

**PROFESSIONAL AGREEMENT**

**BETWEEN**

**BOZRAH BOARD OF EDUCATION**

**AND**

**BOZRAH FEDERATION OF TEACHERS**  
**LOCAL 2368 AFT-CT, AFL-CIO**

**July 1, 2014 through June 30, 2017**

July 10, 2013

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## TABLE OF CONTENTS

	<b>PAGE</b>
ARTICLE 1 - Professional Agreement.....	1
ARTICLE 2 - Preamble .....	1
ARTICLE 3 - Management Rights .....	1
ARTICLE 4 - Recognition.....	2
ARTICLE 5 - Severability .....	2
ARTICLE 6 - Salary Agreements.....	2
ARTICLE 7 - Evaluation/Personnel File.....	2
ARTICLE 8 - Grievance Procedure.....	3
ARTICLE 9 - Conference Leave .....	5
ARTICLE 10 - General Leave.....	6
ARTICLE 11 - Sabbatical Leave.....	6
ARTICLE 12 - Military Leave .....	6
ARTICLE 13 - Maternity And Childrearing Leave.....	7
ARTICLE 14 - Jury Duty .....	7
ARTICLE 15 - Exchange Or Foreign Teaching.....	8
ARTICLE 16 - Personal Days .....	8
ARTICLE 17 - Sick Leave .....	9
ARTICLE 18 - Insurance.....	9
ARTICLE 19 - Salary Level Definitions .....	11
ARTICLE 20 - Placement On The Salary Schedule.....	12
ARTICLE 21 - Salaries.....	13
ARTICLE 22 - Annuity Plan .....	13
ARTICLE 23 - Savings.....	13
ARTICLE 24 - Union Dues Deduction .....	13
ARTICLE 25 - Layoff And Recall .....	13
ARTICLE 26 - Teaching Assignments.....	14
ARTICLE 27 - Professional Growth .....	15
ARTICLE 28 - Board Policies.....	15
ARTICLE 29 - Professional Time .....	16
ARTICLE 30 - Coaches.....	16
ARTICLE 31 - Hours Of Work .....	16
ARTICLE 32 - Payroll.....	17
ARTICLE 33 - Duration .....	17
APPENDIX A - Salary Schedule.....	19
APPENDIX B-1 - CT Partnership Plan Summary Description.....	21
APPENDIX B-2 - Dental Insurance Program .....	26
APPENDIX B-3 - Prescription Benefit Program.....	28
APPENDIX B-4 - Vision Benefit.....	30

**ARTICLE 1**  
**PROFESSIONAL AGREEMENT**

This Agreement is made and entered into on the 23rd day of July, 2013, by and between the BOZRAH BOARD OF EDUCATION (hereinafter referred to as the “Board”) and the BOZRAH FEDERATION OF TEACHERS (hereinafter referred to as the “Federation”), affiliated with the American Federation of Teachers, AFT-CT, AFL-CIO.

**ARTICLE 2**  
**PREAMBLE**

This Agreement is negotiated under § 10-153a through § 10-153f of the General Statutes of the State of Connecticut, as amended.

**ARTICLE 3**  
**MANAGEMENT RIGHTS**

The Board has and will continue to retain, whether exercised or not, the sole right, responsibility and prerogative to direct the operation of the public schools in the town of Bozrah, including but not limited to the following: To maintain public elementary and secondary schools and such other educational activities as in its judgment will best serve the interests of the Town of Bozrah; to give the children of Bozrah as nearly equal advantage as may be practicable; to decide the need for school facilities; to determine the maintenance and operation of buildings, lands, apparatus and other properties used for school purposes; to determine the number, age and qualifications of the pupils to be admitted into each school; to employ, assign and transfer teachers, principals, and assistant principals or other certified personnel; to suspend or dismiss the teachers of the schools for just cause; to make provisions that will enable each child of school age residing in the Town to attend school for the period required by law and provide for the transportation of children wherever is reasonable and desirable; to prescribe rules for management, studies, classification and discipline for the public schools; to decide the textbooks to be used; to make rules for arrangement, use and safe-keeping of the school libraries and to approve the books selected therefore and to approve for school buildings; to prepare budgets and in its sole discretion, expend monies appropriated by the Town for the maintenance of the schools, and to make such transfers of funds within the appropriated budget as it shall deem desirable.

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

**ARTICLE 4**  
**RECOGNITION**

The Board recognizes the Federation for the purpose of negotiations as the exclusive bargaining representative for all certified professional employees who are employed by the Board in positions requiring a teacher or other certificate, and/or a durational shortage area permit (“DSAP”), and not included in the administrators unit or excluded from the purview of teacher negotiations pursuant to Connecticut General Statutes §10-153b.

Teachers holding a DSAP shall be covered by all terms and conditions of the collective bargaining Agreement, except course reimbursement, layoff and recall and just cause.

A DSAP holder shall not accrue seniority or length of service for any purpose in the Bozrah Public Schools. Notwithstanding the foregoing, if a DSAP holder becomes certified as a teacher and is retained by the Board as a teacher after receiving such certification, with no break in service, then the individual shall be credited with seniority and length of service for all purposes under this Agreement, retroactive to the first date of hire by the Board.

The Board shall have the right, in its sole discretion, not to renew and/or terminate the employment of a DSAP holder, and the DSAP holder shall have no right to file and/or pursue a grievance under this Agreement with respect to such action.

**ARTICLE 5**  
**SEVERABILITY**

In the event that any provision or portion of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of this Agreement shall remain in full force and effect.

**ARTICLE 6**  
**SALARY AGREEMENTS**

On or before July 1<sup>st</sup> of each year, the Board will issue a salary notification to each individual certified professional employee. The notification, when issued, must be signed and returned by the teacher within a two (2) week period.

**ARTICLE 7**  
**EVALUATION/PERSONNEL FILE**

- A. Evaluation shall be in accordance with the General Statutes of the State of Connecticut, §10-151b.

- B. Teachers shall have access to their personnel files in accordance with the General Statutes of the State of Connecticut, §10-151a, as amended. Each teacher shall be permitted to file a brief written statement concerning any item in the teacher's own personnel file with which the teacher disagrees.
- C. No material of any evaluatory or derogatory nature, other than for which copies have been furnished the teacher, shall be placed in the teacher's file. It is understood that any confidential or pre-employment references will only be used for pre-employment evaluation.

The Board shall continue its policy of treating these files with the highest degree of confidentiality. To that end, no person other than the principal, Superintendent, or his/**her** designee, or the Board of Education, shall have access to such files without the written consent of the teacher, except as otherwise required by law, and following statutory procedures.

## **ARTICLE 8**

### **GRIEVANCE PROCEDURE**

#### A. Purpose

The purpose of this procedure is to secure at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of teachers not in conflict with the welfare of students. Both parties agree that proceedings shall be kept as confidential as appropriate.

