application of any of the provisions of the Agreement. It is a claim based upon an event or condition which affects the circumstances under which an employee works.

14-2.2 Aggrieved Person. Any employee or group of employees alleging that a grievance exists.

14-2.3 Grieved Person. An employee or group of employees who are alleged to be the cause of, or who have committed a grievance.

14-2.4 Employee. Any person covered by this Agreement on either a full or a part- time basis.

14-2.5 Party in Interest An individual or group of individuals (including the Committee or any of its representatives) who might be required to take action, or against whom action might be taken in order to resolve the issue. Parties in interest shall include the aggrieved, the grieved, the Committee, the Superintendent or their designee and the President(s) of the Association. General Principles.

14-3

14-3.1 It shall be the firm policy of the Committee and the Association to assure to every employee or their representative the opportunity to have the unobstructed use of this grievance procedure without fear of reprisal or without prejudice in any manner or means to their employment status.

14-3.2 An Employee may seek and use the assistance of an officer or representative of the Association in the presentation and/or appeal of any grievance. The Employee may select the union representative of their choosing, only in the event that it does not cause an unreasonable delay, contingent upon the circumstances necessitating the meeting. Such assistance shall include, but not be limited to, the direct representation of an employee at all steps of the grievance procedure.

14-3.3 Since it is important that grievances be processed as rapidly as possible, the number of

days indicated at each level of the grievance procedure should be considered maximum. These time limits may, however, be extended by mutual agreement. The failure of an employee aggrieved, except as hereafter provided, to proceed to the next step of the grievance procedure within the time limits set forth shall be deemed to be an acceptance of the decision concerning the particular grievance. The failure of an administrator or one who is grieved against, at any step, to communicate their decision to the aggrieved within the specified time limits shall permit the aggrieved to proceed to the next step.

14-3.4 In the event a grievance is filed on or after June 1, which if left unresolved until the beginning of the following school year, could result in irreparable harm to a party in interest, the time limits set forth herein shall be reduced so that the grievance procedure may be completed prior to the end of the school term or as soon thereafter as is possible.

14-3.5 A grievance must be initiated within twenty (20) school days of the occurrence of the cause for complaint or if neither the aggrieved teacher nor the Association had knowledge of said occurrence at the time of its happening, then within twenty (20) days of the first such knowledge by either the aggrieved teacher or the Association. Any grievance not filed within the time limits provided for in this Agreement, shall be conclusively waived by reason of failure to process within the time limits provided.

14-4 Procedure.

14-4.1 Level One. An employee with a grievance shall first discuss it with their immediate supervisor either directly or with an Association representative with the objective of resolving the matter informally. The supervisor's written disposition shall be returned to the employee or their representative within seven (7) work days of the presentation.

14-4.2 Level Two. In the event a satisfactory settlement is not reached following the seventh (7th) work day period as provided for in Level One, an employee and/or the Association representative may, within ten (10) additional school days, present the grievance to the Superintendent of schools. The Superintendent shall grant a hearing to the aggrieved and/or their representative ten (10) work days after receipt of the grievance and return their written disposition within ten (1 0) work days of the presentation.

14-4.3 Level Three. In the event a satisfactory settlement is not reached following the tenth (10th) school day period as provided for in Level Two, an employee and/or the Association representative may, within five (5) additional school days, present the grievance to the Committee. The Committee will grant a hearing within ten (10) school days after receipt of the grievance and render a written disposition to the employee and the Association representative within five (5) school days of the presentation.

14-4.4 Level Four. If the aggrieved person is not satisfied with the disposition of the grievance at Level Three, or if a decision is not rendered within five (5) school days after the Committee has heard the grievance, the aggrieved person may choose to submit the matter to arbitration in either of the following manners:

a. Appeal in accordance with the provisions of Title 16, Chapter 39 of the General Laws of Rhode Island, 1956, as amended, to the full extent permitted by law, or, if the grievance involves the interpretation or application of this Agreement or a claim that discipline administered was for other than just cause;

b. Submit the grievance to final and binding arbitration under the Voluntary Labor Arbitration Rules of the American Arbitration Association or the Labor Relations Connection, which will act as the administrator of the proceedings. The arbitrator shall have no power to alter or amend the provisions of this Agreement, nor, where the terms hereof vest discretion in the Committee or any of its agents or employees, to substitute their discretion for that of the Committee, its agents or employees. Whenever herein discretion is vested in the Committee, its agents or employees, it is not intended that they be permitted to exercise that discretion in an arbitrary, capricious or discriminatory manner. No arbitrator may hear more than one (1) grievance absent agreement of the parties. However, it is agreed that the arbitrator is empowered to include in any award such financial reimbursement or other remedies as they judge to be proper.

14-3 Miscellaneous.

14-5.1 Each party shall bear the full cost for its outside representatives in arbitration. The cost of the neutral arbitrator and the AAA or Labor Relations Connection will be divided equally between the parties. Neither the committee nor the association will restrict, coerce or otherwise interfere with an employee relative to the initiation or processing of a grievance.

14-5.2 Forms for filing and processing grievances and other documents necessary under the procedure shall be prepared by the Superintendent or their designees and President(s) of the Association. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants. Instructions for the preparation and processing of grievance forms will accompany the forms. These instructions shall be complied with in all grievance cases.

