

# **AGREEMENT**

**BETWEEN**

**NEW MILFORD  
BOARD OF EDUCATION**

**AND**

**NEW MILFORD  
SCHOOL ADMINISTRATORS ASSOCIATION**

**July 1, 2017 through June 30, 2020**

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This Agreement is made and entered into by and between the Board of Education of the Town of New Milford, Connecticut and the New Milford School Administrators Association.

## ARTICLE I RECOGNITION

1. The Board recognizes the Association as the exclusive representative of all administrative employees. For the purpose of this Agreement "administrative employees" are those certified professional employees of the New Milford Board of Education who are employed in positions requiring an intermediate administrator or supervisor certificate, or the equivalent thereof, and are not excluded from the purview of Sections 10-153a to 10-153n, inclusive, of the Connecticut General Statutes.
2. Agency Shop
  - a) Within thirty (30) days after employment, all members of the bargaining unit shall have the opportunity to join the Association and execute an authorization permitting the deduction of union dues and assessments.
  - b) Any member of the bargaining unit who has not joined the Association during such period, or having joined, has not remained a member, shall immediately execute an authorization permitting deduction of a service fee which shall be no greater than the proportion of union dues uniformly required of members to underwrite the costs of collective bargaining, contract administration, and grievance adjustment. The Association shall be required to notify the School Board sufficiently in advance of issuance of the first employee paychecks of the amount of the service fee. It is understood that the payment of such sums shall not constitute an agreement to become a member of the Association.
  - c) In the event that a member of the bargaining unit does not join the Association or pay the required service fee by the thirtieth (30th) day as required, the Board agrees to deduct the annual service fee from the member's salary through payroll deduction. The amount of said service fee, computed as aforesaid, shall be certified by the Association to the Board not later than thirty (30) days prior to the commencement of the school year.
  - d) As a condition of the effectiveness of this Article, the Association agrees to indemnify and save the Board harmless against all claims, demands costs, suits, or other forms of liability and all court or administrative agency costs, including the Board's reasonable attorney's fees, that may arise out of, or by reason of, action taken by the Board for the purpose of complying with this Article.
  - e) The Board will make payroll deductions for union dues or service fees for each employee who submits the necessary written authorization and will remit the same to the Association's Treasurer on a monthly basis.

ARTICLE II  
**BOARD'S RIGHTS**

Except as expressly provided otherwise by the specific terms of this Agreement, the Board, acting through itself or through the Superintendent or his designee, has and will continue to retain, whether exercised or not, the right, responsibility and prerogative to direct the public school system of the Town of New Milford in all its respects, included but not limited to the operation of the schools, the direction of the professional staff and the power and authority conferred upon the Board by law. No action taken by the Board pursuant to this Article, other than in direct contravention of an explicit provision of this Agreement, will be subject to the grievance and arbitration procedure hereof.

ARTICLE III  
**NEGOTIATION PROCEDURE**

Normally, it is agreed that all Association activity concerning matters of negotiations shall be held before or after school hours, not during the school day.

ARTICLE IV  
**SAVINGS CLAUSE AND HOLDOVER**

1. Savings Clause

If any provision of this Agreement is, or shall at any time be found contradictory to law, then such provision shall not be applicable or performed or enforced, except to the extent permitted by law, and the Association and the Board shall jointly consider the effect of such findings and determine future action, if any, with respect to the area of such provision. In the event that any provision of this Agreement is, or shall at any time be contrary to law, all other provisions of this Agreement shall continue in effect.

2. Holdover

In the event that the Board and the Association shall fail to secure a successor agreement prior to the termination of this Agreement, the Association and the Board agree to extend the duration of this Agreement for any period not to extend beyond the date of the execution of a successor agreement. The Board agrees to continue all benefits, financial and otherwise. Notwithstanding the preceding, or any contractual provision, past practice, or case law allowing action to the contrary, no wage increases, by way of step increase or otherwise, will be paid after the expiration of this contract. Payment of any such wage increases, and whether they would be retroactive, will be determined as part of the negotiations for a successor agreement.

ARTICLE V  
**WORKING CONDITIONS**

1. All administrators are employed from July 1 of a given year until June 30 of the following year, hereafter referred to as the calendar year.
2. Work Year and Vacations
  - a) High School, Middle School, Intermediate, and Elementary School Principals and the Special Services Director will work a 52 week year, beginning on July 1<sup>st</sup>, with these exceptions:
    - i) the holidays listed in section 3 below;
    - ii) twenty (20) vacation days per year, not to be accumulated or carried over without the written approval of the Superintendent.
  - b) High School, Middle School, Intermediate School and Elementary School Assistant Principals, the Athletic Director, and the Supervisor of Special Education will work a 50 week year, beginning on July 15<sup>th</sup>, with these exceptions:
    - i) the holidays listed in section 3 below;
    - ii) twenty (20) vacation days per year, not to be accumulated or carried over without the written approval of the Superintendent.
  - c) The actual schedule of vacations will be subject to the approval of the Superintendent of Schools. No vacation time will be taken by any administrator on a school day without first obtaining the specific approval of the Superintendent of Schools. Further, in any year in which a retreat or other training is scheduled by the Administration, vacations will not be permitted that conflict with such training or retreat days. The retreat or training days will be consecutive and will be scheduled and announced no later than April 15<sup>th</sup>.
  - d) If an administrator is assigned to work by the Superintendent on one or more days that were intended to be used as vacation days, and if, as a result, the number of vacation days taken by the administrator for the year is less than that prescribed by this Agreement, the administrator shall be compensated for such days at his/her per diem rate. The number of such days shall not exceed five (5) in any single fiscal year. Alternatively, the administrator may carry over up to five (5) vacation days in any one fiscal year to the next fiscal year. At no time shall an administrator be permitted to accumulate more than five (5) days beyond the contractual allotment of vacation days in any one fiscal year.