#### B. Definitions

1. A "grievance" is any complaint by a teacher or the Federation that his or her rights have been violated by the misapplication or misinterpretation of this collective agreement.
2. "Grievant" shall mean the teacher or teachers or the Federation making the claim.
3. "Days" shall mean calendar days.

#### C. Time Limits

1. Since it is important that the grievance be processed as rapidly as possible, the number of days indicated at each step shall be considered as the maximum. The time limits specified may, however, be extended by written agreement of the parties in interest.

2. If a teacher does not file a grievance in writing within fifteen (15) days after he/she knew, or should have known, of the act or condition on which the grievance is then the grievance shall be considered to have been waived.
3. Failure by the teacher at any level to appeal a grievance to the next level within the specific time limits shall be deemed to be acceptance of the decision rendered at that level.

D. Informal Procedures

1. If a teacher feels that he may have a grievance, he/she may first discuss the matter with the school principal in an effort to resolve the problem informally.

If the individual teacher so desires, a Federation representative may accompany him as an observer. The Federation, as the recognized representative of the teachers, has the right to grieve any violation of the negotiated contract. It is understood that the Federation has the right to represent a teacher(s), who so wishes, in any grievance procedure.

2. If the teacher is not satisfied with such disposition of the matter, he/she shall have the right to have the Federation assist in further efforts to resolve the problem informally with the principal or other administrator.
3. It should be understood that if a teacher chooses to attempt to informally resolve a grievance, this does not relieve the teacher of the obligation to file the grievance in writing within the required timeframe set forth in Section C2 above.

E. Formal Procedures

1. Level One - School Principal

If the teacher or Federation is not satisfied with the outcome of the informal procedures, it may present its claim as a written grievance to the principal within fifteen (15) days after it knew or should have known of the act or condition upon which the grievance is based. The principal shall, within five (5) days after the receipt of the written grievance, render his or her decision in writing, stating that the grievance is either upheld or denied, with copies given to the teacher, the Superintendent of Schools and the Federation.

2. Level Two - Superintendent of Schools

If the teacher or the Federation is not satisfied with the disposition of the grievance at Level One, it may, within ten (10) days after the receipt of the principal's decision, file an appeal in writing to the Superintendent and such writing shall set forth specifically the act or condition on which the grievance was based on Level One, the section of the contract alleged to be involved, its

disposition at Level One, the grounds on which the appeal is based, and the remedy requested.

The Superintendent and/or his/her representative shall meet with the teacher or Federation within fifteen (15) days after receipt in writing by him of such appeal and shall give his/her decision in writing to the teacher or Federation within ten (10) days of such meeting stating that the grievance is either upheld or denied.

3. Level Three - Board

In the event that the teacher or Federation is not satisfied with the disposition of the grievance at Level Two, the Federation may, within ten (10) days after the decision, file a written grievance indicating such dissatisfaction with the Board of Education, via the secretary of the Board.

Within twenty (20) days after receiving the written grievance, the Board or a committee of the Board shall schedule a meeting with the grievant for the purpose of resolving the grievance. The decision shall be given in writing to the grievant within fifteen (15) calendar days of said meeting stating that the grievance is either upheld or denied.

Nothing contained above shall be considered as preventing the Superintendent at Level Two or the Board at Level Three from requiring the involved principal and/or immediate supervisor to be present.

4. Level Four - Arbitration

In the event that the Federation is not satisfied with the disposition of the grievance at Level Three, it may, within twenty (20) days, refer the matter to the American Arbitration Association for binding arbitration. The costs of arbitration shall be shared equally by the Union and the Board of Education. The arbitrator designated shall be bound by and must comply with all the terms of this agreement and shall have no power to add to, subtract from, or in any way modify the provisions of this agreement or render a decision contrary to law.

**ARTICLE 9**  
**CONFERENCE LEAVE**

Each teacher may be permitted one day each year for attendance at recognized educational meetings or for visiting some school system. The arrangements for visiting must be made in advance and the complete plans approved by the principal and the Superintendent at least one week in advance. If the attendance and projected expenses are approved, those costs will be paid by the Board on presentation of receipts. Also, if attendance is required by the Board, mileage will be paid to and from the educational meeting at the rate of the current IRS rate per mile using Fields Memorial School as the basis for measurement. Mileage reimbursement for required

attendance at an educational meeting will be made only to teachers who can demonstrate that they were actually required to drive an automobile.

**ARTICLE 10**  
**GENERAL LEAVE**

Extended leaves, with or without salary, may be granted at the discretion of the Board. If the Board has already paid all or a part of the cost of any insurance or other benefit covering the period of such leave, it must be repaid prior to the commencement of such leave. A teacher may continue to participate in group insurance plans and other available benefits at his/her own expense during the period of leave if the teacher pays the Board the total cost of the insurance benefit during that period at least two (2) weeks before the Board would regularly make its payment or payments.

**ARTICLE 11**  
**SABBATICAL LEAVE**

- A. Teachers may be granted sabbatical leave in order to improve the educational program of the system and to stimulate professional growth.
- B. The criteria to be used by the Board in granting requests for sabbatical shall be:
  - 1. Length of service of the applicant;
  - 2. Value of the leave to the school.
- C. Application for sabbatical shall be made before December 31 of the year preceding the year of leave.
- D. Sabbatical leave shall be unpaid, but a teacher may continue to participate in group insurance plans at his/her own expense during the period of leave if the teacher pays the Board the total cost of the insurance benefit during that period at least two (2) weeks before the Board would regularly make its payment or payments.
- E. At the expiration of the sabbatical leave, the teacher shall be restored to his/her position or like position, fringe benefits pay, and seniority based upon the number of years at the time leave commences.
- F. No more than one teacher at any time may be on sabbatical leave.

**ARTICLE 12**  
**MILITARY LEAVE**



In conformance with the law, the Board of Education shall provide military leave for its employees.

**ARTICLE 13**  
**MATERNITY AND CHILDREARING LEAVE**

- A. Maternity Leave: In conformance with the law, the Board of Education shall provide maternity leave to its employees.
  
- B. Childrearing Leave: Any teacher shall be entitled, upon request submitted to the Superintendent, to a leave without pay for the purposes of childrearing, apart from any period of childbirth disability leave. Such teacher shall be entitled to such leave for any school year, or a reasonable portion thereof, in which the child is born or adopted. A teacher may also be entitled, upon request submitted to and approved by the Superintendent, to one additional school year of child rearing leave, without pay, if requested by the teacher. Child-rearing leave must terminate on the first day of work of the school year only. The teacher shall submit notice of return to active duty or request additional leave by March 1 of the school year prior to the school year in which the teacher intends to return from leave. Notice of intent shall be submitted by a written or email communication received by the Superintendent prior to the March 1<sup>st</sup> deadline. A teacher's failure to submit notice of intent to return by the deadline indicated shall constitute a resignation of employment.