14-5.3 Any decision, course of conduct, or other actions which become the subject of a grievance shall not be stayed pending the processing of the grievance except with the written consent of the Superintendent, the Committee and the Association, which consent shall not be unreasonably withheld. A decision at any level of the procedure in favor of the aggrieved person, however, may provide appropriate restitution or other remedy for the period during which the grievance was suffered. Representatives of the association as determined by the association may be present at all formal levels of the grievance procedure.

14-5.4 If a grievance affects a group or class of employees, it may be submitted in writing to the Director of School Administration directly and the processing of such grievance shall be commenced at Level Two. Such a grievance may be processed through all levels of the grievance procedure.

ARTICLE XV
REST AND LUNCH PERIODS

15-1 All employees, with the exception of Central Office employees, shall be entitled to a ten (10) minute rest period in the morning and a ten (10) minute rest period in the afternoon. Any ten (10) minute rest period taken at the beginning or end of the lunch period or at the end of the workday shall only be permitted with the approval of the school principal or principal's designee.

15-2 Central Office employees will have a one (1) hour paid lunch period. The one (1) hour lunch periods shall be staggered in half hour increments, with no more than one (1) employee from each office on lunch break at the same time. Breaks shall be voluntarily determined among the employees. All other employees will have a one-half(½) hour paid lunch period. This provision does not apply to part-time employees on days when they work four (4) hours or less.

ARTICLE XVI
EVALUATIONS

16-1 All non-probationary employees shall be evaluated every two (2) years or anytime, at the discretion of the building administrator.

16-2 The Superintendent shall establish an ad hoc Evaluation Committee and appoint two (2) Administrators and one (1) teacher to this Committee. The Association president shall appoint three (3) Association members to this Committee. This Committee shall develop a mutually agreed upon evaluation instrument and thereafter disband. The Superintendent or their designee shall train all evaluators on the evaluation process and instrument.

ARTICLE XVII
HOLIDAYS

17-1 The following shall be paid holidays if they fall within the work week and the schools are closed on the holiday, provided the schools are open at least one (1) day during the week in which the holiday occurs (said provision shall not apply to full year employees for holidays falling during the summer school vacation):

New Year's Day	Labor Day
Marin Luther King Day	Columbus Day
President's Day	General Election (State & National)
Good Friday*	Veteran's Day
Memorial Day	Thanksgiving Day
Juneteenth**	Thanksgiving Friday
Fourth of July	Day before Christmas
Victory Day	Christmas Day

* In the event school is in session on Good Friday during any year in which this Agreement

is in effect, Good Friday shall not constitute a paid holiday. Rather, under such circumstances, the Committee will substitute another day outside the approved academic year.
** Applicable to full year employes only.

17-2 Employees shall be paid a minimum of nine (9) holidays per school year. In order to receive the holiday, the day of the week must be a typically scheduled work day for the employee.

17-3 Immediately following School Committee approval of the upcoming school year calendar, the payroll department, human resources and the Association President(s) or their designees shall meet to discuss the paid holidays for the upcoming school year calendar.

ARTICLE XVIII
VACATIONS

18-1 Any full year employee shall be granted vacation leave of two (2) weeks. Upon the completion of five (5) years, the employee shall be granted three (3) weeks vacation and upon the completion of ten (10) years shall be granted four (4) weeks vacation, upon completion of fifteen (15) years five (5) weeks vacation.

ARTICLE XIX
WAGE SCHEDULE

19-1 The following hourly wages and salaried pay scales for the respective classifications go into effect July 1, 2026.

2026-2027	2027-2028	2028-2029
3%	3.5%	4%

Paraeducators				
Step		2026-27	2027-28	2028-29
		3%	3.5%	4%
1		19.52	20.20	21.01
2		20.11	20.81	21.64
3		20.66	21.38	22.24
4		21.71	22.47	23.37
5		23.55	24.37	25.34
6		24.26	25.11	26.11
7		24.99	25.86	26.90
Paraeducators RBT				
Step		2026-27	2027-28	2028-29
		3%	3.5%	4%

1		24.52	25.20	26.01
2		25.11	25.81	26.64
3		25.66	26.38	27.24
4		26.71	27.47	28.37
5		28.55	29.37	30.34
6		29.26	30.11	31.11
7		29.99	30.86	31.90
Administrative Assistants, Fiscal Clerk, Data Processing Clerk, Receptionist Clerk and Central Office Clerk				
Step		2026-27	2027-28	2028-29
		3%	3.5%	4%
1		21.61	22.37	23.26
2		22.80	23.60	24.55
3		23.95	24.79	25.78
4		25.11	25.99	27.03
5		28.11	29.09	30.26
6		28.93	29.95	31.14
7		29.81	30.85	32.09
Computer Systems,Specialist/ Technology, Integration Specialist		2026-27	2027-28	2028-29
		3%	3.5%	4%
		59,600.51	61,686.52	64,153.99
Network Support Specialist		2026-27	2027-28	2028-29
		3%	3.5%	4%
		75,914.27	78,571.26	81,714.11
Student Information Systems Technician		2026-27	2027-28	2028-29
		3%	3.5%	4%
		65,064.14	67,341.39	70,035.04

Year Round Payroll Clerk		2026-27	2027-28	2028-29
		3%	3.5%	4%
		63,924.53	66,161.89	68,808.36

19-2 An employee moving from one classification to another, whether pursuant to 7-5, 7-7, 7-8 or 19-2 will be paid at the step representing their seniority (as of the most recent anniversary of employment).

19-3 School year employees shall be paid throughout the school year in accordance with the terms of paragraph 19-1.

