



WORKING AGREEMENT

Between

MILFORD BOARD OF EDUCATION

And

MILFORD FEDERATION OF PARAEDUCATORS

September 1, 2014 — August 31, 2017



A Union of Professionals

Milford Federation of Paraeducators
Local 4420 - AFT CONNECTICUT, AFT, AFL-CIO

AFT Education 

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THIS AGREEMENT IS MADE AND ENTERED INTO on the _____ day of November, 2014, by and between the Milford Board of Education (hereinafter referred to as the "Board") and the Milford Federation of Paraeducators (hereinafter referred to as the "Federation")

WHEREAS, Connecticut Public Law recognizes the procedure of collective bargaining as a peaceful, fair, and orderly way of conducting relations between municipal employees and their employer; and

WHEREAS, the Special Education Classroom Teacher Aides, Compensatory Education Instructional Aides, Special Education Resource Room Instructional Aides and E.S.O.L. Instructional Aides, Regular Education Classroom Teacher Aides, and full-time One-to-One Aides, ISS Monitors, Van Drivers and Job Coaches, employed by the Milford School System selected as their sole representative the Federation, resulting in the Federation becoming the exclusive bargaining representative for all those employees employed as Aides, herein referred to as Paraeducators, in the classification described above in the unit; and

WHEREAS, the Board and its designated representative have met with representatives of the Federation and have fully considered and discussed amongst themselves, salaries/wage schedules, working conditions, personnel policies and other conditions relative to employment, it is agreed as follows:

ARTICLE I RECOGNITION

- 1.1 The Board recognizes the Federation as the exclusive bargaining representative for all employees in the classifications designated as Special Education Classroom Teacher Aides, Compensatory Education Instructional Aides, Special Education Resource Room Instructional Aides, Regular Education Classroom Teacher Aides, E.S.O.L. Instructional Aides and full-time One-to-One Aides, ISS Monitors, Van Drivers and Job Coaches for the purpose of negotiating with respect to salaries/wage schedules, fringe benefits and other conditions relative to employment.
- 1.2 The term "employee" as used in this Agreement shall mean all Special Education Classroom Teacher Aides, Compensatory Education Instructional Aides, Special Education Resource Room Instructional Aides, Regular Education Classroom Teacher Aides, E.S.O.L. Instructional Aides and full-time One-to-One Aides, ISS Monitors, Van Drivers and Job Coaches who are employed by the Board.
- 1.3 The employees employed as aides in this bargaining unit are non-certified persons employed by the Board whose assignment and responsibilities consist of assisting a certified teacher pursuant to the job descriptions as outlined in Appendices B.

ARTICLE II
WORKING CONDITIONS

- 2.1 Notification of Employment: The Board shall give notice no later than the last day of school to any employee whose job is being discontinued for the following school year.
- 2.2 Employee Protection: The Board shall protect and save harmless any employee from financial loss and expense, including legal fees and costs, if any, arising out of any claim, demand, suit, or judgment by reason of alleged negligence or other act resulting in accidental bodily injury or destruction of property within or without the school building, provided such employee at the time of the accident resulting in such injury, damage, or destruction was acting in the discharge of duties within the scope of employment or under the direction of the Board (Connecticut General Statutes, Section 10 - 235).
- 2.3 Work Year:
Each employee may attend one full day of professional development activities prior to the start of school. This day is in addition to the current 181 day school calendar. Employees who attend will be paid for the extra day.
- 2.4 Work Hours:
- A. The hours of work for all employees covered by this Agreement will be established by the needs of the school system as determined by the Superintendent of Schools. The starting and dismissal times for all employees will be established by the Superintendent of Schools. However, it is understood that the annual salaries/wage schedule in Appendix A is based on 181 school days and no more than six and three-quarter (6 & 3/4) hours per day including a 30 minute unpaid lunch period as defined in Article 2.4.D.
 - B. On those days when certified professional employees are dismissed early (e.g., before Thanksgiving) paraeducator employees will be allowed to leave when the certified professionals are dismissed, or paraeducators may, at their option, leave early and use personal leave or take a deduction in pay.
 - C. Employees will attend meetings, workshops and other functions of the program as scheduled by the Principal or the Administrator, not to exceed one hour per calendar month.
 - D. Every employee will be given a duty-free lunch period of not less than thirty (30) minutes.

- E. Employees who are required to use their personal vehicles for work related duties shall receive mileage reimbursement consistent with the IRS rate.
- F. Employees will be provided with a paid 15-minute duty-free break per day.
- G. Every effort shall be made to allow extended resource paraeducators thirty (30) minutes per week preparation time.

ARTICLE III
NON-DISCRIMINATION

- 3.1 The Board agrees to continue its policy of not discriminating against any employee on the basis of race, creed, color, national origin, age, sex, handicapping condition, marital status, or membership or participation or association with the activities of the Federation.

ARTICLE IV
GRIEVANCE PROCEDURE

- 4.1 A grievance shall mean a complaint by an employee that there has been an alleged violation, misinterpretation, or misapplication of the specific provisions of this Agreement, established policy, or written practice affecting the employee. As used in this section the term "employee" shall mean either (1) an individual employee; (2) a group of employees having the same grievance, or (3) the Federation. In all cases, the Federation shall be provided copies of the grievance and of the written responses thereto. Federation grievances shall be processed commencing with Step 2.
- 4.2 Grievances brought regarding violations of established policy or written practice affecting the employee shall be processed through Step 3 only. Grievances shall be processed in the following manner:

Step 1: The employee shall first discuss the grievance with the immediate supervisor (the Principal or his/her designee, the Director of Pupil Personnel, or Director of Compensatory Education as appropriate) with the object of resolving the matter informally. In the event the matter is not adjusted to the grievant's satisfaction within five (5) school days after the meeting, the grievance shall be submitted in writing to the immediate supervisor. The grievance shall contain a statement of the facts, the remedy requested and a reference to that provision of the agreement which the employee claims has been violated. The employee's supervisors (which shall include the Principal or his/her designee and the Director of Pupil Personnel or the Director of Compensatory Education and his/her designee) shall then meet with the employee (and a Federation representative, if requested by the employee). A written decision

shall be rendered by the supervisor(s) within five (5) school days of the submission of the grievance to the supervisor(s).

Step 2: If the grievance is not settled at Step 1, the employee may within ten (10) school days of the receipt of the decision of the supervisors appeal in writing to the Superintendent of Schools or his/her designee. The Superintendent of Schools or his/her designee shall meet with the employee (and a Federation representative, if requested by the employee) within ten (10) school days of the receipt by the Superintendent of the employee's appeal. The Superintendent shall render a written decision within five (5) school days of the meeting.