During any period of child-rearing leave, and to the extent that any such leave is not considered FMLA qualifying leave, a teacher may continue to participate in group insurance plans (if permitted by the insurance carrier(s)) at his/her own expense during the period of leave if the teacher pays the Board the total cost of the insurance benefit during that period at least two (2) weeks before the Board would regularly make its payment or payments.

- C. Teachers requesting maternity or child rearing leave, leave shall submit written notice not less than sixty (60) days prior to the anticipated date of commencing such leave.
  
- D. At the expiration of any childrearing leave, the teacher shall be restored to a position of like nature, fringe benefits, pay, and seniority, based on the number of years at the time childrearing leave commences, provided that the teacher remains eligible for reinstatement under other rules and regulations of the Board.

**ARTICLE 14**  
**JURY DUTY**

Any teacher who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from sick leave or personal leave. The staff

member shall receive a rate of pay equal to the difference between the professional salary and the jury fee.

**ARTICLE 15**  
**EXCHANGE OR FOREIGN TEACHING**

The Board will consider any application for leave of absence for the purpose of exchange teaching or Peace Corps teaching. Where the leave of absence has been granted, arrangements will be made in advance covering the teacher's return to the Bozrah School System, including the teacher's credit, if any, for the period the teacher has been on leave.

**ARTICLE 16**  
**PERSONAL DAYS**

Occasional absences, not to exceed six (6) days per year, non-cumulative and without loss of pay, will be permitted to a teacher for personal days.

Written requests for personal days will be made to the school principal for:

- Attendance at weddings or funerals in the teacher's family or circle of friends.
- Death or illness in the immediate family.
- Religious holidays.
- Extraordinary circumstances and obligations of a personal nature which cannot be carried on at any other time.

When requesting permission for leave for extraordinary circumstances, it will be necessary for the teacher to state where the individual will be and why this specific request is being made for four (4) of the days; for the remaining two (2) days of the six total days, a teacher need only state that the reason is personal with no additional explanation required. Personal leave may not be taken prior to or after a holiday except for reasons listed in the contract.

Except in cases of emergency, notice shall be given to the school principal at least forty-eight (48) hours in advance of the need for personal day leave taking. Again, except in case of emergency, absences of the above nature must be approved in advance by the school principal.

Immediate family is defined as including a parent, a brother or sister, or any other person who, preceding death, has been a member of the same household as the teacher.

Leave not covered by this Article 16 may be granted under the provisions of General Leave, Article 10.

**ARTICLE 17**  
**SICK LEAVE**

A. Sick Leave

1. Teachers shall be entitled to fifteen (15) days of sick leave per year with full pay for use for personal illness or injury. A teacher may use up to five (5) of these days for the illness of an immediate family member. For the purposes of this section, the parties agree to use the definition of immediate family member used for personal leave.

Unused sick leave shall be accumulated as to one hundred sixty (160) days, so long as the teacher remains continuously in the service of the Board. Teachers shall be compensated for up to one hundred sixty (160) days of unused sick leave at a rate of \$10 per day upon retirement. Teachers shall notify the Board of their intention to retire by January 1st of the year of retirement.

2. Lawful deductions for retirement will continue to be charged against the teacher's salary contract during the leave time as long as there is salary in the contract to cover this deduction.
3. A notification of sick leave accumulated to September 1st will be given to each teacher during the first month of each school year.
4. Teachers who are to be absent because of illness shall call the principal or his/her designee as far in advance as is possible to notify him/her of anticipated days of absence. The administration may require a doctor's certificate when teachers are habitually or frequently absent because of illness.

B. Severance Pay

Any teacher who has taught full time for twenty (20) years in the Bozrah School System, who is at least fifty-five (55) years old and who is eligible for "normal retirement" in accordance with state statute shall, upon retirement, receive 2% of his/her salary for the current year. To be eligible for such pay a teacher must give the Board of Education written notice by December 31, prior to retirement. Payment shall be made in the year in which the teacher retires.

**ARTICLE 18**  
**INSURANCE**

A. Health Insurance Plan:

The Board shall provide for each teacher and eligible dependents, group medical benefits. The Connecticut Partnership Plan shall be implemented as the health and dental insurance program during fiscal year 2013-14. Implementation will take place based upon the guidelines of the Connecticut Partnership Plan. For more information, copies of the plans are on file in the office of the Superintendent. Copies of the summary plan designs are affixed hereto as Appendix B-1.

The share of premium costs for such insurance shall be:

<u>Fiscal Year</u>	<u>Board</u>	<u>Employee</u>
2013-14	86%	14%
2014-15	86%	14%
2015-16	85%	15%
2016-17	84%	16%

B. Deduction Authorization:

To be eligible to receive shared-cost group health insurance benefits, each participating teacher must authorize, in writing, deduction of the teacher's share from his/her pay.

C. Life Insurance:

The Board shall provide \$40,000 of term life insurance benefits at no cost to participants.

D. Insurance Benefits for Part-time Teachers:

Any part-time bargaining unit teacher working twenty (20) hours per week or more may request insurance benefits. Coverage is limited to those working twenty (20) hours a week or more. An employee working more than twenty (20) hours per week but less than full-time shall be eligible for insurance coverage, and the Board shall pay for such benefits in proportion to the part-time teacher's salary percentage, less any premium contribution paid by the teacher generally applicable to insurance, with the remaining costs of insurance to be borne by the teacher (e.g. a teacher working .6 and receiving .6 salary shall have the first 60% of insurance costs paid by the Board, less any applicable premium cost share paid by the teacher, with the teacher paying the full costs of the remaining 40% of premium costs).

E. Dental Insurance - Connecticut Partnership Plan Option 7:

The Board will pay 86% of the premium of a basic co-pay dental plan for the teacher and eligible dependents.

F. Vision Rider:

The Board will pay 86% of the premium of a vision rider.

G. Change of Carrier/Plan:

The Board of Education reserves the right to change insurance carriers at any time so long as it gives prior notice to the Federation and so long as the coverage under the substituted insurance carrier's policy is substantially similar considering administration and benefits. Once the Federation is notified that the Board intends to change insurance carriers the Federation has fifteen calendar days to examine the new insurance carrier's proposal. If the Federation feels that the coverage under the new proposal is not substantially similar it must object to the change in writing during that fifteen days. If the parties are unable to informally resolve the matter within the following thirty days an arbitrator with expertise in the field of insurance shall be mutually selected or, if the parties cannot agree, shall be selected forthwith by the American Arbitration Association. The arbitrator shall be asked to decide the following question: Is the coverage under the substituted insurance carrier's proposal substantially similar to the current insurance carrier's policy considering administration and benefits? The arbitrator must render his/her decision within thirty days. In a situation where a complaint has been lodged by the Federation, the Board will not institute the new insurance coverage until an agreement has been reached or until an arbitrator has decided that the substituted coverage is substantially similar to the current coverage. The Board of Education may change insurance carriers not more than once every two (2) years.

