
AGREEMENT

between the

SALISBURY BOARD OF EDUCATION

and the

**SALISBURY CENTRAL SCHOOL
FACULTY ASSOCIATION**

July 1, 2013 - June 30, 2016

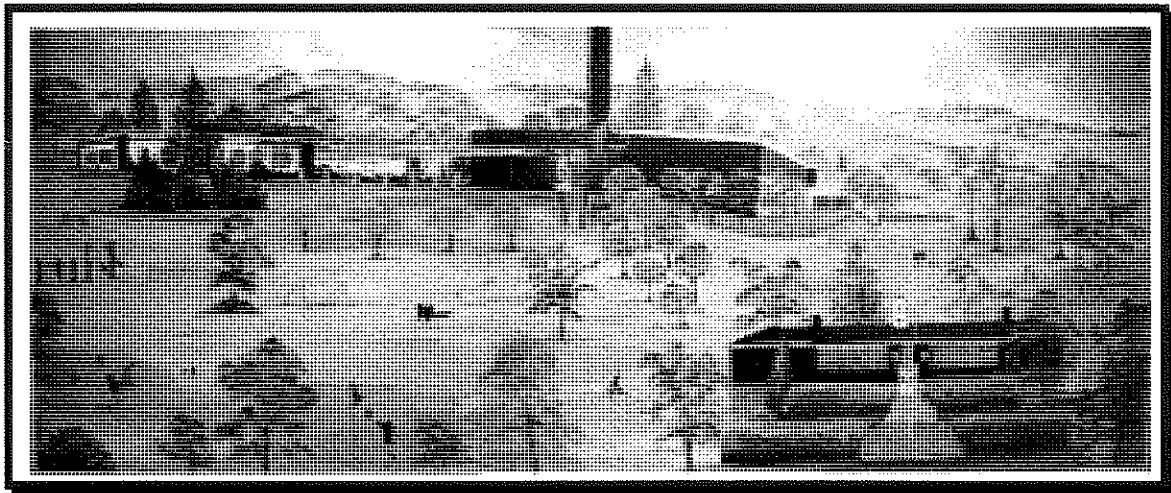


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AGREEMENT

This Agreement is between the Salisbury Board of Education (hereinafter referred to as the "Board"), and the Salisbury Faculty Association (hereinafter referred to as the "Association").

ARTICLE 1 RECOGNITION

- 1-1 The Board recognizes the Association as the exclusive representative of all the certified professional employees of the Board, employed in positions requiring a teaching or special services certificate or durational shortage area permit, for the purpose of negotiations with respect to salaries and other conditions of employment about which either party wishes to negotiate pursuant to Connecticut General Statutes §10-153a – 10-153g. The Association recognizes the Board as the employer vested with the sole and exclusive powers and authorities to direct and administer the operation of the school district. The Board retains all rights as prescribed by law subject only to the limitations imposed by the language of this Agreement.
- 1-2 The Board reserves the right to themselves alone to establish policies and take administrative action as mandated under the statutes of the State of Connecticut.
- 1-3 The term "teacher" as used in this Agreement, except where otherwise specifically indicated, is considered to apply to all teachers described in Section 1-1 above and shall mean a person employed in a position requiring a certificate issued by the State Board of Education and included in the teachers unit as defined by §10-153(b) of the Connecticut General Statutes.
- 1-4.1 The term "Superintendent" as used in this agreement is considered to apply to the Superintendent, Assistant Superintendent or anyone acting in that capacity.
- 1-5 "RSSC" shall mean Regional Schools Services Center.
- 1-6 "Length of Service" shall mean continuous employment with this Board of Education from the teacher's last date of hire.
- 1-7 "The Region" shall mean the seven school districts including the Housatonic Valley Regional High School and the school districts located in the towns of Canaan, Cornwall, Kent, North Canaan, Salisbury and Sharon.

ARTICLE 2 NEGOTIATION

- 2-1 Matters Not Covered by Terms of the Agreement
- 2-1.1 The Board and the Association agree to abide by Connecticut General Statutes §10-153f(e).

2-2 Severability

- 2-2.1 In the event that any provision or portion of this agreement is illegal or 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.
- 2-2.2 This Agreement shall not be altered, amended, or changed except in writing after mutual agreement of the parties and after ratification by duly authorized groups and signed by the Board and the Association which writing shall be appended hereto and become part hereof.

ARTICLE 3
GRIEVANCE PROCEDURE

3-1 Definitions

- 3-1.1 A "grievance" shall mean a complaint by a teacher or group of teachers or the Association covered by this Agreement that there has been to him/her or them an injury or inconvenience because of a violation or inequitable application of the terms of this Agreement or the conditions of employment, except that the term "grievance" shall not apply to (a) any matter for which a method of review is prescribed by law; (b) any rule or regulation of the State Commissioner of Education; (c) any by-law of the Board of Education; (d) any matter which according to law is either beyond the scope of the Board authority or limited to unilateral action by the Board alone; (e) complaint of a non-tenured teacher which arises by reason of his/her not being re-employed; or (f) a complaint by any certified personnel occasioned by appointment to or lack of appointment to, retention in or lack of retention in any position for which tenure is either not possible or not required.
- 3-1.2 "Days" shall mean days when school is in session except during the period July 1 - August 31 when "days" shall mean Monday, Tuesday, Wednesday, Thursday, Friday.
- 3-1.3 "Party in interest" shall mean the teacher or teachers making the complaint, including their designated representatives as provided herein.
- 3-1.4 "Forms" shall mean the appropriate forms as appended hereto in Appendix D.

3-2 Purpose

- 3-2.1 The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to the problems which may occasionally arise affecting the welfare or working conditions of teachers. Both parties agree that these proceedings shall be kept as informal and confidential as may be appropriate at any level of the procedure.
- 3-2.2 Nothing herein contained shall be construed as limiting the right of any party in interest having a grievance or dispute to discuss the matter informally with any appropriate member of the administration.

3-3 Procedure

- 3-3.1 Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum and every effort shall be made to expedite the process. The time limits specified may, however, be extended by written agreement of the parties in interest.
- 3-3.2 In the event a grievance is filed on or after June 1, the time limits set forth herein shall be reduced so that the grievance procedure may be exhausted prior to the end of the school term or as soon thereafter as is practicable.
- 3-3.3 If a teacher(s) does not file a written grievance with their immediate supervisor within thirty (30) days after the teacher(s) knows or should have known of the act or condition on which the grievance is based, then the grievance shall be waived. A grievance filed with the Professional Rights and Responsibilities Committee must reach Level One within thirty (30) days of the date of the grievance.

3-4 Level One - Principal or Immediate Supervisor

- 3-4.1 A teacher or group of teachers of the unit with a grievance or dispute shall first discuss it with his/her or their immediate supervisor or Principal, either directly or through the representative of the aggrieved, with the objective of resolving the matter informally.
- 3-4.2 If a teacher or group of teachers is not satisfied with the outcome of the informal grievance procedures as defined in the above, then the teacher or teachers shall present his/her or their claim as a written grievance to the Principal on Form 1.
- 3-4.3 The Principal shall, within five (5) days after receipt of the written grievance, render his/her decision in writing to the aggrieved on form 2 in duplicate.
- 3-4.4 One copy of form 2 is to be returned to the Principal by the aggrieved within three (3) days with a response indicated.

3-5 Level Two - Superintendent of Schools

- 3-5.1 In the event that the aggrieved is not satisfied with the disposition of his/her grievance at Level One, or in the event that no written decision has been rendered by the Principal within five (5) days after presentation of the written grievance, he/she or his/her representative may file within three (3) days of the decision or within eight (8) days after the formal presentation a written grievance with the Superintendent of Schools on form 1.
- 3-5.2 The Superintendent shall represent the administration at this level of the grievance procedure. Within ten (10) days after receipt of the written grievance by the Superintendent, the Superintendent shall meet with the aggrieved and/or his/her representatives in an effort to resolve it.

3-5.3 The Superintendent shall, within seven (7) days after the hearing, render his/her decision in writing to the aggrieved on form 3 in duplicate.

3-5.4 One copy of form 3 is to be returned to the Superintendent by the aggrieved within three (3) days with a response indicated.

3-6 Level Three - Board of Education

3-6.1 In the event that the aggrieved is not satisfied with the disposition of his/her grievance at Level Two, or in the event no decision has been rendered within ten (10) days after he/she has first met with the Superintendent, he/she or his/her representative may file within three (3) days of the decision or within thirteen (13) days after the formal presentation a written grievance, indicating such dissatisfaction, with the Board on form I.

3-6.2 A committee of the Board shall, within ten (10) days after receipt of the appeal, meet with the aggrieved and/or his/her representative for the purpose of resolving the grievance.

3-6.3 The Board shall, within thirty (30) days after such meeting, render its decision and the reasons therefore in writing to the aggrieved on form 4 in duplicate.

3-6.4 The aggrieved shall return one copy of form 4 to the chairman of the Board within three (3) days with a response indicated.

3-7 Level Four - Arbitration

3-7.1 If the aggrieved is not satisfied with the disposition of his/her grievance at Level Three, he/she may within three (3) days after the decision, or within thirty-six (36) days after the Board meeting, request, in writing on form 1 to the president of the Association that his/her grievance be submitted to arbitration.

3-7.2 The Association shall, within five (5) days after receipt of such request, render its determination to the Board and to the aggrieved on form 5 as to whether or not the grievance is meritorious and the reasons therefore.

3-7.3 If the grievance is deemed meritorious by the Association, the chairman of the Board and the president of the Association shall, within five (5) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competence and indicate such on form 5. If the parties are unable to agree upon an arbitrator within five (5) days, the American Arbitration Association shall immediately be called upon to select the single arbitrator. The Board and the Association shall be bound by the rules and procedures of the American Arbitration Association.

3-7.4 The arbitrator selected shall confer promptly with representatives of the Board and the Association, shall review the record of prior hearings, and shall hold such further hearings with the aggrieved and other parties in interest as he/she shall deem requisite.