- e) Every effort will be made to schedule items involving administrators early on the agenda at Board meetings.
- f) All high school administrators are required to attend the high school graduation.

### 3. Holidays

All administrators are granted the following days as holidays:

Independence Day	New Year's Day
Labor Day	Martin Luther King Day
Yom Kippur*	Presidents' Day
Rosh Hashanah*	Good Friday
Columbus Day	Memorial Day
Veterans' Day	
Thanksgiving Day	
Day after Thanksgiving	
Day before Christmas*	
Christmas Day	
Day after Christmas*	* providing school is not in session
2 <sup>nd</sup> Day after Christmas	

### 4. Sick Leave

- a) Administrators will be granted an accrued sick leave at the rate of:
  - i) High School, Middle School and Intermediate School Principals and the Special Services Director 18 days per year
  - ii) High School, Middle School and Intermediate School Assistant Principals and Director of Athletics and Supervisor of Special Education 17 days per year
  - iii) Elementary School Principals and Elementary Assistant Principals 16 days per year

All administrators hired after June 30, 1995, will have their accumulated sick leave capped with a number equivalent to his/her work year.

- b) An administrator who is absent because of illness shall file a signed absence slip with the Superintendent. A physician's statement shall be required if deemed necessary.

- c) Up to five (5) sick days each year may be used to care for a family member who is domiciled with the administrator and who is ill.
- d) For every year an administrator does not use a sick day, two (2) days will be added to a retirement bank for the administrator and paid at the administrator's per diem rate upon retirement pursuant to the Connecticut State Teachers' Retirement Act. This provision is not retroactive to years before July 1, 1998. There shall be no accrual of this benefit after June 30, 2014.

5. Personal Days

- a) All administrators shall be entitled to four (4) personal days each year.
- b) All requests for personal days will be made on the proper electronic form which will be submitted to the administrator's immediate supervisor, at least twenty-four (24) hours in advance whenever feasible. All such requests are subject to the approval of the Superintendent of Schools.
- c) Up to an additional five (5) days each year will be granted for the death of an immediate family member or of a household member. "Immediate family" shall include the following: parent, grandparent, grandchildren, sister, brother, spouse, children, and mother and father of spouse.

6. Termination of Employment

- a) In the event of termination of employment by either the Board or by an administrator prior to the termination of his or her contract because of release from duties, resignation, retirement or death, remuneration for unused vacation days shall be paid to the administrator or his/her estate. Unused vacation day remuneration shall be determined by prorating to the effective date of such termination based upon the following formulae:

$$\text{Unused Vacation Remuneration} = \frac{\text{Number of days worked since July 1}}{\text{Total work days from July 1 to June 30}}$$

x number of vacation days per contract (less any vacation days previously taken) x per diem pay

$$\text{Per diem pay} = \frac{\text{annual salary}}{\text{number of work days per contract}}$$

If the cause of the termination is resignation, the administrator agrees to notify the Superintendent of his/her intent to resign thirty (30) days prior to the fact.

## 7. Sabbatical Leaves

- a) After seven (7) years of continuous service in the New Milford Public Schools, an administrator may apply for a sabbatical leave of up to one year at  $\frac{3}{4}$  of his or her annual salary at the time of sabbatical leave.
- b) Sabbatical leave salary shall be paid on the regular pay days during the period of leave.
- c) An administrator whose employment by the Board shall terminate prior to complete payment of the sabbatical leave pay shall be entitled to receive only those installments of such pay as become payable prior to the date of such termination. If the terms of the sabbatical are not fulfilled by the administrator, the administrator's contract may, in the discretion of the Board of Education, be terminated and/or that administrator may be required to pay back to the Board, at its discretion, monies for salary and/or benefits received by that administrator during the duration of the sabbatical.
- d) As a condition to the granting of a sabbatical leave, an administrator shall agree in writing to return to employment in the New Milford Public School System for a period of three (3) school years upon conclusion of the sabbatical leave, or, in the alternative, to reimburse the Board of Education for all payments made by the Board during the sabbatical leave. Further, the administrator shall execute a promissory note payable to the New Milford Board of Education in an amount equal to the total payments the administrator will receive while on such leave. The terms of the note shall state that if an administrator chooses not to return to employment for three (3) school years upon expiration of the leave, the administrator shall be financially responsible to reimburse the Board all monies received while on sabbatical leave on a prorata basis, that is, one third for each year of the three (3) year commitment.
- e) Such leave shall be for study sponsored by a college or university for which it gives credit and will be directly related to the position held by the applicant, or leave shall be to participate in an activity which will benefit the New Milford Public Schools.
- f) Applicants will be screened by a committee consisting of the Superintendent, Assistant Superintendent and one member of the Association to be chosen by the Association. Sabbatical applicants are not eligible to serve on the screening committee the year they apply for a sabbatical. The Board will take the committee's recommendation into consideration. Granting of applications for sabbatical leave shall be at the discretion of the Board. In no event shall leave be granted to more than two administrators during any one year.



