

OXFORD BOARD OF EDUCATION

And

**PHYSICAL AND OCCUPATIONAL
THERAPIST EMPLOYEES
LOCAL 1303-477 OF COUNCIL 4
AFSCME, AFL-CIO**

LABOR AGREEMENT

July 1, 2016 through June 30, 2019

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INTRODUCTORY CLAUSE

This Agreement made by and between the Oxford Board of Education and Local 1303-477 of the American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the Union, in order to increase general efficiency in the School System and to maintain the existing relationship between the Board and its employees and to promote the morale, equal rights, well-being, and security of its employees, the Board and the Union hereby bind themselves into this mutual agreement as follows:

ARTICLE I – RECOGNITION

- 1.0 The Board of Education hereby recognizes AFSCME Council 4, Local 1303-477, as the sole and exclusive bargaining representative of all licensed physical and occupational therapists working more than nineteen-and-a-half (19.5) hours per week for the purposes of, and with all the rights and privileges as provided by Section 7-467 et seq. of the Connecticut General Statutes.

ARTICLE II – MANAGEMENT RIGHTS

- 2.0 Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board has and will continue to retain whether exercised or not, all the rights, powers and authority heretofore had by it, and shall have the sole right, responsibility and prerogative of management of the affairs of the Board of Education and direction of the working forces, including, but not limited to those rights provided by Conn. Gen. Stat. 10-220 and the following:
- a. To maintain public schools and such other educational activities as in its judgment will serve the interest of the students and Town of Oxford.
 - b. To establish or continue policies, practices and procedures for the conduct of Board business and, from time to time, to change or abolish such policies, practices or procedures.
 - c. To discontinue processes or operations or to discontinue their performance by employees in accordance with layoff procedures.
 - d. To select and to determine the number and types of employees required to perform the Board's operations, and to create, modify and/or eliminate positions accordingly.
 - e. To employ, assign, transfer, promote or demote employees, or to lay off, furlough, terminate or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interests of the Board.

- f. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board, and to discipline employees as determined to be appropriate by the Board.

2.1 Coverage

In the event of an employee's excused or unexcused absence from work of one week or longer, the Superintendent or his or her designee may retain contracted services after first offering such work to qualified bargaining unit members. In no event shall employees be laid off or suffer a reduction of hours because of such contracting.

ARTICLE III – UNION SECURITY

- 3.0 All employees shall, as a condition of employment, either become members of the Union after ninety (90) days of employment or refrain from joining the Union; and, so long as they remain non-members, pay to the Union a service fee equivalent to the dues uniformly required of the members. Employees shall, as a condition of employment, execute in writing, a deduction authorization for the limited purpose of authorizing the Board to deduct from their wages such dues, service fees and initiation fees fixed and certified in writing by the Union, which shall be payable by each employee.

3.1 Employee Definition

Hereafter, where the term "employee" is used without further explanation in this Agreement, it shall mean and include Article I, Section 1.0.

3.2 Dues Deduction

The Board agrees to deduct monthly dues, as certified by the Secretary of the Union, from the wages of all employees covered by this Agreement. The Union shall save the Board harmless from any and all claims, demands, suits or judgments arising from the implementation of this Section.

3.3 Dues

The dues and fees deduction for each bi-weekly payroll will be remitted to the Council #4 office along with an itemized list of employees showing the amount of dues deducted, addresses and social security numbers of said employees.

ARTICLE IV – SENIORITY

4.0 Seniority

Seniority within the bargaining unit shall be defined as length of continuous service since the most recent hire with the Oxford Board of Education. A service break of less than 24

months, in the event of layoff, shall not be considered a break in service, though no seniority will accrue during any such break in service. All future hires into the local shall have their seniority from the date hired into the local.

4.1 Seniority List

The Board shall prepare a seniority list of bargaining unit employees on an annual basis and e-mail said list with the salary schedule to the President of the Union, Local 1303-477. The Board shall also e-mail copies of hire and termination letters to the Union President as they occur.

