AGREEMENT

between

THE DARIEN BOARD OF EDUCATION

and

DARIEN SCHOOL MAINTENANCE EMPLOYEES UNION-NIPSEU

EXPIRES JUNE 30, 2028

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To be Amended in Final Draft

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THIS AGREEMENT is made and entered into by and between the **DARIEN BOARD OF EDUCATION** (hereinafter **"Board"**) and **DARIEN SCHOOL MAINTENANCE EMPLOYEES UNION-NIPSEU** (hereinafter **"Union"**).

ARTICLE I
RECOGNITION

The Board hereby recognizes the Union as the exclusive representative and bargaining agent for the Board's regular full-time maintenance persons and groundskeepers (hereinafter "Employee(s)") with respect to wages, hours and other conditions of employment of such Employees, but not for persons excluded from the definition of employee under the Municipal Employee Relations Act, Conn. Gen. Stat. §§7-467 - 7-477, inclusive, or any other employees of the Board.

ARTICLE II
MANAGEMENT RIGHTS

Except to the extent expressly curtailed by a specific provision of this Agreement, the Board, acting by itself or through its agents, reserves and retains all rights and authority, whether exercised or not, solely and exclusively to operate, manage and administer the Darien Public School system including, but not limited to, the right to manage its physical plant and direct its affairs and working forces, to administer and operate the schools and determine the extent to which the schools shall be operated, and to direct the Employees covered by this Agreement.

ARTICLE III
SENIORITY

SECTION 3.0. Seniority is defined as the length of continuous employment with the Board in this bargaining unit. For purposes of layoff and recall, seniority is defined as the length of continuous employment with the Board in the Employee's current classification.

SECTION 3.1. The Board shall prepare and maintain a seniority list, which shows the seniority order and the last effective seniority date of Employees.

SECTION 3.2. An Employee's seniority will be lost and continuous employment terminated if he or she:

3.2.1. quits or resigns;

3.2.2. is discharged for cause;

3.2.3. retires;

3.2.4. is on layoff for more than one (1) calendar year or his or her length of seniority, whichever is less;

3.2.5. loses his or her recall rights, as set forth in Article VI, Section 6.1; or

3.2.6. is absent without reporting for three (3) consecutive days, unless he or she has a satisfactory reason for failure to return.

ARTICLE IV
PROBATIONARY PERIOD

A newly hired Employee will be on probation for the first one hundred eighty (180) calendar days of his or her employment. During the probationary period, the Employee shall earn no seniority and the Board may discipline or discharge the Employee without recourse and any such action by the Board shall not be the basis for a grievance or subject to arbitration. Upon completion of the probationary period, the Employee's seniority shall be credited back to the Employee's date of hire.

ARTICLE V
VACANCIES

A vacancy for a regular full-time position in this bargaining unit shall be posted for a period of at least five (5) workdays prior to filling the job on a regular basis. Any Employee interested in applying for the job shall notify the Board in writing. Although the Director of Facilities shall consider seniority in making his or her decision, vacancies shall be filled by the candidate determined by the Director of Facilities to be the most qualified.

ARTICLE VI
LAYOFF AND RECALL

SECTION 6.0. In the event the Board decides to lay off an Employee or Employees, the least senior Employee or Employees in the classification from which the layoff will occur will be laid off first provided the remaining Employees in that classification are qualified, in the judgment of the Board, to perform the work remaining after the layoff.

SECTION 6.1. An electrician, plumber, carpenter, painter, or HVAC Technician who is laid off shall have the option to displace the least senior groundskeeper, provided the laid off Employee has greater seniority than the groundskeeper to be displaced and has the ability, in the judgment of the Board, to do the work that will be required after the layoff of the displaced groundskeeper.

If, after the layoff, a vacancy occurs in the laid off Employee's prior classification, he or she may apply for such position pursuant to the Agreement's Vacancy provision (Article V). In the event the laid off Employee is selected to fill the position, he or she shall be credited with full classification seniority for the period during which he or she performed the groundskeeper work, provided the Employee's seniority is not otherwise terminated under Article III, Section 3.2.

SECTION 6.2. Employees laid off from employment with the Board will remain eligible for recall for a period of time equal to their respective seniority at the time of layoff up to a maximum of one (1) calendar year following the date of layoff. Such eligibility for recall will be to a position for which they are qualified, in the judgment of the Board, in the classification from which they were laid off. Such recall will be in reverse order of layoff, provided the person in line for recall is qualified, in the judgment of the Board, to perform the work available. An Employee on the recall list will lose his or her recall rights if he or she: (i) fails to respond to a notice of recall within ten (10) regular workdays after delivery of said notice sent to the address on the Board's records or (ii) fails to report for work when scheduled after acceptance of recall or (iii) refuses an offer of recall.

ARTICLE VII
HOURS OF WORK AND OVERTIME

SECTION 7.0. Workday and Workweek. Forty (40) hours shall constitute a normal workweek, and eight (8) hours shall constitute a normal workday, Monday through Friday, with one (1) unpaid half-hour for lunch normally at or close to noon and one paid fifteen-minute break.

The work schedules of groundskeepers shall normally be 6:30 a.m. to 3:00 p.m. The work schedules for all other Employees Shall normally be from 6:00 am to 2:30 pm. Any change in work schedule will be documented in writing by the Director of Facilities

Union business shall be conducted during non-working hours. Notwithstanding the foregoing, Union business of an urgent nature may be conducted by Union officials during the workday with no loss of pay subject to the advance permission of the Director of Facilities. For purposes of this paragraph, the term "urgent nature" shall mean matters that require immediate action or attention and that may not be completed during non-working hours.

SECTION 7.1. Overtime. The Board will pay an Employee at a rate of one and one-half (1½) times his or her regular straight-time hourly rate for all time he or she works as assigned in excess of eight (8) hours in a normal workday or forty (40) hours in a normal workweek.

The Board shall pay an Employee at a rate of two (2) times his or her regular straight-time hourly rate for all time he or she works on emergency work on a

Sunday or holiday, provided that such work is specifically assigned or approved by the Director of Facilities.

SECTION 7.2. **Call Back.** The Board shall pay Employees a minimum of three (3) hours at the applicable rate of pay for all emergency callbacks.

SECTION 7.3. **Emergency Call-In.** An Employee who is called to work immediately prior to the start of his or her shift shall receive a minimum of one (1) hour of pay at the applicable rate of pay and thereafter may either (a) work an additional eight (8) hours (i.e., the normal work day) or (b) if schools have been cancelled, with the approval of the Director of Facilities, be excused from work without loss of pay. If an Employee is called back at any time other than immediately prior to the start of his or her shift, the provisions of Section 7.2 shall apply.

SECTION 7.3. **No Pyramiding.** There shall be no pyramiding of overtime or call back pay.

SECTION 7.4. Employees shall use the electronic time documentation system provided by the Board, and in the manner prescribed by the Board, to record the hours they actually perform work for the Board. Employees shall record all absences from work in the electronic absence management system provided by the Board, and in the manner prescribed by the Board, to record any absence from work and the reason for such absence.

ARTICLE VIII
HOLIDAYS

SECTION 8.0. **Holiday Schedule.** The Board recognizes the following holidays as paid Holidays under this Agreement:

New Year's Day	Martin Luther King's Birthday
Presidents' Day	Good Friday
Memorial Day	Independence Day
Labor Day	Day after Thanksgiving
Thanksgiving Day	Christmas Eve
Christmas Day	Two Floating Holidays**

If Christmas Eve falls on a weekend the holiday will be observed on the day after Christmas.

**See Section 8.3 below.

To be eligible for Holiday pay, the Employee must fully work his or her last scheduled workday preceding the Holiday and his or her first scheduled workday following the Holiday, unless the Director of Facilities has excused the Employee from working that day (including by approving sick or personal leave for the day). An Employee will not be eligible for Holiday pay for Holidays that fall during his or her leave of absence, regardless of whether the leave is with or without pay, without express prior approval from the Director of Facilities.

SECTION 8.1. Holidays During Vacation. If a recognized holiday for which the Employee is eligible falls during his or her vacation, that day will not be charged against the Employee's accumulated vacation.