Step 3: If the grievance is not settled at Step 2, the employee may appeal in writing to the Board, or its designated Committee. The Board or its designated Committee shall meet with the employee (and a Federation representative if requested by the employee) within thirty (30) school days of the receipt of the appeal by the Board. The Board shall render a written decision within ten (10) school days of the meeting.

Step 4: In the event the grievance is not settled at Step 3, the Federation may within ten (10) days of receipt of the decision by the Board submit the grievance to arbitration by the American Arbitration Association and shall so notify the Board in writing of its intent to seek arbitration. The parties shall be bound by the rules and procedures of the American Arbitration Association. The Arbitrator shall have no power to add to or delete from or modify in any way the provisions of this Agreement. The decision of the Arbitrator shall be binding upon both parties. Any and all costs for arbitration shall be borne equally by both parties.

4.3 Any grievance as defined above, not presented for disposition through the grievance procedure set forth above within twenty (20) school days of the occurrence of, or the employee's knowledge of the occurrence of the condition giving rise thereto shall be waived and shall not thereafter be considered as a grievance under this Agreement. Failure at any step of this procedure to communicate a decision within the specified time limit shall permit the aggrieved to proceed immediately to the next step. Failure at any step to appeal within the specified time limits shall be considered acceptance by the aggrieved of the decision rendered. The time limits specified at any step may be extended in any particular instance by agreement between the Superintendent of Schools and the Federation.

ARTICLE V
SALARIES/WAGE SCHEDULE

- 5.1 Wages shall be paid in accordance with Schedule A which is attached hereto and made a part hereof. Compensation shall be calculated on an hourly basis based upon hours actually worked plus any applicable paid leave, such as sick leave, vacation and holiday pay.
- 5.2 Any employee who so designates shall have his/her paycheck deposited directly to the banking institution of his/her choice. Effective September 1, 2011, all new hires shall be paid via direct deposit only.
- 5.3 Each employee shall advance one step on the wage schedule at the beginning of 2014/15 and 2015/16. There shall not be step movement for 2016/17.
- 5.4 Service equivalent of one half a year or more during any school year shall be credited as a full year for salaries/wage purposes.
- 5.5 Any employee who voluntarily leaves employment (other than layoff) and returns to employment shall be paid at the last rate of pay if the employee returns in the same school year.
- 5.6 A new hire may be hired up to Step 2 of the salaries/wage schedule in effect for the year in which he/she is hired dependent on qualifications, education and experience such as, but not limited to, the following:
- A. 3-5 years as a full time previous paraeducator in the Milford Public Schools
 - B. 3-5 years as a full time paraeducator in another public school district
 - C. Retired teacher
- 5.7 A. A paraeducator who is assigned to work with the same medically fragile student for an entire school year will receive a stipend of \$350 at the end of that school year. (These individuals will be designated by the Special Education Supervisors.) Any assignment of this nature will be pro-rated should the assignment begin or end during the course of the school year.
- B. A paraeducator who is required to have special training (for example, ABA, Braille, sign language) for a year long assignment, and who is required to utilize such skills on a daily basis, will receive a stipend of \$350 at the end of the school year. (These individuals will be identified by the Special Education Supervisors) Any assignment of this nature will be prorated if the assignment begins or ends during the school year. Effective July 1, 2012, the stipend shall increase to \$400 and shall include In School Suspension Aides.

C. The Job Coaches at the high schools will receive a stipend of \$350 at the end of the school year.

ARTICLE VI
FRINGE BENEFITS

6.1 Health Insurance

A.) The Board will provide the following health insurance coverage for the employee (who works 20 hours per week or more) and his/her eligible dependents. A summary of the benefits provided is attached as Appendix I:

1. Health insurance coverage under the Century Preferred Provider Organization (PPO) Plan with the following cost shares:

- Office visit - \$25 copay, \$35 for specialists
- Mental Health/Substance Abuse - \$35 copay
- Diagnostic Lab (hospital affiliates) - \$25 copay
- High Cost Diagnostics - \$75 copay (\$375 total per year)
- In-patient Hospital - \$300 per admission
- Out-patient Hospital - \$100 copay
- Emergency Room - \$150 copay
- Urgent Care - \$50 copay
- Out of network deductible - \$500/\$1,000/\$1,000, with 80%/20% co-insurance
- Out of network coinsurance - \$500/\$750/\$750
- Cost share maximum - \$1,000/\$1,750/\$1,750

2. Prescription coverage, \$5, \$25, and \$40 co-pay, unlimited annual benefit; one and one-half (1.5) month's co-pay for mail-in prescriptions.

3. Connecticut Blue Cross Full Service Dental Plan with Riders A, B, C & D for employees and their eligible dependents.

4. The cost for the above insurance shall be shared as follows:

- a.) Effective September 1, 2014, the Employee will pay twelve (12%) percent of the cost of coverage.
- b.) Effective September 1, 2015 the Employee will pay thirteen (13%) percent of the cost of coverage.
- c.) Effective September 1, 2016, the Employee will pay fourteen (14%) percent of the cost of coverage.

- B.) Beginning July 1, 2015, in lieu of coverage under the PPO plan described in Section A.1. above, the Board shall offer coverage under the Anthem Lumenos high deductible health plan (HDHP) with an Anthem Lumenos health savings account (HSA) with deductibles of \$2,000 (individual)/\$4,000 (two person and family) funded 50% by the Board. For the first year the deductibles will be funded fully at the beginning of the year; thereafter, it will be funded half on July 1, and half on January 1 of each contract year. Except for prescription co-pays, the plan will pay 100% in network once the deductibles are met. There shall be a 20% out of network coinsurance plan offered to employees hired on or after July 1, 2015. Employees shall contribute towards the cost of the HDHP/HSA as follows:

7/1/15 – 7.5%

7/1/16 – 8.5%

- C.) The Board reserves the right to provide substantially equivalent coverage with insurance companies other than those listed above provided the Board notifies the Federation of any such changes and grants the opportunity to meet and confer.
- D.) The Board of Education shall continue until June 30, 2015 to also offer coverage under the Blue Cross Blue Care Plan. Effective September 1, 2013, the Office Visit co-payment shall be \$15. Employees may elect this plan which the Board of Education will pay for in an amount not to exceed the cost of medical coverage provided by the Board. Effective July 1, 2015, the Blue Care plan shall no longer be offered.
- E.) The parties agree to bargain regarding the impact of implementation of any state and federal law regarding health insurance changes.

6.2 Life Insurance

The Board shall provide term life insurance (employee only) in the amount of \$20,000.00.

6.3 Retirement Planning

- A. Effective July 1, 2001, the Board shall implement a §401(a) defined Contribution plan pursuant to which the Board will match employee contributions up to a maximum of 5% per year of the employee's base pay.
- B. The Board will provide Life Insurance for retirees in the amount of \$5,000 at the Board's cost. Employees hired after September 1, 2011 shall not be eligible to receive retiree life insurance.

