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AGREEMENT

BETWEEN

**NEW MILFORD
BOARD OF EDUCATION**

AND

**NEW MILFORD
SCHOOL ADMINISTRATORS ASSOCIATION**

July 1, 2026 through June 30, 2029

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

ARTICLE I RECOGNITION

1. The Board recognizes the Association as the exclusive representative of all administrative employees. For the purpose of this Agreement "administrative employees" are those certified professional employees of the New Milford Board of Education who are employed in positions requiring an intermediate administrator or supervisor certificate, or the equivalent thereof, and are not excluded from the purview of Sections 10-153a to 10-153n, inclusive, of the Connecticut General Statutes.
2. Agency Shop
 - a) Within thirty (30) days after employment, all members of the bargaining unit shall have the opportunity to join the Association to pay a service fee, or to do neither. Any administrator who elects to join the Association or to pay a service fee shall execute an authorization permitting the deduction of union dues or service fees.
 - b) As a condition of the effectiveness of this Article, the Association agrees to indemnify and save the Board harmless against all claims, demands costs, suits, or other forms of liability and all court or administrative agency costs, including the Board's reasonable attorney's fees, that may arise out of, or by reason of, action taken by the Board for the purpose of complying with this Article.
 - c) The Board will make payroll deductions for union dues or service fees for each employee who submits a written authorization and will remit the same to the Association's Treasurer on a monthly basis.

ARTICLE II BOARD'S RIGHTS

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

ARTICLE III
NEGOTIATION PROCEDURE

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

ARTICLE IV
SAVINGS CLAUSE AND HOLDOVER

1. **Savings Clause**

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

2. **Holdover**

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

ARTICLE V
WORKING CONDITIONS

1. All administrators are employed from July 1 of a given year until June 30 of the following year, hereafter referred to as the calendar year.

2. **Work Year and Vacations**

- a) High School, Middle School, Intermediate, and Elementary School Principals will work 260 days (261 in leap years with an extra week-day), beginning on July 1st, with these exceptions:

- i) the holidays listed in section 3 below;
 - ii) twenty (20) vacation days per year, not to be accumulated or carried over without the written approval of the Superintendent, subject to paragraph a) iii) below;
 - iii) as a matter of right an administrator as identified in Article V, Section 2 Subsection a) may carry over a balance of three (3) unused vacation days to the following work year, with prior written notice to the Superintendent or his or her designee. Additional days may be carried over with written approval of the Superintendent. No administrator may have more than twenty-five (25) days of accrued vacation leave in any work year.
- b) High School, Middle School, Intermediate School and Elementary School Assistant Principals, the Athletic Director, and the Supervisor of Special Education will work 250 days (251 in leap years with an extra week-day), with these exceptions:
 - i) the holidays listed in section 3 below;
 - ii) twenty (20) vacation days per year, not to be accumulated or carried over without the written approval of the Superintendent, subject to paragraph b) iii) below;
 - iii) as a matter of right an administrator as identified in Article V, Section 2 Subsection b) may carry over a balance of three (3) unused vacation days to the following work year, with prior written notice to the Superintendent or his or her designee. Additional days may be carried over with written approval of the Superintendent. No administrator may have more than twenty-five (25) days of accrued vacation leave in any work year.
- c) The actual schedule of vacations will be subject to the approval of the Superintendent of Schools. No vacation time will be taken by any administrator on a school day without first obtaining the specific approval of the Superintendent of Schools. Further, in any year in which a retreat or other training is scheduled by the Administration, vacations will not be permitted that conflict with such training or retreat days. The retreat or training days will be consecutive and will be scheduled and announced no later than April 15th. Fifty (50) week a year administrators shall submit their requests for their ten (10) unpaid days off, at the same time vacation requests are submitted, as set forth above.
- d) If an administrator is assigned to work by the Superintendent on one or more days that were intended to be used as vacation days, and if, as a result, the number of

vacation days taken by the administrator for the year is less than that prescribed by this Agreement, the administrator shall be compensated for such days at his/her per diem rate. The number of such days shall not exceed five (5) in any single fiscal year. Alternatively, the administrator may carry over up to five (5) vacation days in any one fiscal year to the next fiscal year. At no time shall an administrator be permitted to accumulate more than five (5) days beyond the contractual allotment of vacation days in any one fiscal year.