ARTICLE V – LAYOFF PROCEDURE

- 5.0 In the event of a layoff, the following procedure shall apply, provided the employees who remain after such layoff are qualified to perform the remaining available work. All temporary and part-time employees working less than nineteen-and-a-half (19.5) hours per week shall be laid off first. Thereafter, the least senior employee in an affected classification (i.e. occupational therapist versus physical therapist) shall be laid off first. The laid off employee shall have the right to fill any bargaining unit which may exist and which the Board decides to fill, or bump the least senior, junior employee in his or her therapist classification, provided such employee is qualified for such position. If the laid off employee has no right to bump and is laid off, he or she shall receive two weeks notice of said layoff.
- 5.1 Any employee who has been terminated because of a reduction in force shall have his or her name placed on a recall list for a period of twenty-four (24) months, commencing with the effective date of such termination.
- 5.2 Any employee on a recall list shall receive a certified letter with an offer of reappointment at least fifteen (15) days prior to the reemployment. The employee shall accept or reject the appointment in writing within ten (10) days after the above notice is made. In the event an employee shall reject an appointment or fail to respond within ten (10) days after the notice is made, then such employee's name shall be removed from said list and he or she shall have no further rights pursuant to this policy.
- 5.3 No new employees shall be hired in a job classification until all qualified laid-off employees from that area have been recalled or declined the opening.
- 5.4 Employees shall be recalled to their former or comparable (hours, benefits, rates of pay) position for which they are qualified. Employees shall be offered all positions for which they are qualified. However, rejection of a position which is not comparable to the employee's former position shall not be counted against the employee's recall rights. If an employee rejects a position on the basis that it is not comparable, he or she may not later grieve or otherwise contest the fact that the Board has filled the position with someone else.

- 5.5 It is the responsibility of the employee to keep the Board updated with a current mailing address for purposes of recall.

ARTICLE VI- PROBATIONARY PERIOD

- 6.0 All newly hired employees shall serve a 90 days-worked probationary period. During such probationary period, newly hired employees may be discharged without recourse to the grievance procedure.
- 6.1 All benefits and contractual rights under this Agreement shall begin after the initial 90 calendar days of employment unless otherwise indicated in this Agreement.
- 6.2 Seniority shall accrue from the date of hire if the probationary period is successfully completed.

ARTICLE VII - INSURANCE BENEFITS

- 7.0 For purposes of this Article employees who are regularly scheduled to work thirty (30) hours or more a week shall be considered full-time employees. Non-probationary employees who are regularly scheduled to work a minimum of twenty (20) hours per week for the duration of the school year shall be eligible for medical and dental benefits in accordance with this Article. Employees regularly scheduled to work twenty (20) or more hours per week but less than thirty (30) hours per week shall be eligible for insurance benefits in accordance with this Article and the following Section 7.4.
- 7.1 The Board will continue a Section 125 Plan to facilitate tax deductibility of premium co-payments.
- 7.2 Effective at the commencement of the month following execution of this Agreement, the Board of Education shall pay eighty-two percent (82%) of the health insurance premiums on the following:
- A. For him/herself and dependents, a High Deductible Health Plan (HDHP) with Health Savings Account (HSA). The HDHP/HSA Plan shall have deductibles of \$2,500 for individual coverage and \$5,000 for two- person/family coverage. See Appendix A for a description of said plan(s). During the month of December, starting in December 2017 and in each December thereafter, the Board will deposit fifty percent (50%) of the individual or family coverage deductible.
- The Board will provide a Health Reimbursement Arrangement (HRA) or comparable plan to the bargaining unit members who are not eligible for the current insurance (HSA).
- B. Full service dental with Rider A.

- C. The employee shall be responsible for payment of the remaining health insurance premiums. If the employee elects no payroll deduction for insurances, the employee shall have waived his/her right to be covered by the insurances listed above.
- 7.3 Effective July 1, 2018 the Board of Education shall pay eighty-one percent (81%) of the health insurance premiums on the above-described insurance offerings.
- 7.4 The Board shall contribute to the cost of insurance listed above, for the employee and family, for employees who are employed less than full-time. The Board's contribution towards the cost of insurance shall be equivalent to the amount of time the employee works on a weekly basis (e.g., one-half time employee one-half of the cost of the insurances, etc.). Effective upon execution of the Agreement, the Board shall provide for less than full-time employees, eighty-two percent (82%) of the pro-rata premiums set forth in the preceding sentence (e.g., one-half time employee-Board pays eighty-two percent (82%) of one-half of the cost of the insurance). Effective July 1, 2018 said percentage shall change to eighty-one percent (81%). If the employee elects no payroll deduction for insurances, the employee shall have waived his/her right to be covered by the insurances listed above.
- 7.5. The Board may, with reasonable advance notice to the Union, change insurance carriers or self-insure for all of or some of the aforementioned insurances, provided that such modification substitutes benefits which are substantially equivalent to or better than the benefits in this Agreement when the old and new plans are compared as a whole.