- C. With 15 years of continuous full time service as a para, and at age 60, a para can purchase medical insurance coverage which is the same as active employees for spouse (if spouse has been covered during active service) and self at 50% of the premium. The board will pay for the remainder.

ARTICLE VII LEAVES OF ABSENCE

7.1 Sick Leave

- a) All employees shall accrue fifteen (15) days of sick leave with full pay each school year.
- b) Unused sick leave may be accumulated from year to year up to a maximum of 125 days for use in subsequent years.
- c) In the case of prolonged illness beyond five (5) consecutive days, an employee shall be required to furnish to the Board a medical certificate stating the nature of the illness.
- d) Employees with available accumulated sick days may voluntarily donate a maximum of two (2) of their sick days per year on behalf of another member(s) of the bargaining unit who has no sick time available and suffers a long term absence due to illness. Employees may not reduce their own sick day accumulation below 30 days in the implementation of this procedure. The president of the bargaining unit (or designee) will coordinate this effort for each incident with the Payroll Office.
- e) Effective September 1, 2011, any prior practice of paying employees the difference between workers' compensation and salary/wages, as opposed to just receiving workers' compensation benefits, shall be discontinued.

7.2 Severance

- A. All employees and or the estate of same will be eligible to receive severance pay on retirement or death for unused sick leave days that the employee accumulates but does not use. The formula shall be as follows:

For each sick leave day unused at the date of retirement or death, the employee or his or her estate shall receive the equivalent of one-half (1/2) the total number of unused sick leave days.
- B. To be eligible for the severance payment in accordance with this section, an individual shall have been employed by the Board (1) before

September 1, 2014 and (2) have for at least ten (10) years at the time of retirement or death and have a combined age of service of at least sixty.

- C. Effective September 1, 2004 payment for each unused sick day will be calculated at the per diem rate, based on 181 days, of the employees annual salary/wage as of the date of retirement or death.

7.3 Jury Duty

An employee who is called to jury duty shall try to have this service deferred to a time that will not conflict with his/her job obligation. If the employee must serve, he or she shall be granted the necessary leave to fulfill this obligation and shall receive full salary/wage during the period of such service, subject to their prompt remittance to the Board of an amount equal to the compensation paid to the employee for such jury duty.

7.4 Bereavement Leave

An employee shall be entitled to bereavement leave with full pay and at no loss of sick leave as follows:

- A. In the event of a death in the immediate family an employee shall be entitled to four (4) days leave. Immediate family is defined as the wife, husband, father, mother, son, daughter, sister, brother, child, step-child, mother-in-law, father-in-law, grandfather or grandmother, grandchild, or member of his/her immediate household.
- B. An employee may be entitled to one (1) days leave to attend a funeral for those family members outside of the immediate family.

- 7.5 Employees shall be entitled to three (3) personal days per year. Personal days provide employees the opportunity to conduct personal business which cannot be handled outside of the workday. Personal days may not be attached to a vacation, nor more than two days taken consecutively, unless requested in writing and approved by the Superintendent for good cause.

7.6 Maternity Leave

- A. An employee who becomes pregnant shall, as early as her condition is known, submit a written statement from her physician indicating her present physical condition, the expected childbirth date, and any limitations which may affect her ability to continue in her normal employment whether currently or in subsequent months.
- B. Leave shall begin when in the opinion of her doctor, the employee is no longer physically able to work, or upon confinement, whichever comes

first. Accumulated sick leave shall be available for use during periods of such disability; provided, however, such sick leave shall not be available upon the expiration of six (6) weeks after the delivery of a child, except as outlined in paragraph 3 of this subsection.

- C. Any employee who remains physically unable to work beyond a period of six (6) weeks past the date of delivery shall be required to prove the disability through a doctor's certification of inability to return to work due to physical illness or disability. If such continued disability is not proven, then the leave taken past the six (6) week period shall be made leave without pay.
- D. Disability leave beyond any accumulated sick leave shall be available, for such reasonable further period of time as a female employee is determined by her physician to be disabled from performing the duties of her job because of pregnancy or conditions attendant thereto, provided application is made to the Board and the Board, in its discretion, grants that application. Said leave will be without pay.
- E. Upon signifying intent to return, an employee shall be reinstated to her original job or to an equivalent position with equivalent pay.

7.7 Required Health Department Absences

If a paraprofessional is required to be absent because of a local or state health department recommendation associated with a health condition related to contact in school, the absence will not be charged against the paraprofessional's sick leave. The Board reserves right to place the paraprofessional in an alternative educational setting.

ARTICLE VIII LEAVES OF ABSENCE WITHOUT PAY

- 8.1 Leaves of absence without pay may be granted by the Board for a limited definite period not to exceed one year, for the following reasons:
 - (A) Health reasons, upon the advice of a physician.
 - (B) Childrearing leave.
 - (C) Other valid reasons, subject to the review and recommendations of the Superintendent.
- 8.2 Application for such leave of absence must be made to the Superintendent of Schools in writing, (on Request for Long Term Absence form) stating the reasons for the request and the length of time desired and approved by the Superintendent of Schools and/or the Board of Education.

- 8.3 A leave of absence automatically expires at the date of the expiration approved for the leave.
- 8.4 If an extension of the leave is required, a written application must be made to the Superintendent of Schools and be approved by the Board.
- 8.5 It is expected that, as far as possible, leave will be arranged so as to begin or end at the close of a school year.
- 8.6 An employee absent on an authorized leave of absence shall retain all accumulated seniority and may retain insurance benefits at the employee's sole cost and expense.

ARTICLE IX VACANCIES AND TRANSFERS

- 9.1 Whenever an opportunity for a transfer occurs during the school year for a permanent position as a result of a vacancy or if new openings occur, a notice of such opening shall be posted via the Milford Board of Education Web Site and on the bulletin boards in each school and a copy sent to the Federation. A temporary position of one year or less is not required to be posted unless the position is still in existence at the beginning of the next school year at which time the job shall be posted and considered a vacancy.
- 9.2 Such posting shall be for a period of not less than (7) calendar days. During summer vacations, such postings shall be mailed to the local co-presidents in a timely fashion. Laid off employee with recall rights shall be placed in any vacant positions before the hiring of any external candidates.
- 9.3 During this period, employees who wish to apply for a vacancy or new position may do so by notifying the Director of Human Resources or his/her designee.
- 9.4 All vacancies and new openings shall be filled by qualified persons as determined by the Director of Human Resources or his/her designee. The Director or his/her designee shall consider seniority as a factor in determining qualifications and will not be arbitrary or capricious in his determination of filling vacancies or new positions.
- 9.5 Before an involuntary transfer is made, consideration will be given first to those employees who have expressed a desire to transfer.