SECTION 8.2. Holidays During Sick Leave. If a recognized holiday for which the Employee is eligible falls during a period in which the Employee is on paid sick leave, the Employee will not be charged for a sick leave day on the day on which the holiday falls.

SECTION 8.3. Floating Holiday. A floating holiday is a paid holiday which the Employee may request to use on any regular workday during the fiscal year without loss of regular pay.

An Employee may not take a floating holiday unless it is approved in advance by the Director of Facilities. The Director of Facilities will grant requests for a floating holiday unless, in the good faith exercise of his or her judgment, work requirements make it impractical to do so. If more than one (1) Employee requests a floating holiday on the same day, and the Director of Facilities determines in the good faith exercise of his or her judgment that all such requests cannot be granted, the Director of Facilities will grant as many of the requests as he/she determines are appropriate, on a first-come, first-served basis. If more than one (1) such request is submitted at the same time, seniority will be the deciding factor provided the Director of Facilities is satisfied that there will be enough Employees at work on the floating holiday to perform the tasks required.

ARTICLE IX
VACATIONS

SECTION 9.0. Vacation Benefit. Each regular full-time Employee shall, upon satisfactory completion of his or her probationary period of employment, earn vacation benefits in accordance with the following schedule, retroactive to his or her first full month worked:

Full Years of Continuous Service Successfully Completed Annually	Amount of Vacation Earned per Month Worked Thereafter	Maximum Vacation Time Available

Less than four (4) years' service	0.83 days per month worked	2 weeks (10 workdays)
Four (4) years' service	1.25 days per month worked	3 weeks (15 workdays)
Nine (9) years' service	1.66 days per month worked	4 weeks (20 workdays)
Twenty (20) years' service	2.08 days per month worked	5 weeks (25 workdays)

For example, an eligible Employee in his or her first, second, third and fourth years of continuous service will earn vacation time off at the rate of 0.83 day for each full month he or she works in each such year. After successful completion of four (4) years of continuous service (e.g., in his or her fifth (5th) year of continuous service), the Employee will begin to earn vacation time off at the rate of 1.25 days for each full month he or she works continuously until he or she has successfully completed nine (9) years' continuous service, whereupon, beginning in his or her tenth (10th) year of continuous service, he or she will earn vacation time off at the rate of 1.66 days for each full month he or she works.

As used in this Section, a "month worked" is any calendar month in which the Employee worked at least one-half (½) the available regular workdays. Time during the month for which the Employee is paid under a provision of this Agreement (i.e., sick days, vacation days [paid or unpaid, provided the time off is expressly approved in advance by the Director of Finance], holidays and personal days) shall be considered days worked for the purposes of this Section.

For full-time Employees who have satisfactorily completed their respective probationary periods of employment, the Board shall frontload in the electronic absence management system provided by the Board the applicable vacation time set forth in this Section. Payment for any vacation time that an Employee has used but not accrued under this Section prior to the Employee's separation from employment with the Board shall be deducted from the Employee's final paycheck.

SECTION 9.1. Vacation Selection and Use. Employees may request vacation time off in increments of of either one half (0.5) or one full (1.0) normal workday. Employees may not request time off that exceeds the maximum amount of vacation time off the Employee has accrued. All requests for vacation time off of one (1) week or more shall be submitted to the Director of Facilities at least seven (7) workdays prior to the initial date of the vacation. All requests for vacation time off of less than one (1) week shall be submitted to the Director of Facilities as soon as practicable. In the event that, in any fiscal year, an Employee submits three (3) of such absences less than forty- eight (48) hours

prior to the initial date of the vacation all future absences must be submitted at least forty-eight (48) hours prior to the absences of the vacation day will be denied and the Employee will be charged with a day without pay.. Failure to comply with the notice provisions in this Section shall result in the denial of the Employee's request for vacation time off, and any unapproved time off taken by the Employee shall be unpaid. No vacations may be taken without prior approval by the Director of Facilities. Vacations shall not be approved the week prior to the start of school, the first week of school and the last two weeks of school, except as approved by the Superintendent in extraordinary circumstances (i.e., weddings, graduations) which approval shall not be unreasonably withheld.

SECTION 9.2. Vacation Carryover. Employees who have completed nine (9) years of service with the Board and who thereby earn vacation at the rate of 1.66 days per month (or twenty [20] days per year) may defer use of up to five (5) such vacation days to the next vacation year provided, that such deferral will not disrupt the normal flow of work in the opinion of the Director of Facilities. The vacation year shall coincide with the fiscal year. Vacation time will not accumulate from year to year, except as specifically set forth above.

SECTION 9.3. Payment of Unused Vacation. An Employee who terminates his or her employment shall be paid for all earned but unused vacation. If the Employee dies, his or her estate will be paid for all earned but unused vacation.

Employees discharged for cause will not be entitled to vacation or vacation pay.

ARTICLE X
LEAVE PROVISIONS

SECTION 10.0 Sick Leave.

10.0.1. Each Employee shall earn sick leave at the rate of 1.25 days per month worked, to a maximum of fifteen (15) days per year. Unused sick leave will accumulate to a maximum of one hundred forty (140) days. A sick day is defined as any regularly scheduled workday when the Employee is required to be absent from work because of a legitimate illness or injury. Sick days may be taken in full (1.0) or half (0,5) day increments, An Employee may use up to two (2) sick days per year to care for a member of the immediate family who resides in his/her household provided that such reason is entered into the District's absence management system. In order to qualify for sick leave benefits when an Employee is absent three (3) consecutive days or in cases where the Board or the Director of Facilities has a good faith doubt that an Employee is legitimately ill or injured, the Employee may be required to present satisfactory proof of illness to the Director of Facilities, including, but not limited to, documentation from a physician or an examination by a medical doctor of the Employee's choice. Failure of an Employee

to submit such satisfactory proof of illness shall bar the Employee from eligibility for any sick leave benefits for the period of such absence.

This provision shall not be construed or applied to prohibit the Director of Finance and Operations or designee from taking reasonable steps to verify the reason given for any absence for which the Employee seeks sick leave benefits.

The Board reserves the right to require an Employee to submit to an examination by a physician selected by the Director of Human Resources or designee at the Board's expense at any time.

Employees shall be permitted to use the forty (40) hours of sick leave accrued in accordance with Conn. Gen. Stat §§ 31-57r et seq (the "Statutory Sick Leave") in accordance with the provisions of such statutory requirements, notwithstanding any provisions in this section to the contrary. For any sick leave accrued beyond the Statutory Sick Leave, the provisions in this article shall apply.

10.0.2. Any Employee who attempts to utilize a sick day on any regular work day when schools are closed for students due to snow (a "Snow Day") shall, within a reasonable time after any such absence on a Snow Day, provide a statement from the Employee's physician confirming that (i) the Employee visited the physician in connection with the medical reasons for which the Employee was absent on the Snow Day; (ii) the Employee's absence on the Snow Day was for medical reasons; and (iii) the Employee's medical condition prevented the Employee from performing the Employee's job on the Snow Day. The Superintendent or designee may require the Employee to undergo an examination by a Board-appointed physician at Board expense to verify this information.

Any Employee who attempts to utilize a sick day on a Snow Day and who fails to provide the medical statement required in this Section or whose medical statement has been reviewed and rejected by a Board appointed physician shall not be permitted to utilize a sick day for such absence.

Any employee who is absent from work on a Snow Day due to unsafe weather conditions may use vacation time off for such absence notwithstanding the notice requirements of Section 9.1 of Article IX, except that the Director of Facilities may, in his/her sole discretion, decline to approve such use of vacation time off for just cause (e.g., if he/she suspects abuse of this provision). Employees may not use Emergency Leave as described in Section 10.1 of this Article X on Snow Days except in the event of a death in the Employee's immediate family (*i.e.*, parent, spouse, child, brother, sister, grandparent, or parent-in-law) or for legal obligations (*e.g.*, court appearances).

Nothing in this Section shall be construed or applied to limit or modify the Board's rights under Section 10.0.1 of this Article X.