New employees shall be hired on step one, unless they meet the following criteria:

Prior employment in the same job (either in another district or as a substitute in EG)	District may offer additional steps for years of experience.
Training/Academic degree in related field	District may offer additional steps depending on the nature of the educational qualifications

In all cases of additional steps being offered to new employees, administration shall discuss the proposal with the Association prior to granting the steps.

ARTICLE XX
COURSE REIMBURSEMENT

20-1 Any employee who engages in post-secondary school educational programs or courses and who desires reimbursement for such activity may apply for such under the following conditions:

20-2 The course must be directly related to the current East Greenwich Public Schools responsibilities of the employee.

20-3 The employee must secure approval for the courses from a Screening Committee appointed by the East Greenwich Association of Educational Support Personnel. Thereafter, prior to registering for the course, approval of the Superintendent must be sought and received. The denial of approval by the Screening Committee shall not be subject to the grievance procedure.

20-4 The East Greenwich Public Schools will reimburse the employee up to a maximum of six hundred dollars ($600.00) for any approved course, up to four (4) courses per academic year, running from July- June, for which a letter grade of C or higher is earned. The employer will not

provide separate reimbursement for textbooks and course materials or travel expenses.

20-5 The total amount available for such reimbursement each year shall be eight thousand dollars ($8,000.00), inclusive of textbooks, course materials and travel. Should such amount be approved by the Superintendent, no further approvals shall be granted during the year.

20-6 Notification will be made each June to the Association President(s) of the amount expended for tuition reimbursement in the school year.

20-7 All requests for reimbursement under this Article shall be submitted through Frontline.

ARTICLE XXI
FAIR PRACTICES

21-1 Neither party to this Agreement will unlawfully discriminate against any employee on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, sexual orientation, gender identity or expression, citizenship, or status as a disabled veteran, past or present honorable military service, or membership in the Association.

21-2 No employee will be discharged or disciplined without just cause.

ARTICLE XXII
PERSONNEL FILES

22-1 An employee shall have the right to examine their personnel file at any time during normal business hours.

22-2 Upon request, the school administration shall provide employees with copies of documents in their personnel file. Copies shall be paid for by the employee.

22-3 Materials shown to be false or unsubstantiated shall be removed from the employee's personnel file.

22-4 An employee shall have the right to attach any comments to anything contained in their personnel file but shall not alter any original comments.

22-5 The parties may mutually agree, in writing, to expunge discipline from an employee's personnel file.

ARTICLE XXIII
HEALTH AND SAFETY

Pursuant to the Family Educational Rights and Privacy Act of 1972, employees may view a student's Individualized Education Program ("IEP") or Section 504 Accommodation Plan, if

they have a legitimate educational interest and need to review said documents in order to fulfill their professional responsibilities.

ARTICLE XXIV
SUPPLIES AND MATERIALS

24-1 The Committee will provide employees with all supplies and materials that the administration deems necessary to perform the essential functions of their job responsibilities.

ARTICLE XXV
CLASSROOM COVERAGE

25-1 In the event of teacher absence or vacancy, qualified Paraeducators, as defined by §200-RICR-20-20-1.12(A)(2) and (3), may be required to provide coverage for the teacher and shall be compensated as a Long Term Substitute Teacher for the duration of coverage.

ARTICLE XXVI
SAVINGS CLAUSE

26-1 Should any provision of this Agreement be found to be in violation of any Federal or State law by a court of competent jurisdiction, all other provisions of the Agreement shall remain in full force and effect for the duration of this Agreement.

ARTICLE XXVII
DURATION

27-1 This Agreement shall be effective July 1, 2026 and shall remain in full force and effect through June 30, 2029, and shall be automatically renewed yearly thereafter, unless either party shall give written notice to the other party at least sixty (60) days before any subsequent anniversary date that it desires to negotiate, amend, or modify any or all Articles or Sections of this statement.

IN WITNESS WHEREOF, the parties named herein have hereunto set their hands the 4 day of May, 2026.

Maria Colins
East Greenwich Association of Education
Support Personnel/NEARI/NEA

Date: 5-4-26

Alyson Powell, Chairperson
East Greenwich School Committee

Date: 5-5-26

APPENDIX A
RETIREMENT BONUS

A twelve hundred ($1,200.00) dollar bonus shall be paid to any member eligible for a retirement benefit from the State Retirement Board provided that the member is currently working and has been employed by the District for at least ten (10) continuous years, and gives notice of retirement at least sixty (60) days before retiring at the end of the school year.

APPENDIX B
TEMPORARY DISABILITY INSURANCE

Effective January 1, 2012, members of the Association will be enrolled in Temporary Disability Insurance ("TOI") in accordance with the provisions of the Rhode Island Temporary Disability Insurance statute, R.I. Gen. Laws § 28-40-1, et seq., such that the cost to each employee will equal 1.3% of their annual salary.

APPENDIX C
PROFESSIONAL MENTORING PROGRAM

1. The primary purpose of the Paraeducator Mentoring Program will be to provide assistance to improve professional practices and build professional knowledge to improve student success.

2. The Association and the Superintendent or their designee will work collaboratively to develop a mentor program to be presented to the Committee and the Association membership for approval during the 2017-2018 school year.

3. Subsequent to approval by both parties, the Association and the Superintendent or their designee with work collaboratively to train interested mentors during the 20 I 8-20 I 9 school year.