- 9.6 When an involuntary transfer is necessary, the transfer shall be made only after a meeting between the employee and a designee of the Superintendent at which time the employee will be notified of the reasons for the transfer. The employee may have a Federation representative present at such a meeting.
- 9.7 If the Board determines that it shall conduct any summer school sessions and the need for paraeducators becomes necessary, the Board shall post said vacancies and hire bargaining unit paraeducators by seniority and qualification.

ARTICLE X SENIORITY AND LAYOFFS

- 10.1 In the event that layoffs become necessary, long term substitutes shall be laid off first, followed by the Paraeducator with the least seniority within the bargaining unit shall be laid off first.
- 10.2 A full-time employee who has one year or more of continuous service who is laid off due to a reduction in force shall be permitted to exercise his/her seniority rights to replace an employee who has the least seniority in the bargaining unit provided that the employee is qualified for the position as determined by the Superintendent or his designee on the same basis as Article 9.4 above. In the event that a number of positions are available, said employee with the greater amount of seniority shall have the choice of available positions. If such layoff results in a transfer of an employee, said employee must be qualified for the position. When employees are to be recalled, the first to be recalled shall be those last laid off, provided that such employee recalled is qualified for the position available.
- 10.3 Seniority shall be defined as an employee's continuous length of service as a member of the paraeducator bargaining unit from said employee's most recent date of hire, regardless of hours worked.
- 10.4 Seniority shall not diminish during any period of layoff during which a person has recall rights.
- 10.5 The names of laid off employees shall be placed on a recall list for a period of one year from the date of layoff, and said employees shall be recalled on the basis of length of service.
- 10.6 Employees who are recalled to employment shall be entitled to reinstatement of sick days and length of service credit.
- 10.7 Any person recalled who refuses a position will be placed on the bottom of the recall list. Personnel who are re-employed from the recall list shall be entitled to reinstatement of sick days, length of service credit and placement on the salaries/wage schedule above the level held when laid off, if such layoff takes

place at the end of the school year. If layoff and re-employment transpire within the same school year, employees shall be entitled to placement on the same pay level as when they were laid off.

- 10.8 Prior to a Board decision which would result in a layoff of any employee, the Federation will be given written notice of such layoff and the opportunity to discuss such layoff with the Board.

ARTICLE XI PERSONNEL FILE

- 11.1 The employee shall upon request be given the opportunity to make an appointment in the Human Resources Department to review the contents of his/her personnel file.
- 11.2 Each employee shall receive, upon request, a copy of all items contained in his/her personnel file.
- 11.3 The employee shall have the right to reply to any document contained in the personnel file with a formal letter addressed to the Superintendent of Schools. This letter will be placed in the personnel file.

ARTICLE XII DISCIPLINE AND DISCHARGE

- 12.1 All disciplinary actions shall be applied in a fair manner and shall be for just cause. Disciplinary action shall include (a) a verbal warning; (b) a written warning; (c) a suspension with or without pay and (d) discharge. Whatever disciplinary action the Board deems appropriate, the parties recognize that the merits of a given situation play an important role in determining what action is appropriate and as such it is not the intent of the parties that all discipline will follow the order of steps cited above. All disciplinary action will be recorded in the employee's personnel file and may be appealed through the grievance procedure.

ARTICLE XIII FEDERATION RIGHTS

- 13.1 The Board agrees to deduct an initiation fee, monthly dues or service fee, as specified by the Federation, from the wages of all employees covered by the Agreement provided however, that the Board has been duly authorized by the employee to make such deduction. The Federation agrees to defend, indemnify and hold the Board harmless in connection with any and all claims arising out of deductions made pursuant to this article.

13.2 All employees of the Board covered by this Agreement and therefore part of the collective bargaining unit who do not become and/or remain Union members will, as a condition of employment, pay to the Federation a service fee not to exceed an amount equal to the organization dues.

13.3 The Board shall make available to the Federation, upon its request, informational statistics and records necessary for the implementation of the terms of this Agreement or for negotiating a successor Agreement, to the extent to which such material is available or is reasonably attainable, subject to any limitations against such disclosure as provided by statute or regulation.

13.4 Copies of Agreement

The Board agrees to give the Federation copies of the collective bargaining agreement for each member of the bargaining unit and a reasonable number for its own use.

13.5 Bulletin Boards

Where available, space on a bulletin board shall be reserved at an accessible place in each school for the exclusive use of the Federation for the posting of official Federation notices or announcements. Such notices shall be identified by a signature of an officer or stamp of the Federation.

13.6 Authorized Union Functions

Union officers and/or delegates shall be granted leave with pay not to exceed three (3) days total, each year to attend officially sponsored meetings, conferences or conventions, providing no compensation for lost time is received by the employee from the Federation. Prior notification of such leave of absence must be given to the Superintendent.

ARTICLE XIV
MISCELLANEOUS

14.1 Newly hired employees shall be provided a copy of their specific job description.

14.2 Principals shall have a copy of all employee job descriptions. Employees shall have access to all job descriptions.

14.3 All Paraeducators are required to punch in when they report to work, and punch out at the end of the work day. Paraeducators who are authorized to take a lunch break shall not be required to punch in and out for lunch. The hours will be deducted from their time record.

ARTICLE XV
SAVINGS CLAUSE

- 15.1 If any provision of this Agreement is, or shall at any time be contrary to law, then such provision shall not be applicable or performed or enforced, except to the extent permitted by law, and any substitute action shall be subject to appropriate consultation and negotiation with the Federation.
- 15.2 In the event that any provision of this Agreement is, or shall at any time be contrary to law, all other provisions of this Agreement shall continue in effect.
- 15.3 This Agreement incorporates the entire understanding of the parties on all subjects included. During the term of the Agreement, neither party shall be required to renegotiate any such subject. As to matters not included, the Board agrees: to make no change in an existing policy which would infringe on an included item.

ARTICLE XVI
RESIGNATION

An employee wishing to terminate employment with the Board is requested to submit two (2) weeks prior written notice of resignation to the Superintendent of Schools. The parties recognize that this is a statement of intent and no penalty shall be administered if two (2) weeks' notice is not given.

ARTICLE XVII
NO STRIKE

The parties agree that employees shall be prohibited from the right to strike pursuant to Connecticut General Statute §7-475.

ARTICLE XVIII
PAST PRACTICE

Existing practices and policies in effect prior to this Agreement shall be maintained unless revised herein.