SECTION 10.1. Personal Leave . Personal days may only be used for pressing personal business which requires the presence of the Employee and which may not be conducted with reasonable convenience outside the school day or year, and shall not exceed three (3) days per year. For example, personal days may be used for legal obligations (e.g., court appearances), for serious illness of members of the Employee's immediate family (spouse, child) for whose care the Employee is responsible, children's weddings or home emergencies.. All requests for personal leave shall be made to the Director of Facilities as far in advance as practicable. Employees will not be required to state the reason for such a request. No leave may be taken without prior approval of the Director of Facilities.. Personal days may not be granted on days immediately before or after school holidays or vacations except in the absolute discretion of the Director of Facilities. Personal leave may be taken in full (1.0) or half (0.5) day increments

SECTION 10.2. Bereavement Leave In the event of the death of a member of the Employee's immediate family, Employees shall be allowed bereavement leave with pay, not to exceed five (5) days per year per occurrence. "Immediate family" shall mean the Employee's parent, spouse, child, brother, sister, grandparent, parent-in-law, aunt, or uncle.

SECTION 10.3 Jury Duty Leave The Board shall reimburse an Employee for the difference between his or her regular pay for his or her normal workday and the *per diem* paid to him or her for jury service, if less than the regular pay, in any normal workday on which the Employee is absent to serve on a jury. Employees who are excused from jury duty prior to 2:00 p.m. shall change clothes and report to work as soon as possible.

SECTION 10.4. Workers' Compensation. Employees absent because of compensable injuries (i.e., those for which they are eligible to receive Workers' Compensation benefits) shall have their sick leave pay prorated so that the amount an Employee receives in daily sick leave pay will equal only that amount necessary to make up the difference between his/her regular daily rate of pay at straight-time under this Agreement (for a maximum of eight [8] hours per day) and the amount he/she receives as daily Workers' Compensation pay. The prorated pay will be exclusive of the three (3) days waiting period required by Workers' Compensation on a per injury basis, and the sick leave policy procedure shall apply to the three (3) day waiting period.

Similarly, the amount of sick leave time off to which the Employee is entitled at the beginning of his/her period of absence will be charged with only so much as he/she used on a daily basis, so that for example, if Workers' Compensation benefits account for two-thirds of the Employee's daily pay, and sick leave benefits one-third, then one-third sick leave day shall be charged

against the Employee's accumulated sick leave for every full day of such absence.

The maximum amount of sick leave that can be charged against the Employee's accumulated balance for a compensable injury is twenty(20) sick days.

Such supplement shall end after nine (9) months, after which time an affected Employee shall only receive any Workers' Compensation pay.

Section 10.4 Duration of Leave and Return. a. The procedures of this Section shall be implemented when an employee has been absent due to long-term disability (both job-related and non-job related) for a period of twenty-six (26) weeks from the date of disability.

b. Upon notification from the Board to the employee pursuant to "a" above, the employee must within sixty (60) days present certification from his or her physician that the employee is able to perform or will be able to perform. his or her job within twelve (12) mouths of the date of disability. Date of disability shall be the first day the employee was unable to report to work due to disabling illness or injury. Successive periods of disability separated by less than three (3) calendar months are considered as the same disability when the illness or injury rendering the employee disabled remains the same. A return-to-work light duty on either a full-time or part- time basis shall not alter the original date of disability. If the employee's physician does not certify that the employee is able to perform, without limitation, the duties of his or her position or of any other available position offered by the Board or, if in the opinion of a physician selected by the Board, the employee is found to be unable to perform said duties, the Board, may terminate the employee. In such case, any disability benefits for which the employee may be eligible shall continue unaffected.

c. When there is a conflict between the opinion of the employee's physician and the opinion of the physician selected by the Board, a third medical opinion shall be obtained. For such purpose the employee shall select a physician from a list of three (3) physician providers (with the appropriate medical specialty) selected by the Board. Once the three (3) physicians are submitted to the employee, the employee shall have thirty (30) days to select one of the three (3). The third medical opinion shall prevail.

d. In the event the employee does not report for required medical evaluations and/or fails to follow any of the timelines set forth in subparagraphs a through c, the employee may be terminated and such termination shall be deemed to be for just cause.

In the event the employee returns to work within the above-referenced twelve (12) months, he/she shall suffer no loss in continuous service or seniority rights.

If any illness or injury results in a disability that has prevented the employee from performing the essential functions of the position with reasonable accommodations for the period of either twelve (12) consecutive months or eighteen (18) months during a twenty-four (24) month period, the Board shall have the right to retire or discharge the employee.

If any illness or injury results in a disability, the Board shall have the right to retire or discharge the employee whenever the undisputed medical prognosis indicates that the employee will not be able to perform the essential functions of the position with reasonable accommodations that the employee held prior to the injury or illness.

Section 10.5. Statutorily Mandated Leaves. Each Employee will be permitted to be absent from work for reasons mandated by state and/or federal law, such as federal family and medical leave and military duty. Claims that the Board or any of its agents violated any of such mandates shall not be subject to the grievance and arbitration procedure set forth in this Agreement.

Section 10.6. Application. Any leave or time off provided for under this Agreement will also be counted toward satisfying any statutorily mandated leaves of absence, including, but not limited to, the federal Family and Medical Leave Act. Decisions of the Director of Facilities regarding statutory or discretionary leave requests pursuant to this Article shall not be subject to the Grievance and Arbitration Procedure set forth in this Agreement.

ARTICLE XI
COMPENSATION

SECTION 11.0. Wage Schedule. Effective and retroactive to July 1, 2025 all classifications and wage rates outlined in Appendix A and Appendix B and in effect on June 30, 2025, shall be increased by 3.5% for the first year of the Agreement. All classifications and wage rates outlined in Appendix A and Appendix B and in effect on June 30, 2026 shall be increased by 3.0% in each of the two remaining years of the contract. Employees will be paid in accordance with the schedule attached hereto as Appendix A and made part of this Agreement. The Board may pay probationary Employees, during their respective probationary periods, at lower hourly rates than those set forth on Appendix A attached hereto, provided hourly rates shall not be reduced to a level that, if annualized, would yield the probationary Employee more than fifteen hundred dollars ($1,500.00) less than the regular rate would yield him or her if

annualized. After satisfactory completion of the probationary period, the Board shall pay the Employee at the current applicable regular straight-time hourly rate for the position.

SECTION 11.1. Tax Sheltered Annuity (TSA). Each Employee will be paid an annuity equal to 1.75% of base pay annually, in addition to the appropriate salary rate in Appendix A and Appendix B attached hereto. This annuity payment will be paid by the Board into an annuity fund selected by the Employee from an approved list of funds determined by the Board. To be eligible to receive the annuity under this Section in any given fiscal year, the Employee must first open an annuity fund during that fiscal year so that there is a fund available to receive payments from the Board under this Section. If the fund imposes any fees associated with maintaining the fund, the parties agree to jointly select another fund. At no time will the Board pay for any fees associated with the Employee's annuity fund.

SECTION 11.2. Temporary Work at Higher Classification. A groundskeeper who is assigned to perform painting work shall be compensated at the rate of fifty cents ($0.50) per hour above his or her regular straight-time hourly rate for all time he or she spends performing such painting work, as assigned.

SECTION 11.3. Vehicle Reimbursement. An Employee who is specifically authorized or assigned by the Director of Facilities to use his or her vehicle in the performance of his or her work shall be reimbursed by the Board in accordance with the Board's current mileage reimbursement policy.

SECTION 11.4. Pay Period. The normal payday shall be every other Friday. Overtime pay shall be paid as required by law.

SECTION 11.5.0. Uniforms. At all times while on duty, Employees must wear uniforms designated by the Director of Facilities.

SECTION 11.5.1. Each fiscal year, the Board shall provide each Employee with a uniform consisting of three (3) sweatshirts, three (3) button-down shirts, six (6) tee shirts and five (5) pair of pants. Employees will be responsible for the cleaning and maintenance of their uniforms. The Board of Education reserves the right to contract with a uniform service to provide uniform pants and shirts for maintenance workers in lieu of the purchase of uniform shirts and pants identified in this section. Shorts may not be worn when school is in session for students without the prior approval of the Director of Facilities.

