PROFESSIONAL AGREEMENT

BETWEEN

THOMASTON SCHOOL ADMINISTRATORS
ASSOCIATION

AND

THOMASTON BOARD OF EDUCATION

July 1, 2017 – June 30, 2020
ARTICLE XXI - SEVERABILITY ................................................................. 21
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PREAMBLE

Pursuant to Connecticut General Statutes Section 10-153b, a referendum was held in September 1967, in which all certified administrative employees of the Thomaston Public Schools who were employed in an administrative capacity, except the Superintendent of Schools, elected the Thomaston School Administrators Association (hereinafter “T.S.A.A.”) to represent them in negotiations with the Thomaston Board of Education (hereinafter “Board”).

The Board recognizes the T.S.A.A. as the exclusive bargaining agent of its members as defined by Connecticut General Statutes Section 10-153b, provided, nothing in this Agreement shall obstruct the Board in the performance of its legal duties and authority as mandated by the General Statutes of the State of Connecticut.

DURATION

This Agreement made and entered into on the ____________ of _____, 2016, by the Board and the T.S.A.A. The Agreement becomes effective July 1, 2017 and extends through June 30, 2020.

If as of January 1, 2020, the total cost of a group health plan or plans offered under this Agreement meets the thresholds that would trigger an excise tax under the Internal Revenue Code Section 4980I, the parties agree to reopen this Agreement for the sole purpose of negotiating over health insurance.

ARTICLE I
RECOGNITION

1.1 The Board recognizes the T.S.A.A. as the exclusive representative of all certified administrative and supervisory personnel who are employed in the school system in an administrative capacity, except the Superintendent, for the purpose of negotiations with respect to salaries and other conditions of employment pursuant to Connecticut General Statutes Section 10-153b.

1.2 All Administrators in any capacity shall be free from discrimination, coercion or intimidation by either party hereto in all matters pertaining to Association Activities. There shall be no reprisals of any kind directly or indirectly taken against any Administrator by reason of his/her membership or non-membership in a professional organization or participation in its activities.

ARTICLE II
SALARIES

2.1 The work year for all principals, the director of curriculum and the director of pupil services shall be two hundred and twenty-five (225) workdays.
The work year for all assistant principals shall be two hundred and five (205) workdays. Assistant principals may work up to an additional twenty (20) days beyond the work year of two hundred and five (205) work days. Of such twenty (20) additional days, up to ten (10) days shall be determined by the Superintendent or her designee and the remaining ten (10) days shall be determined by agreement between the Superintendent (or her designee) and the assistant principal.

Any additional days beyond the two hundred and five (205) workdays shall be compensated at the assistant principal’s per diem rate.

On or before June 1st, each Administrator shall be notified in writing by the Superintendent of Schools of the calendar of workdays for the following fiscal year (July 1st - June 30th).

The work year and salary for newly created bargaining unit positions shall be determined by the Board.

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<tr>
<td></td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>High School Principal</td>
<td>$136,124</td>
<td>$139,527</td>
<td>$143,015</td>
</tr>
<tr>
<td>Elementary School Principal</td>
<td>$131,225</td>
<td>$134,506</td>
<td>$137,869</td>
</tr>
<tr>
<td>Director of Pupil Services</td>
<td>$127,103</td>
<td>$134,506</td>
<td>$137,869</td>
</tr>
<tr>
<td>Director of Curriculum</td>
<td>$125,041</td>
<td>$130,280</td>
<td>$133,537</td>
</tr>
<tr>
<td>High School Assist. Principal</td>
<td>$107,256</td>
<td>$109,937</td>
<td>$112,885</td>
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Administrators who hold an Ed. D. or Ph. D. in education from an accredited college or university shall receive an annual stipend of one thousand five hundred dollars ($1,500.00) over and above the Administrator’s base annual salary.

In order to receive such stipend, Administrators who seek a doctorate degree (i.e. – Ed. D. or Ph. D.) in education from an accredited college or university will notify the Superintendent in writing by December 31st of the school year prior to which the Administrator expects to be awarded the doctorate degree.
Additionally, in order to receive the stipend, official transcripts listing the doctorate degree must be received by July 1st of the school year which the Administrator qualifies for the doctoral differential.

2.2 Except as set forth below, current Administrator bargaining unit members that are transferred (either voluntarily or involuntarily) to a higher paying bargaining unit position or successfully bid on a vacant bargaining unit position under Article XII and new members of the Administrators' bargaining unit may receive a percent of the negotiated salary for an Administrators' position as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of Full Salary</th>
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<tbody>
<tr>
<td>First year</td>
<td>85%</td>
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<tr>
<td>Second year</td>
<td>90%</td>
</tr>
<tr>
<td>Third year</td>
<td>95%</td>
</tr>
<tr>
<td>Fourth year</td>
<td>100%</td>
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A current bargaining unit member who is involuntarily transferred to a bargaining unit position with a lower salary shall receive his/her then current salary for the remainder of the contract year. After such contract year, the current bargaining unit member who is involuntary transferred to a lower paying bargaining unit position shall receive one hundred percent (100%) of the full salary of the new position.

The Board may, at its discretion, pay a new Administrator up to one hundred percent (100%) of full salary.

2.3 All Administrators shall be paid on a bi-weekly basis via direct deposit.

2.4 It is agreed that when a teaching assignment is a part of an Administrator's work day, the Administrator shall be compensated at his/her full Administrator's salary.

**ARTICLE III
INSURANCE AND BENEFITS**

3.1 The Board shall provide a policy of insurance for each Administrator. The policy shall be a high deductible health plan with a health savings account.

Administrators shall pay the following premium share contributions:

- July 1, 2017 – June 30, 2018 – 18.5%
- July 1, 2018 – June 30, 2019 – 19%
- July 1, 2019 – June 30, 2020 – 19.5%

Commencing during the July 1, 2017 – June 30, 2018 contract year, on an annual basis, in the event that the Administrator and his/her family members on the Board’s health insurance plan completes a health risk assessment and biometric screening, his/her premium share for the ensuing contract year shall be
reduced by one percent (1%).

Accordingly, by way of example, in the event that the Administrator and his spouse and dependents completes a health risk assessment and biometric screening during the July 1, 2017 through June 30, 2018 contract year, the Administrator will receive a one percent (1%) reduction in his premium share contribution for the July 1, 2018 through June 30, 2019 contract year.