H. Stipends in Lieu of Insurance:

Any teacher who is eligible for insurance and, at the beginning of the school year, elects in writing not to participate in the package of health insurance plans provided by the Board of Education, shall receive in a payment lieu thereof. Such payment of Two Thousand Dollars (\$2,000) shall be made at the time of the election. The Board reserves the right to limit the number of teachers who may elect this option if the group would be reduced to a size that would be charged a higher premium because of the smaller size of the group. Also, it is understood that this benefit can only be implemented to the extent permitted by the Board's insurance carrier(s), without any additional cost to the Board. This election may be exercised annually, in writing, at the beginning of the school year or at the time of initial employment.

A teacher who is not eligible for insurance because he or she is employed by the Board and working less than twenty (20) hours per week on or before September 1, 2010 shall be eligible to receive a pro-rata annual lump sum payment in lieu of insurance, based on the salary percentage for which the part-time teacher is paid (e.g. a teacher working a .4 schedule and receiving .4 salary shall receive a payment of .4 times the \$2,000 stipend in lieu of insurance). Any teacher hired after September 1, 2010 or whose assignment is reduced below twenty (20) hours per week after September 1, 2010 shall not be eligible for this stipend.

**ARTICLE 19**  
**SALARY LEVEL DEFINITIONS**

The salary schedules listed in the appendices of this Agreement shall be interpreted and applied in accordance with the following definitions:

- |    |                     |  |
|----|---------------------|--|
| A. | LEVEL I Bachelor    | A Baccalaureate degree earned at an accredited college or university.  |
| B. | LEVEL II 30 CREDITS | Thirty credits received in an approved program at an accredited college or university.   |
| C. | LEVEL III MASTER    | A Master's degree earned at an accredited college or university.   |
| D. | LEVEL IV SIXTH YEAR | A Sixth Year Certificate earned at an accredited college or university or, if the college or university does not offer a formal sixth year certificate then a statement from a responsible college office certifying that the teacher has completed a planned program beyond the Master's degree that is equivalent to the requirements of colleges and universities offering the sixth year certificate, or two (2) Masters Degrees or a Master's Degree plus 30 credits in a content or job related field. |

A teacher who anticipates completion of advanced training that may affect his/her salary must notify the Superintendent of that fact in writing prior to March 1<sup>st</sup> of the school year preceding the school year that a salary adjustment is anticipated. It is understood that salary adjustments for advanced training will be effective only at the beginning of the school year for advanced training completed prior to the beginning of that school year.

Evidence of satisfactory completion of the advanced training shall be presented by the teacher to the Superintendent from a responsible official of the institution at which the advanced training was secured. Such evidence must be presented prior to the beginning of the school year.

**ARTICLE 20**  
**PLACEMENT ON THE SALARY SCHEDULE**

Bargaining unit teachers may be given one year of credit for each year of teaching experience preceding the appointment to teach in Bozrah. The percentage of the salary step for part-time bargaining unit teachers shall be based on the percentage of hours of assigned duties in relation to a full-time teaching position, as follows:

Annual salary/number of work days/hours of day x number of hours worked.

Recalled teachers and teachers returning from leave shall be reinstated at the equivalent step and benefit eligibility as held at the time of layoff, except that no teacher will return to a higher step than the one he/she would have returned to if no layoff or leave occurred.

**ARTICLE 21**  
**SALARIES**

The salary schedules for the three years of the contract are set forth in Appendix A which is attached and incorporated herein.

**ARTICLE 22**  
**ANNUITY PLAN**

Teachers shall be eligible to participate in a “tax sheltered” annuity plan established under 26 USC 403(b).

The plan, before being put into effect must receive the approval of the Board.

**ARTICLE 23**  
**SAVINGS**

The Board agrees to permit voluntary deductions for teachers who enroll in the Core Plus Federal Credit Union.

**ARTICLE 24**  
**UNION DUES DEDUCTION**

All members of the bargaining unit hired after July 1, 1989, shall, as a condition of continued employment, join the Federation or pay to the Federation an agency fee equal to the proportion of Federation dues uniformly required of Federation members to underwrite the costs of collective bargaining, contract administration, and grievance adjustment. The Federation shall notify the Board of the applicable dues or agency fee rate thirty (30) days before the start of school.

The Federation agrees to indemnify and hold the Board of Education harmless against any and all claims, demands, suits, damages and costs, including attorney’s fees or any other form of liability that may arise out of, or by reason of, actions taken by the Board of Education for the purpose of complying with the provisions of this Article.

**ARTICLE 25**  
**LAYOFF AND RECALL**

A. Layoff

If termination of a teaching position with the Bozrah School System becomes necessary, the determination of such layoff of personnel shall first be made in accordance seniority with the system.

In the event two or more teachers are in the situation of having equal years of seniority, then the following criteria shall be used in the order listed to determine the layoff:

1. Non-tenured personnel before tenured;
2. Certification status pursuant to Connecticut General Statutes §10-145b;
3. Degree status, e.g., BA v. (BA+30 and above);
4. Total years of teaching experience in the Bozrah system;
5. Total number of years teaching experience which includes teaching service outside the Bozrah system which was credited by the Bozrah Board of Education at the time of employment; and
6. Other qualifications which are in the interest of the school system as determined by the Board of Education.

B. Recall

The recall policy shall be the last teacher laid off will be the first teacher rehired provided such person meets qualifications for the available certified position. The period of recall shall be one (1) calendar year from the date the teacher's employment is terminated.

**ARTICLE 26**  
**TEACHING ASSIGNMENTS**

- A. Teachers initially employed by the Board shall receive their grade and/or subject assignment from the Superintendent's office.
- B. Teachers already in the system shall receive notification of their major program for the ensuing school year before the end of the school session in June except in unusual circumstances.
- C. Any teacher transferred involuntarily shall be given the opportunity to discuss the transfer with the administration.
- D. All vacancies in the school system occurring during the school year shall be posted on the faculty bulletin board at least fifteen (15) calendar days prior to the closing date of applications. In the event that such vacancies arise during the summer months after the



close of school, teachers who leave forwarding address shall be mailed notice at least fifteen (15) calendar days prior to the closing date of applications.

**ARTICLE 27**  
**PROFESSIONAL GROWTH**

Teachers who meet the following conditions shall receive partial reimbursement for the cost of tuition incurred in taking college level courses:

1. The particular courses must be approved by the Superintendent in advance. The Superintendent's decision is final and not subject to the grievance procedure;
2. The teacher must receive at least a "B" grade for the entire course. A transcript or other official record of such grade must be provided;
3. Requests for reimbursement shall be based upon a first-come first-served basis until all available funds are allotted;
4. Prior to each school year the Board, in its sole discretion, shall designate how much money will be available to the staff for course reimbursement. In no case less than \$5,000 per fiscal year. A deadline for applications shall be set;
5. Any teacher whose course is approved shall submit evidence of the costs of tuition and the Board shall, if all conditions are met, reimburse the teacher 75% of such agreed upon costs;
6. No teacher shall receive reimbursement for more than one course in any school year unless, after the deadline has passed, and after all applications have been approved or disapproved, the amount of funds designated for that year have not been exhausted. Teachers intending to seek reimbursement for more than one course should apply for all courses at the same time, in order of preference.
7. In no case shall reimbursement for a single course exceed \$500.