- g) Applications for sabbatical leave shall be submitted in writing, on forms provided by the Superintendent of Schools not later than November 1st of the school year prior to the school year in which the sabbatical leave is to be taken.
  - h) The returning administrator will submit a report in writing to the Superintendent of Schools no later than November 1st of the year he/she returns. The report shall include an explanation of studies or activities and their relation to the administrative position held.
  - i) If an application for sabbatical leave is not accepted, the applicant will be notified in writing of the reasons it was not granted.
8. Method of Payment. All administrators shall be paid in equal pay checks on alternate weeks throughout the year.
  9. Severance Pay Upon Retirement. There shall be no severance pay for retiring administrators with the exception of any Early Retirement Incentive Program that may be offered from time to time at the discretion of the Board.

## ARTICLE VI ADMINISTRATIVE VACANCIES

1. All available administrative vacancies shall be published within the District prior to publication with outside agencies. Qualifications, duties and compensation should be clearly stated in the published material. Administrative appointments will be offered to the applicants who, in the judgment of the Board, are best qualified and will serve the best interests of the school system. If, in the opinion of the Board, two or more applicants are equal, the Board will consider length of service in the system and appoint administrators already in the system when, in the judgment of the Board, such appointment will be in the best interest of the school system. In the event an applicant currently in the employment of the New Milford Public Schools is not selected, the applicant will be notified in writing and given written explanation of the reasons for the Board's decision.
2. The Superintendent shall establish the starting salary of a new administrator consistent with the applicable salary schedule and the new administrator's education, certification and experience.

## ARTICLE VII REDUCTION IN ADMINISTRATIVE STAFF

1. It is recognized that the Board of Education has the sole and exclusive prerogative to eliminate certified staff positions consistent with the provisions of the state statutes,

providing such elimination does not result in a failure in its duty as a state agency to implement the educational interests of the state.

2. Nothing in this Article is intended to abrogate the Board's right to dismiss or not re-employ administrators under Section 10-151 of the Connecticut General Statutes. The Article is limited to situations that require a reduction in the number of administrators employed by the Board as a result of a decline in student enrollment.
3. In the event that a decline in student enrollment necessitates a reduction in the number of administrators employed by the Board, administrators shall be given notice in compliance with the law. The Board will inform those administrators who will be terminated as early as possible.
4. Administrators terminated because of administrative staff reductions shall be placed on a re-appointment list and remain on such list for a period of two (2) years. Administrators on the re-appointment list shall be notified by registered letter of any available administrative or teaching vacancies in the system and shall be offered appointment to any such available vacant administrative or teaching positions within the endorsement areas of their Connecticut certification if qualified as determined by the Superintendent and which determination shall not be unreasonable. If the administrator does not exercise his/her right to accept within fifteen (15) calendar days from the date of the receipt of such notification the administrator will lose the right to accept the available vacancy or vacancies listed in the notification.
5. When a period of recall, as specified above, extends beyond the date of this contract, the recall date shall prevail.
6. When experience, certification and overall qualifications are considered by the Board to be equal, administrators with seniority will be separated last. Seniority shall commence to accumulate the date the administrator starts his/her job.
7. No administrator shall be recalled to a position of greater rank, compensation or authority, or from a part time to a greater part time or full time position.

#### ARTICLE VIII **PERSONNEL FILES**

Each administrator shall have the right, upon request, to review all the contents of his/her own personnel files maintained at the administrator's school or at the central office in accordance with the law. A representative of the Association may, at the request of the administrator, accompany the administrator in this review.

Any complaint by a parent of a student or any person, directed toward an administrator and deemed serious enough to become a matter of formal record shall be promptly called to the

administrator's attention. Administrators are entitled to know the identity or source of all complaints included in the administrator's personnel file, unless the law requires otherwise.

When material derogatory to an administrator's conduct, service, character or personality is placed in the administrator's personnel files, the administrator will be so notified and given the opportunity to include a rebuttal statement.

Any anonymous, written information about a member of the Association that may be received by the Superintendent or a member of the Board of Education will be given to the administrator in question. Anonymous communication, whether received verbally or in writing, will not be placed in an administrator's file or used as the basis for any evaluation or other employment decision.

## ARTICLE IX GRIEVANCE PROCEDURE

Any action by the Board or its designees which, in the opinion of the grieved party, is in violation of an express and specific provision of this Agreement is subject to grievance by that party. Any administrator who is of the opinion he/she has a claim arising from the implementation of this Agreement has the right to seek redress through the grievance procedure outlined below. No one may act to deter an administrator from using the grievance procedure, and no administrator's professional status will in any way be affected by his/her use of the grievance procedure. The administrator's right to representation at any and every stage of the grievance procedure is guaranteed. An administrator may select any Association representative to represent him/her, and will designate which Association representative will serve as spokesperson for communications with the Board. Any administrator in the New Milford School System may serve as a representative without prejudice or loss of salary. "Association representative" shall mean a member of the New Milford School Administrators Association and/or a representative of the Connecticut Federation of School Administrators and/or a Connecticut Federation of School Administrators attorney.

### 1. Time Limits

- a) "Days" shall mean calendar days.
- b) A grievance must be initiated at the Informal Procedure no later than seven (7) days from the date of the occurrence of the event(s) giving rise to the grievance.
- c) Time limits may be extended by the mutual written agreement of the parties.