SECTION 11.5.2. Suitable outer gear, acceptable to the Director of Facilities, for outside work during the winter months shall also be a standard uniform item, but shall be purchased by the Employee. Once during the term of this Agreement, the Director of Facilities shall reimburse each Employee in an

amount not to exceed $150 for the purchase of a replacement for his or her worn or otherwise unserviceable outer gear. The Director of Facilities may also authorize an Employee to purchase uniform items to replace those that become worn or otherwise no longer suitable for wear.

SECTION 11.5.3. The Board will provide extra protective clothing for use by Employees when needed for dirty work that is hard on regular uniforms and rain gear for Employees when required to work outside in foul weather.

SECTION 11.6. Tools. Broken tools owned by an Employee will be replaced or repaired when such tools are broken on the job. The Employee is expected to have his/her own tools; however, some tools and equipment will be supplied by the Board. The Director of Facilities, in his/her sole discretion, may approve the purchase of tools for Employees to be used in the performance of their work for the Board.

SECTION 11.7. Safety Shoes. Once per contract year, the Board shall reimburse each Employee up to a maximum of one hundred seventy-five dollars ($175.00) for approved safety shoes, provided the Employee purchases such shoes during the contract year and regularly wears such shoes while performing work for the Board.

SECTION 11.8. Safety Eye Glasses. Employees shall wear safety glasses (prescription safety glasses if needed) as required by the Director of Facilities. The Board shall pay for the cost of such required safety eyewear.

SECTION 11.9. Direct Deposit. Employees will be paid through Direct Deposit to their personal bank account and the Employee's pay advice shall be provided electronically.

ARTICLE XII
INSURANCE

SECTION 12.0. Medical Plan. The Board will make comprehensive group hospital and medical program, as described herein, available during the term of this Agreement to each eligible Employee who applies for it and to his or her eligible dependents. Additionally, the Board will provide a three-tier incentive based prescription drug formulary program with co-pays as described below during the term of this Agreement to each eligible Employee who applies for it and to his or her eligible dependents, subject to the terms and conditions set forth in the Medical Plan and in this Article.

Although prescription drug coverage provided hereunder is part of the Medical Plan, the Board may, at its option, provide such prescription drug coverage through the same carrier as or through a different carrier from the one that provides hospital/medical coverage hereunder.

The Board of Education shall provide as the only plan a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) as outlined in Appendix B. Effective July 1, 2025, the single person deductible shall be $3,000 and the two-person and family deductible shall be $6,000. Prescription drugs will be treated as any other expense until the applicable deductible level is reached. After the deductible is met covered drugs will be subject to a $5 ($10 when permitted by law)/$35/$40 co-pay for retail and 2x those costs for Mail order. Members will be given the opportunity to join the HDHP during an open enrollment period in May/June.

The Board will contribute fifty percent of the deductible for active Employees participating in the HDHP. The Board will pay fifty percent of its share of the deductible on July 1 and the remaining fifty percent on January 1.

Any Employee ineligible to participate in the HSA may participate in a Health Reimbursement Arrangement (HRA) with the same terms as the HSA.

SECTION 12.1 Dental Plan. The Board will make comprehensive group dental insurance coverage available during the term of this Agreement to each eligible Employee who applies for it and to his or her eligible dependents. Covered services will be made available under the dental plan in effect as of the date on which this Agreement is signed (the "Dental Plan"), subject to the terms and conditions set forth in the Dental Plan and in this Article.

SECTION 12.2.1. Means Of Providing Covered Service And Terms. The Board may self-insure the Medical and/or Dental Plan in whole or in part or, upon termination of an insurance contract with any carrier, may enter into an insurance contract with the same or a different carrier to provide covered services at a level that is not significantly diminished from the level of covered services in effect as of the date on which this Agreement is signed. The Board will provide the Union with as much advance notice as practicable of its plan to change the means by which it provides such covered service or to self-insure, which, under normal circumstances, shall be not less than sixty (60) days in advance.

SECTION 12.2.2. Cost Containment. Covered individuals must comply with any and all of the requirements set forth in the Medical and/or Dental Plans, an available alternate plan to which the Employee subscribes and/or by the care/service provider concerning pre-certification, pre-admission testing, utilization review, second opinions and other such cost control and utilization monitoring provisions.

SECTION 12.3. Costs of Coverage. The Board and each covered Employee will share the cost of the Medical Plan and Dental Plan coverage, as described above, that the Employee elects for him- or herself and his or her

dependents from among the coverage that the Board makes available and for the Long-Term Disability coverage the Board provides Employees, as described below.

SECTION 12.3.1 Medical and Dental Plan. For coverage of regular full-time Employees under any of the Board's Medical and Dental Plans, the Board will contribute an amount equal to the following percentages of the cost of such coverage under the Board's primary Medical and Dental Plans (including any and all increases in such costs that may arise during the term of this Agreement) and the covered Employee will pay the balance, provided that the Board will not be required to pay more for the coverage supplied by a more expensive alternate provider selected by the Employee than it would have to pay for coverage supplied by its primary carrier for the coverage provided:

EFFECTIVE DATE.	BOARD'S PREMIUM SHARE.
July 1, 2025	Seventy-nine percent (79%)
July 1, 2026	Seventy-eight and one half percent (78.5%)
July 1, 2027	Seventy-eight percent (78%)

SECTION 12.4. Life Insurance. The Board will provide group term life insurance coverage for each eligible Employee in an amount equal to two (2) times his or her regular straight-time annualized pay. Employees will not be required to contribute to the premium for such coverage.

SECTION 12.5. Long-Term Disability Coverage. Effective July 1, 2004, the Board share of the premium for coverage under the Long-Term Disability Plan that the Board makes available will be equal to eighty percent (80%) of the premium cost. The Board shall make long-term disability coverage available to each regular full-time Employee who has completed at least five (5) continuous years of service as a member of the Maintenance Unit of the Darien School System in order to provide protection from the loss of income in the event the Employee becomes totally and permanently disabled as defined by the terms and conditions set forth in the policy providing such coverage, and the following:

The maximum monthly benefit payable under the coverage shall be 60% of the Employee's regular monthly pay as of his or her last day worked, up to a maximum monthly disability payment of $3,500.

Monthly disability payments will begin after a 180 day waiting period and will continue to be made each month thereafter during the period of the Employee's total and permanent disability until the Employee ceases to be totally and permanently disabled, dies, reaches age 65, or becomes eligible for disability or normal, unreduced retirement under the Town of Darien Retirement Plan, whichever occurs first.

Monthly benefit payments will be reduced by any amount paid the Employee through workers' compensation, social security, other disability plans, retirement benefits, including but not limited to, normal and disability benefits, and any other offset normally found in long term disability policies.

SECTION 12.6. Retirees. Upon retirement, an Employee who is between the age of 62 and normal Social Security retirement age, or who meets the "rule of 80," shall receive a one-time payment of $15,000, except that this provision shall not apply to Employees employed on or after July 1, 2016.

SECTION 12.7. Auto Vandalism. The Board will reimburse each Employee up to a maximum of $250 (or such lesser amount that is equal to the deductible under the Employee's own automobile insurance policy) for damage to his or her automobile caused by vandalism while the automobile was parked on school property at a time when the Employee was engaged in performing his or her job responsibilities.

SECTION 12.8. Vision Plan. The Board will make a vision plan available during the term of this Agreement to each eligible Employee. The Board shall have the sole discretion to choose its primary vision benefit carrier to change the vision benefit carrier and/or to self-insure in whole or in part, provided that the level of covered vision benefits is substantially equivalend to the prior coverage.

SECTION 12.9. Dependent Care and Limited Purpose Reimbursement Account Plan. Effective July 1, 2016, the Board will make available to covered Employees a Dependent Care and Limited Purpose Reimbursement Account Plan in accordance with and subject to the provisions of Section 125 of the Internal Revenue Code.

SECTION 12.10. General Provisions

12.10.1. Plan Year. "Plan Year", as used in this Article, is hereby defined as the Board's fiscal year (July 1 - June 30). The Board will notify the Union President of any change in Plan Year.