**ARTICLE 28**  
**BOARD POLICIES**

The Board shall provide teachers with access to a copy of Board policies which shall include complete updated text of this Agreement or any successor agreement.

All rights, power, authority and prerogatives of the Board shall continue to remain exclusively vested in the Board unless specifically limited by the express provisions of this Agreement.

**ARTICLE 29**  
**PROFESSIONAL TIME**

Professional time is time spent performing duties other than teaching or supervising children. All teachers shall be guaranteed a minimum of forty-two (42) consecutive-minutes per day and not less than two hundred ten (210) minutes professional time in a five day normal work week. Any other time may be allocated according to the administration's scheduling requirements. In like manner, part-time teachers will receive professional time as defined above in proportion to their classroom (teaching) time, again in accordance to the administration's scheduling requirements.

**ARTICLE 30**  
**COACHES**

Positions shall be posted when vacant. Applicants shall be selected based upon qualifications as determined by the Board of Education, with priority given to members of the bargaining unit. Only applicants who have expressed an interest or who have volunteered will be appointed. In the event that no qualified bargaining unit member applies for a vacant coaching position, an outside applicant may be appointed.

For 2014-2015:

Boys basketball	\$2,073	Basketball Supervisor	\$518
Girls basketball	\$2,073	Soccer Supervisor	\$518
Soccer coach	\$2,073		
Spring Intra	\$778		

For 2015-2016

Boys basketball	\$2,094	Basketball Supervisor	\$523
Girls basketball	\$2,094	Soccer Supervisor	\$523
Soccer coach	\$2,094		
Spring Intra	\$786		

For 2016-2017

Boys basketball	\$2,136	Basketball Supervisor	\$533
Girls basketball	\$2,136	Soccer Supervisor	\$533
Soccer coach	\$2,136		
Spring Intra	\$802		

**ARTICLE 31**  
**HOURS OF WORK**

Beginning with the 1992-93 school year, the seven-half days previously used for CEU activities will become full days, with the half days before Thanksgiving, Christmas, and on the last day of school remaining.

The normal work day is seven and one-quarter (7.25) hours. Beginning in 1998-99, the work year shall be 184 days. In 2014-15 the student year shall increase by one day to 181 days, total work year for teachers shall be 185 days. In 2015-16 the work year shall increase by one professional development day to equal 186 work days. Two evening Parent-Teacher Conferences shall be scheduled on full days, and one half-day conference for the fall and spring. To compensate for the extra evening conferences, two half-days shall be scheduled on the Fridays before Martin Luther King and Memorial Day. These days are early release for both students and staff. One Open House per year will be held in the evening. Teachers are required to be at work 15 minutes before the start of the student day, and remain 15 minutes after.

Teachers will be required to attend eighteen (18) hours of additional professional development meetings and/or professional learning community meetings, to be determined at the discretion of the Superintendent. These meetings shall, on average, not exceed two (2) hours in duration and shall not occur on the last work day before Thanksgiving or Christmas, on student vacation days, or on the last day of the student school year.

The parties recognize that the Board has the right to set the school calendar for students, notwithstanding any contrary language in the collective bargaining agreement. If the Board changes the students' calendar or schedule in a manner that triggers a duty to engage in impact bargaining, the parties shall engage in such impact bargaining in accordance with applicable statutory procedures.

The Federation may submit in writing any suggestion for the school calendar before March 1st.

## **ARTICLE 32**

### **PAYROLL**

Teachers, prior to the start of the year, may choose to receive either twenty-two (22) equal payments during the school year, or twenty-one (21) payments during the school year with one balloon payment equivalent to five pay periods made at the end of the school year. The first paycheck shall be distributed on the first Thursday of the school year.

## **ARTICLE 33**

### **DURATION**

All terms and conditions set forth in this Agreement shall commence July 1, 2014 and the expiration date shall be June 30, 2017.

This Agreement entered into as of the day and year first written above.

BOZRAH BOARD OF EDUCATION

By \_\_\_\_\_  
Deborah Smith, Chairperson

BOZRAH FEDERATION OF TEACHERS

By \_\_\_\_\_  
Laurie Swanson, President

*Bozrah***APPENDIX A-1****2013-2014**

<b>STEP</b>	<b>BA</b>	<b>BA+30</b>	<b>MA</b>	<b>6TH YR</b>
1	41,251	43,276	45,285	46,661
2	43,004	45,048	47,109	48,486
3	44,942	47,038	49,122	50,495
4	47,075	49,193	51,346	52,700
5	49,408	51,564	53,752	55,111
6	51,924	54,132	56,340	57,698
7	54,637	56,882	59,144	60,502
8	57,678	59,832	62,147	63,486
9	60,645	62,979	65,314	66,669
10	63,924	66,327	68,740	70,132
11	67,117	69,556	72,008	73,414
12	70,532	73,005	75,495	76,918

Note: Total cost = 2.78%, distribution is 2.78% GWI + NO step.

## APPENDIX A-1

### 2014-2015

STEP	BA	BA+30	MA	6TH YR
1	41,251	43,276	45,285	46,661
2	43,004	45,048	47,109	48,486
3	44,942	47,038	49,122	50,495
4	47,075	49,193	51,346	52,700
5	49,408	51,564	53,752	55,111
6	51,924	54,132	56,340	57,698
7	54,637	56,882	59,144	60,502
8	57,678	59,832	62,147	63,486
9	60,645	62,979	65,314	66,669
10	63,924	66,327	68,740	70,132
11	67,117	69,556	72,008	73,414
12	70,532	73,005	75,495	76,918
13	71,943	74,465	77,005	78,456

Note: Total cost = 3.71%, New step 13 2% over Step 12 + step.

### 2015-2016

STEP	BA	BA+30	MA	6TH YR
1	41,664	43,709	45,738	47,128
2	43,434	45,498	47,580	48,971
3	45,391	47,508	49,613	51,000
4	47,546	49,685	51,859	53,227
5	49,902	52,080	54,290	55,662
6	52,443	54,673	56,903	58,275
7	55,183	57,451	59,735	61,107
8	58,255	60,430	62,768	64,121
9	61,251	63,609	65,967	67,336
10	64,563	66,990	69,427	70,833
11	67,788	70,252	72,728	74,148
12	71,237	73,735	76,250	77,687
13	72,662	75,210	77,775	79,241

Note: Total cost = 2.28%, 1% GWI + Step in January 2016.