ARTICLE XIX
MANAGEMENT RIGHTS

It is recognized that the Board has and will continue to retain whether exercised or not, the sole right, responsibility and prerogative to direct the operations of the public schools in the City of Milford in all its aspects, including but not limited to the following: to maintain public schools and such other educational activities as in its judgment will best serve the interests of the students of Milford, to determine the type of work to be performed; to assign all work to employees or other persons; to determine schedules

and hours of work, to select, hire and reclassify employees; including the right 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 of Education; to discharge or otherwise discipline any employee for just cause, to promote, transfer and lay off employees, to maintain the efficiency of the operations of the school system, to determine the content and have discretion over the organization and technology of performing its work and fulfill all its legal responsibilities. These rights, responsibilities and prerogatives are not subject to delegation, in whole or in part, except that the same shall not be exercised in a manner inconsistent with or in violation of any of the specific terms and provisions of this Agreement. No action taken by the Board with respect to any of its rights, responsibilities and prerogatives, other than as specifically provided for elsewhere in the Agreement shall be subject to the grievance provision of the Agreement.

ARTICLE XX PROBATIONARY EMPLOYEES

Newly hired employees shall be considered probationary for a period of 90 calendar days from the date of hiring, unless extended in writing by the mutual agreement of the parties. Such employee may be discharged or disciplined at the will of the Board during such probationary period and no action of the Board to such employee shall be subject to recourse by either the employee or the Union, nor to grievance or arbitration procedures or other controls by the Union on behalf of the employee. After the completion of the probationary period as aforesaid, all employees shall acquire seniority as of date of hire.

ARTICLE XXI EVALUATION

- 21.1 An employee shall receive at least one written evaluation per year in association with an evaluation conference according to procedures established by the Board and the Federation. An employee shall have the right to comment about any aspect of his/her evaluation and to add such comment to the evaluation at the time of the evaluation conference. An evaluation of an employee can be made by the Principal and/or any Administrator of the special education program. The evaluation shall become part of the employee's personnel file.
- 21.2 A revised performance evaluation form will be ready for implementation for the 2004-05 school year

ARTICLE XXII
CLASS COVERAGE

In the event of the absence of a supervising teacher where a paraprofessional who is otherwise qualified as a substitute covers a self-contained classroom, the employee shall be compensated at the employee's regular rate of pay plus \$9.00 an hour or part thereof. For the purposes of this paragraph, the employee's rate of pay shall be at the rate of one one hundred eight-first (1/181st) the employee's annual salary.

ARTICLE XXIII
LONGEVITY

Employees hired prior to July 1, 2000 shall receive the following longevity payment:

	(non-cumulative)
After 10 years	\$325.00
After 15 years	\$375.00
After 20 years	\$425.00

Employees hired on or after July 1, 2001, shall not be entitled to longevity payments.

ARTICLE XXIV
TUITION ASSISTANCE

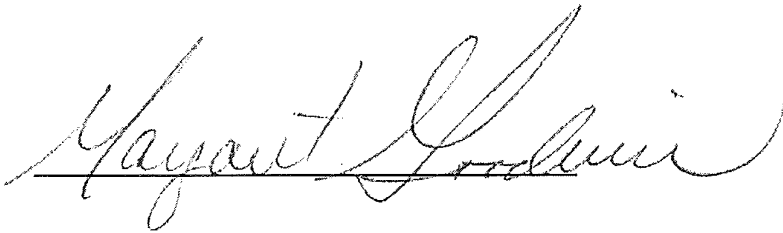
24.1 A. Employees will be reimbursed \$100 per course to a maximum of \$500.00 per fiscal year, with a passing grade of C or better. Employees with more than 60 college credits or an Associates Degree are not eligible for this benefit.

B. Employees who wish to take preparation course offered through ACES for the Parapro Assessment Test will be reimbursed up to a maximum of \$100.00 toward these workshops.


ARTICLE XXV
DURATION

This Agreement shall be effective as of September 1, 2014, and shall continue in force and effect through August 31, 2017.

Dated this _____ day of November, 2014 at Milford, Connecticut.



Handwritten signature of Gayatri Gopinath in cursive script, written over a horizontal line.



Handwritten signature of Swarn Ginn in cursive script, written over a horizontal line.

APPENDIX A
SALARIES/WAGE SCHEDULE*

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APPENDIX B
JOB DESCRIPTIONS

**MILFORD PUBLIC SCHOOLS
JOB DESCRIPTION**

POSITION TITLE: PARAPROFESSIONAL

PAY GRADE: PARA I or PARA II
UNION: PARAPROFESSIONAL

CLASS DEFINITION AND SUMMARY:

The job of “Paraprofessional” is done under the direct or indirect supervision of a licensed staff member for the purpose/s of assisting in the instruction and supervision of students. Employees in this classification do not supervise others.

ESSENTIAL TASKS OF THE POSITION:

- Assists licensed/certified staff members for the purpose of instructing and supporting students, individually and in small groups, by implementing lesson plans, instructional activities; administering tests; or other required support as directed by licensed/certified staff.
- Monitors and responds to individual student needs, classroom and/or playground activities for the purpose of providing a safe and positive learning environment.
- Follows and supports students’ Behavior Intervention Plans.
- Provides personal care and assistance to students for the purpose of helping students to access their education, which may include toileting, personal hygiene, feeding, positioning, and mobility.
- Performs functions directly related to the instructional assignment for the purpose of instructing students (i.e. preparing materials, instructional records for student files, data collection, and proofreading IEPS).
- Maintains regular and appropriate attendance and is on time for assignment(s) for the purpose of meeting the needs of the students and the district.
- Participates in various meetings for the purpose of sharing information and/or improving one’s skills/knowledge.
- Performs other duties and tasks as delegated by the Principal and/or Pupil Personnel Services Supervisor or Director.

KNOWLEDGE, SKILLS AND ABILITIES:

Skills to perform instructional activities, communicate with parents, students, staff and community, basic arithmetic calculations, operate standard office equipment, use English in verbal and written grammar, punctuation, and spelling, and perform basic clerical functions.

Knowledge of principles of child development, instructional processes.

Ability to sit and/or stand for prolonged periods, understand and carry out oral and written instructions, maintain confidentiality of student records, meet schedules and deadlines, read/interpret/apply rules, regulations, policies, rapidly learn methods and materials used in a variety of instructional situations.

To be physically able to perform the duties associated with the position.

QUALIFICATIONS:

TRAINING AND EXPERIENCE:

- Associates degree or High Diploma or equivalent and passing score on Parapro Assessment Test.
- Prior job related experience paid or volunteer with school age children.

OTHER REQUIREMENTS:

- Background check required
- Screening for Tuberculosis (TB) required

REPORTS TO:

Principal or designated Administrator

WORK YEAR:

Per Paraprofessional Contract

Revised 3/25/03, 9/15/06, 11/1/10, 11/17/2014

**MILFORD PUBLIC SCHOOLS
JOB DESCRIPTION**

POSITION TITLE: **Paraeducator Job Coach**

UNION: **Paraprofessional**

SUMMARY/GOAL OF POSITION:

Under the direction of certified special education staff or building administrators, assist special education high school students in securing employment and adapting to the workplace according to their IEP's.