- 3-7.5 The arbitrator shall limit himself/herself to the issues submitted and shall consider nothing else. He/she can neither add anything to nor subtract anything from the Agreement between the parties.
- 3-7.6 The arbitrator shall, within ten (10) days after the close of the hearings, render his/her decision in writing to all parties in interest, setting forth his/her findings of fact, reasoning, and conclusion on the issues submitted. The decision of the arbitrator shall be final and binding upon all parties in interest.
- 3-7.7 The costs for the services of the arbitrator shall be borne equally by the Board and the Association.
- 3-8 Rights of Teachers to Representation
- 3-8.1 No reprisals of any kind shall be taken by the Board or by any member of the administration or by the Association or aggrieved against anyone by reason of participation in the grievance procedure or support of any participant thereto.
- 3-8.2 Representation at any level of the grievance procedure shall be limited to the grievant and/or an authorized Association representative, except that only the Association may present a grievance at Arbitration.
- 3-9 Miscellaneous
- 3-9.1 All documents, communications, and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.
- 3-9.2 Copies of the forms to be used in processing a grievance and for reporting decisions and recommendations shall be made available by the Superintendent and the chairman of the Professional Rights and Responsibilities Committee of the Association.

ARTICLE 4
TERMINATION AND RECALL PROCEDURES

4-1 General Statement of Policy

It is recognized that under State law the Board has the responsibility to maintain good public elementary and secondary schools and to implement the educational interests of the State. However, recognizing also that it may become necessary to eliminate professional staff positions in certain circumstances, this policy is adopted to provide a fair and orderly process should such eliminations become necessary.

4-2 Procedure

- 4-2.1 The Board may, in the first instance, exercise its right and power to reduce the number of teaching staff positions without determining which teacher contracts will be terminated, if

any, or what other staffing changes will be made to effectuate the purpose of position elimination.

4-2.2 Prior to commencing action to terminate teacher contracts under this policy, the Board will give due consideration of its ability to effectuate position eliminations and/or reduction in staff by:

- a. Voluntary retirements
- b. Voluntary resignations

4-2.3 If the position of a teacher who has attained tenure status is eliminated by the Board, such teacher will have the right to be placed in an available position for which he or she is certified and qualified. Available positions shall include those held by non-tenured teachers.

4-2.4 When the Board votes to eliminate a position in a department or subject area, the following criteria shall apply in determining what teaching contracts, if any, will be subject to termination. The criteria shall be applied sequentially and are:

- (a) Certification
- (b) Total continuing paid teaching experience in the school district. Unpaid leaves of less than one school year shall not be considered an interruption of "total continuing paid teaching experience."
- (c) Performance as determined by written summary evaluation.
- (d) In the event that the application of the criteria (a) (b) (c) is not sufficient to determine which teacher's contract will be subject to termination, the date of contract signing will be the determining factor.

4-3 Recall Procedure

If the contract of employment of a teacher is terminated because of elimination of teaching positions, the name of that teacher shall be placed on a reappointment list and remain on such list for a period of two (2) years. If a position becomes open during such two (2) year period, teachers shall be recalled in the inverse order of being laid off, provided said teacher is certified and qualified for said position. The teacher will be notified in writing by certified mail, return receipt requested, sent to his/her last known address, at least thirty (30) days prior to the anticipated date of reemployment. In determining whether a teacher is qualified for reappointment, the Board shall consider criteria as set forth in 4-2.4 above. The teacher shall accept or reject the reappointment in writing within ten (10) days of receipt of notice. If the appointment is accepted, the teacher shall receive a written contract of employment within twenty (20) days of receipt of the teacher's reply by the Board. If the teacher rejects the appointment offer or does not respond according to this procedure within ten (10) days, the name of the teacher will be removed from the recall list.

- 4-4 The provisions of Article 4-1 and 4-2.1 shall not be subject to the grievance procedure as set forth in Article 3.
- 4-5 This article shall not apply to employees holding durational shortage area permits. These individuals have no contractual right in reference to layoff and/or recall.

ARTICLE 5
PROTECTION OF TEACHERS

- 5-1 Teachers shall report immediately in writing to their Principal or immediate supervisor and to the Superintendent all cases of assault or legal action suffered by them in connection with their employment.
- 5-2 The Board and the Association recognize the "Protection of Teachers" as provided for in Connecticut General Statutes.

ARTICLE 6
USE OF TEACHER VEHICLES

- 6-1 Insurance on Vehicles
- 6-1.1 The Board is protected, under the non-ownership clause of its transportation insurance, against judgment arising from accidents in which a school teacher, using his/her personal vehicle on school business, is involved. The first claim, however, is placed against the owner of the vehicle.
- 6-2 Mileage reimbursement where authorized by the Board will be at the rate specified by the I.R.S. and adjusted as per date of publication by the I.R.S.

ARTICLE 7
LEAVES

- 7-1 Personal Illness
- 7-1.1 Fifteen days of sick leave per year, effective September 1 will be granted to each teacher. Unused sick leave may be accumulated to a number of days equal to that of one work year. If the accumulated sick leave is exceeded, salary deductions thereafter will be at the per diem rate of full salary until employment of the teacher is terminated.
- 7-1.2 A medical certificate is required for sick leave of any duration if a teacher's absence from duty occurs frequently or habitually and when, in the judgment of the Principal, evidence indicates reasonable cause for requiring such a certificate.
- 7-1.3 The Board agrees that the first thirty (30) school days of any approved leave covered by Workers' Compensation will not be counted as sick leave. A teacher receiving Workers'

Compensation pay shall receive a rate of pay equal to the difference between his/her earned salary and Workers' Compensation pay for the first thirty (30) days of the teacher's leave, unless greater coverage is required by law. Beyond the first thirty (30) days of the teacher's leave, except in cases covered by Connecticut General Statutes Section 10-236a, the teacher may use accumulated sick leave up to sixty (60) days on a pro-rated basis to supplement his/her workers' compensation temporary disability benefits so that the teacher receives full pay.

7-1.4 After accumulated sick leave has been exhausted a leave of absence will be granted without pay to the end of the school year for extended illness, injury or disability (including disability arising out of pregnancy) occurring during the summer or within the school year. However, determination should be made by June 15 as to whether the teacher will be able to return to full-duty status the following September or whether a replacement should be hired. In the event of full recovery after a replacement has been hired, the teacher will be given special consideration when there is a vacancy in an equivalent position.

(a) All insurance, retirement, and other teacher benefits shall continue in force for any teacher on leave without pay, provided that the teacher pays all premiums, contributions, and other costs requisite to keep such benefits in force during such period.

7-2 Family Illness

7-2.1 Where the teacher's presence is required, up to three days leave per year, non-cumulative, will be granted by the Principal for illness of a teacher's child, spouse, spouse's parent, parent or dependent. Section 7-2.1 also applies to partners in a legally recognized civil union.

7-3 Bereavement

7-3.1 Up to five days leave at any one time, non-cumulative, will be granted by the Principal for death in the immediate family - here defined as husband, wife, either spouse's parent or legal guardian, grandparent, grandchild, child, sister, brother, or other relative/dependent living within the teacher's household. Section 7-3.1 also applies to partners in a legally recognized civil union.

7-4 Personal Leave

7-4.1 When arrangements cannot be made by the teacher for a time outside of the regular school day, each teacher is entitled to two (2) days personal business leave per year, non-cumulative, with full pay. Personal business leave generally refers to business that cannot be transacted outside of school hours including, but not limited to, the following: attendance at the graduation exercise or travel to a graduation of self or an immediate family member, marriage of self or a member of the immediate family, and compulsory legal matters. Such leave shall be granted the day before or the day after a holiday or vacation period provided the teacher submits a specific statement of the reasons for the

leave and the Superintendent or his/her designee approves the request. Permission for leave requests shall not be arbitrarily or unreasonably withheld.

7-4.2 In the case of religious holidays, up to three (3) days per year may be granted with no resulting loss in personal days.

7-4.3 Notification of personal or religious leave must be made in writing at least five (5) school days in advance, except in emergencies which prevent such advance notice.

7-4.4 Section 7-4.1 also applies to personal affairs involving partners in a legally recognized civil union that cannot be conducted outside of the regular school day.

7-5 Sabbatical Leave

7-5.1 Desiring to reward professional performance and encourage independent research and achievement, the Board hereby initiates the policy of sabbatical leave for teachers for approved scholarly programs whether or not carried on in an academic institution, subject to the following conditions. It is understood that the granting of sabbatical leaves is within the discretion of the Board of Education.

- (a) Not more than one teacher in the Salisbury Central School shall be absent on sabbatical leave at any one time.
- (b) Request for sabbatical leave must be received by the Superintendent in writing in such form as may be required by the Board no later than December 31 of the year preceding school year for which the sabbatical leave is requested. The Board shall reply within a thirty (30) day period.
- (c) The teacher has completed at least seven consecutive full school years of service in the school district.
- (d) Salary paid to a teacher on sabbatical leave shall be paid at the rate of three-fourths (3/4) of his/her basic salary which would have been in effect had he/she remained in the system, proportionate with the length of the leave.
- (e) The teacher shall agree to return to employment in the Salisbury Public Schools for one full year for each one-half year's leave. Upon such return the teacher shall be placed on the appropriate step in the salary schedule as though such teacher had not been on leave.
- (f) Basic salary paid teachers on sabbatical leave will be advanced upon a personal note, repayable within two years from completion of the agreed study period if the individual fails to return for the required one or two years. The note which the teacher shall execute shall include the obligation to pay the Board's reasonable attorney's fees in the event the teacher fails to return from sabbatical leave or leaves the Board's employ prior to the expiration of the required one or two year period. Such note shall be reduced on a pro-rata basis and shall be automatically canceled

upon completion of the agreed term of post-study employment or upon permanent disability or death of the teacher. For example, ten (10) percent of a one-year obligation or five (5) percent of a two-year obligation will be canceled upon completion of each month of return service.