ARTICLE VIII – WORK YEAR

- 8.0 The work year shall equal the number of student school days in the approved calendar, plus one (1) additional professional learning day ("PLD"), with an additional PLD at the start of the 2018-19 school year. The scheduling of the PLD shall be determined by the Superintendent.

ARTICLE IX – HOLIDAYS

- 9.0 Employees shall be paid their normal daily wages for the following holidays when any such holiday falls on the employee's normally scheduled work day (i.e Monday, Tuesday, etc.):

Labor Day
Columbus Day
Thanksgiving Day
Day After Thanksgiving
Christmas Day
New Year's Eve Day
New Year's Day
Martin Luther King Day

President's Day
Good Friday
Memorial Day

ARTICLE X - LEAVES OF ABSENCE

10.0 Sick Leave

- A. All non-probationary employees shall be entitled to the use of sick leave in accordance with this Article. Sick leave may be used in minimum increments of half-a-day.
- B. Employees who work 180 days per year or 5 days per week shall be granted 12 days of sick leave per year. Accrued to 90 days.
- C. Employees who work 160 days per year or 4 days per week shall be granted 10 days of sick leave per year. Accrued to 80 days.
- D. Employees who work 120 days per year or 3 days per week shall be granted 8 days of sick leave per year. Accrued to 70 days.
- E. For purposes of this Article a "sick leave day" shall be defined as being equivalent to the number of hours the employee is regularly scheduled to work on the day in question.

10.1 Personal Leave

- A. All non-probationary employees shall be entitled to the use of personal leave in accordance with this Article. Personal leave may be used in minimum increments of half-a-day. Personal leave hours are non-accumulative and shall be forfeited at the end of each school year if not used during such school year.
- B. Employees who are regularly scheduled to work thirty (30) or more hours per week shall be entitled to the use of twenty (20) hours of personal leave per school year.
- C. Employees who are regularly scheduled to work more than twenty (20) hours more hours per week but less than thirty (30) hours per week shall be entitled to the use of thirteen (13) hours of personal leave per school year.
- D. Personal leave hours may only be taken only for the following reasons:
 - 1. Legal or financial situations that might arise wherein the employee's attendance is required.

2. Marriage (self, children, parents, siblings, siblings of spouse). Only one day will be allowed for each event.
 3. Any serious illness or medical situation in the immediate family requiring the presence of the employee.
 4. Attendance at high school or college graduation exercises for self, spouse, son or daughter.
 5. Birth of child by wife, or adoption of child.
 6. Observance of a major religious holiday.
 7. Other appropriate personal business that cannot be transacted outside of school hours.
- E. Any request for the use of personal leave hours, except in emergency situations, will be filed with the Superintendent or his or her designee, at least 48 hours prior to the time requested; but, in any event, all applications for such leave will be in writing on the prescribed form. The use of personal leave hours shall not be requested as part of a vacation or holiday. In unusual circumstances, where the provisions hereof cannot be met, the Superintendent may waive these conditions.

10.2 Bereavement Leave

- A. A leave of absence, not to exceed five (5) consecutive calendar days commencing either on the day of the death or the day immediately following the day of death, shall be granted to any employee who is regularly scheduled to work thirty (30) hours or more per week whose spouse, father, mother, brother, sister, child or grandchild dies. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the five (5) day bereavement leave period. At the discretion of the Superintendent, this limit may be extended due to extraordinary circumstances.
- B. A leave of absence, not to exceed three (3) consecutive calendar days commencing either on the day of the death or the day immediately following the day of death, shall be granted to any employee who is regularly scheduled to work between twenty (20) and thirty (30) hours per week whose spouse, father, mother, brother, sister, child or grandchild dies. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the three (3) day bereavement leave period. At the discretion of the Superintendent, this limit may be extended due to extraordinary circumstances.
- C. Time off to attend the funeral of a mother-in-law or father-in-law of current marriage shall be granted. Such leave shall be with pay and shall not exceed three (3) consecutive calendar days for employees regularly scheduled to work thirty

(30) hours or more per week and two (2) days for employees regularly scheduled to work between twenty (20) and thirty (30) hours per week. The employee shall be paid their normal wages for all regularly scheduled days of work occurring within the applicable bereavement leave period. Due to extenuating circumstances, this limit may be extended at the discretion of the Superintendent.