On July 1st of the subsequent contract year, the premium share set forth herein shall be in effect for the Administrator. Accordingly, the reduction in the premium share by one percent (1%) shall be based on the then current premium share negotiated by the parties for the contract year in question, as set forth herein.

The information included on the assessment and from the screening will not be provided to the Board. The only information provided by the carrier to the Board is whether the assessment and screening were completed.

The health risk assessment shall be:

- An annual physical (and any tests related to such physical);
- An annual dental examination;
- A vision exam (in accordance with the frequency requirements of the health care provider);
- Women’s Wellness (a mammogram and/or clinical breast exam in accordance with the frequency requirements of the health care provider); and
- Applicable cancer screenings (in accordance with the frequency requirements of the health care provider).

Biometric screening shall measure the following:

- Height and weight in order to calculate the individuals body mass index (BMI);
- Systolic and diastolic blood pressure;
- Total cholesterol;
- HDL cholesterol; and
- Glucose
3.2 Effective July 1, 2017, the Board will provide a High Deductible Health Plan (HDHP) to full-time Administrators that elect to participate. The program shall be offered on a contract year basis with open enrollment to be available in May.

The HDHP shall have:

- $2,250/$4,500 Annual Deductible
- 100% in network after deductible (except with respect to prescription drugs)
- 80%/20% out of network
- Upon satisfaction of the (HDHP) deductible, prescriptions subject to:
  - $5 Generic/ $20 Brand Name/ $30 Non Formulary Brand Name co-pay (unlimited maximum) (2x retail co-payment for 90-day supply)
- The co-pays for drugs shall not apply to prescriptions under either the Women’s Health and Wellness Act or for diabetes

Enrollees in the HDHP shall have a Health Savings Account (HSA) to defray deductible expenses.

In year one of the contract (July 1, 2017 – June 30, 2018), the Board agrees to contribute fifty percent (50%) of the deductible.

In year two of the contract (July 1, 2018 – June 30, 2019), the Board agrees to contribute forty-five percent (45%) of the deductible.

In year three of the contract (July 1, 2019 – June 30, 2020), the Board agrees to contribute forty percent (40%) of the deductible.

The Board’s contribution toward the deductible shall be deposited in the HSA bank account of the Administrator in the first paycheck of the then current school year in each contract year.

The Administrator’s contribution toward the deductible shall either be, at the Administrator’s option, via payroll deduction or contributed directly by the Administrator in his/her HSA bank account.

An Administrator shall receive a prorated contribution toward his/her HSA, if the Administrator: (a) is hired by the Board after the commencement of the applicable plan year; or (b) he/she elects health insurance after the commencement of the plan year due to a change in status.
The prorated amount of the contribution shall be based on the first day that the Administrator is covered under the plan through June 30th of the applicable contract year.

A HSA is not health insurance, it is a bank account. The parties acknowledge that the Board’s contribution toward funding the deductible is not an element of the underlying plan, but rather relates to the manner in which the deductible shall be funded for active employees.

3.3 The Board provides a life insurance policy with accidental death and dismemberment benefits equal to two times the Administrators’ base annual salary. In addition, the Administrators may purchase additional group term life insurance at his/her own expense.

3.4 The Board agrees to pay the cost of the Dental Plan, less the applicable premium share set forth in Section 3.1.

3.5 Administrators may voluntarily elect to waive (on a form provided by the Board to the Administrator) health and dental benefits which are offered to Administrators and in lieu thereof shall receive an annual payment in accordance with the following:

**Number of eligible Administrators who elect to waive:**

<table>
<thead>
<tr>
<th></th>
<th>3-4</th>
<th>5 or more</th>
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<tbody>
<tr>
<td>Single Waiver</td>
<td>$1,000.00</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Single Plus One Waiver</td>
<td>$2,000.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Family Waiver (including self)</td>
<td>$3,000.00</td>
<td>$4,000.00</td>
</tr>
</tbody>
</table>

Such waiver shall not apply if two (2) or fewer Administrators waive coverage.

Should a lifestyle change occur resulting in an Administrators desire to elect coverage, then said Administrators should notify the Superintendent in writing of that decision. The Administrator may enroll for insurance coverage at the earliest date permitted under the rules and regulations of the Board’s insurance carrier at the commencement of the next quarter following such request. The Administrator shall reimburse the Board the prorata share of the reimbursement he/she received.

3.6 The Board may change or substitute insurance carriers or managed care organizations for the above-referenced health benefit program as along as the level of benefits are substantially equivalent to or better than the existing program. The “substantially equivalent to or better than” standard shall be applied on a program-wide analysis, including the network, and shall not be benefit specific.
Prior to any change in carrier, the proposed change shall be discussed with the TSAA. Any dispute as to the contention that coverage is not equal may be submitted directly to the American Arbitration Association. Such submission must be filed within twenty (20) calendar days from the meeting where the issue was discussed with the TSAA. The Board will not change to the new insurance carrier until the arbitrator’s decision has been issued in writing. If no grievance is submitted within the twenty (20) day period, the Board may implement the change of carrier.

3.7 The Board of Education will provide a paid life insurance policy in the amount of one hundred seventy-five thousand dollars ($175,000.00) for any Administrator who retires up to age seventy-five (75). In order to be eligible for this benefit, the Administrator must be at least fifty-five (55) years of age and have served the Thomaston Public Schools as an Administrator for a period of ten (10) years.

This benefit shall apply only to those Administrators employed by the Board on or before June 30, 2011.

The Board shall provide a life insurance policy in the amount of fifty thousand dollars ($50,000.00) for any Administrator who retires up to the age of 75 years old who is employed by the Board after June 30, 2011. In order to be eligible for this benefit, the Administrator must be at least fifty-five (55) years old and have served the Thomaston Public Schools as an Administrator for a period of ten (10) years.

3.8 The Board of Education will permit Administrators who have served the Thomaston Public Schools as an Administrator for a minimum of ten (10) years who retire after attaining the age of fifty-five (55) to continue with the dental plan, at their own expense, up to the age of seventy (70) and beyond, if allowed by the dental carrier at that time.

3.9 Each member of the Administrators unit may apply to attend a conference, seminar, workshop etc., or to subscribe to a professional membership or journal annually.

The costs for these professional development activities shall not exceed one thousand one hundred dollars ($1,100.00).

In exercising this Article, each Administrator will request attendance, subscription, and enrollment through a letter of request to the Superintendent.