## Definitions

- a) "Grievance" as defined above, shall also include a claim by a grievant that there has been a failure to follow the established procedures of the school district's evaluation program, including support; notwithstanding any provision herein to the contrary, such claim shall be arbitrable and may be submitted to arbitration.
- b) "Grievant" shall mean any certified professional employee member of this bargaining unit and may include a group of administrators similarly affected by a grievance.

## 2. Informal Procedure

- a) If an administrator feels he/she may have a grievance, he/she should first discuss the matter with his/her immediate supervisor in an effort to solve the problem informally.
- b) The immediate supervisor will, within five (5) days of the meeting, give an answer to the administrator involved.

## 3. Formal Procedure

- a) If the grievance is not satisfactorily settled at the informal stage, the administrator, within two weeks after receipt of the answer in 1.b. (above), may make a written appeal to the Superintendent of Schools. The Superintendent will review the appeal. Within fifteen (15) days of having received this request for appeal, the Superintendent will send a copy of the decision to the administrator.
- b) Within two weeks after receipt of the written decision in 2.a. (above), the administrator may appeal the decision of the Superintendent to the Board of Education. The Board will, with all due dispatch and in no event later than sixty (60) days of receipt of the appeal, examine the records of the matter, schedule a meeting for the presentation of the grievance by the Association representative and the administrator involved, reach a decision and notify, in writing, the Superintendent and the Association representative and the individual involved of its decision.
- c) Within a two (2) week time limit after receipt of the Board's decision, the Association may appeal the decision of the Board to arbitration under the Voluntary Labor Arbitration Rules of the American Arbitration Association. The Board and the Association will share the cost of the arbitrator equally, including one chosen by their mutual agreement as provided for below. The decision of the arbitrator shall be binding unless the same is contrary to the law. No grievance will be submitted to arbitration and no grievance will be arbitrable, unless it actually involves the interpretation or application of an express and specific provision of this Agreement. Further, the arbitrator will only have the authority to

determine whether the Board violated an express and specific provision of this Agreement and will not have the authority to add to, detract from or modify any such provision of this Agreement. Nothing herein shall preclude the parties mutually to agree to an arbitrator of recognized expertise.

- d) Nothing included herein is intended to prevent the administrator or any parties involved from access to the courts at any stage of these proceedings.

## **ARTICLE X** **INSURANCE**

The Board shall provide the following group insurance benefits to the individuals covered by the Association, provided the individuals meet all the conditions of the insurance companies and apply for same.

1. Single, two-person and family group medical, prescription drug and dental coverage for each employee and his/her eligible dependents. The schedule of benefits for the plan is outlined in Appendix B.

Employees electing to participate in such coverage shall share in the premium cost as follows:

<u>2017-2018</u>	22% of the (current year) allocation rates for individual, two person and family coverage.
<u>2018-2019</u>	23% of the (current year) allocation rates for individual, two-person and family coverage.
<u>2019-2020</u>	23% of the (current year) allocation rates for individual, two-person and family coverage.

Employees and their spouses and/or other family members covered by insurance under this section shall participate in a program of mandatory hospital pre-certification and concurrent review to be arranged through the insurance carrier selected by the Board.

2. IRC Section 125 Plan. The Board shall maintain a "Section 125" Salary Reduction Agreement for the purpose of enabling eligible Administrators to divert a portion of their gross salaries, prior to reduction for federal income or social security taxes, by a minimum of \$250 to a maximum of \$1,000 per Plan Year for Health Reimbursement, and by a minimum of \$250 to a maximum of \$5,000 per Plan Year for Dependent Care, into an account from which, during the course of the Plan Year, they can be reimbursed for Health Care costs and Dependent Care costs they or their covered dependents incur that are not covered by the Health Insurance Plans described in the Agreement between the Board and the Association, including, but not limited to, their share of the premium costs for such Plans. The Board makes no representations or guarantees as to the initial or

continued viability of such a Salary Reduction Agreement, and 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 employee insurance premium contributions. So long as the Board makes a good faith effort to comply with this paragraph, neither the Association nor any administrator covered by this Agreement shall make any claim or demand, nor maintain any action against the Board or any of its members or agents for taxes, penalties, interest or other cost or loss arising from a flaw or defect in the Salary Reduction Agreement, or from a change in law which may reduce or eliminate the employee tax benefits to be derived therefrom. This waiver on the part of the Association shall not extend to acts which may be committed by the Board or its agent(s) other than the furtherance of the I.R.C. Section 125 Plan.

3. Group Life Insurance: for the amount three (3) times the administrator's salary rounded to the nearest \$500.
4. Long Term Disability Insurance: Long Term Disability coverage for administrators who become totally and permanently disabled in accordance with the following:
  - a) Monthly benefit payments equal to sixty-six and 2/3 (66-2/3%) percent of the administrator's monthly salary (annual salary divided by 12 months), up to a maximum benefit of \$7,000.00 per month provided the maximum monthly benefit from all sources will not exceed 70% of the administrator's monthly salary.
  - b) Benefit payments to eligible administrators will begin after three (3) months of continued disability or the exhaustion of accumulated sick leave, whichever is later.
  - c) Benefit payments hereunder will be reduced by the amount of workmen's compensation benefits, if any, paid to or on behalf of the administrator and by the amount of any other benefit paid to or on behalf of the administrator per the benefit integration section of the Board's Long Term Disability Insurance Policy.
5. Disputes concerning payment or non-payment of benefits described above will be taken up by the administrator directly with the insurance carrier and will not be subject to the Grievance Procedure outlined in Article IX hereof. The Board will have the option to change carriers or to self-insure, in whole or in part, provided it does not reduce the level of benefits set forth above and further provided the new coverage includes at least 70% of the hospitals and physicians who were in the preferred provider network of hospitals and physicians that existed immediately before the change was made.
6. Upon retirement, any Administrator having completed twenty (20) full years of service in New Milford, and having either attained the age of sixty (60) or having satisfied the eligibility requirements for retirement benefits as defined by the Teachers' Retirement System as set forth in the Connecticut General Statutes, shall receive until death the group health insurance provided then currently employed members of the bargaining unit represented by the Association and, except as provided below, on the same terms and