D. Time off to attend the funeral of an aunt or uncle; sister-in-law, brother-in-law, daughter-in-law, son-in-law of the current marriage; or stepmother, stepfather, or grandparent shall be granted to employees regularly scheduled to work thirty (30) or more hours per week. Such leave shall be with pay, not to exceed one (1) day. Due to extenuating circumstances, this limit may be extended at the discretion of the Superintendent.

E. Any employee may at his or her discretion use available Personal Leave to extend any period of bereavement.

10.3 Jury Duty

Any employee who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from an employee's paid time off balance. The employee shall receive a rate of pay equal to the difference between the normal daily rate of pay and the per diem jury fee received, if the latter is less, for the first five days, as required by law.

ARTICLE XI – WAGES

11.0 Effective and retroactive to July 1, 2016, employees shall be paid an hourly wage of \$56.90. Effective and retroactive to July 1, 2017 employees shall be paid an hourly wage of \$58.32. Effective July 1, 2018 employees shall be paid an hourly wage of \$59.78.

11.1 Employees shall be paid through direct deposit at a participating bank or qualified financial institution of the employee's choice, on a biweekly basis.

ARTICLE XII – GRIEVANCE PROCEDURE

12.0 Purpose

The purpose of the procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of employees.

12.1 Definition

A grievance shall mean a claim, in writing, that there has been an alleged violation of a specific provision(s) of this Agreement. A valid grievance must be in writing and filed at the first step of the grievance procedure within fifteen (15) working days of the

occurrence which gives rise to the grievance. If said grievance is not filed within fifteen (15) working days after the grievant knew, or should have known of the act or conditions on which the grievance is based, then the grievance shall be considered to be invalid and any new grievance filed to address the same or substantially similar subject shall be deemed invalid as well.

12.2 Procedure

Any such grievance shall be settled in accordance with the following grievance procedure:

1. Step 1 - Responsible Administrator

If a member of the bargaining unit feels that he or she may have a grievance, he or she may first discuss the matter with his or her responsible administrator in an effort to resolve the problem informally.

If resolution is not found, then within fifteen (15) working days of the occurrence giving rise to the grievance, the written grievance shall be submitted to the responsible Administrator by the bargaining unit President. The Administrator shall give his or her answer within fifteen (15) working days of receipt of the written grievance.

2. Step 2 - Superintendent

If the grievance is not resolved by the answer received at Step One, then the grievance may be forwarded by the bargaining unit President to the Superintendent within fifteen (15) working days of the receipt of the answer at Step One. In the event that the Administrator described in Step One is the Superintendent, the grievance shall be submitted directly to the Board of Education within fifteen (15) working days of the receipt of the answer at Step One.

Within fifteen (15) working days of receipt of the grievance by the Superintendent, he/she shall conduct a meeting with the grievant, the unit President or designee, and the responsible Administrator to consider the grievance. The Superintendent must render a decision within fifteen (15) working days of said meeting.

3. Step 3 - Board of Education

If the grievance is not resolved by the answer received at Step Two, then the grievance may be forwarded by the bargaining unit President to the Chairperson of the Board of Education within fifteen (15) working days of the receipt of the answer at Step Two. The Board of Education, or designated subcommittee, shall conduct a meeting on the matter within fifteen (15) working days of receipt of the

grievance, at which time the moving party may present his or her grievance and the other party may respond. The Board of Education, or designated subcommittee, shall render its decision within fifteen (15) working days of said meeting. The decision of the Board of Education, or designated subcommittee thereof, shall be final and binding unless the Union elects to advance the matter to arbitration.

4. Step 4 – Arbitration

If the Union is not satisfied with the disposition of a grievance at Level Three, it may, within fifteen (15) days after the decision of the Board of Education or within fifteen (15) days after the meeting with the Board of Education submit the grievance to arbitration and notify the Superintendent of its decision to do so. The Union may submit the grievance to arbitration by filing a demand for arbitration with the State Board of Mediation and Arbitration in accordance with its rules and regulations. The arbitrator(s) shall render an award in writing to both parties setting forth his or her findings of fact, reasoning and conclusion only on the issues submitted. The arbitrator(s) shall hear only one grievance at a time.