12.10.2. Eligible Dependents. No Employee may extend to his or her dependents coverage under any of the Plans provided by this Agreement unless the Employee is covered by such plans.

12.10.3. Change of Insurance Carrier. The Board shall have the sole discretion to choose its primary carrier, to change carriers and/or to self-insure in whole or in part, provided that the level of covered Medical and Dental services described in Sections 12.0 and 12.1 are not significantly diminished.

12.10.4. Disputes Relating to Benefits. Eligibility for benefits shall be determined exclusively in accordance with the provisions of the

respective insurance contracts acquired by the Board to provide covered services, and any dispute relating to eligibility for or the amount of covered services or benefits in any individual case shall be processed by the Employee directly with the respective insurance carrier and shall not subject the Board to any claim in any forum. In no event shall the Board be considered to be an insurer or a guarantor of any covered services or benefits.

SECTION 12.11. Return-to-Work Program. Nothing herein shall prevent the Board from implementing a managed care system and a "light duty" requirement in connection with its Workers' Compensation coverage.

SECTION 12.12. Reopener. By written request by the Board to the Union, the Board may initiate reopener negotiations over the provisions of this Article XII during the term of this Agreement if there is any material change in the provisions of the Affordable Care Act or related provisions of state or federal law or if rates increase by more than nine percent (9%) in any year, such negotiations to be governed by the provisions of the Municipal Employee Relations Act (MERA), Conn. Gen. Stat. Section 7-467 et seq.

ARTICLE XIII
PENSION

SECTION 13.0. Pensions. All eligible Employees shall be covered by the Town of Darien Municipal Employees Retirement Plan, or any other retirement plan adopted by the Town of Darien, as well as the Social Security Retirement Plan. Written payroll deduction authorization for Employee contributions required by the Retirement Plan must be given by the Employee within seven (7) days of receipt of the notice stating the date of eligibility. Eligibility in retirement plan will be determined under the regulations of the Darien Municipal Employees Retirement Plan, and disputes concerning eligibility, benefits and other matters relating to retirement shall not be subject to the grievance and arbitration procedures set forth in Article XVI hereof, but shall be submitted to the Town Retirement Plan Committee.

ARTICLE XIV
DISCIPLINARY PROCEDURE

Section 14.0. Discipline and Discharge. No Employee who has successfully completed his or her probationary period of employment (a "non-probationary Employee") shall thereafter be discharged or disciplined without just cause, provided that only cases of discharge and disciplinary suspensions without pay may be processed to arbitration. Disciplinary warnings (verbal or written) issued to a non-probationary Employee may be the subject of a grievance but shall not be processed beyond Step 2 of the grievance procedure. Any non-probationary Employee who disputes a written warning may append to the warning a copy of

his or her grievance and a statement setting forth the basis for his or her disagreement with it, provided that nothing in this Section will preclude a non-probationary Employee from challenging at an arbitration hearing over his or her disciplinary suspension or discharge prior disciplinary warnings that are used by the Board to support such suspension or discharge.

SECTION 14.1. Notice of Discipline. The Board will provide an Employee with a copy of each written warning, written notice of suspension or written notice of discharge issued to him or her.

ARTICLE XV
SEPARABILITY

In the event that any provision or portion of this Agreement is ultimately ruled invalid for any reason by a court or governmental body of established and competent jurisdiction, the balance and remainder of this Agreement will remain in full force and effect.

ARTICLE XVI
GRIEVANCE AND ARBITRATION

SECTION 16.0. The procedure set forth in this Article shall be the exclusive means for addressing disputes between the Board and an Employee or group of Employees involving the interpretation and/or application of an express provision of this Agreement. The Board and the Union agree that proceedings shall be kept as confidential as possible.

SECTION 16.1. Definitions:

16.1.1. A "Grievance" is hereby defined as any written claim by an Employee or group of Employees that the Board or the Superintendent (or Superintendent's designee), or the Director of Facilities (or his/her designee), violated, misinterpreted, or misapplied a specific provision expressed in this Agreement. Each Grievance must set forth a brief statement of the event giving rise to the Grievance and the Article and Section of this Agreement allegedly violated or misapplied.

16.1.2. "Grievant" is hereby defined as the Employee or group of Employees who file(s) a Grievance.

16.1.3. A "Day" is hereby defined as a regular workday.

SECTION 16.2. Procedures: The exclusive forum for Processing Grievances shall be this Grievance and Arbitration Procedure, which shall be applied as follows:

16.2.1. **Step 1. Director of Facilities**: Grievant must, by the end of the fifth (5th) day following the event giving rise to the Grievance, submit the Grievance to the Director of Facilities.

16.2.2. **Step 2. Director of Human Resources**: If the Grievance is not resolved within five (5) days after the Grievance was received by the Director of Facilities, and Grievant desires to proceed further, Grievant must, by the end of the tenth (10th) day after it was submitted to the Director of Facilities, submit the Grievance to the Director of Human Resources and the Union's Staff Representative. At the request of the Union's Staff Representative, the Director of Facilities and the Director of Human Resources shall, within twenty (20) days after the Grievance was first submitted to the Director of Facilities, meet with the Grievant and the Union's Staff Representative, with or without the Union's President, in an effort to resolve the Grievance.

16.2.3. **Step 3. Superintendent**: If the Grievance is not resolved within five (5) days after the Grievance was received by the Director of Human Resources, and Grievant desires to proceed further, Grievant must, by the end of the tenth (10th) day after it was submitted to the Director of Human Resources, submit the Grievance to the Superintendent and the Union's Staff Representative. At the request of the Union's Staff Representative, the Director of Human Resources and the Superintendent shall, within twenty (20) days after the Grievance was first submitted to the Director of Human Resources, meet with the Grievant and the Union's Staff Representative, with or without the Union's President, in an effort to resolve the Grievance.

16.2.4. **Step 4. Arbitration**: If the Grievance is not resolved at Step 3, and the Union wishes to proceed further, the Union must file a Demand for Arbitration with the American Arbitration Association (AAA) in accordance with its Voluntary Rules for Labor Arbitration then subsisting, subject to the following terms and conditions:

16.2.4.1. The Grievance must arise out of and involve the interpretation or application of a specific provision expressed in this Agreement and will not be arbitrable if it claims a right, benefit or obligation not expressly set forth in a specific provision of this Agreement.

16.2.4.2. The Demand for Arbitration must be made in writing by certified mail, return receipt requested, with a copy to the Director of Human Resources, postmarked within the twenty (20) calendar days immediately following the Grievant's receipt of the Superintendent's response at Step 3, or absent such response, within twenty (20) calendar days following the expiration of the time for providing such response.

16.2.4.3. The Arbitration must be in accordance with the American Arbitration Association's Voluntary Rules for Labor Arbitration in existence at the time the Demand for Arbitration is filed.

16.2.4.4. The Demand for Arbitration must be limited to the same Grievance submitted to the Superintendent in Step 3.

16.2.4.5. The Arbitrator's authority will be limited to determining whether, by the allegations contained in the Grievance, the Board violated or misapplied the specific provision expressed in this Agreement as alleged in the Grievance. The Arbitrator will have authority to render appropriate "make whole" awards consistent with the provisions of this Agreement and other applicable rules governing the Arbitrator's conduct and authority.

16.2.4.6. The decision of the Arbitrator will be final and binding, subject to the right of either party to have the award confirmed, vacated or modified according to law.

16.2.4.7. The cost of the Arbitrator's fees and hearing room rental, if any, will be shared equally by the Board and the Union, but each party will bear the cost of its own representatives, transcripts and other items.

16.2.4.8. Grievances must be filed for arbitration separately, and an Arbitrator may not hear multiple Grievances unless the Director of Human Resources and the Union agree in writing to allow the Arbitrator to do so.

16.2.4.9. Only the Union will have the authority to submit a Grievance to Arbitration.

SECTION 16.3. Time Limits. The time limits specified herein are of the essence and may only be extended by mutual written agreement of the Director Human Resources and the Union. Failure to process a Grievance within the time limits provided herein shall be deemed a waiver of such Grievance, and the Grievance shall be considered resolved in accordance with the position of the Board. Failure by the Board representatives to meet or respond to the Grievance within the time limits provided herein shall permit the Grievant or the Union, as appropriate, to process the Grievance to the next Step provided they do so within the time limits set forth herein.