conditions as applicable to those currently employed. For those administrators affected by federal laws pertaining to membership in Medicare (with supplemental insurance), benefits will be made as identical as an independent insurance carrier may allow. In any event, the administrator will pay one hundred percent (100%) of the total premium paid by the Board for all coverage provided that administrator and his/her eligible dependents, including, but not limited to, the premium paid for providing Medicare and supplemental insurance, where applicable.

7. Annuity Payment In Lieu of Health Insurance.

- a) An employee who is eligible for two-person or family health insurance coverage offered by the Board pursuant to Article X, Section 1 above may voluntarily elect to waive all such coverage provided the employee presents proof of comparable alternative insurance through a plan that is not a Board-sponsored insurance plan.
- b) The procedures to elect a waiver of health insurance coverage are as follows:
  - i. The employee must complete an appropriate waiver of insurance form and provide evidence of existing comparable alternative health insurance coverage. The form and the evidence of insurance coverage must be completed during the open enrollment period and submitted to the Board's Business Office.
  - ii. The waiver of insurance shall be in effect for one year. Once the waiver form has been filed with the Board, the waiver shall continue to be in effect from year-to-year thereafter until the employee elects to reenroll in the health insurance plan pursuant to paragraph e) below.
- c) An employee waiving health insurance coverage shall be paid the sum of \$1,000 in the form of a tax-sheltered annuity to be paid in the month following the twelve month period in which the insurance coverage was waived.
- d) Newly hired employees electing to waive health insurance coverage may do so upon commencing employment with the insurance waiver taking effect on the normal effective date for health insurance coverage. The first annuity payment shall be made to the employee on a pro-rata basis.
- e) In the event an employee who has elected to waive health insurance coverage wishes to reinstate such coverage, the following shall apply:
  - i. Except as provided in ii. below, application for health insurance must be made during the enrollment period; coverage will be reinstated at the start of the next twelve month insurance period.
  - ii. An employee who loses alternative health insurance due to a "qualifying event" may request to reenroll in the Board's health insurance plan. A

request for reinstatement must be made in writing to the Business Office. Reinstatement of coverage shall be approved upon the employee's submitting satisfactory proof of loss of alternative health insurance coverage due to a "qualifying event". The health insurance will be reinstated as soon as the insurance provider is able to effectuate the coverage.

- iii. Any employee who has waived insurance coverage and then loses alternative health insurance due to a "qualifying event" shall be entitled to a prorated annuity payment in the following year provided the coverage waiver was in effect for at least six months.

#### ARTICLE XI **DEATH BENEFITS**

In the event an administrator dies, the Board will continue to pay the administrator's salary to his/her estate for a period of thirty (30) calendar days immediately following the date of death.

#### ARTICLE XII **PROFESSIONAL MEMBERSHIPS**

The Board shall pay for the memberships of administrators to a maximum of four applicable national professional associations and their Connecticut affiliates, subject to the approval of the Superintendent.

#### ARTICLE XIII **CONFERENCE ALLOTMENT**

The Board will reimburse the administrator for all reasonable costs of lodging, meals and transportation to and from conferences, and registration fees for conference attendance. Administrators are to obtain the prior approval of the Superintendent or his/her designee in order to attend a conference or meeting on a school day and/or to receive reimbursement for expenditures for same as indicated above. All requests for reimbursement for conference expenses will be itemized and must receive the approval of the Superintendent. Mileage reimbursement should be at the current IRS level.

#### ARTICLE XIV **LONGEVITY PAY**

The Board will compensate administrators with extended service to New Milford as either a teacher and/or administrator over and above the base salary as listed under Article XV plus any applicable degree increment as follows:



Period of Service	
After 15, 16, 17, 18 years of service	\$ 900
After 19, 20, 21, 22 years of service	\$1,000
After 23, 24, 25, 26 years of service	\$1,100
After 27, 28, 29, and over 30 years of service	\$1,200

No administrator hired after June 30, 2014, or a New Milford teacher who becomes an administrator after June 30, 2014, is eligible to receive longevity pay.

#### ARTICLE XV COMPENSATION

##### Salary Credit for Advanced Degrees

An administrator who acquires a sixth year certificate or the equivalent of same if evidenced by a university official, will have \$1,500 added to his/her base salary. An administrator who acquires a doctorate from an accredited institution will have \$3,000 added to his/her base salary. An administrator who is already being paid an additional \$1,500 for a sixth year certificate will receive an additional \$1,500 only for the doctorate.

#### ARTICLE XVI DISCIPLINE

No bargaining unit administrator shall be disciplined (except for oral reprimands) without just cause. Provided, however, that the provisions of Section 10-151 of the Connecticut General Statutes set forth the exclusive procedure for termination or non-renewal of contracts of employment.