- e) Every effort will be made to schedule items involving administrators early on the agenda at Board meetings.
- f) All high school administrators are required to attend the high school graduation.
- g) On days when school is not in session due to inclement weather or for emergency conditions, administrators may choose to work from home up to a maximum of two (2) days per work year. Such days shall not carry over from work year to work year.

3. Holidays

All administrators are granted the following days as holidays:

Independence Day	New Year's Day
Labor Day	Martin Luther King Day
Yom Kippur*	Presidents' Day
Rosh Hashanah*	Good Friday
Columbus Day	Memorial Day
Veterans' Day*	
Thanksgiving Day	
Day after Thanksgiving	
Day before Christmas*	
Christmas Day	
Day after Christmas*	
2 nd Day after Christmas*	

* providing school is not in session

4. Sick Leave

- a) Administrators will be granted an accrued sick leave at the rate of:
 - i) High School, Middle School,
Intermediate School and Elementary School
Principals 18 days per year

- ii) High School, Middle School,
Intermediate School and Elementary
Assistant Principals and Director of Athletics
and Supervisor of Special Education 17 days per year

Except as provided above, administrators will have their accumulated sick leave capped at two-hundred (200) days. Administrators who have already accrued in excess of two-hundred (200) days of sick leave effective July 1, 2023, shall not forfeit accrued sick leave as a result of this provision, but shall not be eligible to accrue beyond such amount once existing accrued sick leave is utilized.

- b) An administrator who is absent because of illness shall file a signed absence slip with the Superintendent. A physician's statement shall be required if deemed necessary.
- c) Up to five (5) sick days each year may be used to care for a family member who is domiciled with the administrator and who is ill.
- d) For every year an administrator does not use a sick day, two (2) days will be added to a retirement bank for the administrator and paid at the administrator's per diem rate upon retirement pursuant to the Connecticut State Teachers' Retirement Act. This provision is not retroactive to years before July 1, 1998. There shall be no accrual of this benefit after June 30, 2014.
- e) In accordance with the provisions of the Connecticut Paid Sick Leave Law, Conn. Gen. Stat. § 31-57r to 31-57w, inclusive ("PSL") the first forty (40) hours of an administrator's accrued sick leave may be used in hourly increments as provided for under the PSL. Thereafter, all accrued sick leave must be utilized in minimum increments of quarter days.
- f) Upon retirement from the New Milford Public Schools under the Connecticut Teacher Retirement System or death of administrator who has been employed in the District in any capacity for at least five (5) years, said administrator, or the administrator's estate, shall be paid the equivalent of one-half (1/2) of the administrators' accumulated sick leave at his or her per diem rate up to a cap of \$25,000 less all applicable taxes and withholdings. In order to be eligible for this benefit upon retirement, the retiring administrator must provide written notice to the Superintendent or his or her designee of his or her intention to retire by no later than October 1st of the final work year of employment with the District. Such administrator retains the right to rescind such retirement notice at any time prior to retirement, however if such notice is rescinded after March 1st such administrator irrevocably forfeits the right to an accumulated sick leave payout pursuant to this

section upon death or eventual retirement. Payment shall be made on or about June 30.

5. Personal Days

- a) All administrators shall be entitled to four (4) personal days each year.
- b) All requests for personal days will be made on the proper electronic form which will be submitted to the administrator's immediate supervisor, at least twenty-four (24) hours in advance whenever feasible. All such requests are subject to the approval of the Superintendent of Schools.
- c) Up to an additional five (5) days each year will be granted for the death of an immediate family member or of a household member. "Immediate family" shall include the following: parent, grandparent, grandchildren, sister, brother, spouse, children, step-children who were raised by the administrator, mother and father of spouse or domestic partner consistent with law, or an individual related to the employee by blood or affinity whose close association the employee shows to be the equivalent of those family relationships (significant personal bond). An "Affinity Relationship" exists if the administrator's relationship with an individual is the equivalent to the relationship one would have with a spouse, sibling, son, daughter, grandparent, grandchild, or would have with a spouse, sibling, son, daughter, grandparent, grandchild, or parent. Where an employee was the primary caregiver for a family member not listed, the Superintendent may, in exceptional circumstances, permit bereavement leave pursuant to this article.