SECTION 16.4. Representation. Grievant will be permitted to be accompanied by the Union's President and/or the Union's Business Representative at all grievance meetings and arbitration hearings except at Step 1, where only the Union's President will be permitted. Grievances shall not be processed and Grievance meetings or discussions shall not be held during work time without the express prior approval of the Director of Human Resources,

although arbitration hearings may be held during work time according to a schedule mutually acceptable to the Board, the Union and the Arbitrator.

SECTION 16.5. Confidentiality. The Grievance and the Grievance process, including arbitration, shall be kept confidential, to the extent permitted by law.

SECTION 16.6. Sole Procedure. The Grievance procedure contained herein, including arbitration, shall be the exclusive method of resolving Grievances.

SECTION 16.7. Union Authority. Nothing contained herein shall require the Union to process any Grievance which in its opinion is without merit, and no Employee shall have the right to process a Grievance to arbitration, as such right is reserved exclusively to the Union.

SECTION 16.8. Settlements. Grievance settlements reached at Step 1 shall not be used as evidence or precedent in any other Grievance, at arbitration or in any other forum.

ARTICLE XVII
WORK CONTINUITY

Neither the Union and its officers and agents, on behalf of themselves and/or the Employees in the bargaining unit, nor any Employee, will engage in, encourage, or tolerate any strike, picketing, leafleting, slowdown, sit down, or any interruption of work in any form for the term of this Agreement.

ARTICLE XVIII
PAYROLL DEDUCTIONS

SECTION 18.0. Upon receipt of an employee's signed authorization to deduct membership dues or voluntary fees, the Employer agrees to deduct from the pay of the employee an amount as established and periodically adjusted by the union. Such deductions shall continue unless the Employer is notified in writing, by the union, that the employee is no longer a member. The Union reserves the right to modify and/or replace the deduction authorization form.

The parties recognize that the authorization of the Union to payroll deductions is an agreement solely between the Union and its members which the member may revoke consistent with the Union's membership rules. Should a bargaining unit member approach the Employer or its agent to terminate or modify his or her contractual relationship with the Union, that bargaining unit member will be directed to communicate such intent directly with the Union.

The Board agrees to deduct from the pay of each employee who has signed an authorized payroll deduction card, a sum certified by the Secretary/Treasurer of the Union as Union dues. Such deduction will be periodically made from the payroll at times agreed upon by the Employer and the Union, and the total deductions so made shall be mailed or electronically delivered to Darien School Maintenance Employees Union NIPSEU on a weekly/bi-weekly/monthly basis. Such

deduction shall continue for the duration of this Agreement and/or any extension hereof unless otherwise notified by Darien School Maintenance Employees Union NIPSEU.

SECTION 18.2. The Union agrees that it will indemnify and hold the Employer harmless from any claims, actions or proceedings by any employee arising from deductions made by the Employer hereunder. Once the funds collected by the Employer hereunder are remitted to the Union, the disposition of such funds thereafter shall be the sole and exclusive obligation of the Union, and the Employer shall have no further obligation, financial or otherwise, under Section 1 of this Article.

SECTION 18.3. Payroll deductions will be made in weekly/bi-weekly pay periods for properly executed deduction authorization forms received at the Employer's payroll office on or before the fifth day of the preceding month. However, the Employer assumes no responsibility either to the employee or to the Union for any failure to make or for any errors made in making such deductions, but will make such efforts as it deems appropriate in correcting any such errors or omissions.

SECTION18.4. Deductions shall be remitted to the Darien School Maintenance Employees Union NIPSEU not later than twenty (20) days after the end of the preceding month during which deductions were made.

SECTION 18.5 - Orientation All new hires which are represented by the bargaining unit, within fifteen (15) days of their start date, shall be released from work, for one (1) hour without loss of pay, to attend a Union orientation. Management shall not be present during the Union's orientation

ARTICLE XIX
SNOW REMOVAL

Notwithstanding any prior practice or agreement to the contrary, the Board considers snow removal to be an essential function of the positions in the Union. All employees must report to work and participate in snow removal on weekends, prior to the start of school or when schools are closed for students, except as otherwise provided in ARTICLE X and unless the Employee has ***previously requested and been approved for a vacation or personal day.*** In addition, when schools are cancelled by the Superintendent and Employees report to work for snow removal, once the snow removal has been completed, those Employees may, at the discretion of the Director of Facilities, be excused from work without loss of pay.

ARTICLE XX
ENTIRE AGREEMENT

The provisions of this Agreement constitute the entire agreement between the Board and the Union and may be changed only in accordance with the provisions set forth herein, or by mutual agreement of the parties reduced to writing and signed by them.

ARTICLE XXI
DURATION

This Agreement shall become effective upon execution and shall remain in full force and effect without reopening of any kind except as provided in Article XII up to and including June 30, 2028 provided that if neither party hereto gives notice to the other in writing prior to February 1, 2028 that it desires to negotiate a successor to this Agreement, this Agreement shall continue in full force and effect for an additional year, and from year to year thereafter unless either party, prior to February 1 of any such year, gives the other party notice of its intention to terminate said Agreement.

IN WITNESS WHEREOF, the parties have caused their names to be signed on this 24th day of June, 2026

DARIEN BOARD OF EDUCATION

By Robin P. Nelson
Its Chairperson

DARIEN SCHOOL MAINTENANCE EMPLOYEES UNION-NIPSEU

By Gary Whitaker (Jan 15, 2026 10:29:33 EST)
Its President

Ronald J. Pugliese Jr., Esq.
Representative

APPENDIX A
WAGE RATES

For Fiscal Year 2025-2026
3.5% General Wage Increase

Classification	Regular Straight-Time Hourly Rate	After 10 Years	After 15 Years	After 20 Years
Groundskeeper II	$38.67	$39.29	$39.37	$39.44
Groundskeeper	40.61	41.22	41.30	41.41
Carpenter/Painter	52.28	52.87	49.93	53.07
Plumber	53.26	53.86	53.93	54.03
Electrician	53.26	53.86	53.93	54.03
HVAC Technician	53.26	53.86	53.93	54.03
Groundskeeper/Mechanic	53.26	53.86	53.93	54.03

For Fiscal Year 2026-2027
3.0% General Wage Increase

Classification	Regular Straight-Time Hourly Rate	After 10 Years	After 15 Years	After 20 Years
Groundskeeper II	$39.83	$40.47	$40.55	$40.63
Groundskeeper	41.83	42.46	42.54	42.65
Carpenter/Painter	53.85	54.45	54.55	54.67
Plumber	54.86	55.48	55.55	55.65
Electrician	54.86	55.48	55.55	55.65
HVAC Technician	54.86	55.48	55.55	55.65
Groundskeeper/Mechanic	54.86	55.48	55.55	55.65

For Fiscal Year 2027-2028
3.0% General Wage Increase
Classification

	Regular Straight-Time Hourly Rate	After 10 Years	After 15 Years	After 20 Years
Groundskeeper II	$41.02	$41.68	$41.77	$41.85
Groundskeeper	43.09	43.73	43.81	43.93
Carpenter/Painter	55.46	56.09	56.19	56.31
Plumber	56.50	57.14	57.22	57.32
Electrician	56.50	57.14	57.22	57.32
HVAC Technician	56.50	57.14	57.22	57.32
Groundskeeper/Mechanic	56.50	57.14	57.22	57.32

APPENDIX B

WAGE RATES FOR EMPLOYEES HIRED AFTER JULY 1, 2022

For Fiscal Year 2025-2026
3.5% General Wage Increase

	Regular Straight-Time Hourly Rate	After 10 years	After 15 Years	After 20 Years
Groundskeeper	$ 30.99	$ 31.14	$ 31.30	$ 31.45
Carpenter	$ 40.57	$ 40.78	$ 40.99	$ 41.18
Painter	$ 32.62	$ 32.79	$ 32.94	$ 33.11
Plumber	$ 41.60	$ 41.80	$ 42.01	$ 42.22
Electrician	$ 41.60	$ 41.80	$ 42.01	$ 42.22
HVAC	$ 41.60	$ 41.80	$ 42.01	$ 42.22
Mechanic	$ 41.60	$ 41.80	$ 42.01	$ 42.22