ESSENTIAL TASKS OF THE POSITION: (Illustrative, not inclusive)

- Meet with students on a one-to-one basis to identify job interests.
- Communicate with parents regarding identified job interests and transportation considerations and/or limitations.
- Review students Interest Inventory from guidance department for aptitude and interest information as trained by Special Education teacher(s).
- Coordinate efforts with Youth Employment and Training and Guidance for possible job openings.
- Assist students in completing employment applications and practicing interview techniques.
- Solicit area employers regarding job openings and to set up interviews for students.
- Initiate contacts with new employers and promotes and markets student employment options with them.
- Accompany students to interviews and job sites.
- Supervise students on the job when necessary to assist them in becoming familiar with job responsibilities, employment requirements, and general workplace behavior.
- Familiarize students with transit system when necessary.
- Maintain comprehensive documentation on each student regarding dates, times, activities, and accomplishments regarding job interests, interviews, and placements. Documents and charts all student progress. Reports same to Special Education teacher(s).
- Communicates on a regular basis with employers, students, parents and teachers concerning progress on the job.
- Responsible for quality and quantity of own work as assigned.
- Responsible for outreach to area employers and students placements for employment.
- Performs other duties and tasks as delegated by the Principal and/or Pupil Personnel Services Supervisor or Director.

KNOWLEDGE, SKILLS AND ABILITIES:

- Competency in the basic subject areas of reading, writing, and mathematics.
- Ability and temperament to work with students and their parents regarding employment issues.
- Ability to communicate with area employers and secure employment options for students.
- Flexibility to travel to job sites to meet with students and employers.
- Must have own transportation.

QUALIFICATIONS:

Graduation from High School required; Associates degree/60 college credits or passing score on ParaPro Praxis preferred.

PHYSICAL REQUIREMENTS:

Walking, standing, bending, and sitting, occasionally for extended periods of time at job sites with students.

OTHER REQUIREMENTS:

- Background check required
- Screening for Tuberculosis (TB) required

REPORTS TO:

Special Education Teacher, Supervisor, and/or building administrator.

WORK YEAR:

Per Union Contract

11/17/2014

APPENDIX C CLASS COVERAGE AGREEMENT

Appendix _____ Policy for Class coverage regarding Paraeducators

Special Education Teachers and Supervisors of Special Education will continue to work with building Principals regarding the implementation of Student's IEP.

Classroom coverage is the Teacher's decision regarding the implementation of the Student's IEP. This decision can be made by either a Special Education Teacher or General Education Teacher. No Paraeducator is responsible for deciding on where or when students are to be taken from classrooms for special instruction/testing or other issue.

Teachers directly involved with students, either Special Education or Classroom will constitute Teacher "*In charge*". Media Center Teachers or other Teachers not directly involved with students may not constitute "*Directly involved*" Teachers.

An example of No Classroom coverage shall be one student testing in a hallway outside of the classroom with a Paraeducator in proximity to the classroom Teacher "*In charge*", per Teacher request.

An example of Classroom coverage shall be multiple students in alternate settings with a Paraeducator for testing or other services, per the Teachers request.


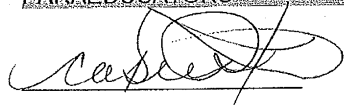
~~The Board and the Union agree that Teacher coverage is not required for periods that do not exceed a fifteen (15) minutes in duration.⁴~~

~~Paper work for Overtime/Classroom coverage will be filled out with applicable payroll sheet by the Paraeducator and turned in to the respective school Principal every two weeks.⁵~~

Dated this 31 day of August at Milford, Connecticut.⁶

MILFORD FEDERATION OF
PARAEDUCATORS

MILFORD BOARD OF
EDUCATION



⁴ Although the paragraph was modified, no substantive changes have taken place.

⁵ Although the paragraph was modified, no substantive changes have taken place

⁶ Added signature line.

Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: PPO

APPENDIX D SUMMARY OF HEALTH INSURANCE BENEFITS



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.anthem.com or by calling 800-233-4947.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	For in-network providers Deductible is not applicable in-network For out-of-network providers \$500 individual \$1,000 2-person \$1,000 family	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered out-of-network services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 26 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 26 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	For in-network providers: \$6,350 individual \$12,700 family For out-of-network providers: \$1,000 individual \$1,750 2-person \$1,750 family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of out-of-network covered services. This limit helps you plan for health care expenses.

Questions: Call 800-233-4947 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 800-233-4947 to request a copy.

Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: PPO

What is not included in the out-of-pocket limit?	Premiums, balance-billed 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 .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 26 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of preferred providers , see www.anthem.com or call 800-233-4947.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 26 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 30. See your policy or plan document for additional information about excluded services .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 30% would be \$300. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **in-network providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
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Questions: Call 800-233-4947 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 800-233-4947 to request a copy.

Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 copay	20% coinsurance, after deductible	_____none_____
	Specialist visit	\$35 copay	20% coinsurance, after deductible	_____none_____
	Other practitioner office visit	\$35 copay	20% coinsurance, after deductible	Coverage limited to 50 visit maximum for Chiropractic care combined with physical, occupational, and speech therapy, per member per calendar year. Excess coverage beyond 50 visits subject to out of network deductible and coinsurance.
	Preventive care/screening/immunization	No Charge	20% coinsurance, after deductible	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	20% coinsurance, after deductible	\$25 Copay in hospital setting.
	Imaging (CT/PET scans, MRIs)	\$75 Copay	20% coinsurance, after deductible	\$375 Copay maximum per member per calendar year. Prior authorization is required.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.anthem.com .	Generic drugs	\$5 copay/ retail and \$7.50 copay/mail order	20% coinsurance, after deductible	Retail: 30 day maximum supply Mail order: 90 day maximum supply
	Preferred brand drugs	\$25 copay/ retail and \$37.50 copay/mail order		
	Non-preferred brand drugs	\$40 copay/ retail and \$60 copay/mail order		

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
	Specialty drugs	\$40 copay/ retail and \$60 copay/mail order		
If you have outpatient surgery	Facility fee – General Hospital	\$100 Copay	20% coinsurance, after deductible	_____none_____
	Physician/surgeon fees	No Charge	20% coinsurance, after deductible	_____none_____
If you need immediate medical attention	Emergency room services	\$150 copay	\$150 copay/visit	Copay waived if admitted
	Emergency medical transportation	No Charge	No Charge	_____none_____
	Urgent care	\$50 copay	Not Covered	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 Copay per admission	20% coinsurance, after deductible	Inpatient hospitalizations require authorizations.
	Physician/surgeon fee	No Charge	20% coinsurance, after deductible	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25 Copay	20% coinsurance, after deductible	Prior authorization required.
	Mental/Behavioral health inpatient services	\$300 Copay per admission	20% coinsurance, after deductible	Prior authorization is required.
	Substance Abuse outpatient services	\$25 Copay	20% coinsurance, after deductible	Prior authorization required.
	Substance Abuse inpatient services	\$300 Copay per admission	20% coinsurance, after deductible	Prior authorization is required.
If you are pregnant	Prenatal and postnatal care	\$35 Copay	20% coinsurance, after deductible	Initial visit only is subject to in network \$35 copay. No charge, thereafter.
	Delivery and all inpatient services	\$300 Copay per admission	20% coinsurance, after deductible	Prior authorization is required.