The arbitrator(s) shall be bound by and must comply with all of the terms of this Agreement. He/she shall have no power to add to, delete from or modify in any way any of the provisions of the Agreement. The decision of the arbitrator(s) shall be final and binding upon the parties. Any and all costs for arbitration shall be borne equally by the parties.

12.3. Grievances will be heard at times most practical to do so.

12.4 Time Limits

Time limits in the grievance procedure or arbitration may be extended by mutual agreement. Failure by the bargaining unit President to appeal a grievance to the next level within the specified time limit shall be deemed to be acceptance of the decision rendered at that level.

12.6 Both parties agree that proceedings shall be kept confidential. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel file of the participants.

ARTICLE XIII – MISCELLANEOUS

13.0 Travel Allowance

Employees shall be reimbursed for all authorized work-related travel in their personal vehicle at the applicable IRS mileage reimbursement rate.

13.1 Inclement Weather

Employees shall not be paid for lost hours of work as a result of delayed openings, early dismissals or entire work day cancellations caused by inclement weather.

13.2 Pension

The Town of Oxford is a participant in the Municipal Employees Retirement Fund ("MERF"). Employee eligibility in MERF is determined in accordance with Chapter 113 of the Connecticut General Statutes. This Article is included for informational purposes only and this benefit is not subject to the grievance procedure.

13.3 Disciplinary Action

Employees who have successfully completed their probationary period shall not be terminated, suspended or issued a written reprimand without just cause.

ARTICLE XIV – NO STRIKE PROVISION

- 14.0** During the life of this Agreement, there shall be no strike, including any sympathy strike or action, slowdown, suspension or stoppage of work in any part of the Board's operation by the employees or employee, nor shall there be any lockout by the Board in any part of the Board's operation relating to the bargaining unit.

ARTICLE XV – SAVINGS CLAUSE

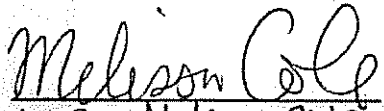
- 15.0** Should any Article, section, or portion thereof, of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction, such decision shall apply to only the specific Article, section, or portion thereof directly specified in the decision.

ARTICLE XVI – DURATION

- 16.0** This Agreement shall remain in full force and effect from July 1, 2016 through June 30, 2019. Negotiations for a successor agreement shall commence as provided for in the Municipal Employee Relations Act, as amended from time to time.

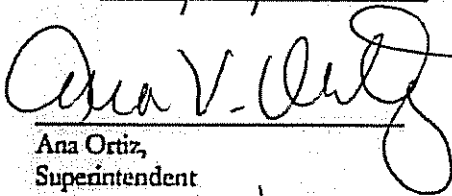
THIS AGREEMENT IS NOT EFFECTIVE OR BINDING UNTIL FULLY EXECUTED BY ALL SIGNATORIES. THE PARTIES SPECIFICALLY UNDERSTAND, RECOGNIZE AND AGREE THAT BOTH THE CHAIRPERSON OF THE OXFORD BOARD OF EDUCATION AND THE OXFORD SUPERINTENDENT OF SCHOOLS MUST EXECUTE THIS AGREEMENT BEFORE IT IS LEGALLY BINDING ON THE BOARD OF EDUCATION. ANY PARTIALLY EXECUTED AGREEMENT SHALL HAVE NO EFFECT AND SHALL NOT BE CONSIDERED AN EXPRESSION OF THE PARTIES' INTENT UNTIL AND UNLESS IT IS FULLY EXECUTED.