3.10 As part of an Administrator’s duties and responsibilities, Administrators are expected to be accessible to the Board at all times. Consequently, at the Administrator’s expense, Administrator’s are required to secure and maintain cellular telephone equipment, cellular voice services and data services, in part, to provide the Board with access to the Administrator.
Each Administrator shall receive a stipend of sixty dollars ($60.00) per calendar month toward the cost of the Administrator's cellular telephone equipment since such equipment is required to be used by the Administrator: (a) in order to remain accessible; and (b) to perform duties and responsibilities required of his/her position with the Board. Such stipend shall be withheld in the event that the Administrator displays a pattern of inaccessibility.

**ARTICLE IV**

**LEAVES**

4.1 When an Administrator is absent he/she shall be granted up to twenty-four (24) days a year for leaves of absence for sickness and personal business which cannot be attended to at any other time.

Administrators must immediately advise the Superintendent when he/she is absent when using a sick day.

Administrators who are absent for three (3) or more consecutive work days must submit a note to the Superintendent of Schools on the day the administrator returns to work from the physician treating the employee for such illness that caused the absences from work.

Except in emergency circumstances, Administrators shall submit a request to the Superintendent of Schools to use personal days at least seven (7) days in advance. Additionally Administrators must complete on a weekly basis an Administrator and Supervisory payroll sheet that must be submitted to the Superintendent of Schools, or his/her designee, on a weekly basis.

4.2 The Administrator shall accrue unused leave days until they reach a maximum of two hundred twenty five (225) work days.

4.3 When an Administrator is on leave from his assignment and responsibilities, he/she shall notify the Superintendent of Schools.

4.6 Family and medical leave will be provided in accordance with applicable state and/or federal law. Any alleged violations of this section shall not be subject to the grievance and arbitration procedure set forth in Article V.
ARTICLE V
GRIEVANCES

5.1 Definitions

5.1.1 A "grievance" is a claim by an Administrator, a group of Administrators, or the T.S.A.A. that there has been a violation, misinterpretation or misapplication of a specific provision of this Agreement.

5.1.2 "Days" shall be defined as business days.

5.2 Purpose

The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of administrators. Both parties agree that proceedings shall be kept as confidential as is appropriate.

5.3 Time Limits

A. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum. The time limits specified may, however, be extended by written agreement between the Board chairman/designee and the T.S.A.A. president/designee.

B. If an Administrator does not file a grievance in writing within fifteen (15) days after he/she knew, or should have known, of the act or conditions on which the grievance is based, then the grievance shall have been considered waived.

C. Failure by the aggrieved Administrator at any level to appeal a grievance to the next level within the specified time limits shall be deemed to be acceptance of the decision rendered at that level.

5.4 Informal Procedures

A. If an Administrator(s) feels that there may be a grievance, he/she must first discuss the matter with the Superintendent in an effort to resolve the problem informally. Informal procedures will not extend the time limit provided in Section 5.3.B for filing a written grievance.

B. The Administrator(s) shall have the right to have the T.S.A.A. assist in efforts to resolve the problem informally with the Superintendent.
5.5 **Formal Procedures**

A. **Level One - Superintendent of Schools**

1. If the informal process does not resolve the matter, a grievance shall be submitted in writing to the Superintendent of Schools within the time period set forth in Section 5.3.B.

2. The Superintendent shall, within seven (7) days after receipt of the written grievance, render the decision and the reasons therefore in writing to the Administrator(s), with a copy to the T.S.A.A.

B. **Level Two - Board of Education**

1. If the aggrieved Administrator(s) is not satisfied with the disposition at Level One, he/she may, within seven (7) days after receipt of the decision, file the grievance again with the T.S.A.A. for appeal to the Board.

2. The T.S.A.A. shall, within seven (7) days after receipt, refer the appeal to the Board.

3. The Board or its designated Grievance Committee shall, within ten (10) days or its next regularly scheduled meeting, whichever is later, after receipt of the appeal, meet with the aggrieved Administrator(s) and with representatives of the T.S.A.A. for the purpose of hearing the grievance.

4. The Board shall, within fifteen (15) days after such meeting, render its decision and the reasons in writing to the aggrieved administrator(s), with a copy to the T.S.A.A.

C. **Level Three - Arbitration**

1. If the aggrieved Administrator(s) is not satisfied with the disposition of the grievance at Level Two, he/she may, within fourteen (14) days after receipt of the decision, request in writing to the president of the T.S.A.A. that the grievance be submitted to arbitration.

2. The T.S.A.A., within seven (7) days after receipt of such request, shall determine whether or not to submit the grievance to arbitration. If the T.S.A.A. decides to submit the grievance to arbitration, it shall notify the Board in writing within seven (7) days of its decision.
3. The chairman of the Board and the president of the T.S.A.A. shall, within seven (7) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competence. If the parties are unable to agree upon an arbitrator within seven (7) days, the American Arbitration Association shall immediately be called upon to select a single arbitrator.

4. The arbitrator selected shall confer promptly with representatives of the Board and the T.S.A.A., shall review the record of prior hearings, and shall hold such further hearings with the aggrieved Administrator(s) and other parties of interest as he/she shall deem requisite.

5. The arbitrator shall be governed by the Voluntary Rules and Regulations of the American Arbitration Association and shall render his/her decision in writing to the Board and the T.S.A.A. setting forth his/her findings of fact, reasoning, and conclusions on the issues submitted. The decision of the arbitrator shall be final and binding upon both parties.

6. The costs for the services of the arbitrator shall be borne equally by the Board and the T.S.A.A.

ARTICLE VI
CONSULTATION AND AMENDMENT PROCEDURE

6.1 The negotiation teams for the Board and the T.S.A.A. shall hold informal meeting(s) if either party requests an informal meeting.

6.2 This Agreement shall not be altered, amended, or changed except in writing signed by both the Board and the T.S.A.A. which amendment shall be appended hereto and become a part thereof. In all matters outside this Agreement calling for exercise of judgment or discretion on the part of the Board, the decision of the Board shall be final and binding.

ARTICLE VII
CONTRACTS

7.1 Upon initial employment, an Administrator will be given a contract, including any existing addendums, stating that the Administrator will be employed as a certified professional employee of the Board with salary and working conditions as determined by collective negotiations agreement.

7.2 Under the Administrator’s contract, an Administrator may resign for good reason by submitting thirty (30) calendar days written notice.
7.3 A contract may be terminated by mutual consent at any time.

7.4 An Administrator covered by this contract may resign in accordance with the terms of the contract forms approved by the Connecticut State Department of Education.