7-6 Jury Duty

7-6.1 If the teacher called for jury duty cannot be excused from such duty on his/her own request or the request of the Principal or Superintendent of Schools, he/she shall receive leave for jury duty.

7-6.2 The teacher shall notify the Principal upon receipt of a summons to jury duty.

7-6.3 The teacher receiving leave for jury duty shall receive a rate of pay equal to the difference between his/her earned salary and jury fee.

7-7 Special Leave Requests

7-7.1 Leaves not covered by the preceding sections may be granted by the Board of Education, without pay and without establishing precedents for similar requests, upon timely application from the teacher.

7-7.2 Teachers may be provided up to twelve weeks unpaid leave to address situations involving partners in a civil union, if such situations are protected by the Family and Medical Leave Act for spouses of eligible teachers, and if the requesting teacher meets the eligibility requirements under the Family and Medical Act.

7-8 Maternity

7-8.1 An employee who is pregnant shall receive a leave of absence for the reasonable period of physical disability due to childbirth. Such leave shall be treated the same as any other short-term disability, and shall be with pay to the extent of accumulated sick leave. Except in the case of medical difficulties, sick leave is not normally expected to continue for more than six (6) weeks after delivery. Upon her return the teacher shall be assigned to her former position.

7-8.2 Forms signed by the teacher's physician, indicating commencement and termination of temporary disability due to pregnancy, will be supplied by the Superintendent's office.

7-9 Parenting Leave

7-9.1 Any tenured teacher in the bargaining unit shall be eligible, upon written request to, and approval of, the Superintendent, which approval will not be unreasonably withheld, for an extended leave for the purpose of parenting. Such leave shall be without pay and fringe benefits and for a period of time of not less than one (1) semester or more than two (2) school years from the date of the beginning of said leave. Any such leave must begin within six (6) years of the birth or adoption of the child for whom the leave is taken. Any

parenting leave must be followed by a term of active continuous employment of more than one half the school year before such leave can be taken again.

- 7-9.2 A teacher on parenting leave shall, if reinstated, be reinstated on the first day of school in the subsequent school year, or as otherwise determined by the Superintendent with Board approval. Teachers on such leave must notify the Superintendent of their intention to return to work on or before March 15th of the leave year or the position will be considered vacant, and will be filled in accordance with Article 14-2.
- 7-9.3 No benefits (including seniority) shall accrue while any teacher is on said leave but all benefits existing on the commencement of leave shall be restored upon reinstatement. Any such reinstated teacher whose leave exceeded one semester shall be placed on the step of the salary schedule he or she occupied during the last school year worked by the teacher. Any such reinstated teacher whose leave did not exceed one semester, shall be placed on the salary schedule one step higher than that he or she occupied during the last school year worked (unless said leave and said reinstatement occurs in the same school year). No such step movement shall occur unless it is included in Appendix A for the respective salary schedule for the subsequent school year.
- 7-9.4 At the end of such leave, the teacher shall be reinstated to a position equivalent to that held at the time the said leave began if such a position exists.
- 7-9.5 Except in emergency situations, a request for such leave shall be made at least sixty (60) days prior to its commencement unless, in the case of an adoption, a teacher receives knowledge of the effective adoption date less than sixty (60) days prior to commencement of leave, in which case such request shall be made upon receipt of such knowledge.
- 7-9.6 Where both parents are covered by this agreement, they shall not be eligible for such leave at the same time.
- 7-9.7 No teacher shall be eligible for more than one such leave per child.
- 7-9.8 Any such teacher may continue to participate in the group medical insurance plans at his or her own expense during the period of such leave.
- 7-9.9 Section 7-9.1 also applies to partners in a legally recognized civil union.
- 7-10 Consultants' Leave
- 7-10.1 Each teacher will, with permission from his/her Principal, Director of Pupil Services, and/or Superintendent, be allowed two (2) days without loss of pay for the purpose of acting as a consultant within his/her particular area of expertise. The teacher may choose to take these days with or without pay. If the teacher elects to take the day with pay, all consultation fees shall be signed over to the Board.
- 7-11 Sick Leave Bank

- 7-11.1 Each teacher shall be permitted to contribute three (3) days from his/her sick leave accumulation reserve each school year to a "Sick Leave Bank" which shall be established to aid teachers who suffer prolonged illness and whose sick leave accumulation has been exhausted. The bank shall be built up to a maximum of one hundred and fifty (150) days.
- 7-11.2 A teacher may be permitted, on written application, to draw up to twenty (20) days against the sick leave bank after his/her own accumulated sick leave has been exhausted. If additional leave is needed, the teacher may apply for a second withdrawal of ten (10) days.
- 7-11.3 The following conditions shall apply:
- (a) Additions to the bank shall be made at the beginning of each school year.
 - (b) A person withdrawing from membership in the bank will not be permitted to withdraw the contribution days.
 - (c) Persons withdrawing sick leave days from the bank will not have to replace these days except as a regular contributing member to the bank.
 - (d) Sick leave shall mean the leave the teacher has for that year plus his/her accumulation.
 - (e) An Elementary School Bank will be administered by a committee of four (4), two of whom shall be appointed by the Association and two by appointment of the Superintendent.

ARTICLE 8

SCHOOL DAY AND YEAR

- 8-1 Each teacher of an elementary school will be on duty before and/or after school for a total of thirty (30) minutes daily to plan and carry out individual professional responsibilities. Exceptions may be approved by the Principal.
- 8-2 Should the length of the teachers' work day be increased, teachers shall be compensated at the hourly rate of 1/1,295 of their annual salary.
- 8-3 The teacher work year shall consist of 186 days. Four (4) days of the teacher work year beyond the student contact days shall be used as in-service days for teachers. If a teacher's work year is extended by the Board beyond 186 days, additional compensation for any such days shall be at the rate of 1/186 of the teacher's salary. If a teacher's work year is reduced by the Board to less than 186 days, the compensation for any affected teacher shall be reduced by 1/186th for each day that the work year is reduced.
- 8-4 The length of the teacher work day for the 2013-2014 work year shall be seven hours and ten minutes.

ARTICLE 9
LUNCH PERIODS

9-1 Teachers shall have a duty-free lunch period of not less than twenty minutes.

ARTICLE 10
CLASS SIZE AND TEACHER LOAD

Elementary School

- 10-1 Optimum class size for kindergarten and first grade will be eighteen (18) to twenty-two (22) pupils, and for other grades twenty (20) to twenty-five (25). The Board will give consideration to splitting classes when enrollment begins to move appreciably beyond these optimum sizes.
- 10-2 All teachers shall have an average of one (1) preparation and planning period per day equal in length to the amount of time allotted for specialist instruction in art, music, and physical education, computer and library, as long as these special instruction classes are offered.

ARTICLE 11
MEETINGS

- 11-1 A schedule of local faculty meetings will be developed in September of each school year. These will be arranged for a given day of the week. They will generally be held monthly and not more frequently than twice monthly. A predetermined time for beginning and ending such meetings will be established. General information items not requiring discussion will be distributed via faculty bulletins.

ARTICLE 12
DETERMINATION OF PAY INCREASE STATUS

- 12-1 The Board reserves the right to withhold a pay increase in cases where service is deemed less than satisfactory. A decision to withhold such increase will be made by the Superintendent and shall be communicated to the teacher no later than April 1. Said action shall be based upon written evidence presented by the Superintendent to the teacher and the Principal. This evidence shall indicate that attempts have been made by supervisory and administrative personnel to aid the teacher in correcting the reported inadequacies. These efforts to help the teacher must have been made during the period commencing April 1 of the previous school year and ending March of the current school year. After one year of satisfactory service, as determined by the evaluation plan, the teacher will be placed on the step of the salary schedule appropriate with his/her education and length of service.

ARTICLE 13
JUST CAUSE

- 13-1 No teacher shall be demoted, disciplined, or reduced in pay or benefits without just cause. This article shall not apply to the non-reappointment of a teacher solely holding a durational shortage area permit.

ARTICLE 14
ASSIGNMENT AND TRANSFER

- 14-1 Assignment of teachers to schools, grades or subject areas is the responsibility of the school administrators. When change of assignment is contemplated by the administration, the Principal or Superintendent will discuss the advantages and disadvantages of the move with the teacher or teachers involved prior to making the move. When a teacher desires a change of position within the school, the teacher will apply in writing to the Superintendent and Principal stating the reasons. If the change is not granted, a letter from the Superintendent or Principal will be sent to the teacher explaining the reason(s) for not granting the change of position.
- 14-2 Vacancies in certified positions in the Salisbury elementary schools caused by retirement, resignation, death or termination, or newly created positions shall be posted. A copy of the posting notice shall be sent to the president of the Association at his/her home address. During the school year the notice will be posted for at least ten (10) days prior to the deadline for submitting applications. During the summer recess, notice to the president of the Association shall constitute posting.

ARTICLE 15
PROFESSIONAL GROWTH

- 15-1 Every teacher recognizes a responsibility for continuous effort to keep abreast of new or developing activities within his/her own field or within the cultural context in which our school functions.
- 15-1.1 A variety of planned, Board sponsored activities will be set up in cooperation with the Professional Growth Committee. The variety may be broad or narrow, depending upon the needs of the school. These may include subject or grade level study groups, curriculum committees, classes within the adult education program, local school study groups, university courses, approved individual work or independent study single session meetings, demonstrations or workshops, and trips or visits within or outside of the Region.
- 15-1.2 Reimbursement for approved out-of-Region visits or trips will be in full with mileage reimbursement at the rate specified by the I.R.S. and adjusted as per date of publication by the I.R.S.
- 15-2 Assigned summer or vacation paid duties excepting summer school teaching.

15-2.1 When it is specifically in the interest of the educational program to have an individual teacher do special work or take special training at Board expense, such assignment will be initiated by the Superintendent of Schools and paid at the rate of \$35 per hour. No teacher can be required to accept such summer or vacation assignment even though compensation is offered. Any such assignment acceptable to a teacher must have Board approval.