**2016-2017**

<b>STEP</b>	<b>BA</b>	<b>BA+30</b>	<b>MA</b>	<b>6TH YR</b>
1	42,497	44,583	46,653	48,070
2	44,303	46,408	48,532	49,950
3	46,299	48,459	50,605	52,020
4	48,497	50,679	52,897	54,292
5	50,900	53,121	55,375	56,775
6	53,492	55,766	58,041	59,440
7	56,287	58,600	60,930	62,329
8	59,420	61,639	64,024	65,403
9	62,476	64,881	67,286	68,682
10	65,854	68,330	70,816	72,250
11	69,144	71,657	74,183	75,631
12	72,662	75,210	77,775	79,241
13	74,115	76,714	79,330	80,826

Note: Total cost = 5.67%, 2% GWI +step.

**APPENDIX B-1**  
**Connecticut Partnership Plan Summary Description**

<b>POINT OF SERVICE PLAN</b>		
<b>GENERAL</b>	<b>IN-NETWORK SERVICES</b>	<b>OUT-OF-NETWORK SERVICES</b>
<b>Covered Person Annual Deductible</b>	\$350 per person, \$1400 family maximum* (Waived for Enrollees in Health Enhancement Plan (HEP))	\$300 individual, \$600 two person, \$900 family
<b>Out of Network Cost Share (Coinsurance) after meeting Deductible)</b>	Not Applicable	20% of allowable charges + 100% of billed charges in excess of allowable charges
<b>Covered Person Cost Share Limit (excluding Deductible)</b>	Not Applicable	\$2000 individual, \$4000 family
<b>Covered Person Out-of-Pocket Maximum per year (deductible + cost shares)</b>	\$350 per person, \$1400 family maximum	\$2300 individual, \$4900 family
<b>Lifetime Maximum</b>	None	None
<b>Person responsible for obtaining Prior Authorization</b>	Participating Provider or Physician	Member
<b>PREVENTIVE SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>Well Child Care:</b> 7 exams from birth to 1 year of age 7 exams 1 through 5 years of age 1 exam every Calendar Year 6 through 18 years of age	No co-pay*	Deductible plus Coinsurance
<b>Adult Physical Exams:</b> 1 exam per Calendar Year ages 19 & older	No co-pay*	Deductible plus Coinsurance
<b>Preventive Gynecological Visits</b>	No co-pay*	Deductible plus Coinsurance
<b>Mammography</b> One baseline screening for females aged 35-39. One mammogram every Calendar Year for females age 40 & older, if recommended by the patient's Physician	No co-pay*	Deductible plus Coinsurance
<b>Immunizations and Vaccinations</b> Includes those needed for travel	No co-pay*	Deductible plus Coinsurance
<b>Vision Exams</b>  Calendar Year Limit	\$15 co-pay  1 exam per year	Deductible plus 50% of allowable charges  1 exam every other year
<b>Routine Hearing Screening</b> Calendar Year Limit	\$15 co-pay 1 exam per year (when performed as part of an exam)	Deductible plus Coinsurance 1 exam every other year (when performed as part of an exam)

\*Non-HEP members must satisfy deductible before being covered at "no co-pay" for all in-network services



**Appendix B-1**  
**CT Partnership Plan Summary Description**  
**(Continued)**

<b>POINT OF SERVICE PLAN</b>		
	<b>IN-NETWORK SERVICES</b>	<b>OUT-OF-NETWORK SERVICES</b>
<b>MEDICAL SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>Medical Office Visit</b> Includes in-office surgical procedures	\$15 co-pay	Deductible plus Coinsurance
<b>Medical Services</b> Performed by Physician in any setting other than an Office Visit.	No co-pay	Deductible plus Coinsurance
<b>Outpatient Surgery</b> performed in hospital or licensed ambulatory surgery center (Includes colonoscopy) <b>Prior Authorization may be required</b>	No co-pay	Deductible plus Coinsurance
<b>Walk-in Center</b> (Non-emergency, excludes physical exams and preventive services)	\$15 co-pay	Deductible plus Coinsurance
<b>Allergy Office Visit/Testing</b>	\$15 co-pay	Deductible plus Coinsurance
<b>Allergy Injections</b> Immunotherapy or other therapy treatments	No co-pay	Deductible plus Coinsurance
<b>Maternity Outpatient (first visit only)</b>	\$15 co-pay	Deductible plus Coinsurance
Infertility Services— <b>Office Visit</b>	\$15 co-pay	Deductible plus Coinsurance
<b>HOSPITAL SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>All Inpatient Admissions including Childbirth</b> <b>(Prior Authorization required)</b>	No co-pay	Deductible plus Coinsurance
<b>Specialty Hospital</b> <b>(Prior authorization required)</b> Utilization limit	No co-pay None	Deductible plus Coinsurance 60 days per Covered Person
<b>Skilled Nursing Facility</b> <b>(Prior authorization required)</b> Utilization limit	No co-pay None	Deductible plus Coinsurance 60 days per Covered Person
<b>Inpatient Hospice Care</b> <b>(Prior authorization required)</b> Utilization limit	No co-pay None	Deductible plus Coinsurance 60 days per Covered Person
<b>OTHER HEALTHCARE SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>High Cost Radiological &amp; Diagnostic Tests:</b> MRI, MRA, CAT, CTA, PET and SPECT scans <b>(Prior authorization required)</b>	No co-pay	Deductible plus Coinsurance
<b>Diagnostic, Laboratory and X-ray Services</b>	No co-pay	Deductible plus Coinsurance
<b>Radiation Therapy</b>	No co-pay	Deductible plus Coinsurance
<b>Nutritional Counseling</b> Maximum of 3 visits per Covered Person per Calendar Year	No co-pay	Deductible plus Coinsurance

**Appendix B-1**  
**CT Partnership Plan Summary Description**  
**(Continued)**

<b>POINT OF SERVICE PLAN</b>		
<b>OTHER HEALTHCARE SERVICES</b>	<b>IN-NETWORK Patient Share</b>	<b>OUT-OF-NETWORK Patient Share</b>
<b>Home Health Care</b>	No Co-pay	Deductible plus Coinsurance
<b>Utilization Limits</b>	200 visits per year	200 visits per year
<b>In-Home Hospice</b>	No Co-pay	Deductible plus Coinsurance
<b>Utilization Limits</b> Medical/Social Services for family members, subject to benefit maximum <b>\$420 per year</b>	200 visits per year	200 visits per year
<b>Durable Medical Equipment and Prosthetic Devices</b>	No co-pay	Deductible plus Coinsurance
<b>Infusion Therapy</b> Unlimited	No co-pay	Deductible plus Coinsurance
<b>EMERGENCY/ URGENT CARE SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>Emergency Room Treatment</b> Waived if patient admitted to hospital	\$35	\$35
<b>Urgent Care Clinic</b>	\$15	\$15
<b>Walk-in Clinic</b>		Deductible plus Coinsurance
<b>Emergency Ambulance</b>		No Co-pay
<b>OUTPATIENT REHABILITATION SERVICES</b>	<b>Patient Share</b>	<b>Patient Share</b>
<b>Physical or Occupational Therapy</b> Prior Authorization may be required <b>In network: unlimited</b>	No co-pay	Deductible plus Coinsurance  30 visits per year
<b>Chiropractic Therapy</b> <b>In network: unlimited</b>	No co-pay	Deductible plus Coinsurance 30 visits per year
<b>Speech therapy:</b> Covered only for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx <b>In network: Unlimited</b>	No co-pay	Deductible plus Coinsurance  30 visits per Calendar Year
<b>Autism Services:</b> <b>Behavioral Therapy</b> <b>Outpatient Rehabilitation</b> <b>Physical, occupational, and speech therapy</b>	No co-pay	Deductible plus Coinsurance
<b>Cardiac Rehabilitation Therapy</b>	No co-pay	Deductible plus Coinsurance