4. While the specifics of the Paraeducator Mentor Program will be determined by the joint efforts of school administration and bargaining unit leadership, the following will be the minimum parameters of the program when implemented during the 2019-2020 school year:

   a. All first year Paraeducators will participate in the Mentoring Program. Mentoring may also be available, with the Superintendent or their designee's permission, to Paraeducators who may need coaching for a period of time;
   b. The School Department will provide a mentor for new Paraeducators;
   c. The School Department will make mentoring training available to all new mentors prior to the mentor assignments to new Paraeducators;
   d. Mentors and their assigned new Paraeducators will meet according to program requirements to discuss best practices, strategies, etc. They will also attend scheduled Mentor Coordinator meetings throughout the school year as well as

complete all required program paperwork;

e. Provided there are new Paraeducators to train, Mentors shall receive an annual stipend of three hundred ($300.00) dollars with an increase of fifty dollars ($50.00) for each additional new Paraeducator;

f. All assignments will be made annually by the Mentor Coordinator(s) in conjunction with the Superintendent and/or their designee;

g. Provided there are new Paraeducators to train, the Mentor Coordinator(s) will receive an annual stipend of four hundred dollars ($400.00); and

h. Mentor Coordinator(s) will work with the Superintendent or their designee to be trained prior to assuming said position.

Exhibit A

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-639-2227 or (401) 459-5000 or TDD 711 or visit us at www.BCBSRI.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-639-2227 or TDD 711 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For In Network providers **$1750** for an individual plan / **$3500** for a family plan. For Out-of-Network providers **$3250** for an individual plan / **$6500** for a family plan.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Doesn't apply to preventive services.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductible for specific services.
What is the out-of-pocket limit for this plan?	For In Network providers **$1750** for an individual plan / **$3500** for a family plan. For Out-of-Network providers **$3250** for an individual plan / **$6500** for a family plan.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	40% coinsurance	None
	Specialist visit	No Charge	40% coinsurance	Chiropractic Services are limited to 12 visit(s) per year
	Preventive care/screening/immunization	No Charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. For additional details, please see your plan documents or visit www.BCBSRI.com/providers/policies
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	40% coinsurance	Preauthorization is recommended for certain services
	Imaging (CT/PET scans, MRIs)	No Charge	40% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.Caremark.com.	Tier 1 generic drugs	No Charge (Retail & Mail Order)	Not Covered	CVS Caremark administers the Pharmacy benefit. All specialty and some non-specialty medications require a Prior Authorization before being dispensed. Frequency of fills are as follows: 30 days for retail; 90 days for mail; 30 days for Specialty.
	Tier 2 preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	
	Tier 3 non-preferred brand name drugs	No Charge (Retail & Mail Order)	Not Covered	
	Tier 4 specialty prescription drugs	No Charge (CVS Specialty Pharmacy only)	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	40% coinsurance	Preauthorization is recommended; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Physician/surgeon fees	No Charge	40% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
If you need immediate medical attention	Emergency room care	No Charge	No Charge	None
	Emergency medical transportation	No Charge	No Charge	
	Urgent care	No Charge	No Charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	40% coinsurance	Preauthorization is recommended; 45 day limit at an inpatient rehabilitation facility; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Physician/surgeon fee	No Charge	40% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge/office visit No Charge for outpatient services	40% coinsurance/office visit 40% coinsurance for outpatient services	Notification of admission may be required for certain Out-of-Network services.
	Inpatient services	No Charge	40% coinsurance	
If you are pregnant	Office visits	No Charge	40% coinsurance	Cost sharing does not apply for preventive services; Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Preauthorization is recommended.
	Childbirth/delivery professional services	No Charge	40% coinsurance	
	Childbirth/delivery facility services	No Charge	40% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No Charge	40% coinsurance	Preauthorization is recommended
	Rehabilitation services	No Charge	40% coinsurance	Services include Physical, Occupational and Speech Therapy; services to treat autism spectrum disorder; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Habilitation services	No Charge	40% coinsurance	
	Skilled nursing care	No Charge	40% coinsurance	Preauthorization is recommended; Custodial care is not covered
	Durable medical equipment	No Charge	40% coinsurance	Preauthorization is recommended for certain services; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge.
	Hospice service	No Charge	40% coinsurance	None
If your child needs dental or eye care	Children's eye exam	No Charge	40% coinsurance	Limited to one routine eye exam per year.
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Dental check-up, child
- Glasses, child
- Long-term care
- Routine foot care unless to treat a systemic condition
- Weight loss programs

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

- Bariatric Surgery
- Chiropractic care
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. Contact Customer Service for more information.
- Private-duty nursing
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for us and those agencies is: the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711, state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: contact the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-639-2227.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-639-2227.

如果需要中文的帮助，请拨打这个号码 1-800-639-2227.

Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-639-2227.

Fer Hilf griege in Deitsch, ruf 1-800-639-2227 uff.

Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-800-639-2227.

ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-800-639-2227.

Para un ma ayuda gi finu Chamoru, å'gang 1-800-639-2227.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$1750
Specialist copayment	$0
Hospital (facility) coinsurance	No Charge
Other coinsurance	No Charge

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$1,750
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$1,810**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$1750
Specialist copayment	$0
Hospital (facility) coinsurance	No Charge
Other coinsurance	No Charge

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$1,750
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,770**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$1750
Specialist copayment	$0
Hospital (facility) coinsurance	No Charge
Other coinsurance	No Charge

This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,750
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,750**

The plan would be responsible for the other costs of these EXAMPLE covered services.

BlueSolutions™
Your plan. Your health. Your future.