7.5 The Board may terminate a contract at any time pursuant to Connecticut General Statutes Section 10-151, including, but not limited to, other due and sufficient cause. Termination of any contract shall be governed by the Connecticut General Statutes, and hearings shall be granted as provided therein.

7.6 In the event of termination of contract by either party prior to its normal expiration, the salary shall be pro-rated to the effective date of such termination.

ARTICLE VIII
PROTECTION OF ADMINISTRATORS

8.1 If criminal, civil or administrative proceedings are brought against an Administrator alleging that he/she committed an assault in connection with his/her employment, the Board shall furnish competent legal counsel, acceptable to both parties.

8.2 Administrators shall not be held responsible for students' belongings and monies lost or stolen.

ARTICLE IX
EVALUATION REPORTS AND ADMINISTRATIVE SUPERVISION OF TEACHERS

9.1 A representative of the T.S.A.A. may, at the request of the Administrator, accompany the Administrator in this review of supervisory records and reports of competence, personal character and efficiency maintained in his/her personnel file with reference to evaluation of his/her performance in such school district.

9.2 Any complaints by a parent of a student, or any persons directed toward an Administrator and deemed serious enough to become a matter of formal record shall be promptly called to the attention of the Administrator. Administrators are entitled to know the identity or source of all such complaints.

9.3 No material derogatory to an Administrator's conduct, service, character, or personality shall be placed in an Administrator's personnel file, unless the Administrator has had an opportunity to read the material and affix his/her signature on the actual copy to be filed, with the understanding that the signature merely signifies he/she has read the material to be filed and does not necessarily indicate agreement with its content.
ARTICLE X
ADMINISTRATIVE ASSIGNMENTS

10.1 Administrators initially employed by the Board shall receive their building assignments from the Superintendent’s office.

10.2 Administrators already in the system shall receive notification in writing of their programs for the ensuing school year four weeks prior to the close of the current school year, unless some unforeseen circumstances should arise.

10.3 Administrators shall be notified in writing of any changes in their programs and schedules for the ensuing year.

10.4 In the determination of assignments the convenience and wishes of the Administrators shall be considered.

10.5 Each Administrator should be available for conferences with parents or guardians during school conference days and at mutually agreeable times.

10.6 On conference days Administrators shall be allowed to leave the building when not scheduled for conferences.

10.7 On conference days Administrators shall have a lunch of not less than sixty (60) minutes.

10.8 Although Administrators live outside the town, such residence shall not be claimed as the reason for not participating in school activities in the town or school district.

10.9 Administrators new to the system will be required to attend orientation session without additional remuneration.

ARTICLE XI
ADMINISTRATIVE TRANSFER

Involuntary transfers shall be in accordance with the following:

11.1 When involuntary transfers are necessary, such transfers shall be determined by the Superintendent of Schools.

Notice of an involuntary transfer shall be given to the Administrator as soon as practicable and under normal circumstances no later than April 1st.

11.2 An involuntary transfer shall be made only after a meeting, between the Administrator involved and the Superintendent, at which time the Administrator shall be notified of the reasons for the transfer. In the event that an Administrator
objects to the transfer at this meeting, the Administrator will notify the T.S.A.A. and the Superintendent will meet with the T.S.A.A.'s representatives to discuss the transfer. Thereafter, a grievance may be filed by the impacted Administrator.

If a grievance is filed, it shall be initiated at the Board level, in accordance with the timelines for filing a grievance, as set forth in Article V. During the pendency of the grievance, the impacted Administrator shall work in the position assigned to him/her by the Superintendent.

Voluntary transfers shall be in accordance with the following:

11.3 The voluntary transfer of Administrators shall be the responsibility of the Superintendent who will make reasonable effort to satisfy Administrator’s requests as long as they do not conflict with the best interests of the school system and pupils.

Administrators who desire to transfer to another vacant bargaining unit position, shall file a written statement of such desire with the Superintendent provided, however, such vacancy shall be filled in accordance with Article XII.

ARTICLE XII
VACANCIES

12.1 Positions as used in this section shall mean any bargaining unit position.

12.2 Vacancies which are caused by death, retirement, discharge, resignation, or by the creation of a new position shall be filled pursuant to the following procedures:

A. During the school year, the existence of vacant bargaining unit positions shall be adequately publicized by a notice in every school and externally as far in advance, as possible, of the date of filling such vacancy.

Said notice of vacancy of position shall clearly set forth the qualifications for the position.

B. Administrators who desire to apply for such vacant bargaining unit positions shall file their application in writing with the Superintendent.

C. In the event that an existing bargaining unit member applies for a vacant position, as set forth herein, such applicant shall be provided with an opportunity to interview for the position.

D. Such vacant bargaining unit positions shall be filled on the basis of qualification for the vacant position, as determined by the Superintendent of Schools.
ARTICLE XIII
DUTY FREE LUNCH

13.1 Administrators lunch period shall be thirty (30) minutes.

13.2 Administrators wishing to leave the building shall notify the school office beforehand. At such time, he/she, while off school property, will not be considered to be acting within the scope of his/her employment unless performing school related business and will not be considered on work time.

ARTICLE XIV
TSAA PRIVILEGES

14.1 Computers and copy machines shall be made available for the use of Administrators in school preparing instructional materials for school and for T.S.A.A. business.

14.2 At reasonable times, the T.S.A.A. shall have the right to use designated areas in school buildings for meeting of Administrators provided that there is no interference with any scheduled school activities. The use of such designated area shall be arranged with the principal in advance. All requests for building use shall conform to Board rules and regulations, provided, however, that there shall be no cost to the T.S.A.A. for such meetings so long as no additional custodial cost to the Board is involved.

14.3 The T.S.A.A. may distribute to Administrators within the schools materials dealing with proper and legitimate business of the T.S.A.A.

14.4 Officers and building representatives of the T.S.A.A. may request of the Superintendent of Schools that they may be granted professional leave to attend meetings and workshops held by the Connecticut Association and/or by the National Association.

14.5 The Board shall comply with any reasonable request by the T.S.A.A. for available information, excluding confidential personal records, possessed by the Board which is relevant to the processing of any grievance by the T.S.A.A. or to the negotiation by the T.S.A.A. and the Board of any condition of employment.

14.6 The T.S.A.A. President shall be provided with a copy of the Official Agenda of each regular School Board meeting prior to such meeting. The T.S.A.A. shall be provided with copies of the official minutes of each regular meeting as soon as possible after the approval of said minutes by the Board.