#### ARTICLE XVII DURATION

The provisions of this Agreement shall be effective as of July 1, 2017 and shall continue and remain in full force and effect through June 30, 2020.

  
\_\_\_\_\_  
New Milford Board of Education

Date

11/8/2016

  
\_\_\_\_\_  
New Milford School Administrators  
Association

Date

11/2/16

APPENDIX A  
NEW MILFORD SCHOOL ADMINISTRATORS ASSOCIATION  
SCHEDULE OF BASE SALARIES

	<u>HIGH SCHOOL PRINCIPAL</u>	<u>MIDDLE SCHOOL PRINCIPAL</u>	<u>INTERMEDIATE SCHOOL PRINCIPAL</u>	<u>ELEMENTARY SCHOOL PRINCIPAL</u>
		<u>FISCAL YEAR 2017-2018</u>		
STEP 1	\$141,064	\$134,945	\$129,225	\$124,376
STEP 2	144,046	137,927	132,030	126,965
STEP 3	147,027	140,910	134,836	129,554
STEP 4	150,157	144,041	137,781	132,274
STEP 5	153,287	147,171	140,726	134,994
STEP 6	156,576	150,459	143,817	137,847
STEP 7	159,992	153,653	147,046	140,843

Employees not on maximum step shall advance one step.

		<u>FISCAL YEAR 2018-2019</u>	
STEP 1	\$143,180	\$136,969	\$131,163
STEP 2	146,206	139,996	134,011
STEP 3	149,232	143,024	136,858
STEP 4	152,409	146,202	139,848
STEP 5	155,587	149,379	142,837
STEP 6	158,925	152,715	145,975
STEP 7	162,642	156,208	149,502

Employees not on maximum step shall advance one step.

		<u>FISCAL YEAR 2019-2020</u>	
STEP 1	\$146,759	\$140,394	\$134,442
STEP 2	149,862	143,496	137,361
STEP 3	152,963	146,600	140,280
STEP 4	156,219	149,857	143,344
STEP 5	159,476	153,113	146,407
STEP 6	162,898	156,533	149,624
STEP 7	166,733	160,363	153,490

Employees not on maximum step shall advance one step in 2017-18 and in 2018-19. There is no step advancement in 2019-20.

APPENDIX A -- Page 2

**SCHEDULE OF BASE SALARIES**

**HIGH SCHOOL ASSISTANT  
PRINCIPAL AND  
MIDDLE SCHOOL  
ASSISTANT  
PRINCIPAL  
(Hired Before  
7/1/2008)**

STEP 1 \$116,464  
STEP 2 118,983  
STEP 3 121,503  
STEP 4 124,148  
STEP 5 126,794  
STEP 6 129,573  
STEP 7 132,500

Employees not on maximum step shall advance one step.

**HIGH SCHOOL ASSISTANT  
PRINCIPAL AND  
MIDDLE SCHOOL  
ASSISTANT  
PRINCIPAL  
(Hired On or After  
7/1/08)**

**FISCAL YEAR 2017-2018**  
\$113,817 \$111,168  
116,261 113,537  
118,704 115,906  
121,272 118,397  
123,841 120,887  
126,537 123,500  
129,384 126,267

**ELEMENTARY  
SCHOOL  
ASSISTANT  
PRINCIPAL**

\$109,622  
111,898  
114,172  
116,562  
118,952  
121,462  
124,128

**FISCAL YEAR 2018-2019**

STEP 1 \$118,211 \$115,524 \$112,835  
STEP 2 120,768 118,005 115,240  
STEP 3 123,325 120,485 117,644  
STEP 4 126,010 123,091 120,173  
STEP 5 128,696 125,699 122,700  
STEP 6 131,516 128,435 125,353  
STEP 7 134,738 131,575 128,411

\$111,266  
113,576  
115,885  
118,310  
120,736  
123,284  
126,240

Employees not on maximum step shall advance one step.

**FISCAL YEAR 2019-2020**

STEP 1 \$121,166 \$118,412 \$115,656  
STEP 2 123,787 120,955 118,121  
STEP 3 126,408 123,497 120,586  
STEP 4 129,160 126,169 123,177  
STEP 5 131,913 128,841 125,767  
STEP 6 134,804 131,646 128,486  
STEP 7 138,356 135,115 131,872

\$114,048  
116,416  
118,782  
121,268  
123,755  
126,366  
129,646

Employees not on maximum step shall advance one step in 2017-18 and in 2018-19. There is no step advancement in 2019-20.

APPENDIX A – Page 3

<u>SPECIAL SERVICES</u>		<u>SCHEDULE OF BASE SALARIES</u>	
<u>DIRECTOR</u>	<u>SUPERVISOR OF</u>	<u>SPECIAL EDUCATION</u>	<u>ATHLETIC DIRECTOR</u>
STEP 1	\$127,888	<u>FISCAL YEAR 2017-2018</u>	\$99,985
STEP 2	130,693	\$108,071	102,094
STEP 3	133,500	110,381	104,202
STEP 4	136,984	112,691	106,416
STEP 5	140,469	115,115	108,629
STEP 6	143,023	117,540	110,952
STEP 7	145,716	120,087	113,438
Employees not on maximum step shall advance one step.			
STEP 1	\$129,806	<u>FISCAL YEAR 2018-2019</u>	\$101,484
STEP 2	132,654	\$109,692	103,625
STEP 3	135,502	112,037	105,675
STEP 4	139,039	114,382	108,012
STEP 5	142,576	116,842	110,259
STEP 6	145,168	119,303	112,616
STEP 7	148,151	121,888	115,389
Employees not on maximum step shall advance one step.			
STEP 1	\$133,051	<u>FISCAL YEAR 2019-2020</u>	\$104,021
STEP 2	135,970	\$112,434	106,216
STEP 3	138,890	114,838	108,409
STEP 4	142,515	117,241	110,712
STEP 5	146,140	119,763	113,015
STEP 6	148,797	122,286	115,431
STEP 7	152,105	124,935	118,524
Employees not on maximum step shall advance one step in 2017-18 and in 2018-19. There is no step advancement in 2019-20.		128,253	