Blue Cross Blue Shield of Rhode Island

$1,500/$3,000 High Deductible Health Plan HSA Qualifying

Understanding Your Benefits

- ***Deductibles***
  You pay the following amounts each year before your health plan starts to pay toward the cost of covered services:
  - $1,500 per individual plan; $3,000 per family plan in network
  - $3,000 per individual plan; $6,000 per family plan out of network
  - The deductible has an aggregate calculation which means that all deductible amounts paid count toward the family deductible amount, one or all can meet it.
- ***Out-of-pocket Limits***
  The following is the maximum you would pay out of pocket for essential health benefits each year (including medical and pharmacy copayments, deductibles and coinsurance).
  - $1,500 per individual plan; $3,000 per family plan in network
  - $3,000 per individual plan; $6,000 per family plan out of network
  - The out of pocket maximum has an aggregate calculation which means that all amounts paid count toward the family out of pocket amount, one or all can meet it.
- ***Please note:***
  The deductible and out-of-pocket limits are separate for in-network and out-of-network services.

What's Covered	What You Pay	
Service	**In-Network**	**Out-of-Network**
Preventive Care ▪ Adult preventive care ▪ Child preventive care ▪ Immunizations ▪ Preventive lab, X-ray, and imaging	$0 per visit	40% per visit after deductible
Primary Care Office Visits ▪ Adult primary care ▪ Adult gynecological exam ▪ Pediatric primary care	0% per visit after deductible	40% per visit after deductible
Specialist Office Visits ▪ Specialty care ▪ Chiropractic (limit 12 visits per year) ▪ Routine eye exam (limit 1 visit per year)	0% per visit after deductible	40% per visit after deductible
Outpatient Services ▪ Diagnostic lab, x-ray, and imaging ▪ Medical/surgical care ▪ High-end radiology (e.g., MRI/CT/PET), nuclear medicine and sleep studies	0% per visit after deductible	40% per visit after deductible
Inpatient Services ▪ Hospitalization ▪ Maternity ▪ Mental Health ▪ Chemical dependency ▪ Rehabilitation (limit 45 days per year)	0% per visit after deductible	40% per visit after deductible
Hospital Emergency Services	0% per visit after deductible	0% per visit after deductible
Urgent Care	0% per visit after deductible	0% per visit after deductible

Beyond Benefits

Sign in to your member page on BCBSRI.com, and you will have useful plan and wellness information at your fingertips.

Access Your Benefits:

- Get a list of your benefits and recent claims.
- See how much you've paid toward your deductible and out of pocket maximum.
- Check out our cost and quality tools.
- Find the member handbook to learn what to expect from BCBSRI.

Health Topics & Discounts:

- Read about thousands of health topics in the Health Center.
- Learn how you can get discounts on gym memberships, as well as free one-week trial memberships.

Need Help

Call Customer Service

- Locally: (401) 459-5000
- Outside Rhode Island: 1-800-639-2227
- TTY/TDD (Telecommunication Device for the Deaf) Users should call 711

Hours:
Monday – Friday, 8:00 a.m. to 8:00 p.m., Saturday – Sunday, 8:00 a.m. to 12 p.m., Eastern Time

What's Covered	What You Pay	
Service	**In-Network**	**Out-of-Network**
Telemedicine	0% per visit after deductible	Not covered
Retail Based Clinic Visits	0% per visit after deductible	40% per visit after deductible
Ambulance		
• Ground	0% per occurrence after deductible	0% per occurrence after deductible
• Air/Water	0% per occurrence after deductible	0% per occurrence after deductible
Durable Medical Equipment	0% per service/device after deductible	40% per service/device after deductible
Physical/Occupational Therapy (limit 30 visits per year)		
• Physical therapy • Occupational therapy • Speech therapy	0% per visit after deductible	40% per visit after deductible
Prescription Drugs	0% after deductible	Not covered

This is a summary of your BlueSolutions benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call the number located on the back of your BCBSRI ID card. If you have questions about receiving medical care, please call your doctor.