14.7 Any Administrator elected President of the National Association or President of the Connecticut Association shall, upon written request to the Superintendent of
Schools, be granted an unpaid leave of absence with full privileges not to exceed one (1) year duration for the purpose of discharging the duties of such office.

14.8 When it is necessary, and subject to the approval of the Superintendent of Schools, during the school year, pursuant to the grievance procedure of this Agreement, for T.S.A.A. representatives to investigate a grievance during a school day, they shall, upon advance written notice to their principals, be released for this purpose therefore with pay and without charge against any leave. Any Administrator whose appearance at a grievance hearing is necessary without loss of pay shall be released and without charge against any leave.

ARTICLE XV
SUBSTITUTE ADMINISTRATORS

15.1 If it is deemed necessary by the Superintendent, an Administrator will be required to substitute for an absent Administrator.

If an Administrator is required by the Superintendent to substitute for an absent Administrator, for each full day the Administrator substitutes for the absent Administrator, in addition to his/her regular pay, the substitute Administrator will receive the difference between his/her per diem pay rate and the per diem pay rate of the Administrator he/she is substituting for, provided such pay rate is higher than the substituting Administrators' per diem pay rate.

15.2 If an Administrator is required, in writing, by the Superintendent to act as his/her designee: (1) when the Superintendent is out of district; or (2) in emergency situations, the designee shall receive the Superintendent's per diem rate (in lieu of the Administrator's per diem rate) for each full work day the Administrator is designated to fulfill such duties.

ARTICLE XVI
SEPARATION AND RECALL

16.1 Reasons for Elimination of Professional Staff Positions

16.1.1 It is recognized that the Board has the sole and exclusive prerogative to eliminate professional staff positions, consistent with the Connecticut General 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 and to provide good public elementary and secondary schools. Elimination of professional staff positions may result from decreases in student enrollment, changes in curriculum, severe financial conditions, or other circumstances as determined by the Board.

16.2 Definitions

16.2.1 As used herein, the term “days” shall mean calendar days.
16.3 Procedure

16.3.1 The Board may, in the first instance, exercise its right and power to reduce the number of administrative positions without determining which Administrator contracts will be terminated, if any, or what staffing will be made to effectuate the purpose of position elimination.

16.3.2 Prior to commencing action to terminate Administrator contracts under this procedure, the Board will give due consideration to its ability to effectuate position eliminations and/or reduction in staff by:

(1) voluntary retirements;
(2) voluntary resignations;
(3) transfer of existing administrative members;
(4) voluntary leaves of absence.

16.3.3 In the event that it appears necessary to terminate Administrator contracts in order to effectuate the elimination of professional staff positions, the Superintendent will propose to the Board, for its consideration, an orderly plan for elimination of positions, identifying professional personnel whose contracts he/she recommends for termination. If the Board terminates an Administrator’s contract, it shall authorize the Superintendent to notify the Administrator, in writing, that the Board is terminating his/her contract.

Such notification, and any subsequent proceedings with regard to contract termination, will be in accordance with the provisions set forth in Connecticut General Statutes Section 10-151.

16.3.4 The following criteria will be used to select those employees whose contracts are to be considered for termination as a consequence of elimination of professional staff positions;

(1) Tenure Status: If any Administrator has attained tenure status, his/her contract of employment may be terminated if his/her position is eliminated, but only if there is no other position available in the school system for which the Administrator is certified and qualified. Therefore, Administrators who have acquired tenure will have first preference for retention in positions for which they are certified and qualified. This shall include first preference with regard to positions that are held by teachers, in addition to positions which are open and available.

(2) Other Criteria: Within the separate categories of tenured Administrators and non-tenured Administrators, the following criteria will be considered:
(a) areas of certification;
(b) in schools where there exists assistants, the position eliminated shall be deemed to be the position of the most junior member;
(c) total years of experience in the Thomaston School System;
(d) in the event total years experience in the Thomaston School System is equal, total years of administrative experience shall be considered.

16.4 **Recall Procedure**

16.4.1 If the contract of employment of an Administrator is terminated because of elimination of positions, the name of that Administrator shall remain on such recall list for a period of three (3) years unless such Administrator obtains employment as a public school Administrator in another district during that period. Administrators on the recall list shall be recalled in inverse order of dismissal.

Notice of recall shall be at least twenty (20) days prior to the anticipated date of reemployment. The Administrator shall accept or reject the appointment in writing within five (5) days.

If the appointment is accepted, the Administrator shall receive a written contract within twenty (20) days of receipt of the Superintendent's receipt of the administrator's written acceptance of such appointment.

Upon reemployment in a permanent position the Administrator shall be given full credit on the salary schedule for all previous teaching experience credit.

If the Administrator rejects the appointment offer, or does not respond accordingly to this procedure within the five (5) days, then the name of the Administrator will be removed from the recall list.

A laid off Administrators who accepts a long-term Administrator substitute position shall not accrue seniority while working as a long-term Administrator substitute for up to one (1) continuous calendar year from the date he/she commences work in the substitute position. After one (1) continuous calendar year in such position, he/she shall commence accruing seniority.

16.4.2 The Board shall publish the recall list prior to April 1st of each year.
16.5  **Policy Provisions Not Applicable to Promotions**

16.5.1 Nothing herein shall require the promotion of an Administrator to a position of higher rank, authority, or compensation, although the Administrator whose contract is to be terminated because of elimination of position is qualified and/or certified for the promotional position.

**ARTICLE XVII**

**PAYROLL DEDUCTIONS**

17.1 In addition to those payroll deductions required by law, the following agencies are eligible for payroll deductions. All requests for deductions must be in writing on approved authorization forms.

17.2 A list of approved deductions is as follows:

17.3 Thomaston Administrators Association.

17.4 Connecticut Education Association.

17.5 National Education Association.

17.6 Administrators shall be eligible to participate in a “tax sheltered” Annuity Plan established pursuant to 26 U.S.C. Sections 403 and 457.

17.7 First Bristol Federal Credit Union.

17.8 The T.S.A.A. shall, no later than October 15th of each year, give written notice to the business office of the amount of its dues and those of the CEA and NEA, which are to deducted in that school year under such authorization.

17.9 The balance of the annual dues shall be deducted from the final paycheck of any employee resigning his position, receiving a leave of absence or terminating his employment after the opening of school.