15-3 Leave for Professional Purposes

15-3.1 Out-of-district visits or professional meetings may be initiated by the teacher or the administration. One (1) day trips must be approved by the Principal. Trips of two (2) or more days must have prior approval by the Superintendent, and programs of three (3) or more days duration must have approval by the Board of Education as well.

15-3.2 Reimbursement for the costs of leave for professional purposes will be at the rate of one hundred percent (100%) of the total cost submitted by the teacher unless the teacher elects to incur the expenses.

ARTICLE 16
BOARD OF EDUCATION FUNCTIONS

16-1 The Board retains all rights as prescribed by law subject only to the limitations imposed by the language of this Agreement.

ARTICLE 17
PERFORMANCE

17-1 It is understood and agreed that teachers shall continue to serve under the direction of the Superintendent of Schools and in accordance with Board and administrative policies, rules, and regulations, provided that the language of the Agreement shall supersede and prevail over any conflicting provisions.

ARTICLE 18
SEVERANCE

18-1 Severance Allowance

18-1.1 Except in the case where a teacher is terminated for cause the Board agrees to pay a severance allowance of fifteen percent (15%) of the teacher's basic salary provided that the teacher has spent at least twenty (20) years in the district. The teachers must notify the Superintendent's office prior to February 1st of the school year in which he/she intends to retire.

18-1.2 In the event of the teacher's death prior to retirement, the allowance will be paid to (1) the surviving spouse or (2) other designated beneficiaries.

ARTICLE 19
SALARY CHECKS AND DEDUCTIONS

- 19-1 The Board will determine the intervals for salary payments, taking into account the requirements imposed by its fiscal year and the work load of its secretary or clerk. Requests for change of interval or date of payment will be considered only if presented in writing and based upon a recorded vote of two-thirds of the teaching staff.
- 19-2 In the event a teacher leaves the employ of the Board before the end of the school year, a salary adjustment would be computed at the per diem rate of earned salary.
- 19-3 A teacher may, on written request, have deductions made from his/her salary for any of the approved list set forth on Appendix C, which list will be reviewed and amended, if necessary, in June of each year.
- 19-4 Service Fee
- 19-4.1 Conditions of Employment. All teachers employed by the Board shall, as a condition of employment, join the Association or pay a service fee to the Association. Said service fee shall be not greater than the amount uniformly required of members of the Association which represents the costs of collective bargaining, contract administration and grievance adjustment.
- 19-4.2 Deductions. The Board of Education agrees to deduct from each teacher an amount equal to the Association membership dues or service fee by means of payroll deduction. Association membership dues or service fee will be deducted in twenty (20) equal installments beginning with the first paycheck in September. The amount of Association membership dues and service fee shall be certified by the Association to the Board prior to the opening of school each year.
- 19-4.3 Subsequent Employment. Those teachers whose employment commences after the start of the school year shall pay a prorated amount equal to the percentage of the remaining school year.
- 19-4.4 Forwarding of Monies. The Board agrees to forward to the Association each month a check for the full amount of money deducted during that month. The Board shall include with such check a list of teachers from whom said deductions were made.
- 19-4.5 Save Harmless. The Association agrees to indemnify, defend and hold the Board harmless against all liability, fees and costs which may arise by reason of any action taken by the Board in compliance with the provisions of this section. The Association is free to hire counsel of its choice.
- 19-4.6 The singular reference to the Association herein shall be interpreted as referring to the Salisbury Faculty Association, the Northwest Connecticut Education Association, the Connecticut Education Association and the National Education Association.

ARTICLE 20
FORMS AND DEFINITIONS

- 20-1 Prior to the end of the school year, each teacher shall receive notice of his/her placement on the salary schedule for the following year based upon information in the file at that time.
- 20-2 The term "per diem rate" as used in this Agreement shall mean the teacher's salary divided by the number of days in that teacher's contracted school year.
- 20-3 The term "teacher's salary" as used in this Agreement is specified as follows:
 - 20-3.1 Basic salary refers to the salary specified in Appendix A.
 - 20-3.2 Full salary refers to the "basic salary" plus monies paid under Appendix B.
 - 20-3.3 Earned salary refers to either "basic" or "full" accrued salary, to depend on whether the duties under Appendix B have been performed.

ARTICLE 21
PLACEMENT ON SALARY SCHEDULE

- 21-1 New teachers will be placed on the salary schedule in accordance with their training and prior experience as outlined below:
 - 21-1.1 New teachers will be placed on the salary schedule at or above BA Step 1. Up to full salary credit for prior experience may be granted according to the current salary schedule after evaluation by the Superintendent in conference with the candidate. No teacher will be placed higher on the salary schedule than previous experience would warrant.
 - 21-1.2 Equivalency of prior relevant non-teaching experience may be worked out by a candidate and the Superintendent subject to approval of the employing Board of Education.
 - 21-1.3 Evaluation of previous experience and the granting of less than full service credit may be in order when there has been an absence from teaching service for more than five years; when prior service was under other than public school auspices; or when a retired teacher is returning for temporary service. Such evaluation will be done by the Superintendent in conference with the candidate and will be embodied in the Superintendent's recommendation to the Board.
- 21-2 Up to two years salary credit will be granted for full time, active military service or for active Peace Corps service on a year for year basis.
- 21-3 The following definitions will apply to training status:
 - 21-3.1 Bachelor - a baccalaureate degree earned at an accredited college or university.

- 21-3.2 Master - a master's degree earned at an accredited college or university.
- (a) or a full year of study within an approved doctoral program (as the preparing institution defines the equivalent of a full year of study but not less than twenty-four (24) credit hours of study);
 - (b) or a planned program, in writing, and approved by the Superintendent or the university advisor at accredited institutions, which shall consist of at least thirty (30) semester hours' credit beyond the bachelor's degree; or for all teachers obtaining Provisional Certification prior to September 1, 1975, thirty (30) semester hours' credit beyond the bachelor's degree.
- 21-3.3 Sixth Year - the sixth year may be evidenced by a Professional Diploma or Certificate awarded by an approved institution within a two-year post master's program.
- (a) or a second one-year master's degree which is relevant to the teaching assignment;
 - (b) or the sixth year may be a year's study (as the preparing institution defines the equivalent of a full year of study) taken within an approved doctoral program in which an individual who has completed the master's degree is fully matriculated.
- 21-3.4 Teachers presently employed on the sixth year schedule will retain their position on such schedule. Teachers covered by this contract who have earned doctorate degrees shall be placed on the appropriate step of the Doctorate Schedule.
- 21-3.5 Changes in degree status will occur in September or February. Teachers who anticipate changes in degree status must notify the school administrator by February 1st of the preceding year and must declare whether the change will take place in September or February. In order to obtain the degree change, such teachers must provide the school administrator with an official transcript verifying the degree status before August 31 for a September change and before January 31 for a February change. Degree status change will not take place without the submission of such verification and the late submission of such verification will cause the degree change to take place at the next change time. That is, a late September submission would become effective the following February.

ARTICLE 22 **INSURANCE**

22-1 Health Insurance

- 22-1.1 The Board shall provide the following two medical insurance plan options: (1) Aetna Preferred Provider Program, with Managed Care, and (2) Aetna High Deductible Health Plan with a Health Savings Account. The Board's High Deductible Health Plan shall be the base insurance plan for all teachers. If a teacher selects the alternate insurance plan offered by the Board the teacher shall be fully responsible for the additional premium costs associated with the alternate plan.

I. The Preferred Provider Program insurance option will include co-payments and deductibles as described in the insurance summary including the following benefits to all teachers who work at least a .5 FTE schedule for the Board, for the 2013-2016 time period:

- (a) A \$25.00 home and office visit co-pay
- (b) A \$200 co-pay for inpatient hospital visits and a \$200 co-pay for outpatient surgery.
- (c) Aetna Public Sector 3 Tier Formulary Prescription Drug Plan with an annual maximum of \$3,000. Co-pay levels as follows: Generic - \$5; Preferred - \$15; Non-preferred - \$25. Two times (2x) mail order co-pay. Prescription override available.
- (d) The following premium cost sharing shall be in effect for the Preferred Provider coverage:

Teachers shall contribute the following towards the cost of the annual premium of the Preferred Provider Plan ("PPO") during the term of this Agreement:

An amount equal to the difference between the Board's total contribution for similar coverage under the High Deductible Plan, including the cost of the deductible contribution, and the annual cost of PPO coverage. For example, if the Board contributes 85% of an \$18,000 premium for family coverage under the HDHP, and contributes \$2,000 towards the annual deductible, the Board's total cost is \$17,300. If the PPO annual premium costs \$23,000, the employee would be responsible for the difference between the Board's costs for the HDHP plan and the deductible and the cost of the PPO plan - \$5,700.

II. Aetna High Deductible Health Plan (HDHP) with Health Savings Account

The HDHP with H.S.A. plan includes the following components for the duration of the 2013-2016 Agreement:

- (a) Annual deductibles of \$1,500 / \$3,000 in 2013-2015 and \$2,000/\$4,000 in 2015-2016
- (b) 100% in-network co-insurance; 80%/20% out of network co-insurance
- (c) Out of pocket maximums of \$1,500/\$3,000 in-network, \$3,000/\$6,000 out of network in 2013-2015; and \$2,000/\$4,000 in-network, \$4,000/\$8,000 out of network in 2015-2016.
- (d) Preventive care rider
- (e) Prescriptions included in above deductibles. Once deductibles are met, purchases would be subject to co-insurance listed above.

- (f) The following premium cost sharing arrangement shall be in effect for the Aetna High Deductible Health Plan (HDHP)

2013-2014	Thirteen and one-half percent (13.5%) of the annual premium
2014-2015	Fourteen percent (14%) of the annual premium
2015-2016	Fifteen percent (15%) of the annual premium

- (g) The Board will contribute into a Health Savings Account (HSA) for each employee selecting the HDHP plan at a level equal to 50% of the applicable deductible amount (\$750 for single and \$1,500 for two person and family in 2013-2015 and \$1,000 and \$2,000 for 2015-2016). The Board's contributions will be deposited into each participating employee's HSA account in July. The Board shall have no obligation to fund any portion of the HSA deductible amount for retired teachers or other individuals upon their separation from employment.