For Fiscal Year 2026-2027
3.0% General Wage Increase
Classification

	Regular Straight-Time Hourly Rate	After 10 years	After 15 Years	After 20 Years
Groundskeeper	$ 31.92	$ 32.08	$ 32.24	$ 32.40
Carpenter	$ 41.79	$ 42.00	$ 42.22	$ 42.42
Painter	$ 33.60	$ 33.77	$ 33.93	$ 34.10
Plumber	$ 42.84	$ 43.06	$ 43.27	$ 43.48
Electrician	$ 42.84	$ 43.06	$ 43.27	$ 43.48
HVAC	$ 42.84	$ 43.06	$ 43.27	$ 43.48
Mechanic	$ 42.84	$ 43.06	$ 43.27	$ 43.48

For Fiscal Year 2027-2028
3.0% General Wage Increase
Classification

	Regular Straight-Time Hourly Rate	After 10 years	After 15 Years	After 20 Years
Groundskeeper	$ 32.88	$ 33.04	$ 33.20	$ 33.37
Carpenter	$ 43.04	$ 43.26	$ 43.48	$ 43.69
Painter	$ 34.61	$ 34.79	$ 34.95	$ 35.13
Plumber	$ 44.13	$ 44.35	$ 44.57	$ 44.79
Electrician	$ 44.13	$ 44.35	$ 44.57	$ 44.79
HVAC	$ 44.13	$ 44.35	$ 44.57	$ 44.79
Mechanic	$ 44.13	$ 44.35	$ 44.57	$ 44.79

APPENDIX C

INSURANCE

(Begins on Next Page)

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 899-7070 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$2,500/person or $5,000/family for In-Network Providers. $2,500/person or $5,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive Care. Children's eye exam. For more information see below.	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 deductibles for specific services.
What is the out-of-pocket limit for this plan?	$5,000/person or $5,000/person + family or $10,000/family for In-Network Providers. $5,000/person or $5,000/person + family or $10,000/family for Out-of-Network Providers	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, 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-billing charges, health care this plan doesn't cover, and Out-of-Network Transplants.	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.anthem.com/find-care/?alphaprefix=AZL or call (833) 899-7070 for a list of network providers. Costs may	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

	vary by site of service and how the provider bills.	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	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	30% coinsurance	-----none-
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	$5/prescription (retail) and $10/prescription (home delivery)	30% coinsurance (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section.
	Typically Preferred Brand (Tier 2)	$35/prescription (retail) and $70/prescription (home delivery)	30% coinsurance (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	$40/prescription (retail) and $80/prescription (home delivery)	30% coinsurance (retail and home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	--------none--------
	Physician/surgeon fees	0% coinsurance	30% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	0% coinsurance	Covered as In-Network	--------none
	Emergency medical transportation	0% coinsurance	Covered as In-Network	--------none--------

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

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)	
	Urgent care	0% coinsurance	30% coinsurance	--------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	100 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	0% coinsurance	30% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient --------none--------
	Inpatient services	0% coinsurance	30% coinsurance	---------none--------
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	25% coinsurance	--------none--------
	Rehabilitation services	0% coinsurance	30% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	30% coinsurance	
	Skilled nursing care	0% coinsurance	30% coinsurance	220 days/benefit period for skilled nursing services.
	Durable medical equipment	0% coinsurance	30% coinsurance	*See Durable Medical Equipment section.
	Hospice services	0% coinsurance	30% coinsurance	---------none--------
If your child needs dental or eye care	Children's eye exam	No charge	30% coinsurance	*See Vision Services section.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	--------none--------

Excluded Services & Other Covered Services:

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

- Children's dental check-up
- Glasses for a child
- Weight loss programs
- Cosmetic surgery
- Long-term care
- Dental care (Adult)
- Routine foot care unless you have been diagnosed with diabetes

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

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

- Acupuncture
- Hearing aids 1 unit every 24 Months
- Private-duty nursing in a Home Setting only
- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult) 1 exam/benefit period (In-Network)
- Chiropractic care 50 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See www.bcbsglobalcore.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

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

Additionally, a consumer assistance program can help you file your appeal. Contact Connecticut Office of the Health Care Advocate, P.O. BOX 1543, Hartford CT 06144, (866) 466-4446, https://portal.ct.gov/oha, healthcare.advocate@ct.gov

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

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

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

About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ **The plan's overall deductible**	**$2,500**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,500
Copayments	$10
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$2,570**

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ **The plan's overall deductible**	**$2,500**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$2,500
Copayments	$700
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,220**

Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ **The plan's overall deductible**	**$2,500**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,500
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,500**

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

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document

Spanish
Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese
您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese
Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean
귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다

Tagalog
May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian
У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole
Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòma nan dokiman sa a.

Arabic
لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French
Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian
شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا نیاز اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian
Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցո՞ղ եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese
あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください」視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian
Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German
Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish
Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch
Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Summary of Benefits
Anthem Dental Essential Choice
Darien BOE - Maintenance
Anthem Dental Complete Network

Anthem BlueCross BlueShield

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?
See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
Annual Benefit Maximum	Contract Year		
· Per insured person		$2,000	$2,000
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover / Carry In		No/No	No/No
Orthodontic Lifetime Benefit Maximum			
· Per eligible insured person		$1,000	$1,000
Annual Deductible (Does not apply to Orthodontic Services)			
· Per insured person/Family maximum	Contract Year	$50/2X Individual	$50/2X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement:		90th percentile	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association

Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services		100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodic oral exam	2 per 12 months			
· Teeth cleaning (prophylaxis)	2 per 12 months, w/periodontal maintenance			
· Bitewing X-rays:	2 sets per 12 months			
· Full-mouth or Panoramic X-rays	1 per 36 months			
· Fluoride application:	1 per 12 months through age 19			
· Space Maintainers	1 per lifetime through age 18, posterior teeth			
· Consultation (second opinion)	1 per 12 months			
Basic Services		80% Coinsurance	80% Coinsurance	No Waiting Period
· Amalgam (silver-colored) Filling	1 per tooth per 12 months			
· Composite (tooth-colored) Filling	1 per tooth per 12 months			
posterior (back) fillings alternated to amalgam benefit (silver-colored filling)				
· Brush Biopsy (cancer test)	Covered, 1 per 12 months, all ages			
· Sealants	1 per 60 months, through age 16			
Endodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Root Canal and retreatments	1 per tooth per 24 months			
Endodontics (Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Apicoectomy and apexification	1 per tooth per 24 months			
Periodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Maintenance	4 per 12 months, w/teeth cleaning			
· Scaling and root planing	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Oral Surgery (Simple)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Simple Extractions	1 per tooth per lifetime			
Oral Surgery (Complex)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Surgical Extractions	1 per tooth per lifetime			
Major (Restorative) Services		80% Coinsurance	80% Coinsurance	No Waiting Period
· Crowns, onlays, veneers	1 per tooth per 60 months			
· Cosmetic teeth whitening	Not Covered			
Prosthodontics		50% Coinsurance	50% Coinsurance	No Waiting Period
· Dentures and bridges	1 per tooth per 60 months			
· Dental Implants	Not Covered			
Prosthodontic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs	1 per 12 months; 6 months after placement			
· Denture and bridge adjustments:	2 per 12 months; 6 months after placement			
Orthodontic Services				
·Dependent Children Only*		60% Coinsurance	60% Coinsurance	No Waiting Periods

*Child orthodontic runs through age 19. This means that the child must have been banded prior to their 20th birthday in order to receive coverage.