17.10 The right to refund to employees monies deducted form their salaries as under authorization shall lie solely with the T.S.A.A. The T.S.A.A. agrees to reimburse any employee for the amount of any dues deducted by the Board and paid to the T.S.A.A., which deduction is by error in excess of the proper deduction, and agrees to hold the Board harmless from any claims of excessive deduction.

17.11 The T.S.A.A. shall indemnify and save the Board harmless against all claims, demands, suits, judgments or other forms of liability which may arise by reason of any action taken in making deductions and remitting the same to the T.S.A.A. pursuant to this Article.
17.12 **Agency Fee** - All Administrators employed by the Board shall as a condition of continued employment, join the T.S.A.A. or pay a service fee to the T.S.A.A. Said service fee shall be equal to the proportion of Association dues uniformly required of members to underwrite the costs of collective bargaining, contract administration, and grievance adjustment.

**ARTICLE XVIII**

**SPECIFIC PERFORMANCE**

18.1 In the event or breach of anticipatory breach of any of the terms or provisions of this Agreement, either party shall have the right to institute and prosecute an action to secure an order or decree directing the specific performance hereof or enjoining such breach. Such equitable relief shall be in addition to any award of damages, which they would otherwise obtain.

**ARTICLE XIX**

**COMMUNITY ACTIVITIES**

19.1 In year one of the contract (July 1, 2017 through June 30, 2018), each Administrator shall receive two thousand dollars ($2,000.00) in additional remuneration for purposes of engaging in and attending activities outside of the workplace.

Such remuneration shall be paid throughout the work year in addition to the Administrator's regular remuneration.

In year two of the contract (July 1, 2018 through June 30, 2019), such figure shall be two thousand one dollars ($2,100.00) in additional remuneration for purposes of engaging in and attending activities outside of the workplace.

In year three of the contract (July 1, 2019 through June 30, 2020), each Administrator shall receive two thousand two hundred dollars ($2,200.00) in additional remuneration for purposes of engaging in and attending activities outside of the workplace.

**ARTICLE XX**

**DISCIPLINE**

20.0 An Administrator who has completed his/her probationary period shall not be given a verbal warning, written warning or suspended without just cause, provided, however, verbal and written warnings shall not be subject to arbitration under Article V.

The termination of a non-probationary Administrator shall be in accordance with applicable law (as set forth under Article VII, Section 7.5).
ARTICLE XXI
SEVERABILITY

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

SIGNATURE BLOCK

IN WITNESS WHEREOF, on November 14, 2016, the parties hereunto have caused these presents to be executed by their proper officer, hereunto duly authorized, and their seals affixed hereto as of the date and year first above written.

THOMASTON BOARD OF EDUCATION

By:  

By:  

THOMASTON SCHOOL ADMINISTRATORS ASSOCIATION

By:  

By:  

21
APPENDIX I - Insurance Matrix
ConnectiCare

FlexPOS-CNT-HSA-2250I/4500F-02-Combined Open Access Contract Year Benefit Summary (A)

Point-Of-Service Open Access High Deductible Health Plan (HDHP) for use with a Health Savings Account (HSA)

This is a brief summary of benefits. Refer to your ConnectiCare Insurance Company, Inc Certificate of Coverage for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described below are per member per Contract year. A referral from your primary care provider is not required.

The Individual Deductible and Maximum Out-of-Pocket applies if you have coverage only for yourself and not for any dependents. The Family Deductible and Maximum Out-of-Pocket applies if you have coverage for yourself and one or more eligible dependents. In addition, if you have family coverage, any applicable copayments or coinsurance will not apply to services until the total deductible is met for the family, without regard to how much any one family member has met. No one Member will exceed an In-Network Maximum Out-of-Pocket greater than $6,850.