Blue Cross Blue Shield of Rhode Island
www.bcbsri.com
500 Exchange Street • Providence, RI 02903-2699
Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-639-2227 or (401) 459-5000 or TDD 711 or visit us at www.BCBSRI.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 1-800-639-2227 or TDD 711 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For In Network providers **$500** for an individual plan / **$1000** for a family plan. For Out-of-Network providers **$1000** for an individual plan / **$2000** for a family plan.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Doesn't apply to preventive services, services with a fixed dollar copay, prescription drugs and diagnostic testing.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductible for specific services.
What is the out-of-pocket limit for this plan?	For In Network providers **$6350** for an individual plan / **$12700** for a family plan. For Out-of-Network providers **$6350** for an individual plan / **$12700** for a family plan.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.BCBSRI.com or call 1-800-639-2227 or (401) 459-5000 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$15 copay; deductible does not apply per visit	20% coinsurance	None
	Specialist visit	$25 copay; deductible does not apply per visit	20% coinsurance	Chiropractic Services are limited to 12 visit(s) per year
	Preventive care/screening/immunization	No Charge; deductible does not apply	20% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. For additional details, please see your plan documents or visit www.BCBSRI.com/providers/policies
If you have a test	Diagnostic test (x-ray, blood work)	No Charge; deductible does not apply	20% coinsurance	Preauthorization is recommended for certain services
	Imaging (CT/PET scans, MRIs)	No Charge	20% coinsurance	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.Caremark.com.	Tier 1 generic drugs	$5 copay (Retail) $15 copay (Mail Order); deductible does not apply	Not Covered	CVS Caremark administers the Pharmacy benefit. All specialty and some non-specialty medications require a Prior Authorization before being dispensed. Frequency of fills are as follows: 30 days for retail; 90 days for mail; 30 days for Specialty. Infertility drugs: 20% coinsurance
	Tier 2 preferred brand name drugs	$15 copay (Retail) $45 copay (Mail Order); deductible does not apply	Not Covered	
	Tier 3 non-preferred brand name drugs	$30 copay (Retail) $90 copay (Mail Order); deductible does not apply	Not Covered	
	Tier 4 specialty prescription drugs	$30 copay (CVS Specialty Pharmacy Only); deductible does not apply	Not Covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	20% coinsurance	Preauthorization is recommended; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
	Physician/surgeon fees	No Charge	20% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
If you need immediate medical attention	Emergency room care	$100 copay; deductible does not apply per visit	$100 copay; deductible does not apply per visit	Emergency room: Copay waived if admitted; Air/Water Ambulance: No Charge; Urgent care: Applies to the visit only. If additional services are provided additional out of pocket costs would apply based on services received.
	Emergency medical transportation	$50 copay; deductible does not apply per trip	$50 copay; deductible does not apply per trip	
	Urgent care	$50 copay; deductible does not apply per urgent care center visit	$50 copay; deductible does not apply per urgent care center visit	
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	20% coinsurance	Preauthorization is recommended; 45 day limit at an inpatient rehabilitation facility; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
	Physician/surgeon fee	No Charge	20% coinsurance	Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	$15 copay; deductible does not apply/office visit No Charge for outpatient services	20% coinsurance/office visit 20% coinsurance for outpatient services	Notification of admission may be required for certain Out-of-Network services.
	Inpatient services	No Charge	20% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	$25 copay; deductible does not apply per visit	20% coinsurance	Cost sharing does not apply for preventive services; Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Preauthorization is recommended.
	Childbirth/delivery professional services	No Charge	20% coinsurance	
	Childbirth/delivery facility services	No Charge	20% coinsurance	
If you need help recovering or have other special health needs	Home health care	No Charge	20% coinsurance	Preauthorization is recommended
	Rehabilitation services	20% coinsurance	20% coinsurance	Services include Physical, Occupational and Speech Therapy; limited to 30 visits each (combined for in and out of network); No Charge for services to treat autism spectrum disorder and are not subject to visit limits; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
	Habilitation services	20% coinsurance	20% coinsurance	
	Skilled nursing care	No Charge	20% coinsurance	Preauthorization is recommended; Custodial care is not covered
	Durable medical equipment	20% coinsurance	20% coinsurance	Preauthorization is recommended for certain services; Some In-Network services related to RI Mastectomy Treatment Mandate are covered at No Charge, deductible does not apply.
	Hospice service	No Charge	20% coinsurance	None
If your child needs dental or eye care	Children's eye exam	$25 copay; deductible does not apply per visit	20% coinsurance	Limited to one routine eye exam per year.
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Dental check-up, child
- Glasses, child
- Long-term care
- Routine foot care unless to treat a systemic condition
- Weight loss programs

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

- Bariatric Surgery
- Chiropractic care
- Hearing aids
- Infertility treatment
- Most coverage provided outside the United States. Contact Customer Service for more information.
- Private-duty nursing
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for us and those agencies is: the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711, state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: contact the plan at 1-800-639-2227 or (401) 459-5000 or TDD 711. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact your state insurance department at (401) 462-9520 or by email at HealthInsInquiry@ohic.ri.gov.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Para obtener asistencia en Español, llame al 1-800-639-2227.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-639-2227.

如果需要中文的帮助，请拨打这个号码 1-800-639-2227.

Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-639-2227.

Fer Hilf griege in Deitsch, ruf 1-800-639-2227 uff.

Mo se fesoasoani i le Gagana Samoa, vala'au mai i le numera telefoni 1-800-639-2227.

ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-800-639-2227.

Para un ma ayuda gi finu Chamoru, â'gang 1-800-639-2227.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$500
Specialist copayment	$25
Hospital (facility) coinsurance	No Charge
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits *(prenatal care)*
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests *(ultrasounds and blood work)*
Specialist visit *(anesthesia)*

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$500
Copayments	$30
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$590**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$500
Specialist copayment	$25
Hospital (facility) coinsurance	No Charge
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits *(including disease education)*
Diagnostic tests *(blood work)*
Prescription drugs
Durable medical equipment *(glucose meter)*

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$500
Copayments	$520
Coinsurance	$60
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$1,100**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$500
Specialist copayment	$25
Hospital (facility) coinsurance	No Charge
Other coinsurance	20%