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** PPO

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No Charge	\$50 deductible applies and 20% coinsurance	Home Health care services is limited to 200 visits per member per calendar year.
	Rehabilitation services	\$35 copay	20% coinsurance, after deductible	Prior authorization required after the first visit for Physical Therapy and Occupational Therapy. Coverage limited to 50 visit limit for physical, occupational, and speech therapy combined with Chiropractic care. Excess coverage beyond 50 visits subject to out of network deductible and coinsurance.
	Habilitation services	\$35 Copay	20% coinsurance, after deductible	All rehabilitation and habilitation visits count toward your rehabilitation visit limit.
	Skilled nursing care	\$300 Copay per admission	20% coinsurance, after deductible	Prior authorization is required. Skilled nursing facility services limited to 120 days per member per calendar year.
	Durable medical equipment	No charge	20% coinsurance, after deductible	For a complete list of exclusions and limitations, please reference your Certificate of Coverage.
	Hospice service	No Charge	20% coinsurance, after deductible	Prior authorization is required.
If your child needs dental or eye care	Eye exam (routine or medical)	No Charge	20% coinsurance, after deductible	1 exam every calendar year.
	Glasses	Not Covered	Not Covered	—————none—————
	Dental check-up	Not Covered	Not Covered	—————none—————

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

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Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: PPO

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Weight loss programs
- Long-term care
- Routine foot care

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care (limits apply)
- Hearing aids- (restrictions apply)
- Non-emergency care when traveling outside the U.S.
- Coverage provided outside the United States. See www.BCBS.com/bluecardworldwide
- Bariatric surgery
- Infertility treatment (restrictions apply)
- Private-duty nursing- (restrictions apply)
- Routine eye care

Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-888-401-3539. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** PPO

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross & Blue Shield Appeals
108 Leigus Road, Wallingford CT 06492

Department of Labor's Employee Benefits Security Administration
1-866-444-EBSA (3272)
www.dol.gov/ebsa/healthreform

Connecticut Insurance Department
153 Market Street, 7th Floor, Hartford, CT 06103

Additionally, a consumer assistance program can help you file your appeal. Contact:

Connecticut Office of the Healthcare Advocate
P.O. Box 1543
Hartford, CT 06144
(866) 466-4446
www.ct.gov/oha
healthcare.advocate@ct.gov

Questions: Call **800-233-4947** or visit us at **www.anthem.com**

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Milford Board of Education: Paras Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: PPO

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adoolwoł iínizinigo t'áá diné k'éjígoo, t'áá shoodí ba na'alníhí ya sidáhí bich'í naabídííłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagíí bich'í hodiilní. Hai'daa iini'taago eíya, t'áá shoodí diné ya atáh halne'ígíí ní béesh bee hane'í wólta' bi'ki si'niilígíí bi'kéhgo bich'í hodiilní.

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

Questions: Call 800-233-4947 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 800-233-4947 to request a copy.

About these Coverage Examples:

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



This is not a cost estimator.

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

See the next page for important information about these examples.

Having a baby

(In-network Provider- 2 day normal delivery)

- Amount owed to providers: \$15,540
- Plan pays \$15,010
- Patient pays \$300

Sample care costs:

Hospital charges (mother)	\$10,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$15,540

Patient pays:

Deductibles	\$0
Copays	\$300
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$300

Managing type 2 diabetes

(In-network Provider -maintenance of a well-controlled condition)

- Amount owed to providers: \$1,600
- Plan pays \$1,510
- Patient pays \$175

Sample care costs:

Prescriptions	\$500
Medical Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Total	\$1,600

Patient pays:

Deductibles	\$0
Copays	\$175
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$175

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Teachers Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 – 06/30/2015

Coverage Examples

Coverage for: Individual/Family | Plan Type: PPO

Questions and answers about the Coverage Examples:

Questions: Call 800-233-4947 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 800-233-4947 to request a copy.

Milford Board of Education: Teachers Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 –

06/30/2015

Coverage Examples

Coverage for: Individual/Family | Plan Type: PPO

What are some of the assumptions behind the Coverage Examples?

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

Questions: Call 800-233-4947 or visit us at www.anthem.com

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Milford Board of Education: Teachers Century Preferred PPO \$25

FD: 001016-122

Coverage Period: 09/01/2014 –

06/30/2015

Coverage Examples

Coverage for: Individual/Family | Plan Type: PPO

What does a Coverage Example show?

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

Does the Coverage Example predict my own care needs?

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

Does the Coverage Example predict my future expenses? ✘ **No.** Coverage Examples are not cost estimators.

You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

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

Are there other costs I should consider when comparing plans?

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

Questions: Call 800-233-4947 or visit us at www.anthem.com

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.anthem.com or by calling 1-800-233-4947.

Health Savings Account Contribution: **\$3,300** Individual/**\$6,550** Family.

Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>\$2,000 Single/\$4,000 Family for In-Network Provider. \$2,000 Single/\$4,000 Family for Non-Participating Provider. In-Network Provider and Non-Participating Provider deductibles are combined. Satisfying one helps satisfy the other.</p>	<p>You must pay all the costs up to the <u>deductible</u> amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the <u>deductible</u> starts over (usually, but not always, January 1st.) See the chart starting on page 3 for how much you pay for covered services after you meet the <u>deductible</u>.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 3 for other costs for services this plan covers.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. \$4,000 Single/\$8,000 Family for In-Network Provider \$4,000 Single/\$8,000 Family for Non-Participating Provider. In-Network Provider and Non-Participating Provider out-of-pocket are combined. Satisfying one helps satisfy the other.</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p>Certain costs for prescription drugs are not covered, Pre-Authorization Penalties, Premiums, Balance-Billed Charges and Health Care This Plan Doesn't Cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

{00724739.DOC Ver. 1} Questions: Call 1-800-233-4947 or visit us at www.anthem.com.

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Is there an overall annual limit on what the plan pays?	No. This policy has no overall annual limit on the amount it will pay each year.	The chart starting on page 3 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.anthem.com or call 1-800-233-4947 for a list of Network Providers.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No, you do not need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 7. See your policy or plan document for additional information about excluded services .