Personalized for: Thomaston BOE - Teachers; Administrators

<table>
<thead>
<tr>
<th></th>
<th>IN-NETWORK MEMBER PAYS</th>
<th>OUT-OF-NETWORK MEMBER PAYS</th>
</tr>
</thead>
</table>
| **Contract Year Plan Deductible** (Deductible is combined for In- and out-of-network health services and prescription drugs) | $2,250 per Individual  
$4,500 per Family | |
| **Out-of-Pocket Maximum** (Includes a combination of deductible, copayments and coinsurance for health services and pharmacy services) | $4,500 per Individual  
$9,000 per Family | |
<p>| <strong>Out-of-Network Reimbursement</strong> | Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount. | |
| <strong>Lifetime Maximum Benefit</strong> | Unlimited | |
| <strong>PREVENTIVE SERVICES</strong> (Refer to &quot;Prevention and Wellness&quot; section found at the end of this summary) | | |
| Physical Exam                   | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| Gynecological Preventive Exam   | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| Preventive Laboratory Services  | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| (Complete blood count and Urinalysis) | | |
| Baseline Routine Mammography    | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| Routine Mammography             | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| Breast Ultrasound Screening     | No Member cost after Plan Deductible                        | 20% after Plan Deductible |
| Annual Routine Vision Exam      | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |
| Hearing Screenings              | No Member cost (Plan Deductible waived)                     | 20% after Plan Deductible |</p>
<table>
<thead>
<tr>
<th>OUTPATIENT SERVICES</th>
<th>IN-NETWORK MEMBER PAYS</th>
<th>OUT-OF-NETWORK MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Line Visit (telemedicine consultation)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Primary Care Services (includes services for illness, injury, sickness, follow-up care and consultations)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Specialist Services (includes services for illness, injury, sickness, follow-up care and consultations)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Gynecological Services</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Maternity Care Office Visits (Prenatal Care)</td>
<td>No Member cost</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Allergy Testing</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Laboratory Services (includes services performed in a Hospital or laboratory facility) (Please refer to the provider directory for facility type)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Non-Advanced Radiology (includes services performed in a Hospital or radiology facility)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Advanced Radiology (includes services for MRI, PET and CAT scan and Nuclear Cardiology performed in a Hospital or radiology facility) (Please refer to the provider directory for facility type)</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Outpatient Rehabilitative Therapy up to 50 visits per year (includes services combined for physical, speech, and occupational therapy and chiropractic services)</td>
<td>No Member cost after Plan Deductible Once maximum is met additional visits above 50 are subject to Out-of-Network cost share</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Retail Clinic</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>EMERGENCY / URGENT CARE</td>
<td>IN-NETWORK MEMBER PAY</td>
<td>OUT-OF-NETWORK MEMBER PAYS</td>
</tr>
<tr>
<td>Walk-In/Urgent Care Centers</td>
<td>No Member cost after Plan Deductible</td>
<td>Same as In-Network Benefit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>No Member cost after Plan Deductible</td>
<td>Same as In-Network Benefit</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>No Member cost after Plan Deductible</td>
<td>Same as In-Network Benefit</td>
</tr>
<tr>
<td>HOSPITAL SERVICES</td>
<td>IN-NETWORK MEMBER PAYS</td>
<td>OUT-OF-NETWORK MEMBER PAYS</td>
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<tr>
<td>Inpatient Hospital Services, including Room &amp; Board</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(includes facility and provider services)</td>
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<tr>
<td>Hospital Outpatient Facilities</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(includes services performed in a Hospital facility)</td>
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<tr>
<td>(Please refer to the provider directory for facility type)</td>
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</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(includes services performed in a stand-alone ambulatory facility)</td>
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<td></td>
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<tr>
<td>(Please refer to the provider directory for facility type)</td>
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</tr>
<tr>
<td>Skilled Nursing Facilities</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>up to 120 days per year</td>
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<tr>
<td>Inpatient Rehabilitation</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
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<tr>
<td>up to 100 days per year</td>
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<tr>
<td>Private Duty Nursing</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>up to $15,000 per year</td>
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<tr>
<td>MENTAL HEALTH SERVICES</td>
<td>IN-NETWORK MEMBER PAYS</td>
<td>OUT-OF-NETWORK MEMBER PAYS</td>
</tr>
<tr>
<td>Inpatient Mental Health Services</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(including inpatient acute and residential programs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Alcohol and Substance Abuse Treatment</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(including inpatient acute and residential programs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Health, Alcohol and Substance Abuse Treatment</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(including office visits and professional services provided in the home)</td>
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</tr>
<tr>
<td>Outpatient Mental Health, Alcohol and Substance Abuse Treatment</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>(intensive outpatient treatment and partial hospitalization programs)</td>
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<tr>
<td>OTHER SERVICES</td>
<td>IN-NETWORK MEMBER PAYS</td>
<td>OUT-OF-NETWORK MEMBER PAYS</td>
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<td>--------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
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</tr>
<tr>
<td>Durable Medical Equipment Including Prosthetics and Disposable Medical Supplies</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td><em>(Includes Wigs prescribed by an oncologist for Member suffering hair loss as a result of chemotherapy or radiation therapy up to one wig per year)</em></td>
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</tr>
<tr>
<td>Diabetic Equipment and Supplies</td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Infertility <em>(Infertility benefits outlined in the Certificate Of Coverage are unlimited, with no age or cycle restrictions)</em></td>
<td>No Member cost after Plan Deductible (Office visit)</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td></td>
<td>No Member cost after Plan Deductible (Ambulatory Services Outpatient)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Member cost after Plan Deductible (Inpatient Hospital)</td>
<td></td>
</tr>
<tr>
<td>Nutritional Counseling <em>(Limit 3 visits per year)</em></td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
<tr>
<td>Home Health Services up to 200 visits per year *(Nursing and therapeutic services limited to 200 visits) <em>(Home Health aide services limited to 80 visits that are applicable to the 200 visit limit)</em></td>
<td>No Member cost after Plan Deductible</td>
<td>20% after Plan Deductible</td>
</tr>
</tbody>
</table>
# PREVENTION AND WELLNESS

In-Network prevention and wellness services as defined by the United States Preventive Service Task Force (listed below) are exempt from all member cost share (deductible, copayment and coinsurance) under the Patient Protection and Affordable Care Act (PPACA). Services that are exempt from cost share must be identified by the specific codes. The codes your health care provider submits to Medicare must match ConnectiCare's coding list to be exempt from all cost share. Please note that not all preventive services are listed below and that some diagnostic services provided in relation to preventive and wellness services require member cost share. Go to www.connecticare.com/preventive for more information on coverage of preventive care or services.

- Routine physical exam and appropriate screenings and counseling for adults (including but not limited to cardiovascular disease, depression, obesity and sexually transmitted infections)
- Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration (including but not limited to depression, obesity and sexually transmitted infections)
- Preventive care and screenings for women supported by the Health Resources and Services Administration:
  - At least one well-woman preventive care visit annually to obtain the recommended preventive services
  - Screening for diabetes during pregnancy, two per pregnancy
  - Human Papillomavirus (HPV) testing, age 30 or older, one per year
  - Counseling on sexually transmitted infections for all sexually active women, two per year
  - Counseling and screening for human immune-deficiency virus (HIV) for all sexually active women
  - Contraceptive methods approved by the Food and Drug administration, sterilization procedures and contraceptive patient education and counseling
  - Comprehensive lactation support, counseling, a breast pump, (either manual or non-hospital grade electric), and breastfeeding supplies
  - Screening and counseling for interpersonal and domestic violence for all women and adolescents
- Bone density screenings, age 60 or older
- Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, ages 50 - 75, one per year
- Routine Mammography Screening
- Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC
- Outpatient Laboratory Services:
  - Cervical cancer and cervical dysplasia screening – pap smear
  - Lipid cholesterol screening for adults and children at risk
  - Fasting plasma glucose or hemoglobin A1c
  - Hematocrit and Hemoglobin for children up to age 21
  - Lead screening for children
  - Tuberculin testing for children
  - Chlamydia, syphilis and gonorrhea screening for females all ages
  - Human immunodeficiency virus screening – HIV testing
  - Hypothyroidism screening in newborns, under 3 months of age
  - Screening for phenylketonuria (PKU) in newborns, under 3 months of age
  - Screening for sickle cell disease in newborns, under 3 months of age
  - Hepatitis B screening for adolescents and adults at risk
  - Hepatitis C screening for adults at risk
  - Lung Cancer Screening for adults ages 55 - 80 who have smoked
- Routine vision screening up to age 21, one per year when services are rendered by a primary care provider
- Routine hearing screening up to age 21 when rendered by a primary care provider
- Dental caries prevention up to age 5 when rendered by a primary care provider
- Developmental, autism, and psychosocial/behavioral assessments up to age 21 when rendered by a primary care provider
- Dietary counseling for adults with cardiovascular disease, hyperlipidemia or obesity
- Alcohol misuse screening and counseling
- Tobacco cessation interventions
- Screening for hepatitis B, iron deficient anemia, Rh (D) blood typing and asymptomatic Bacteriuria in women who are pregnant.
- Screening for abdominal aortic aneurysm in men age 65-75 who have ever smoked
- BRCA screening, genetic counseling and if indicated, genetic testing
- Physical therapy to prevent falls in adults ages 65 and older
Important Information