If an employee is precluded from participating in the H.S.A. because he or she does not meet the minimum requirements of federal tax laws and/or regulations, the Board shall provide the employee with access to a Health Reimbursement Account ("HRA"). The Board's annual contribution to the HRA shall not exceed its annual contribution to the H.S.A, based on the employee's coverage level.

Attached to this agreement as Appendix F for informational purposes only is an insurance matrix summary of the health insurance benefits.

- III. All teachers who work at least a .5 FTE schedule for the Board will be eligible to participate in the following dental insurance plan: a dental plan covering 100/80/50 without deductibles with annual benefit capped at \$1,500/member.

Premium cost sharing for this dental plan shall be as follows:

2013-2014	18.0% for the employee / 82.0% for the Board
2014-2015	18.5% for the employee / 81.5% for the Board
2015-2016	19.0% for the employee / 81.0% for the Board

- 22-1.2 The Board shall provide a Fifty Thousand (\$50,000) Dollar term life insurance policy on the individual, 100% paid by the Board.

- 22-1.3 The Salisbury School District shall implement and maintain a Section 125 pre-tax deduction in accordance with the applicable provisions of Section 125 of the Internal Revenue Code (and in accordance with any amendments to said provision) so long as said provisions allow for such a plan. Said plan will be designed to permit exclusion from taxable income of the employee's share of health insurance premiums, allowable medical expenses and dependent care pursuant to IRS regulations for those employees who complete and sign the appropriate wage deduction form. The Salisbury Board of Education shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax-exempt status of the employee insurance

premium contributions, allowable medical expenses and dependent care. Neither the Association nor any employee covered by this agreement shall make any claim or demands nor maintain any action against the school district or any of its members or agents for taxes, penalties, interests or other cost or loss arising from the use of the wage deduction form or from a change in law that may reduce or eliminate the employee tax benefits to be derived from this plan. Further, the parties agree that the health insurance benefits and the administration of those benefits shall continue to be governed by the collective bargaining agreement and the carrier's insurance plan.

- 22-2 The Board may substitute any insurance carrier for any insurance carrier specifically named in this Agreement so long as the new insurance coverage provides an overall level of benefits that remains substantially equivalent to or better than the current insurance coverage. The "substantially equivalent to or better than" standard shall be applied on program-wide analysis, including the network, and shall not be benefit specific.

At least sixty (60) days prior to changing insurance carriers, the Board or its designee shall notify the Association in writing. Upon request, the parties shall meet to discuss the proposed change. Should the Association and the Board disagree that the changes proposed would provide substantially equivalent coverage, when viewed in total; the disagreement shall be subject to impartial arbitration before a mutually agreeable member of the American Arbitration Association. The Board will not change to the new insurance carrier until the Arbitrator's decision has been issued in writing.

ARTICLE 23 **SUBSTITUTES**

- 23-1 This article will not pertain to emergency situations, which arise during the school day or to days or half days for which a substitute is paid.
- 23-2 Elementary: In the event that a teacher is required to cover a class or portion of a class for a teacher who is absent for an entire day, said teacher will be compensated at a rate proportional to the amount of time spent in substitution, based on a substitute teacher's daily rate of pay.

ARTICLE 24 **TUITION REIMBURSEMENT**

- 24-1 Teachers who successfully complete graduate level courses in a program of courses approved by the Superintendent of Schools shall be reimbursed at a rate equal to fifty percent (50%) of the average cost of a credit hour at a Connecticut state university up to a maximum of six (6) credit hours annually. A program of courses may be comprised of the following: (a) courses taken to attain a Master's Degree or Sixth Year degree; or (b) courses taken to attain a cross-endorsement in an area directly related to K-8 instruction.

Reimbursement shall be made within thirty (30) days of the date that the teacher submits to the Superintendent the college receipt for the payment together with written evidence from the college that the teacher has satisfactorily completed the course, with a grade of "B" or better.

To be eligible for reimbursement, the teacher must have prior approval of such graduate level courses from the Superintendent or his/her designee.

Decisions of the Superintendent to approve or disapprove course reimbursement shall not be subject to the grievance procedure set forth in Article 3 of this Agreement.

24-2. Professional Learning Enrichment for Educators on the Masters Schedule or Higher.

In order to encourage teachers to improve their classroom effectiveness and their contributions to the students in Salisbury, the Board will establish an annual fund to provide partial reimbursement for tuition costs incurred in approved college/university undergraduate and graduate courses and tuition costs for approved professional enrichment programs, subject to the following regulations and limitations:

- (a) Teachers who possess a Master's degree may apply for reimbursement from the enrichment fund.
- (b) Application for course and/or program reimbursement must be filed in duplicate with the Building Principal as soon as possible to the start of each work year, but no later than September 30th.
- (c) Reimbursement will be provided for approved study within the teaching specialty of the individual and/or for content or skill areas that will directly improve the teacher's competence and performance in meeting his/her classroom responsibilities. All approved study should be content and student centered and the course experience, where feasible, should be shaped to relate as much as possible to the teacher's school assignment.
- (d) The course or program must be approved in advance by the Superintendent or his/her designee before the teacher shall be eligible for course or program reimbursement. The Superintendent or his/her designee, in deciding to approve the request, will consider: (i) the degree to which the course work or program will benefit the students at Salisbury Central School; and (ii) the degree to which the teacher's professional competency will be improved.
- (e) Decisions of the Superintendent or his/her designee to approve or disapprove course or program enrichment requests shall not be subject to the grievance procedure set forth in Article 3 of this Agreement.
- (f) Within the limitations of the annual enrichment fund of \$5,000, the Board agrees to provide up to 50% of the tuition/cost of the course or program, to a maximum of six

university credit hours per year. No course or program reimbursement shall exceed the average cost of applicable credit hour(s) at a Connecticut state university.

- (g) The Superintendent or his/her designee will award reimbursement monies on a first-come, first-serve basis for programs deemed appropriate. Once the annual cap of \$5,000 is reached, no additional applications will be accepted.
- (h) Teachers are discouraged from taking more than three semester hours of course work per term during the school year. Reimbursement will be made for up to two undergraduate or graduate courses (six credits) or two programs per contract year, within available funds.
- (i) Reimbursement for courses that are subsidized by other funds, such a scholarship, fellowship, CEA funding, etc., shall be limited to 50% of the total program fees or costs that are not covered by the alternate funding source.
- (j) Applicants for grants for any enrichment course or program that require leave from school must also secure prior approval of the Building Principal for the leave of absence.
- (k) No reimbursement will be made without submission of official documentation showing successful completion of the course (grade of B or better) or program (applicable certification) and the individual is still a member of the Salisbury Central School staff. All documentation regarding successful completion must be received on or before June 10th of each contract year.

ARTICLE 25
DURATION

25-1 The provisions of this Agreement shall be effective as of July 1, 2013 and shall remain in full force and effect and shall bind and inure to the benefits of the parties hereto and their successors, to and including June 30, 2016.

IN WITNESS HERETO, each of the parties hereunto has caused these presents to be executed by its proper officer, hereunto duly authorized, and its seal affixed hereto as of the date and year first above written.

SALISBURY ELEMENTARY
SCHOOL FACULTY ASSOCIATION

By: Jana Badrats
President

Hereunto duly authorized
Date: 12 / 7 / 12

SALISBURY CENTRAL SCHOOL
BOARD OF EDUCATION

By: Brian D. Barton
Chairman

Hereunto duly authorized
Date: 12 / 13 / 2012

APPENDIX A-1

SALARY SCHEDULE – 2013-2014

<u>Step</u>	<u>BA</u>	<u>MA</u>	<u>6TH YR</u>	<u>PHD</u>
1	\$39,925	\$43,831	\$45,215	\$48,903
2	\$41,432	\$45,814	\$47,488	\$51,359
3	\$42,994	\$47,891	\$49,877	\$53,943
4	\$44,618	\$50,172	\$52,384	\$56,654
5	\$46,301	\$52,695	\$55,045	\$59,498
6	\$48,046	\$55,342	\$57,779	\$62,789
7	\$49,858	\$58,124	\$60,683	\$66,254
8	\$51,863	\$61,044	\$64,644	\$69,912
9	\$53,949	\$64,107	\$68,864	\$73,771
10	\$56,375	\$67,178	\$72,111	\$76,910
11	\$60,477	\$71,657	\$76,705	\$81,472
12	\$63,892	\$75,286	\$80,390	\$85,140
13	\$67,918	\$79,632	\$84,843	\$89,618

Teachers employed during 2012-13 work year will remain on their same step during the 2013-14 work year.

APPENDIX A-2

SALARY SCHEDULE – 2014-2015

<u>Step</u>	<u>BA</u>	<u>MA</u>	<u>6TH YR</u>	<u>PHD</u>
1	\$40,803	\$44,795	\$46,210	\$49,979
2	\$42,343	\$46,822	\$48,533	\$52,489
3	\$43,940	\$48,944	\$50,974	\$55,130
4	\$45,599	\$51,276	\$53,536	\$57,901
5	\$47,319	\$53,854	\$56,256	\$60,807
6	\$49,103	\$56,559	\$59,050	\$64,170
7	\$50,955	\$59,403	\$62,019	\$67,711
8	\$53,004	\$62,387	\$66,066	\$71,450
9	\$55,136	\$65,518	\$70,379	\$75,394
10	\$57,615	\$68,656	\$73,698	\$78,602
11	\$61,808	\$73,234	\$78,393	\$83,264
12	\$65,298	\$76,942	\$82,159	\$87,013
13	\$69,412	\$81,384	\$86,710	\$91,590

All teachers not at maximum in the 2013-2014 school year shall move to the next highest step number for the 2014-2015 school year at the mid-way point of the 2014-2015 work year. Accordingly, teachers who receive 22 paychecks will receive the increment starting with the 12th paycheck of the year and those with 26 paychecks the 14th paycheck of the year.