**Appendix B-1**  
**CT Partnership Plan Summary Description**  
**(Continued)**

<b>POINT OF SERVICE</b>		
<b>OUTPATIENT SERVICES</b>	<b>IN NETWORK Patient Share</b>	<b>OUT-OF-NETWORK Patient Share</b>
<b>Other Services:</b> <b>Radiation therapy:</b> <b>Chemotherapy for treatment of cancer</b> <b>Electroshock Therapy</b> <b>Kidney Dialysis in Hospital or free-standing dialysis center</b>	No co-pay	Deductible plus Coinsurance
<b>Durable Medical Equipment</b> <b>Home Oxygen</b> <b>Diabetic equipment and supplies</b>		Deductible plus Coinsurance
<b>Hearing Aid Coverage limited to Dependent children up to 12 years of age, maximum benefit of \$1000 per 24 month period</b>		No co-pay
<b>Prosthetic Devices &amp; Appliances</b>		Deductible plus Coinsurance
<b>Specialized Formula</b>		Deductible plus Coinsurance
<b>Wig</b> —Covered only for patient who suffers hair loss as result of chemotherapy (Maximum \$350 per Covered Person per Calendar Year)		No co-pay
<b>Foot Orthotics</b> —Coverage limited to orthotics prescribed for diabetics		Deductible plus Coinsurance
<b>Medical and Ostomy Related Services</b>	No co-pay	Deductible plus Coinsurance

**Appendix B-1**  
**CT Partnership Plan Summary Description**  
**(Continued)**

<b>POINT OF SERVICE PLAN</b>		
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE</b>	<b>IN-NETWORK Patient Share</b>	<b>OUT-OF-NETWORK Patient Share</b>
<b>Outpatient Treatment for Mental Health Care</b> Prior Authorization required Inpatient Hospital Services In a Hospital or Residential Treatment Center for Mental Health Care Per Admission <b>Prior Authorization required</b>	\$15  Same as Inpatient Cost-Share	Deductible plus Coinsurance  Same as above
<b>Substance Abuse</b> <b>Outpatient:</b> <b>Prior Authorization e required</b>  <b>Inpatient Rehabilitation Treatment</b> for Substance Abuse Care In a Hospital or Substance Abuse Treatment Facility Per Admission <b>Prior Authorization required</b>	\$15  No co-pay	Deductible plus Coinsurance  Deductible plus Coinsurance
<b>PENALTY</b>		
Penalty for Failure to Obtain Prior Authorization for Covered Services		\$500 or 20% of allowable charges, whichever is less, plus 100% of billed amount in excess of allowable charges

**Note: For Out-of-Network services the Covered Person is responsible for the difference between the Maximum Allowed Amount (MAA) and total charges in addition to deductible and coinsurance.**

## APPENDIX B-2

UnitedHealthcare  
Options PPO/covered dental services

partnership (high) dental plan  
Custom 7 /U95

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
<b>Individual Annual Calendar Year Deductible</b>	\$0	\$0	\$0	\$0
<b>Family Annual Calendar Year Deductible</b>	\$0	\$0	\$0	\$0
<b>Maximum</b> <i>(the sum of all Network and Non-Network benefits will not exceed annual maximum)</i>	\$1500 per person per Calendar Year	\$1500 per person per Calendar Year	\$1500 per person per Lifetime	\$1500 per person per Lifetime
<b>New enrollee's waiting period:</b>				
<b>Annual deductible applies to preventive and diagnostic services</b>			No (In Network)	No (Out Network)
<b>Annual deductible applies to orthodontic services</b>			No	
<b>Orthodontic eligibility requirement</b>			Child (up to age 19)	
COVERED SERVICES*	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
<b>DIAGNOSTIC SERVICES</b>				
<b>Periodic Oral Evaluation</b>	100%	100%	Limited to 2 times per consecutive 12 months.	
<b>Radiographs</b>	100%	100%	Bite-wing: Limited to 1 series of films per Calendar Year. Complete/Panorex: Limited to 1 time per consecutive 36 months.	
<b>Lab and Other Diagnostic Tests</b>	100%	100%		
<b>PREVENTIVE SERVICES</b>				
<b>Prophylaxis (Cleanings)</b>	100%	100%	Limited to 2 times per consecutive 12 months.	
<b>Fluoride Treatment (Preventive)</b>	100%	100%	Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months.	
<b>Sealants</b>	100%	100%	Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.	
<b>Space Maintainers</b>	100%	100%	For Covered Persons under the age of 16 years, limited to 1 per consecutive 60 months.	
<b>BASIC SERVICES</b>				
<b>Restorations (Amalgam or Anterior Composite)*</b>	80%	80%	Multiple restorations on one surface will be treated as a single filling.	
<b>Emergency Treatment / General Services</b>	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: When clinically necessary.	
<b>Simple Extractions</b>	80%	80%	Limited to 1 time per tooth per lifetime.	
<b>Oral Surgery (includes surgical extractions)</b>	80%	80%		
<b>Periodontics</b>	80%	80%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.	

Appendix B-2  
Dental Insurance Program (Continued)

<b>Endodontics</b>	80%	80%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
<b>Relining and Rebasing Dentures</b>	80%	80%	Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months
<b>Repairs to Full Dentures, Partial Dentures, Bridges</b>	80%	80%	Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 time per consecutive 6 months.
<b>MAJOR SERVICES</b>			
<b>Inlays/Onlays/Crowns*</b>	67%	67%	Limited to 1 time per tooth per consecutive 60 months.
<b>Dentures and other Removable Prosthetics</b>	67%	67%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
<b>Fixed Partial Dentures (Bridges)*</b>	67%	67%	Once per tooth per consecutive 60 months.
<b>ORTHODONTIC SERVICES</b>			
<b>Diagnose or correct misalignment of the teeth or bite</b>	50%	50%	

\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*The network percentage of benefits is based on the discounted fees negotiated with the provider.

\*\*\*The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

*The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.*

*UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.*

04/08 ©2008-2009 United HealthCare Services, Inc

## APPENDIX B-3

# Your Personal Prescription Benefit Program

Your prescription benefit plan, administered by CVS Caremark, is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescriptions. On the reverse side, you will find details about the State of Connecticut Maintenance Drug Network, which offers two ways for you to save on your long-term medications.