## APPENDIX B MEDICAL PLAN

Choice Fund Open Access Plus HSA: Cigna Health and Life Insurance Co.

Coverage Period: 07/01/2017 - 06/30/2018

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual/Individual + Family | Plan Type: OAP

**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.myCigna.com](http://www.myCigna.com) or by calling 1-800-Cigna24

What this Plan Covers & What it Costs		What it Costs
<b>What is the overall deductible?</b>	<p>For in-network providers \$2,000 person / \$4,000 family</p> <p>For out-of-network providers \$2,000 person / \$4,000 family</p> <p>Deductible per person applies when the employee is the only person covered under the plan.</p> <p>Does not apply to in-network preventive care</p> <p>Amount your employer contributes to your account: Up to \$800 person / \$1,600 family</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over. See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
<b>Is there an out-of-pocket limit on my expenses?</b>	<p>Yes. For in-network providers \$2,000 person / \$4,000 family / For out-of-network providers \$4,000 person / \$8,000 family.</p> <p>Out-of-pocket limit for person applies when the employee is the only person covered under the plan.</p> <p>Premium, balance-billed charges, penalties for no pre-authorization, and health care this plan doesn't cover.</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<b>What is not included in the out-of-pocket limit?</b>		Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Is there an overall annual limit on what the plan pays?</b>	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
<b>Does this plan use a network of providers?</b>	Yes. For a list of participating providers, see <a href="http://www.myCigna.com">www.myCigna.com</a> or call 1-800-Cigna24	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.

Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services.



- Co-payments are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- Co-insurance is your share of the costs of a covered service, calculated as a percent of the allowed amount of the service. For example, if the health plan's allowed amount for an overnight hospital stay is \$1,000, your co-insurance payment of 20% would be \$200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charge is \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called balance billing.)
- This plan may encourage you to use in-network providers by charging you lower deductibles, co-payments and co-insurance amounts.

What's Covered? You can find more information at <a href="http://www.cigna.com">www.cigna.com</a>			
Service	Primary care visit to treat an injury or illness	No charge after plan deductible	20% co-insurance after plan deductible
If you visit a health care provider's office or clinic	Specialist visit	No charge after plan deductible	20% co-insurance after plan deductible
	Other practitioner office visit	No charge for Chiropractor after plan deductible	20% co-insurance after plan deductible
	Preventive care/screening/immunization	No charge	20% co-insurance after plan deductible
	Diagnostic test (x-ray, blood work)	No charge after plan deductible	20% co-insurance after plan deductible
If you have a test	Imaging (CT/PET scans, MRIs)	No charge after plan deductible	20% co-insurance after plan deductible

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.

Information about the plan	Services if you may want	Amount of payment	For what services at your preferred provider	Prescription Drugs administered by Express Scripts
If you need drugs to treat your illness or condition  More information about prescription drug coverage is available at <a href="http://www.cigna.com">www.cigna.com</a>	Generic drugs	0% co-insurance/prescription after plan deductible (retail), 0% co-insurance/prescription after plan deductible (home delivery)	20% co-insurance after plan deductible	Prescription Drugs administered by Express Scripts
	Preferred brand drugs	0% co-insurance/prescription after plan deductible (retail), 0% co-insurance/prescription after plan deductible (home delivery)	20% co-insurance after plan deductible	Prescription Drugs administered by Express Scripts
	Non-preferred brand drugs	0% co-insurance/prescription after plan deductible (retail), 0% co-insurance/prescription after plan deductible (home delivery)	20% co-insurance after plan deductible	Prescription Drugs administered by Express Scripts
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after plan deductible	20% co-insurance after plan deductible	none
	Physician/surgeon fees	No charge after plan deductible	20% co-insurance after plan deductible	none
If you need immediate medical attention	Emergency room services	No charge after plan deductible	No charge after plan deductible	none
	Emergency medical transportation	No charge after plan deductible	No charge after plan deductible	none
If you have a hospital stay	Urgent care	No charge after plan deductible	No charge after plan deductible	none
	Facility fee (e.g., hospital room)	No charge after plan deductible	No charge after plan deductible	none
	Physician/surgeon fees	No charge after plan deductible	20% co-insurance after plan deductible	none

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.