OXFORD BOARD OF EDUCATION



~~Amy Cole~~, Melissa Cole
Chairman

Date: 12/21/17



Ana Ortiz,
Superintendent

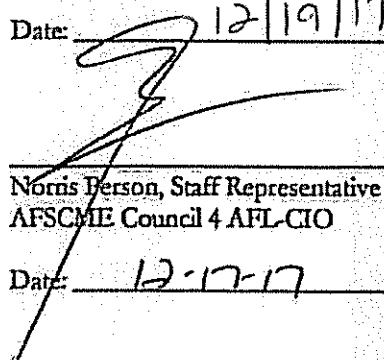
Date: 12/21/17

LOCAL 1303-477 OF
COUNCIL #4 AFSCME, AFL-CIO



Carrie Scalzo,
Union President

Date: 12/19/17


Norris Person, Staff Representative
AFSCME Council 4 AFL-CIO

Date: 12-17-17

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services Coverage Period: 07/01/2017–06/30/2019
Oxford BOE: Lumenos HSA \$2500-\$5000 Coverage for: Individual + Family | Plan Type: HDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the **premium**) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <https://oc.anthem.com/sochps/aso>. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other undefined terms see the Glossary at www.healthcare.gov/abc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters
What is the overall deductible?	\$2,500/single or \$5,000/family for In-Network Providers. \$2,500/single or \$5,000/family for Out-of-Network Providers. Deductible cross accumulates between in and out of network.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care for In-Network Providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$4,500/single or \$6,850/family for In-Network Providers. \$4,500/single or \$6,850/family for Out-of-Network Providers. Our of Pocket maximum cross accumulates between in and out of network.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Certain costs for prescription drugs are not covered, Pre-Authorization Penalties, Premiums, Balance-Billing charges, and Health Care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes, Century Preferred. See www.anthem.com or call (800) 922-6621 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan

	providers.	pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	30% coinsurance	none
	Specialist visit	0% coinsurance	30% coinsurance	none
	Preventive care/screening/immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab - Office 0% coinsurance X-Ray - Office 0% coinsurance	Lab - Office 30% coinsurance X-Ray - Office 30% coinsurance	none
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.wahtcinc.com/pharmacy/information/	Tier 1 - Typically Generic	\$5/prescription (retail) \$5/prescription (home delivery)	30% coinsurance (retail)	*See Prescription Drug section
	Tier 2 - Typically Preferred Brand & Non-Preferred Generics	\$35/prescription (retail) \$70/prescription (home delivery)	30% coinsurance (retail)	
	Tier 3 - Typically Non-Preferred Brand and Generic drugs	\$45/prescription (retail) \$90/prescription (home delivery)	30% coinsurance (retail)	
	Tier 4 - Typically Specialty (brand and generic)	\$45/prescription (retail) \$90/prescription (home delivery)	30% coinsurance (retail)	

* For more information about limitations and exceptions, see plan or policy document at <https://eoc-andem.com/eocdps/esp>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	none
	Physician/surgeon fees	0% coinsurance	30% coinsurance	none
	Emergency room care	0% coinsurance	30% coinsurance	none
	Emergency medical transportation	0% coinsurance	30% coinsurance	none
If you need immediate medical attention	Urgent care	0% coinsurance	30% coinsurance	none
	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
If you have a hospital stay	Physician/surgeon fees	0% coinsurance	30% coinsurance	none
	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	none
	Inpatient services	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Office visits	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound)
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	30% coinsurance	Unlimited Visits
	Childbirth/delivery facility services	0% coinsurance	30% coinsurance	50 combined visits for PT, OT, ST and CHIRO
	Home health care	0% coinsurance	30% coinsurance	220 visits/benefit period. Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Rehabilitation services	0% coinsurance	30% coinsurance	none
If you need help recovering or have other special health needs	Skilled nursing care	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Durable medical equipment	0% coinsurance	30% coinsurance	none
	Hospice services	0% coinsurance	30% coinsurance	Failure to obtain pre-authorization may result in non-coverage or reduced benefits.
	Children's eye exam	No charge	30% coinsurance	*See Vision Services section

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
needs dental or eye care	Children's glasses Children's dental check-up	Not covered Not covered	Not covered Not covered	*See Dental Services section

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services)	
• Cosmetic surgery • Routine foot care unless you have been diagnosed with diabetes.	• Dental care (adult) • Weight loss programs • Long-term care

Other Covered Services (Limitations may apply to these services. This is in the complete plan. Please see your plan document.)	
• Acupuncture • Hearing aids • Private-duty nursing	• Bariatric surgery • Infertility treatment • Routine eye care (adult) • Chiropractic care 50 visits/benefit period. • Most coverage provided outside the United States www.bcbs.com/bluescardworldwide

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccoi.hhs.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

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

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

Does this plan provide Minimum Essential Coverage? **Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? **Yes**

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

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

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

* For more information about limitations and exceptions, see plan or policy document at <https://coc.anthem.com/eocdps/aso>.