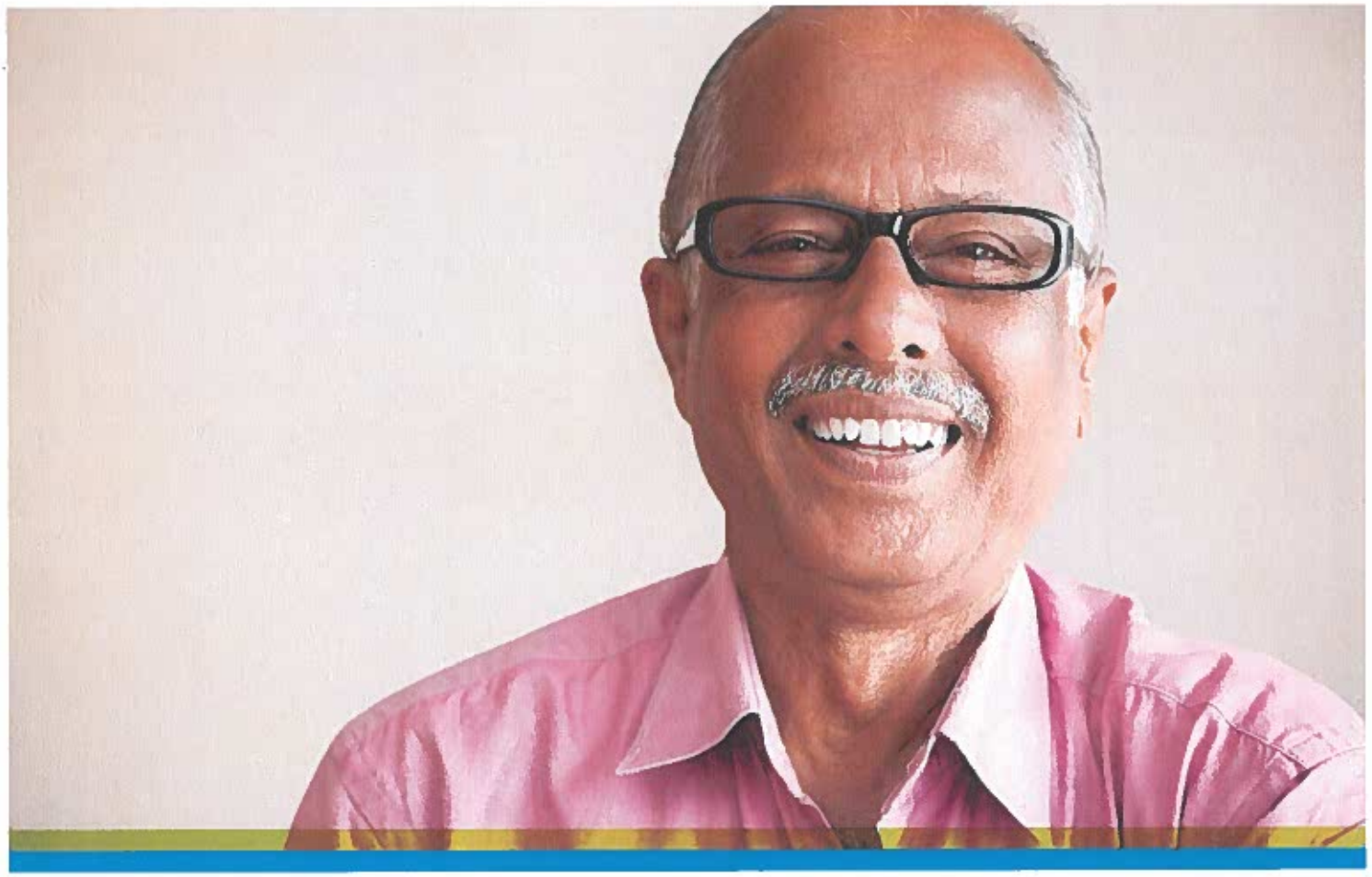
This EXAMPLE event includes services like:
Emergency room care *(including medical supplies)*
Diagnostic test *(x-ray)*
Durable medical equipment *(crutches)*
Rehabilitation services *(physical therapy)*

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$500
Copayments	$210
Coinsurance	$20
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$730**

The plan would be responsible for the other costs of these EXAMPLE covered services.



BlueCrossVision

Business Vision – Allowance Plan 1

More Choice, More Savings, Largest Network

Blue Cross Blue Shield of Rhode Island

See What You've Been Missing with **Blue Cross Vision.**

WHY IS VISION CARE SO IMPORTANT?



You only get two eyes! That's why caring for them is such an important part of your overall health.

Blue Cross Vision offers you the widest range of benefits that makes it easier to take care of your vision, like:

- Affordable rates
- Your choice of any frames at network retailers, with no restrictions
- Evening and weekend hours at network providers
- The convenience of not needing to submit receipts for in-network providers

You also get significant discounts at network providers:

- **40% off** a complete pair of prescription eyeglasses*
- **20% off** non-prescription sunglasses
- **20% off** your balance beyond plan coverage
- **15% off** the retail price for laser vision correction, or **5% off** the promotional price

THE WIDEST PROVIDER NETWORK

The EyeMed™ Access Network is the largest national network** of vision providers, including popular retail locations like:

LensCrafters
Target Optical
JCPenney | optical
Pearle Vision
sears

Plus, you can shop name brands like Ray-Ban®, Oakley®, Coach®, and more. In addition, you can use your benefits when you order contacts online through **bcbsri.com**, and when you visit **Glasses.com** or **ContactsDirect.com** just like you would in a store.

A|X
COACH
DKNY
DOLCE & GABBANA
OAKLEY
Persol
Ray-Ban
VOGUE



FIND A PROVIDER

To find a vision provider, use the Find a Doctor tool on **bcbsri.com** or call **1-855-347-6901**.

For LASIK providers, call **1-877-5LASER6**.