Coverage Category	Services or Benefits	Amount or Limit	Cost Sharing	Other Restrictions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge after plan deductible	20% co-insurance after plan deductible	none
	Mental/Behavioral health inpatient services	No charge after plan deductible	20% co-insurance after plan deductible	none
	Substance use disorder outpatient services	No charge after plan deductible	20% co-insurance after plan deductible	none
	Substance use disorder inpatient services	No charge after plan deductible	20% co-insurance after plan deductible	none
If you are pregnant	Prenatal and postnatal care	No charge after plan deductible	20% co-insurance after plan deductible	none
	Delivery and all inpatient services	No charge after plan deductible	20% co-insurance after plan deductible	none
If you need help recovering or have other special health needs	Home health care	No charge after plan deductible	20% co-insurance after plan deductible	Coverage is limited to 200 days annual max. Maximums cross-accumulate.
	Rehabilitation services	No charge after plan deductible	20% co-insurance after plan deductible	Coverage for Rehabilitation, including Chiropractic, services is limited to 50 days annual max. Cardiac Rehabilitation services are limited to 36 days annual max.
	Habilitation services	Not Covered	Not Covered	none
	Skilled nursing care	No charge after plan deductible	20% co-insurance after plan deductible	Coverage is limited to 180 days annual max
If your child needs dental or eye care	Durable medical equipment	No charge after plan deductible	20% co-insurance after plan deductible	none
	Hospice services	No charge after plan deductible	20% co-insurance after plan deductible	none
	Eye Exam	Cigna Vision	Cigna Vision	none
	Glasses	Not Covered	Not Covered	none
	Dental check-up	Cigna Dental	Cigna Dental	none

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.



## Excluded Services & Other Covered Services

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Habilitation services</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing aids</li> <li>• Long-term care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Routine foot care</li> </ul>	<ul style="list-style-type: none"> <li>• Weight loss programs</li> <li>• Private-duty nursing</li> </ul>
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Chiropractic care</li> <li>• Infertility treatment</li> </ul>		

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

If you aren't clear about any of the **bolded** terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.

### Your Rights to Continue Coverage

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-Cigna24. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or <http://www.dol.gov/ebsa/www.dol.gov/ebsa>, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or <http://www.ccio.cms.gov/www.cms.gov>.

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact Cigna Customer service at 1-800-Cigna24. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <http://www.dol.gov/ebsa/healthreform> or the State of Connecticut, Insurance Department at 1-800-203-3447.

Additionally, a consumer assistance program can help you file your appeal. Contact the program for this plan's situs state: Connecticut Office of the Healthcare Advocate at 866-466-4446. However, for information regarding your own state's consumer assistance program refer to <http://www.healthcare.gov/www.healthcare.gov>.

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-244-6224.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-244-6224.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-244-6224.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwiligo holne 1-800-244-6224.

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

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Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com).

If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 1-800-Cigna24 to request a copy.

## Coverage Examples About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples. Please consider any contributions you may receive in an HRA, HSA or FSA.

**Note:** These numbers assume enrollment in individual-only coverage.

<b>Example 1: Hospital Care</b>	
<ul style="list-style-type: none"> <li>Amount owed to providers: \$7,540</li> <li>Plan pays: \$5,510</li> <li>Patient pays: \$2,030</li> </ul>	
<b>Sample care costs:</b>	
Hospital charges (mother)	\$2,700
Routine Obstetric Care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>
<b>Patient pays:</b>	
Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$30
<b>Total</b>	<b>\$2,030</b>

<b>Example 2: Outpatient Care</b>	
<ul style="list-style-type: none"> <li>Amount owed to providers: \$5,400</li> <li>Plan pays: \$3,080</li> <li>Patient pays: \$2,320</li> </ul>	
<b>Sample care costs:</b>	
Prescriptions	\$2,900
Medical equipment and supplies	\$1,300
Office visits & procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>
<b>Patient pays:</b>	
Deductible	\$2,000
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$320
<b>Total</b>	<b>\$2,320</b>

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccoio.cms.gov](http://www.ccoio.cms.gov) or call 1-800-Cigna24 to request a copy.

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or pre-existing condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

\* No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

\* No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

\* Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

\* Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You also should consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-Cigna24 or visit us at [www.myCigna.com](http://www.myCigna.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [www.ccnr.cms.gov](http://www.ccnr.cms.gov) or call 1-800-Cigna24 to request a copy.

APPENDIX C  
FLEX DENTAL PLAN

***FLEX DENTAL PLAN***

***HOW IT WORKS***

This dental plan provides coverage for a wide range of dental services up to \$1,000 per insured person per calendar year for the services listed below.

---

***DIAGNOSTIC & PREVENTIVE SERVICES***

Payable at 100% of usual, customary and reasonable charges at participating dentists:

- Initial oral exams - 1/36 months
- Periodic Oral exams – 2/Year
- Prophylaxis – 2/Year
- Topical application of fluoride - 2/Year to age 19
- Space maintainers to age 19
- X-rays
- Emergency Treatment

---

***BASIC SERVICES***

Payable at 80% of usual, customary and reasonable charges at participating dentists:

Fillings	
Root canals	Deductible: \$ 50 Individual
Stainless steel crowns (Primary Teeth)	\$ 150 Family
Extractions	
Oral Surgery	
Repair of dentures – 1/Year	
Relining of dentures – 1/ 2 Years	
Recement crown	
Recement bridge	
Repair bridge	

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***MAJOR SERVICES***

Payable at 50% of usual, customary and reasonable charges at participating dentists:

Crowns - 1/Tooth/5 Years	
Post and core - 1/Tooth/5 Years	Deductible: \$ 50 Individual
Inlays - 1/Tooth/5 Years	\$ 150 Family
Onlays - 1/Tooth/5 Years	
Periodontics	
Prosthodontics - 1/Tooth/5 Years	

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