About these Coverage Examples:



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

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

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasonounds and blood work*)
Specialist visit (*anesthetist*)

Total Example Cost	\$12,738
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$0
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

Managing Joe's type 2 Diabetes
a treatment program, insulin and care at a well-controlled condition

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,500
Copayments	\$0
Coinsurance	\$0
Limits or exclusions	\$55
The total Joe would pay is	\$2,555

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

■ The plan's overall deductible	\$2,500
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0
Limits or exclusions	\$0
The total Mia would pay is	\$1,925

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

(CIV/TDD: 711)

Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 922-6621.

Greek (Ελληνικά): Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στα γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διεπληρώνετε στο (800) 922-6621.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નનો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો સમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (800) 922-6621.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (800) 922-6621.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 922-6621 ।

Hmong (White Hmong): Yog tas koj muaj lus nug dab tsi ntisig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov toj rau (800) 922-6621.

Igbo (Igbo): O buɔ ụ na i nwere ajiɔ ọ bula gbasara akwukwọ a, i nwere ikike inweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (800) 922-6621.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep ita daytoy a dokumento, adda karbengam a makakala ti tulong ken impormasyon babaan ti lengguahem nga avan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 922-6621.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 922-6621.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 922-6621.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなとの言語で無料で支援を受け情報を得る権利があります。通訳に話すには、(800) 922-6621 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ: អ្នកមានសិទ្ធិទទួលជំនួយដឹងពីកំហុសឯកសារសង្គមដោយឥតគិតថ្លៃ។

ស្នើឱ្យជម្រកជាមួយអ្នកបកប្រែ សូមហៅ (800) 922-6621 ។

Kirundi (Kirundi): Ugize ikibazo icyo ariko cose kuri iyi nyandiko, ufise uburenganzima bwo kumuka ubufasha mu kurima cyane aha gicirwa. Kugira uwugishe umusemuzi, akura (800) 922-6621.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

Lao (ລາວ): ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໄດ້ຮັບກັບວ່າມາພາສາ, ໃຫ້ເບິ່ງຫາ (800) 922-6621.

Navajo (Dine): Dinaaalsos bika'igii lahgo bina'idilkidgo ná bókónéedzǫ́ dóó bee abóó't'í' t'áá ní nizaad k'í' chǫ́ bee níl hodoonih t'áadoo bǫ́ááh ilinígóó. Aha' balne'igii ha' bich'i' hadesdzilb ninaizingo koǫ́' hodiilnih (800) 922-6621.

Nepali (नेपाली): यदि यो कागजातवारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 922-6621

Oromo (Oromifaa): Sanadi kanaa wajjin walqabante gaffi kamiyyuu yoo qabduu tannan, Gargarsa argachuu fi odeeffanno afaan ketiin kaffaltii alla argachuuf miigaa qabdaa. Turjumanaa dubaachuuf, (800) 922-6621 bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu greege in dei Schprooch mitaus Koscht. Um mit en Iwwersetzze zu schweize, ruff (800) 922-6621 an.

Polish (polski): W przypadku jakiegokolwiek pytania związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 922-6621.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 922-6621.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਆਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 922-6621 'ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 922-6621.*

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы можете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с услугами переводчиком, позвоните по тел. (800) 922-6621.

Samoaan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava e'agana e aunoa ma se tologi. Ina ia talanoa i se tagata faaliliu, vili (800) 922-6621.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 922-6621.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 922-6621.

Tagalog (Tagalog): Kung mayroon kang anumang katungkulan tungkol sa dokumentong ito, may kapatakan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tagwagan ang (800) 922-6621.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (800) 922-6621 เพื่อพูดคุยกับสำน

Ukrainian (Українська): Якщо у вас виникли будь-які питання з ухиною цього документа, ви маєте право безкоштовно отримати допомогу й інформацію на вашій рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (800) 922-6621.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور ایسی زبان میں مفت معلومات حاصل کرنے سے کسی مترجم سے بات کرنے کے لیے، (800) 922-6621 پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 922-6621.

Yiddish (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר דאס ריכט צו באקומען דעם אינפארמאציע אין איינער שפראך און קיין פארן צו דערן צו אן איבערזעצער, (800) 922-6621.

Yoruba (Yorùbá): Ti o bá ní èyàkékùrú bíbèlè nápa àkòsílẹ̀ yì, o ní ètò láti gba àmọ́wọ̀ àti ìwílẹ̀n nà èdè rẹ̀ fúnfún. Bá wa ògbólọ̀ kan fúnfún, pe (800) 922-6621.

Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.