APPENDIX A-3

SALARY SCHEDULE – 2015-2016

<u>Step</u>	<u>BA</u>	<u>MA</u>	<u>6TH YR</u>	<u>PHD</u>
1	\$41,684	\$45,771	\$47,217	\$51,069
2	\$43,257	\$47,843	\$49,591	\$53,633
3	\$44,889	\$50,011	\$52,085	\$56,331
4	\$46,584	\$52,394	\$54,703	\$59,162
5	\$48,341	\$55,028	\$57,482	\$62,132
6	\$50,164	\$57,792	\$60,337	\$65,569
7	\$52,055	\$60,697	\$63,370	\$69,187
8	\$54,148	\$63,747	\$67,506	\$73,008
9	\$56,327	\$66,946	\$71,913	\$77,037
10	\$58,859	\$70,152	\$75,304	\$80,315
11	\$63,142	\$74,830	\$80,101	\$85,079
12	\$66,707	\$78,619	\$83,950	\$88,909
13	\$70,911	\$83,158	\$88,600	\$93,586

Teachers employed during the 2014-2015 work year will remain on their same step during the 2015-16 work year.

APPENDIX B

**ELEMENTARY SCHOOL
EXTRA PAY FOR EXTRA DUTY**

1. Coaches shall be paid by the sports season as follows:

Year:	2013-2014	2014-2015	2015-2016
Soccer	\$1,850	\$1,891	\$1,932
Basketball	\$1,998	\$2,042	\$2,087
Baseball & Softball	\$1,457	\$1,490	\$1,522

2. Directors of non-sports activities approved by the Principal and Board will be paid at the following rates:

Year:	2013-2014	2014-2015	2015-2016
	\$26.57	\$27.16	\$27.76

3. Certified personnel within the local school will be given first consideration for all extra pay for extra duty positions.*

*No new paying programs under Extra Pay for Extra Duty may be instituted without prior local Board of Education approval.

4. Advisors shall be paid an annual stipend as follows:

	2013-2014	2014-2015	2015-2016
Middle School Coordinator	\$3,667	\$3,747	\$3,830
K-5 Coordinator	\$2,855	\$2,918	\$2,982
Student Council Advisor	\$1,024	\$1,046	\$1,069
Yearbook Advisor	\$1,420	\$1,452	\$1,484
Music Coordinator	\$625	\$639	\$653
Data Coordinator	\$1,071	\$1,095	\$1,119
Curriculum Coordinator	\$1,785	\$1,824	\$1,864

- a. Teachers will receive overnight compensation of \$50/night for Nature’s Classroom and for the 8th Grade Trip.
- b. TEAM Mentors – Mentors are expected to work with new teachers in the TEAM program for two consecutive years. TEAM Mentors will receive an annual stipend per mentee at the completion of each year of service. The stipend shall equal the \$500 rate established by the State of Connecticut in all three years of this Agreement, regardless of whether state funding for this mentorship program is reduced or withdrawn.

APPENDIX C

2013-2016 SALARY DEDUCTIONS

A staff member may, on written request, have deductions made from his/her salary for any of the approved list below:

Teachers' Retirement Fund (pension);
Washington National Insurance (income participation);
Northwest Connecticut Education Association (professional dues);
Connecticut Education Association (professional dues);
National Education Association (professional dues);
Bristol Teachers' Credit Union; and
Service Fee

SALISBURY TAX-SHELTERED ANNUITIES

ING

AXA Equitable

MetLife

Vanguard

Fidelity

Ameriprise

APPENDIX D

DECISION OF PRINCIPAL

(Form 2 - To be completed by principal or administrator within 5 days of formal grievance – type or print)

Aggrieved
Person: _____

Date of Formal
Grievance: _____

School: _____

Principal or
Administrator: _____

Decision of
Principal or
Administrator: _____

Date of Decision

Signature of Principal or Administrator

AGGRIEVED PERSON'S RESPONSE

(To be completed by aggrieved within 3 days of decision)

_____ I accept the above decision and a grievance no longer exists.

_____ I hereby appeal to the superintendent of schools for a review of this grievance.

Date of Response

Signature of Aggrieved

APPENDIX D

DECISION OF SUPERINTENDENT

(Form 3 - To be completed by the superintendent or his/her designate within 7 days after hearing with aggrieved or his/her representative; hearing to be held within 10 days after receipt of appeal – type or print)

Aggrieved Person: _____

Date of Formal Grievance Presentation: _____

Date of Hearing Held by Superintendent _____

Decision of Superintendent: _____

Date of Decision

Signature of Superintendent

AGGRIEVED PERSON'S RESPONSE

(To be completed by aggrieved within 3 days of decision)

_____ I accept the above decision and a grievance no longer exists.

_____ I hereby appeal to the superintendent of schools for a review of this grievance.

Date of Response

Signature of Aggrieved

APPENDIX D

REVIEW BY BOARD OF EDUCATION

(Form 4 - type or print)

Aggrieved Person: _____ Date of Formal Grievance Presentation: _____

Date

Signature of Aggrieved

BOARD RESPONSE

(To be completed by Board of Education within 30 days after Board Hearing with aggrieved or his representative; Board hearing to be held within 10 days after receipt of appeal.)

Date Appeal is Received
By Board of Education: _____

Date Hearing Held By
Board of Education: _____

Decision of the
Bd. of Ed. and the
Reasons Therefore: _____

Date

Signature of Authorized Board Representative

AGGRIEVED PERSON'S RESPONSE

(To be completed by aggrieved within 3 days of decision)

- _____ I accept the above decision and a grievance no longer exists.
- _____ I hereby appeal to the superintendent of schools for a review of this grievance.

Date of Response

Signature of Aggrieved

APPENDIX D

DETERMINATION REGARDING ARBITRATION

(Form 5 - To be completed by the Association President and PR&R Committee Chairman within 5 days of receipt of request from aggrieved that grievance be submitted to arbitration – type or print)

Aggrieved Person: _____	Date of Formal Grievance Presentation: _____
Association President: _____	Date Request Received for Arbitration: _____

DETERMINATION BY ASSOCIATION

_____ The Association, through its PR&R Committee, has determined that this grievance is not meritorious and/or that submitting it to arbitration is not in the best interests of the school system. The grievance therefore is closed.

_____ The Association, through its PR&R committee, has determined that this grievance is meritorious and that submitting it to arbitration is in the best interests of the school system. The grievance therefore is hereby submitted to arbitration.

REASONS THEREFORE

Date of
 Determination: _____

Signature of PR&R Chairman

Signature of Association President

DESIGNATION OF ARBITRATOR

(To be completed by Board Chairman and Association President)

The parties have agreed upon and selected: _____ as arbitrator
(name of arbitrator)
 to whom the appended grievance is hereby submitted.

Date of
 Determination: _____

Signature of Association President

Signature of Board Chairman

APPENDIX E

HEALTH INSURANCE ELECTION FORM

For the past year from July 1, _____ to June 30, _____, I had the following health insurance coverage pursuant to Article 22 of the Agreement between the Salisbury Board of Education ("the Board") and the Salisbury Central Faculty Association:

- _____ Individual
- _____ Two-Person
- _____ Family
- _____ No Coverage

Pursuant to Article 22 of the Agreement, I elect the following insurance coverage for the coming year from July 1, _____ to June 30, _____:

PLAN

- _____ Century Preferred Provider Organization Plan as described in Article 22-1.1
- _____ High Deductible Health Plan as described in Article 22-1.2
- _____ No coverage

COVERAGE

- _____ Individual
- _____ Two-Person
- _____ Family
- _____ No Coverage

Date: _____

_____ *Print Name of Teacher*

_____ *Signature*

APPENDIX F
INSURANCE SUMMARY OF BENEFITS

PLAN DESIGN AND BENEFITS - POS PLAN
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

PLAN FEATURES	PREFERRED CARE		NON-PREFERRED CARE	
Deductible (per plan year)	None	Individual	\$250	Individual
	None	Family	\$500	Family
All covered expenses accumulate separately toward the preferred or non-preferred Deductible. Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.				
Member Coinsurance	Covered 100%		20%	
Applies to all expenses unless otherwise stated.				
Payment Limit (per plan year)	None	Individual	\$800	Individual
	None	Family	\$2,000	Family
All covered expenses accumulate separately toward the preferred or non-preferred Payment Limit. Certain member cost sharing elements may not apply toward the Payment Limit. Only those non-preferred expenses resulting from the application of coinsurance percentage (except any deductibles, copays, and penalty amounts) may be used to satisfy the Payment Limit. Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the plan year.				
Lifetime Maximum	Unlimited except where otherwise indicated.			
Payment for Non-Preferred*	Not Applicable		Professional: 180% of Medicare Facility: 225% of Medicare	
Primary Care Physician Selection	Optional		Not applicable	
Certification Requirements - Certification for certain types of Non-Preferred care must be obtained to avoid a reduction in benefits paid for that care. Certification for Hospital Admissions, Treatment Facility Admissions, Convalescent Facility Admissions, Home Health Care, Hospice Care and Private Duty Nursing is required - excluded amount applied separately to each type of expense is \$0.				
Referral Requirement	None		None	
PREVENTIVE CARE	PREFERRED CARE		NON-PREFERRED CARE	
Routine Adult Physical Exams/ Immunizations	Covered 100%		20% after deductible	
1 exam every 12 months age 18 and over.				
Routine Well Child Exams/Immunizations	Covered 100%		20% after deductible	
7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 18.				
Routine Gynecological Care Exams	Covered 100%		20% after deductible	
Includes routine tests and related lab fees				
Routine Mammograms	Covered 100%		20%; deductible waived	
Recommend: One baseline mammogram for covered females age 35-39; one mammogram per plan year age 40 and over.				
Routine Digital Rectal Exam / Prostate-specific Antigen Test	Covered 100%		20% after deductible	
Recommended for covered males age 40 and over.				
Colorectal Cancer Screening	Covered 100%		20% after deductible	
For all members age 50 and over.				
Routine Eye Exams	Covered 100%		20% after deductible	
1 routine exam per 24 months				
Routine Hearing Screening	Covered 100%		20% after deductible	
PHYSICIAN SERVICES	PREFERRED CARE		NON-PREFERRED CARE	
Office Visits to member's selected PCP	\$15 office visit copay		20% after deductible	
Specialist Office Visits	\$15 office visit copay		20% after deductible	

PLAN DESIGN AND BENEFITS - POS PLAN
 PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Includes services of an internist, general physician, family practitioner or pediatrician, if the physician is not the member's selected PCP.