- If you have questions regarding your plan, visit our website at www.connecticare.com or call us at (860) 674-5757 or 1-800-251-7722.
- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by network providers or non-participating providers. A reduction will apply if you do not obtain pre-authorization for these specified services. Refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- For mental health, alcohol, and substance abuse services call 1-888-946-4658 to obtain pre-authorization.
- Out-of-Network cost shares are reimbursed at the maximum allowable amount. Members are responsible to pay any charges in excess of this amount. Please refer to your ConnectiCare Insurance Company, Inc. Certificate of Coverage for more information.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your mandated benefits.
- If you are a Massachusetts resident, this plan along with pharmacy services meets Massachusetts Minimum Creditable Coverage standards for 2016.
- Your plan is Insured by ConnectiCare Insurance Company, Inc.
**FlexPOS Combined Deductible Prescription Drug Plan for Use with Health Savings Account (HSA) Benefit Summary**

This is a brief summary of your prescription drug benefits. Refer to your Prescription Drug Rider for complete details on benefits, conditions, limitations and exclusions, or consult with your benefits manager. All benefits described below are per member per Contract year.

**Personalized for: Thomaston BOE - Teachers; Administrators**

### PRESCRIPTION DRUGS

Covered prescription drugs through retail Participating Pharmacies or our mail order service. **Generics are dispensed unless the provider writes Dispense as Written on the prescription.**

Your Plan includes the following: Mandatory Drug Substitution, Generic Substitution Program, Tiered Cost-Share Program, and Voluntary Mail Order Program.

<table>
<thead>
<tr>
<th></th>
<th><strong>IN-NETWORK MEMBER PAYS</strong></th>
<th><strong>OUT-OF-NETWORK MEMBER PAYS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract Year Plan Deductible</strong></td>
<td>$2,250 Individual&lt;br&gt;$4,500 Family</td>
<td>Plan will reimburse the coinsurance percentage of the Maximum Allowable Amount.</td>
</tr>
<tr>
<td>(combined for IN- and Out-of-Network prescription drug benefits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong> &lt;br&gt;(The Maximum includes the Plan Deductible, Copayment Maximum and Coinsurance Maximum for health services and prescription drug copayments)</td>
<td>$4,500 Individual&lt;br&gt;$9,000 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network Reimbursement</strong></td>
<td>Not Applicable</td>
<td></td>
</tr>
<tr>
<td><strong>RETAIL PHARMACY</strong>&lt;br&gt;(up to a 34 day supply per prescription, including Specialty Drugs generally delivered by mail)</td>
<td><strong>IN-NETWORK MEMBER PAYS</strong></td>
<td><strong>OUT-OF-NETWORK MEMBER PAYS</strong></td>
</tr>
<tr>
<td><strong>Tier 1 drugs</strong>&lt;br&gt;(Generic Drugs)</td>
<td>$5 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>20% after Plan Deductible up to Out-of-Pocket Maximum</td>
</tr>
<tr>
<td><strong>Tier 2 drugs</strong>&lt;br&gt;(Preferred Brand Drugs)</td>
<td>$20 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>20% after Plan Deductible up to Out-of-Pocket Maximum</td>
</tr>
<tr>
<td><strong>Tier 3 drugs</strong>&lt;br&gt;(Non-Preferred Brand Drugs)</td>
<td>$30 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>20% after Plan Deductible up to Out-of-Pocket Maximum</td>
</tr>
<tr>
<td><strong>MAIL ORDER PHARMACY</strong>&lt;br&gt;(up to a 100 day supply per prescription, does not apply to Specialty Drugs)</td>
<td><strong>IN-NETWORK MEMBER PAYS</strong></td>
<td><strong>OUT-OF-NETWORK MEMBER PAYS</strong></td>
</tr>
<tr>
<td><strong>Tier 1 drugs</strong>&lt;br&gt;(Generic Drugs)</td>
<td>$10 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Tier 2 drugs</strong>&lt;br&gt;(Preferred Brand Drugs)</td>
<td>$40 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>100%</td>
</tr>
<tr>
<td>MAIL ORDER PHARMACY</td>
<td>IN-NETWORK MEMBER PAYS</td>
<td>OUT-OF-NETWORK MEMBER PAYS</td>
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</tr>
<tr>
<td>(up to a 100 day supply per prescription, does not apply to Specialty Drugs)</td>
<td>$60 Copayment after Plan Deductible up to Out-of-Pocket Maximum</td>
<td>100%</td>
</tr>
<tr>
<td>Tier 3 drugs (Non-Preferred Brand Drugs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

- Under this program covered prescription drugs and supplies are put into categories (i.e., tiers) to designate how they are to be covered and the member's cost-share. The placement of a drug or supply into one of the tiers is determined by the ConnectiCare Pharmacy Services Department and approved by the ConnectiCare Pharmacy & Therapeutics Committee based on the drug's or supply's clinical effectiveness and cost, not on whether it is a generic drug or supply or brand name drug or supply.
- Generic drugs can reduce your out-of-pocket prescription costs. Generics have the same active ingredients as brand name drugs, but usually cost much less. So, ask your doctor or pharmacist if a generic alternative is available for your prescription. Also, remember to use a participating pharmacy. Most pharmacies in the United States participate in our network. To find one, visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722.
- Amounts paid by members because they must pay a price difference for a brand name drug do not count towards meeting any deductible, coinsurance, copayment, or cost share maximum.
- Certain prescription drugs and supplies require pre-authorization from us before they will be covered under the prescription drug rider. You should visit our Web site at www.connecticare.com or call our Member Services Department at 1-800-251-7722 to find out if a prescription drug or supply requires pre-authorization.
- Most Specialty drugs are dispensed through Specialty Pharmacies by mail, up to 30 day supply. Specialty Pharmacies have the same Member Cost Share as all other participating pharmacies and are not part of ConnectiCare's Voluntary Mail Order program. The Member Cost Share for Specialty Pharmacy is different from the Cost Share for ConnectiCare's Mail Order program.
- Always remember to carry your ConnectiCare ID Card.
- If you are a Massachusetts resident, please refer to your amendatory rider for Massachusetts mandated benefits for additional details of your benefits.