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association

Additional Services and Programs

Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable) No deductibles member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

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

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

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

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

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail

Anthem BCBS is the trade name for Anthem Health Plans, Inc 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, https://eoc.anthem.com/eocdps/. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 899-7070 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	$3,000/person or $6,000/family for In-Network Providers. $3,000/person or $6,000/family for Out-of-Network Providers.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive Care. Children's eye exam. For more information see below.	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 deductibles for specific services.
What is the out-of-pocket limit for this plan?	$6,000/person or $6,000/person + family or $12,000/family for In-Network Providers. $6,000/person or $6,000/person + family or $12,000/family for Out-of-Network Providers	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, 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-billing charges, health care this plan doesn't cover, and Out-of-Network Transplants.	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.anthem.com/find-care/?alphaprefix=AZL or call (833) 899-7070 for a list of network providers. Costs may	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

	vary by site of service and how the provider bills.	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	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/ immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	30% coinsurance	--------none--------
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	--------none--------
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	$5/prescription (retail) and $10/prescription (home delivery)	30% coinsurance (retail and home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section.
	Typically Preferred Brand (Tier 2)	$35/prescription (retail) and $70/prescription (home delivery)	30% coinsurance (retail and home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	$40/prescription (retail) and $80/prescription (home delivery)	30% coinsurance (retail and home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	--------none--------
	Physician/surgeon fees	0% coinsurance	30% coinsurance	--------none--------
If you need immediate medical attention	Emergency room care	0% coinsurance	Covered as In-Network	--------none--------
	Emergency medical transportation	0% coinsurance	Covered as In-Network	--------none--------

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

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)	
	Urgent care	0% coinsurance	30% coinsurance	---------none--------
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	100 days/benefit period for Inpatient rehabilitation.
	Physician/surgeon fees	0% coinsurance	30% coinsurance	--------none--------
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient ---------none--------
	Inpatient services	0% coinsurance	30% coinsurance	--------none--------
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	25% coinsurance	--------none--------
	Rehabilitation services	0% coinsurance	30% coinsurance	*See Therapy Services section.
	Habilitation services	0% coinsurance	30% coinsurance	
	Skilled nursing care	0% coinsurance	30% coinsurance	220 days/benefit period for skilled nursing services.
	Durable medical equipment	0% coinsurance	30% coinsurance	*See Durable Medical Equipment section.
	Hospice services	0% coinsurance	30% coinsurance	--------none--------
If your child needs dental or eye care	Children's eye exam	No charge	30% coinsurance	*See Vision Services section.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	---------none--------

Excluded Services & Other Covered Services:

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

- Children's dental check-up
- Glasses for a child
- Weight loss programs
- Cosmetic surgery
- Long-term care
- Dental care (Adult)
- Routine foot care unless you have been diagnosed with diabetes

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

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

- Acupuncture
- Hearing aids 1 unit every 24 months
- Private-duty nursing in a Home Setting only
- Bariatric surgery
- Infertility treatment
- Routine eye care (Adult) 1 exam/benefit period
- Chiropractic care 50 visits/benefit period combined with all other therapies
- Most coverage provided outside the United States. See www.bcbsglobalcore.com

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

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

Additionally, a consumer assistance program can help you file your appeal. Contact Connecticut Office of the Health Care Advocate, P.O. BOX 1543, Hartford CT 06144, (866) 466-4446, https://portal.ct.gov/oha, healthcare.advocate@ct.gov

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

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

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

About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ **The plan's overall deductible**	**$3,000**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$10
Coinsurance	$0
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,070**

Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ **The plan's overall deductible**	**$3,000**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$5,600**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$3,000
Copayments	$500
Coinsurance	$0
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,520**

Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ **The plan's overall deductible**	**$3,000**
■ **Specialist coinsurance**	**0%**
■ **Hospital (facility) coinsurance**	**0%**
■ **Other coinsurance**	**0%**

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

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$2,800
Copayments	$0
Coinsurance	$0
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$2,800**

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

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document

Spanish
Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese
您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese
Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean
귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다음 형식으로 된 이 문서를 요청하실 수 있습니다

Tagalog
May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian
У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole
Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòma nan dokiman sa a.

Arabic
لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French
Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian
شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت هویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian
Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցո՞ղ եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese
あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください」視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian
Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German
Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish
Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch
Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Blue View Vision℠
Darien Public Schools
July 1, 2020

Anthem

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	$0 copay	Up to $50 allowance	Once every plan year
Eyeglass Frames			
One pair of eyeglass frames	$180 allowance, then 20% off any remaining balance	Up to $52 allowance	Once every plan year
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses			
• Single vision lenses	$0 copay	Up to $40 allowance	Once every plan year
• Bifocal lenses	$0 copay	Up to $60 allowance	
• Trifocal lenses	$0 copay	Up to $80 allowance	
• Lenticular lenses	$0 copay	Up to $80 allowance	
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Transitions Lenses (for a child under age 19)	$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
• Standard polycarbonate (for a child under age 19)	$0 copay		
• Factory scratch coating	$0 copay		
Contact Lenses *(instead of eyeglass lenses)* Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional (non-disposable)	$150 allowance, then 15% off any remaining balance	Up to $105 allowance	Once every plan year
OR			
• Elective disposable	$150 allowance *(no additional discount)*	Up to $105 allowance	
OR			
• Non-elective (medically necessary)	Covered in full	Up to $210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than $39

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copay ment applies.
	• Transitions lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses[1]
	  • Standard
	  • Premium Tier 1
	  • Premium Tier 2
	  • Premium Tier 3
	  • Premium Tier 4
	• Anti-Reflective Coating[2]
	  • Standard
	  • Premium Tier 1
	  • Premium Tier 2
	  • Premium Tier 3
	• Other Add-ons
		$75
		$0
		$15
		$15
		
		$0
		$0
		$0
		$0
		$0
		
		$45
		$57
		$68
		$85
		20% off retail price

Additional Pairs of Eyeglasses Any time from any Blue View Vision network provider.	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	• Standard contact lens fitting[3] • Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier

[2] Please ask your provider for his/her recommendation as well as the available coating brands by tier

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET OPTICAL

GLASSES.COM contactsdirect 1800contacts LENSCRAFTERS TARGET OPTICAL Ray-Ban

glasses.com contactsdirect.com 1800contacts.com lenscrafters.com targetoptical.com ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM*

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

To Fax: 866-293-7373
To Email: ooncIaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.
Anthem Blue Cross and Blue Shield is the trade name of: In Connecticut: Anthem Health Plans, Inc. In Maine: Anthem Health Plans of Maine, Inc. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Blue View Vision℠
Darien Public Schools
July 1, 2020

Anthem

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Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

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Routine Eye Exam			
A comprehensive eye examination	$0 copay	Up to $50 allowance	Once every plan year
Eyeglass Frames			
One pair of eyeglass frames	$180 allowance, then 20% off any remaining balance	Up to $52 allowance	Once every plan year
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses:			
• Single vision lenses	$0 copay	Up to $40 allowance	Once every plan year
• Bifocal lenses	$0 copay	Up to $60 allowance	
• Trifocal lenses	$0 copay	Up to $80 allowance	
• Lenticular lenses	$0 copay	Up to $80 allowance	
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Transitions Lenses (for a child under age 19)	$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
• Standard polycarbonate (for a child under age 19)	$0 copay		
• Factory scratch coating	$0 copay		
Contact Lenses *(instead of eyeglass lenses)* Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional (non-disposable)	$150 allowance, then 15% off any remaining balance	Up to $105 allowance	Once every plan year
OR			
• Elective disposable	$150 allowance *(no additional discount)*	Up to $105 allowance	
OR			
• Non-elective (medically necessary)	Covered in full	Up to $210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

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Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than $39

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	• Transitions lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses[1]
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	  ◦ Premium Tier 3
	  ◦ Premium Tier 4
	• Anti-Reflective Coating[2]
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	  ◦ Premium Tier 3
	• Other Add-ons
		$75
		$0
		$15
		$15
		
		$0
		$0
		$0
		$0
		$0
		
		$45
		$57
		$68
		$85
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	• Standard contact lens fitting[3] • Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available coating brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

GLASSES.com contactsdirect 1800contacts LENSCRAFTERS OPTICAL Ray-Ban

glasses.com contactsdirect.com 1800contacts.com lenscrafters.com targetoptical.com ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM*

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-9515 to request a claim form.

To Fax: 866-293-7373
To Email: ooncIaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

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