Audiometric Hearing Exams Child under age 13, 1 routine exam per 24 months	Covered 100%	20% after deductible
Allergy Testing	Covered as either PCP or specialist office visit	20% after deductible
Allergy Injections (Copay waived when an office visit charge is not made)	Covered 100%	20% after deductible
DIAGNOSTIC PROCEDURES		
	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory and X-ray except for Complex Imaging Services If performed as a part of a physician office visit and billed by the physician, expenses are covered subject to the applicable physician's office visit member cost sharing	Covered 100%	20% after deductible
Diagnostic X-ray for Complex Imaging Services	Covered 100%	20% after deductible
EMERGENCY MEDICAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider (benefit availability may vary by location)	\$25 copay	20% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	\$25 copay	Same as preferred care; deductible waived
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	Covered 100%	Covered 100%, deductible waived
HOSPITAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100%	20% after deductible
Inpatient Maternity Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100%	20% after deductible
Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	Covered 100% after \$100 copay	20% after deductible
MENTAL HEALTH SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100%	20% after deductible
Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	Covered 100%	20% after deductible
Residential Treatment Facility The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100%	20% after deductible
ALCOHOL/DRUG ABUSE SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100%	20% after deductible
Outpatient The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	Covered 100%	20% after deductible
OTHER SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility Limited to 120 days per plan year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	Covered 100%	20% after deductible
Home Health Care	Covered 100%	20%; deductible waived - up to 1st 80 visits 20%; after deductible - up to 81-200 visits

Limited to 200 visits per plan year.

Includes Medical Social Services up to \$200 per plan year for terminally ill individuals.

PLAN DESIGN AND BENEFITS - POS PLAN
 PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.

Hospice Care - Inpatient	Covered 100%	20% after deductible
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The member cost sharing applies to all covered benefits incurred during a member's inpatient stay

Hospice Care - Outpatient	Covered 100%	20% after deductible
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The member cost sharing applies to all covered benefits incurred during a member's outpatient visit

Private Duty Nursing - Outpatient (Limited to \$15,000 per plan year)	Covered 100%	20% after deductible
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Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift.

Each visiting nurse care or private duty nursing care shift of 4 hours or less counts as one home health visit. Each such shift of over 4 hours and up to 8 hours counts as two home health care visits.

Autism	Member cost sharing is based on the type of service performed and the place of service where it is rendered.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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Applied Behavioral Analysis (ABA) and behavioral therapy for children to age 15 covered on the same basis as any other expense. Behavioral Therapy and Applied Behavioral analysis for child to age 9 subject to a \$50,000 per plan year maximum, child age 9 to 13, subject to a \$35,000 per plan year maximum, child age 13 to age 15, subject to a \$25,000 per plan year maximum.

Outpatient Short-Term Rehabilitation	Covered 100%	20% after deductible
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Includes Speech, Physical, and Occupational Therapy, limited to 50 visits per plan year.

Early Intervention Services Children from birth to age 3; maximum of \$6,400 per child per plan year. Lifetime maximum of \$19,200.	Member cost sharing is based on the type of service performed and the place of service where it is rendered.	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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Spinal Manipulation Therapy	Covered same as any other medical expense	Covered same as any other medical expense after deductible
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Hearing Aids	Covered 100%	20% after deductible
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Covered for children twelve years of age or younger. Limited to \$1,000 within a 24 month period.

Durable Medical Equipment	Covered 100%	20% after deductible
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Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense.	Covered same as any other medical expense; after deductible
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Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100% (payable as any other covered expense)	20% (payable as any other covered expense) after deductible
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Transplants	Covered 100% Preferred coverage is provided at an IOE contracted facility only	20% Non-Preferred coverage is provided at a Non-IOE facility; after deductible
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Out of Area Dependents Coverage provided at the non-preferred benefit level of the plan.

FAMILY PLANNING	PREFERRED CARE	NON-PREFERRED CARE
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Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
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Diagnosis and treatment of the underlying medical condition.

Comprehensive Infertility Services	Covered 100%	20% after deductible
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Coverage includes Artificial Insemination, and Ovulation Induction. For covered females under age 40 only.

Advanced Reproductive Technology (ART)	Covered 100%	20% after deductible
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ART coverage includes not more than 2 embryos per cycle of In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), and gamete intrafallopian transfer (GIFT), combined, per lifetime. For covered females under age 40 only.

Maximum applies to all procedures covered by any Aetna plan except where prohibited by law.

PLAN DESIGN AND BENEFITS - POS PLAN
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Voluntary Sterilization Including tubal ligation and vasectomy.	Member cost sharing is based on the type of service performed and the place of service where it is rendered	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
PHARMACY		
	PREFERRED CARE	NON-PREFERRED CARE
Retail	\$10 copay for generic drugs, \$25 copay for formulary brand-name drugs, and \$40 copay for non-formulary brand-name drugs up to a 34 day supply at participating pharmacies.	20% of submitted cost for all drugs up to a 34 day supply.
Mail Order	\$20 copay for generic drugs, \$50 copay for formulary brand-name drugs, and \$80 copay for non-formulary brand-name drugs up to a 100 day supply from Aetna Rx Home Delivery®.	Not applicable
Prescription drug calendar year maximum (combined maximum for drugs received at a preferred or non-preferred pharmacy)	\$3,000 per member. Once maximum is met, plan will pay 20% of submitted costs for all eligible drugs	\$3,000 per member. Once maximum is met, plan will pay 20% of submitted costs for all eligible drugs

No Mandatory Generic (NO MG) - Member is responsible to pay the applicable copay only.

Plan Includes: Performance Enhancing Medication, Contraceptive drugs and devices obtainable from a pharmacy, Oral and Injectable fertility drugs (injectable, physician charges for injections are not covered under RX, medical coverage may be limited), Diabetic supplies.

Precert for growth hormones included

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26

Pre-existing Conditions Exclusion On effective date: Waived
After effective date: Waived

For members age 19 or over this plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 150 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

*You may choose providers in Aetna's network (physicians and facilities) or you may visit an out-of-network provider. Typically, you will pay substantially more money out of your own pocket if you choose to use an out-of-network doctor. The out-of-network provider will be paid based on Aetna's "recognized charge." This is not the same as the billed charge from the doctor.

Aetna pays a percentage of the recognized charge, as defined in your plan. You may have to pay the difference between the out-of-network provider's billed charge and Aetna's recognized charge, plus any coinsurance and deductibles due under the plan. Note that any amount the doctor bills you above Aetna's recognized charge does not count toward your deductible or out-of-pocket maximums.

PLAN DESIGN AND BENEFITS - POS PLAN
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Aetna pays a percentage of the recognized charge, as defined in your plan. The recognized charge for out-of-network hospitals, doctors and other out-of-network health care providers is a percentage (100 percent or above) of the rate that Medicare pays them.

This benefit applies when you choose to get care out of network. When you have no choice in the doctors you see (for example, an emergency room visit after a car accident), your deductible and coinsurance for the in-network level of benefits will be applied, and you should contact Aetna if your doctor asks you to pay more. Generally, you are not responsible for any outstanding balance billed by your doctors in an emergency situation.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Durable medical Equipment
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

PLAN DESIGN AND BENEFITS - POS PLAN
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

If you require language assistance from an Aetna representative, please call Member Services' multilingual hotline at **1-888-982-3862** (140 languages are available. You must ask for an interpreter). **TDD 1-800-628-3323** (hearing impaired only).

Si necesita asistencia lingüística de un representante de Aetna, contamos con una línea directa de Servicios a Miembros disponible en varios idiomas. Comuníquese al **1-888-982-3862** (140 idiomas disponibles. Debe solicitar un intérprete). **TDD 1-800-628-3323** (para personas con problemas de audición únicamente).

Plan features and availability may vary by location and group size.

For more information about Aetna plans, refer to **www.aetna.com**.