	<b>Acute Medications</b> For short-term medications (Up to a 30-day supply)	<b>Maintenance Medications</b> For long-term medications (Up to a 90-day supply) (Mandatory Mail or State of CT Maintenance Drug Network* after 1st 30-day fill at retail)	<b>Diabetes Maintenance Medications</b> For long-term medications (Up to a 90-day supply) (already in place)	<b>Health Enhancement Program Only</b> Enrolled participants with Asthma/ COPD, Heart Failure/Heart disease, Hyperlipidemia, or Hypertension qualify for reduced copays on condition-related maintenance medications (Up to a 90-day supply)
<b>Where</b>	The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and CVS/pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care representative toll-free at 1-800-318-2572.	You have the convenience of getting your long-term medications through CVS Caremark Mail Service Pharmacy or dispensed at one of our 7,100 CVS/pharmacy locations as well as a retail pharmacy that participates in the State of Connecticut Maintenance Drug Network. When you use CVS Caremark Mail Service Pharmacy, your medications can be sent directly to your home or office.		
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	\$5 for a generic prescription	\$5 for a generic prescription	\$0 for a generic prescription	\$0 for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	\$20 for a preferred brand-name prescription	\$10 for a preferred brand-name prescription	\$0 for a preferred brand-name prescription	\$5 for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	\$35 for a non-preferred brand-name prescription	\$25 for a non-preferred brand-name prescription	\$0 for a non-preferred brand-name prescription	\$12.50 for a non-preferred brand-name prescription
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.			
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-800-318-2572.			
<b>All plans are mandatory generic.</b> If the use of the brand is medically necessary, doctors can obtain the Coverage Exception Form from Customer Care or the State of CT Comptroller's website at <a href="http://www.osc.state.ct.us/empref/indxhlth.htm">http://www.osc.state.ct.us/empref/indxhlth.htm</a> and fax to CVS Caremark's Clinical Department 866-443-1172.				

\* State of Connecticut Maintenance Drug Network- All CVS/pharmacies are included in the State of Connecticut Maintenance Drug Network. Other retail pharmacies interested in joining can log on to [www.caremark.com](http://www.caremark.com) and click on "For Pharmacists and Medical Professionals" for more information.

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



# Frequently Asked Questions

## ABOUT THE CVS CAREMARK RETAIL NETWORK

### Will I receive a new ID card when I enroll in the Health Enhancement Program?

No, your existing State of CT ID card can continue to be used. If you have lost your ID card or need additional ID cards, please call a Customer Care representative toll-free at 1-800-318-2572.

### Do I only have to use a CVS/pharmacy?

CVS Caremark pharmacy network contains more than 64,000 participating retail pharmacies which includes pharmacy chains and independent pharmacies. You can use any participating pharmacy to fill your acute (short-term) medications (30 day supply or less).

Beginning Oct. 1, 2011 for maintenance medications (long-term), you are allowed one 30 day -fill only at any participating retail pharmacy. After the first 30 day fill, you must fill your prescription through the CVS Caremark Mail Service Pharmacy, CVS/pharmacy or other pharmacies that participate in the State of Connecticut Maintenance Drug Network (currently in development).

## ABOUT MAIL SERVICE and the STATE OF CONNECTICUT MAINTENANCE DRUG NETWORK

### Where can I fill maintenance prescriptions?

The choice is yours. You can order 90-day supplies of maintenance medications at:

**Mail Service:** Register for mail service by phone (FastStart® toll free at 1-800-875-0867 from 7am CT Mon – Friday) or log on to [www.caremark.com/faststart](http://www.caremark.com/faststart) and sign in or register, if necessary. Have your Prescription Card number, the names of your medicines, your doctor's information and your payment information ready. We handle the rest.

**CVS/pharmacy** – Visit your local CVS/pharmacy. If you are currently using CVS/pharmacy to fill your maintenance medications, you can continue to do so. Your CVS/pharmacist can dispense your 90-day supply of a maintenance medication for one copay.

**State of Connecticut Maintenance Drug Network** – Fill your maintenance medications at a participating State of Connecticut Maintenance Drug Network Pharmacy. If your pharmacy is participating in the State of Connecticut Maintenance Drug network, you can use the pharmacy to dispense your 90-day supply of a maintenance medication.

### How long does it take for my prescriptions to arrive by mail?

Please allow 7-10 days for delivery from the time the order is placed. You can check your refill status on-line or by calling toll-free at 1-800-318-2572. **Please note:** Mail order packaging accommodates all temperature sensitive drugs.

### How should I ask my doctor or other prescriber to write my prescription in order to receive the maximum benefit for my maintenance medication?

Remind your doctor or other prescriber to write a "90-day supply plus refills," when clinically appropriate, for maintenance medications. CVS Caremark must fill your prescription for the exact quantity of medication that your doctor or healthcare provider prescribes, up to your plan design limit. When you need to take your maintenance medication right away, ask your doctor or other prescriber for two prescriptions:

- The **first** for up to a 30-day supply
- The **second** for up to a 90-day supply, with refills when clinically appropriate

Have the short-term supply filled immediately at any CVS Caremark participating retail pharmacy. Then you have the choice to fill your maintenance medication using Mail Service Pharmacy, CVS/pharmacy, or a pharmacy participating in the State of Connecticut Maintenance Drug Network.

## ABOUT THE CVS CAREMARK DRUG LIST

### What is a drug list?

It is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of preferred brand-name medications and generic medications whenever possible. Generic medications are therapeutically equivalent to brand-name medications and must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness. Generally, generic medications cost less than brand-name medications. You can get a drug list by either visiting [www.caremark.com](http://www.caremark.com) or by calling Customer Care toll-free at 1-800-318-2572.

### Where can I get a drug list brochure?

You can get a drug list brochure by visiting [Caremark.com](http://Caremark.com) or by calling a Customer Care Representative toll-free at 1-800-318-2572. To save money, have your doctor or other prescriber choose a generic or preferred brand-name medication from the CVS Caremark Drug List, if appropriate. You may want to take the list with you when you visit your doctor or other prescriber.

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**APPENDIX B-4**  
**VISION PLAN D**

<b>Routine Eye Exam</b>	
	\$15 Copay
	One routine eye exam per member per calendar year.
<b>Frames and Lenses</b>	
Frames for prescription lenses	1 set of appliances per calendar year (total reimbursement up to \$150 frames and lenses)
Single Vision Lenses -	
Bifocal Lenses -	
Trifocal Lenses -	
<b>One Set of Glasses or Contacts per Calendar Year</b>	
<b>Prescription Contact Lenses</b>	
	1 Reimbursement for hard or soft contacts up to \$225 per calendar year
<b>Contact Lenses Fitting</b>	
	1 Reimbursement for contact fitting up to \$120 per calendar year
<b>Additional Coverage</b>	
Mail Order Vision Products	EYEGASSES.COM 12% Off VISIONDIRECT 15% Off
Laser Vision Correction	Multiple Providers 5 - 15% Off
Optometry	Multiple Providers 10 - 50% Off