*40% discount available after the funded benefit has been used

**Based on EyeMed internal data compared to data on other vision benefit companies obtained through NetMinder. September 2015

Blue Cross Vision - Allowance Plan 1
Access Network

Blue Cross Blue Shield of Rhode Island

Vision Care Services	In-Network Member Cost	Out-of-Network Member Cost
Frames, Lens, and Lens Options Package (Any frame, lens, and lens options available at provider location)	$200 allowance for frame, lens, and lens options; 20% off balance over $200	Balance over $100
Contact Lens (Contact lens allowance includes materials only.)		
Conventional	$0 copay, $200 allowance; 15% off balance over $200	Balance over $160
Disposable	$0 copay, $200 allowance; remaining balance over $200	Balance over $160
Laser Vision Correction LASIK or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Discounts	40% discount off complete pair of prescription eyeglass purchases	
	15% discount off conventional contact lenses once funded benefit has been used	N/A
	20% off non-prescription sunglasses	
Frequency Frame and Lenses or Contact Lenses	Once every 12 months	Once every 12 months

Please Note: *Your benefits cannot be combined with any other discounts, coupons, or promotional offers unless otherwise noted in an offer.*

EyeMed

This is a summary of your vision benefits. It is not a contract. For details about your coverage, including any limitations or exclusions not noted here, please refer to your subscriber agreement or call our Customer Service Department. If you have questions about receiving medical care, please call your doctor.

EyeMed Vision Care is an independent company, contracted by Blue Cross & Blue Shield of Rhode Island to provide vision benefit management services.

DELTA DENTAL

Benefits Summary

EG SCHOOL DEPARTMENT - NON-CERT

Group Number: 5885-0410, 0413 & 0416

Delta Dental PPO Plus Premier™

Annual Maximum

$1,500

Elective Orthodontic Lifetime Maximum

$1,200

Maximum Lifetime Cap

Unlimited

Deductible

Individual $0

Family $0

Dependent Coverage

Dependent children are covered under these benefits up until the end of the year that they turn 19. Dependent children who are students over age 19 are covered as long as they stay in school or up until the end of the year that they turn age 23.

P **Pre-treatment Estimate Recommended**

A **Prior Authorization Required**

See back page for additional information ›

Plan pays 100%; Member Coinsurance 0%

- Oral exam once per calendar year performed by a general dentist
- Cleaning twice per calendar year
- Fluoride treatment for children under age 19 once per calendar year
- Bitewing x-rays one set per calendar year
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year
- Amalgam (silver) fillings composite (white) fillings on front teeth only. For composite fillings on back teeth, the plan pays up to what would have been paid for an amalgam filling. Patient is responsible for the balance up to the dentist's charge.
- Space maintainers unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost deciduous (baby) teeth
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime.

P • Crowns over natural teeth, build ups, posts and cores replacement limited to once every 60 months

- Repairs to existing partial or complete dentures once per calendar year
- Recementing crowns or bridges once every 60 months
- Rebasing or relining of partial or complete dentures once every 60 months

Plan pays 50%; Member Coinsurance 50%

P • Bridges and crowns over implants replacement limited to once every 60 months

P • Partial and complete dentures replacement limited to once every 60 months

P • Root planing and scaling once per quadrant every 24 months

P • Osseous (bone) surgery once per quadrant every 36 months (bone grafts are not covered)

P • Gingivectomies once per site every 36 months

P • Soft tissue grafts once per site every 60 months

P • Crown lengthening once per site every 60 months

- Periodontal maintenance following active therapy two per year

Plan pays 50%; Member Coinsurance 50%

P • Elective braces and related services for dependent children under the age of 19. Subject to a lifetime maximum. No pre-approval required.

This is a summary of benefits. The information shown here is not a guarantee of payment. Refer to the Certificate of Coverage for the full plan terms. The Certificate includes any limitations or exclusions not seen here. For a complete listing of frequencies and limitations go to www.deltadentalri.com/el. To be covered, services must be dentally necessary and appropriate as per our review guidelines.

Note: This plan does not include a missing tooth clause. In addition, if covered, crowns, bridges, partials and complete dentures are paid when the permanent structure is inserted (seated) by the dentist. Member coverage must be active on the date that the permanent structure is inserted and payment is based on benefits available on that day — for example, if the member's annual maximum has been paid prior to the insertion of the permanent structure, the service will not be paid.

* Time limits on services (e.g. 6, 12, 24, 36, or 60 months) are figured to the exact day. Services are then covered the following day. For example, when a service is covered once every 12 months, if the service was done on July 1, it will not be covered again until the following year on July 2 or after.

Out-of-Network Coverage

You have the freedom to choose any dentist, but it is important to know that your out-of-pocket costs may be higher when you visit a dentist who does not participate in our network. Non-participating dentists have not agreed to accept the Delta Dental allowance as payment in full, so services from an out-of-network dentist may cost you more. You may also have to pay the dentist at the time of service and file a claim yourself. To be eligible, all claims must be filed within one year of the date of service. To find a participating dentist near you, use our Find A Dentist tool at www.deltadentalri.com.

How to Find a Dentist

Choose from Delta Dental's extensive network of dentists, you're sure to find one that's right for you. Visit www.deltadentalri.com to use our online Find A Dentist tool. You can see if your current dentist participates with us or look for a new dentist by searching by name, location or specialty. Enter your address or other criteria important to you (extended hours, languages spoken, etc.), and our tool will return a list of dentists that meet your needs – as well as maps and driving directions.

Beyond Benefits

When you visit us at www.deltadentalri.com, you can access a wealth of important dental health information and manage your plan by:

- Checking your benefits and claims
- Reviewing your deductibles and maximums
- Using our Find A dentist tool to find a dentist in your area

Notice of Nondiscrimination and Accessibility Policy

Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582.
Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.