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PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

PLAN FEATURES	PREFERRED CARE	NON-PREFERRED CARE
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
All covered expenses including prescription drugs accumulate toward both the preferred and non-preferred Deductible. Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year. There is no Individual Deductible to satisfy within the Family Deductible.		
Member Coinsurance	Covered 100%	20%
Applies to all expenses unless otherwise stated.		
Payment Limit (per calendar year)	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
All covered expenses including deductible and prescription drugs accumulate toward both the preferred and non-preferred. Certain member cost sharing elements may not apply toward the Payment Limit. Only those out-of-pocket expenses resulting from the application of coinsurance percentage, deductibles, and prescription drug copays (except any penalty amounts) may be used to satisfy the Payment Limit. Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year. There is no Individual Payment Limit to satisfy within the Family Payment Limit.		
Lifetime Maximum	Unlimited except where otherwise indicated.	
Payment for Non-Preferred*	Not Applicable	Professional: 180% of Medicare Facility: 225% of Medicare
Primary Care Physician Selection	Optional	Not applicable
Certification Requirements -		
Referral Requirement	None	None
PREVENTIVE CARE	PREFERRED CARE	NON-PREFERRED CARE
Routine Adult Physical Exams/ Immunizations 1 exam every 12 months age 18 and over.	Covered 100%; deductible waived	20% after deductible
Routine Well Child Exams/Immunizations 7 exams in the first 12 months of life, 3 exams in the second 12 months of life, 3 exams in the third 12 months of life, 1 exam per year thereafter to age 18.	Covered 100%; deductible waived	20% after deductible
Routine Gynecological Care Exams Includes routine tests and related lab fees	Covered 100%; deductible waived	20% after deductible
Routine Mammograms Recommend: One baseline mammogram for covered females age 35-39; one mammogram per calendar year age 40 and over.	Covered 100%; deductible waived	20%; deductible waived
Routine Digital Rectal Exam / Prostate-specific Antigen Test Recommended for covered males age 40 and over.	Covered 100%; deductible waived	20% after deductible
Colorectal Cancer Screening For all members age 50 and over.	Covered 100%; deductible waived	20% after deductible
Routine Eye Exams 1 routine exam per 24 months	Covered 100%; deductible waived	20% after deductible
Routine Hearing Screening	Covered 100%; deductible waived	20% after deductible
PHYSICIAN SERVICES	PREFERRED CARE	NON-PREFERRED CARE
Office Visits to member's selected PCP	Covered 100% after deductible	20% after deductible
Specialist Office Visits Includes services of an internist, general physician, family practitioner or pediatrician, if the physician is not the member's selected PCP.	Covered 100% after deductible	20% after deductible



**PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED**

Audiometric Hearing Exams 1 routine exam per 24 months	Covered 100%; deductible waived	20% after deductible
Allergy Testing	Covered as either PCP or specialist office visit after deductible	20% after deductible
Allergy Injections	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
DIAGNOSTIC PROCEDURES		
	PREFERRED CARE	NON-PREFERRED CARE
Diagnostic Laboratory and X-ray except for Complex Imaging Services	Covered 100% after deductible	20% after deductible
Diagnostic X-ray for Complex Imaging Services	Covered 100% after deductible	20% after deductible
EMERGENCY MEDICAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Urgent Care Provider (benefit availability may vary by location)	Covered 100% after deductible	20% after deductible
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered
Emergency Room	Covered 100% after deductible	Same as preferred care; after deductible
Non-Emergency care in an Emergency Room	Not Covered	Not Covered
Ambulance	Covered 100% after deductible	20% after deductible
HOSPITAL CARE		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after deductible	20% after deductible
Inpatient Maternity Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered 100% after deductible	20% after deductible
Outpatient Hospital Expenses (including surgery) The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	Covered 100% after deductible	20% after deductible
MENTAL HEALTH SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered same as Inpatient Hospital services; after deductible	Covered same as Inpatient Hospital services; after deductible
Outpatient The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	Covered 100%; deductible waived	Covered same as Specialist Office visit; after deductible
Residential Treatment Facility The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered the same as Inpatient Mental Health after deductible	Covered the same as Inpatient Mental Health after deductible
ALCOHOL/DRUG ABUSE SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	Covered same as Inpatient Hospital services; after deductible	Covered same as Inpatient Hospital services; after deductible
Outpatient The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	Covered 100%; deductible waived	Covered same as Specialist Office visit; after deductible
OTHER SERVICES		
	PREFERRED CARE	NON-PREFERRED CARE
Convalescent Facility Limited to 120 days per calendar year. The member cost sharing applies to all covered benefits incurring during a member's inpatient stay	Covered 100% after deductible	20% after deductible



**PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED**

Home Health Care	Covered 100%; deductible waived	20%; deductible waived
Limited to 200 visits per calendar year. Includes Medical Social Services up to \$200 per calendar year for terminally ill individuals. Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.		
Hospice Care - Inpatient	Covered 100% after deductible	20% after deductible
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay		
Hospice Care - Outpatient	Covered 100% after deductible	20% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit		
Private Duty Nursing - Outpatient (Limited to 70 eight hour shifts per calendar year)	Covered 100% after deductible	20% after deductible
Each period of private duty nursing of up to 8 hours will be deemed to be one private duty nursing shift. Each visiting nurse care or private duty nursing care shift of 4 hours or less counts as one home health visit. Each such shift of over 4 hours and up to 8 hours counts as two home health care visits.		
Autism	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Applied Behavioral Analysis (ABA) and behavioral therapy for children to age 15 covered on the same basis as any other expense.		
Outpatient Short-Term Rehabilitation	Covered 100% after deductible	20% after deductible
Includes Speech, Physical, and Occupational Therapy, limited to 50 visits per calendar year.		
Early Intervention Services	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Children from birth to age 3; maximum of \$6,400 per child per calendar year. Lifetime maximum of \$19,200.		
Spinal Manipulation Therapy	Covered same as any other medical expense after deductible	Covered same as any other medical expense after deductible
Hearing Aids	Covered 100% after deductible	20% after deductible
Covered for children twelve years of age or younger. Limited to \$1,000 within a 24 month period.		
Durable Medical Equipment	Covered 100% after deductible	20% after deductible
Diabetic Supplies -- (if not covered under Pharmacy benefit)	Covered same as any other medical expense; after deductible	Covered same as any other medical expense; after deductible
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100% (payable as any other covered expense) after deductible	20% (payable as any other covered expense) after deductible
Transplants	Covered 100% Preferred coverage is provided at an IOE contracted facility only; after deductible	20% Non-Preferred coverage is provided at a Non-IOE facility; after deductible
Out of Area Dependents	Coverage provided at the non-preferred benefit level of the plan; after deductible	
FAMILY PLANNING	PREFERRED CARE	NON-PREFERRED CARE
Infertility Treatment	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible	Member cost sharing is based on the type of service performed and the place of service where it is rendered; after deductible
Diagnosis and treatment of the underlying medical condition.		
Comprehensive Infertility Services	Covered 100% after deductible	20% after deductible
Coverage includes Artificial Insemination, and Ovulation Induction. For covered females under age 40 only.		



PLAN DESIGN AND BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

Advanced Reproductive Technology (ART) Covered 100% after deductible 20% after deductible
ART coverage includes not more than 2 embryos per cycle of In vitro fertilization (IVF), zygote intra-fallopian transfer (ZIFT), and gamete intrafallopian transfer (GIFT), combined, per lifetime. For covered females under age 40 only.

Maximum applies to all procedures covered by any Aetna plan except where prohibited by law.

Voluntary Sterilization Member cost sharing is based on the Member cost sharing is based on the
Including tubal ligation and vasectomy. type of service performed and the type of service performed and the
place of service where it is rendered; place of service where it is rendered;
after deductible after deductible

PHARMACY **PREFERRED CARE** **NON-PREFERRED CARE**

The full cost of the drug is applied to the deductible before any benefits are considered for payment under the pharmacy plan.

Retail Covered 100% after combined 20% of submitted cost after combined
medical/Rx plan deductible up to a 34 medical/Rx plan deductible up to a 34
day supply at participating day supply.
pharmacies.

Mail Order Covered 100% after combined Not applicable
medical/Rx plan deductible up to a 34-
100 day supply from Aetna Rx Home
Delivery®

No Mandatory Generic (NO MG) - Member is responsible to pay the applicable copay only.

Plan Includes: Performance Enhancing Medication, Contraceptive drugs and devices obtainable from a pharmacy, Oral and Injectable fertility drugs (injectable, physician charges for injections are not covered under RX, medical coverage may be limited), Diabetic supplies.

Pre-cert for growth hormones included

GENERAL PROVISIONS

Dependents Eligibility Spouse, children from birth to age 26

Pre-existing Conditions Exclusion On effective date: Waived
After effective date: Waived

For members age 19 or over this plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 90 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, 90 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 150 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have. Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption.

Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

*You may choose providers in Aetna's network (physicians and facilities) or you may visit an out-of-network provider. Typically, you will pay substantially more money out of your own pocket if you choose to use an out-of-network doctor. The out-of-network provider will be paid based on Aetna's "recognized charge." This is not the same as the billed charge from the doctor.

Aetna pays a percentage of the recognized charge, as defined in your plan. You may have to pay the difference between the out-of-network provider's billed charge and Aetna's recognized charge, plus any coinsurance and deductibles due under the plan. Note that any amount the doctor bills you above Aetna's recognized charge does not count toward your deductible or out-of-pocket maximums.

Aetna pays a percentage of the recognized charge, as defined in your plan. The recognized charge for out-of-network hospitals, doctors and other out-of-network health care providers is a percentage (100 percent or above) of the rate that Medicare pays them.

This benefit applies when you choose to get care out of network. When you have no choice in the doctors you see (for example, an emergency room visit after a car accident), your deductible and coinsurance for the in-network level of benefits will be applied, and you should contact Aetna if your doctor asks you to pay more. Generally, you are not responsible for any outstanding balance billed by your doctors in an emergency situation.

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

The following is a list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.



PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY - INSURED

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval.
- Durable medical Equipment
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work except where medically necessary or indicated.
- Implantable drugs and certain injectible drugs including injectible infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.
- Orthotics except diabetic orthotics.
- Outpatient prescription drugs (except for treatment of diabetes), unless covered by a prescription plan rider and over-the-counter medications (except as provided in a hospital) and supplies.
- Radial keratotomy or related procedures.
- Reversal of sterilization.
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies or counseling or prescription drugs.
- Special duty nursing.
- Therapy or rehabilitation other than those listed as covered.
- Treatment of behavioral disorders.
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

If you require language assistance from an Aetna representative, please call Member Services' multilingual hotline at **1-888-982-3862** (140 languages are available. You must ask for an interpreter). TDD **1-800-628-3323** (hearing impaired only).

Si necesita asistencia lingüística de un representante de Aetna, contamos con una línea directa de Servicios a Miembros disponible en varios idiomas. Comuníquese al **1-888-982-3862** (140 idiomas disponibles. Debe solicitar un intérprete). TDD **1-800-628-3323** (para personas con problemas de audición únicamente).

Plan features and availability may vary by location and group size.
For more information about Aetna plans, refer to www.aetna.com.

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