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP



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

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Specialist visit	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Other practitioner office visit	<u>Chiropractor</u> 0% Coinsurance after deductible	<u>Chiropractor</u> 20% Coinsurance after deductible	<u>Chiropractor</u> Coverage is limited to 50 visits per benefit period, combined with physical, occupational, and speech therapy.
	Preventive care/screening/immunization	No Cost Share	20% Coinsurance after deductible	_____none_____
If you have a test	Diagnostic test (x-ray, blood work)	<u>Lab - Office</u> 0% Coinsurance after deductible <u>X-Ray - Office</u> 0% Coinsurance after deductible	<u>Lab - Office</u> 20% Coinsurance after deductible <u>X-Ray - Office</u> 20% Coinsurance after deductible	_____none_____

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
	Imaging (CT/PET scans, MRIs)	0% Coinsurance after deductible	20% Coinsurance after deductible	Prior Authorization Required
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.anthem.com/P/harmacyinformation/	Generic drugs	\$5 Copay- Retail \$7.50 Copay- Mail-order	20% Coinsurance after deductible	Retail: 30 day maximum Mail order: 90 day maximum
	Preferred brand drugs	\$25 Copay-retail \$37.50 Copay- mail-order	20% Coinsurance after deductible	Retail: 30 day maximum Mail order: 90 day maximum
	Non-preferred brand drugs	\$40 Copay- Retail \$60 Copay- Mail-order	20% Coinsurance after deductible	Retail: 30 day maximum Mail order: 90 day maximum
	Specialty drugs	\$40 Copay- Retail \$60 Copay- Mail-order	20% Coinsurance after deductible	Retail: 30 day maximum Mail order: 90 day maximum
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Physician/surgeon fees	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
If you need immediate medical attention	Emergency room services	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Emergency medical transportation	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Urgent care	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	0% Coinsurance after deductible	20% Coinsurance after deductible	Prior Authorization Required
	Physician/surgeon fee	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	<u>Mental/Behavioral Health Facility Visit - Facility Charges</u> 0% Coinsurance after deductible	<u>Mental/Behavioral Health Facility Visit - Facility Charges</u> 20% Coinsurance after deductible	_____none_____
	Mental/Behavioral health inpatient services	0% Coinsurance after deductible	20% Coinsurance after deductible	Prior Authorization Required
	Substance abuse disorder outpatient services	<u>Substance Abuse Facility Visit - Facility Charges</u> 0% Coinsurance after deductible	<u>Substance Abuse Facility Visit - Facility Charges</u> 20% Coinsurance after deductible	_____none_____
	Substance abuse disorder inpatient services	0% Coinsurance after deductible	20% Coinsurance after deductible	Prior Authorization Required
If you are pregnant	Prenatal and postnatal care	0% Coinsurance after deductible	20% Coinsurance after deductible	_____none_____
	Delivery and all inpatient services	0% Coinsurance after deductible	20% Coinsurance after deductible	Prior Authorization Required

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Common Medical Event	Services You May Need	Your Cost If You Use an In-Network Provider	Your Cost If You Use an Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	0% Coinsurance after deductible	20% Coinsurance after deductible	Coverage is limited to 200 visits per member per calendar year
	Rehabilitation services	0% Coinsurance after deductible	20% Coinsurance after deductible	Coverage is limited to 50 visits per benefit period (combined for PT/OT/ST and chiropractic).
	Habilitation services	0% Coinsurance after deductible	20% Coinsurance after deductible	All rehabilitation and habilitation visits count towards your rehabilitation limit.
	Skilled nursing care	0% Coinsurance after deductible	20% Coinsurance after deductible	Coverage is limited to 120 visits per year. Prior Authorization Required
	Durable medical equipment	0% Coinsurance after deductible	50% Coinsurance after deductible	—————none—————
	Hospice service	0% Coinsurance after deductible	20% Coinsurance after deductible	Limitations may vary by site of service. You should refer to your formal contract of coverage for details.
If your child needs dental or eye care	Eye exam	No cost share	20% Coinsurance after deductible	—————none—————
	Glasses	Not covered	Not covered	—————none—————
	Dental check-up	Not covered	Not covered	—————none—————

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)		
• Acupuncture	• Hearing aids	• Routine foot care
• Cosmetic surgery	• Long-term care	• Weight loss programs
• Dental care (adult)		

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery
- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Most coverage provided outside the United States. See www.bcbs.com/bluecardworldwide
- Private-duty nursing
- Routine eye care (adult)

Your Rights to Continue Coverage:

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

For more information on your rights to continue coverage, contact the plan at 1-800-233-4947. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

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

Or Contact:
Department of Labor's Employee Benefits

A consumer assistance program can help you file your appeal. Contact:
Connecticut Office of the Healthcare Advocate
P.O. Box 1543
Hartford, CT 06144
(866) 466-4446
www.ct.gov/oha

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** CDHP

Security Administration at healthcare.advocate@ct.gov

1-866-444-EBSA (3272) or

www.dol.gov/ebsa/healthreform

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adootwoł íinízinigo t'áá diné k'éjíggo, t'áá shoodí ba na'alníhí ya sidáhí bich'í naabídíłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagú bich'í hodiilní. Hai'daą iini'taago eíya, t'áá shoodí diné ya atáh halne'ígú ní béesh bee hane'í wólta' bi'ki si'núilígú bi'kéhgo bich'í hodiilní.

{00724739.DOC Ver. 1} **Questions:** Call 1-800-233-4947 or visit us at www.anthem.com.

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Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

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

{00724739.DOC Ver. 1} Questions: Call 1-800-233-4947 or visit us at www.anthem.com.

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About these Coverage Examples:

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



This is not a cost estimator.

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

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,370
- Patient pays \$2,000

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$2,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$2,000

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,030
- Patient pays \$2,000

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$2,000
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$2,000

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 1-800-233-4947.

Milford BOE: Lumenos HSA \$2000

FD: 001016-127

Coverage Period: 07/01/2014 – 06/30/2015

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual/Family | Plan Type: CDHP

Questions and answers about the Coverage Examples:

{00724739.DOC Ver. 1} Questions: Call 1-800-233-4947 or visit us at www.anthem.com.

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What are some of the assumptions behind the Coverage Examples?

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

{00724739.DOC Ver. 1} **Questions:** Call 1-800-233-4947 or visit us at www.anthem.com.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary

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at www.anthem.com or call 1-800-233-4947 to request a copy.

What does a Coverage Example show?

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

Does the Coverage Example predict my own care needs?

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

Does the Coverage Example predict my future expenses?

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

Can I use Coverage Examples to compare plans?

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

Are there other costs I should consider when comparing plans?

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

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at www.anthem.com or call 1-800-233-4947 to request a copy.