6. Termination of Employment

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

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

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

$$\text{Per diem pay} = \frac{\text{annual salary}}{\text{ }} \quad \text{_____}$$

number of work days per contract

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

7. Sabbatical Leaves

- a) After seven (7) years of continuous service in the New Milford Public Schools, an administrator may apply for a sabbatical leave of up to one year at $\frac{3}{4}$ of his or her annual salary at the time of sabbatical leave.
- b) Sabbatical leave salary shall be paid on the regular pay days during the period of leave.
- c) An administrator whose employment by the Board shall terminate prior to complete payment of the sabbatical leave pay shall be entitled to receive only those installments of such pay as become payable prior to the date of such termination. If the terms of the sabbatical are not fulfilled by the administrator, the administrator's contract may, in the discretion of the Board of Education, be terminated and/or that administrator may be required to pay back to the Board, at its discretion, monies for salary and/or benefits received by that administrator during the duration of the sabbatical.
- d) As a condition to the granting of a sabbatical leave, an administrator shall agree in writing to return to employment in the New Milford Public School System for a period of three (3) school years upon conclusion of the sabbatical leave, or, in the alternative, to reimburse the Board of Education for all payments made by the Board during the sabbatical leave. Further, the administrator shall execute a promissory note payable to the New Milford Board of Education in an amount equal to the total payments the administrator will receive while on such leave. The terms of the note shall state that if an administrator chooses not to return to employment for three (3) school years upon expiration of the leave, the administrator shall be financially responsible to reimburse the Board all monies received while on sabbatical leave on a prorata basis, that is, one third for each year of the three (3) year commitment.
- e) Such leave shall be for study sponsored by a college or university for which it gives credit and will be directly related to the position held by the applicant, or leave shall be to participate in an activity which will benefit the New Milford Public Schools.
- f) Applicants will be screened by a committee consisting of the Superintendent, Assistant Superintendent and one member of the Association to be chosen by the Association. Sabbatical applicants are not eligible to serve on the screening

committee the year they apply for a sabbatical. The Board will take the committee's recommendation into consideration. Granting of applications for sabbatical leave shall be at the discretion of the Board. In no event shall leave be granted to more than two administrators during any one year.

- g) Applications for sabbatical leave shall be submitted in writing, on forms provided by the Superintendent of Schools not later than November 1st of the school year prior to the school year in which the sabbatical leave is to be taken.
 - h) The returning administrator will submit a report in writing to the Superintendent of Schools no later than November 1st of the year he/she returns. The report shall include an explanation of studies or activities and their relation to the administrative position held.
 - i) If an application for sabbatical leave is not accepted, the applicant will be notified in writing of the reasons it was not granted.
8. Method of Payment. Administrators' salaries as contained in Appendix A shall be paid in twenty-six (26) equal biweekly payments during each contract year (i.e. July 1 – June 30). All administrators shall be paid via direct-deposit.
9. Severance Pay Upon Retirement. There shall be no severance pay for retiring administrators with the exception of any Early Retirement Incentive Program that may be offered from time to time at the discretion of the Board.
10. District Cell Phones. Upon request, all administrators shall be eligible to receive a District-provided cell phone with an applicable data plan to conduct work-related duties. The parties acknowledge and agree that such phones are District property. Administrators shall have no expectation of privacy in communications to or from such phones or the data stored on such phones. Administrators must review and comply with all applicable Board policies and Administrative regulations regarding the use of the District's computer systems and electronic communications. Such phones shall be subject to electronic monitoring in accordance with applicable state and federal law.

ARTICLE VI

ADMINISTRATIVE VACANCIES

1. All available administrative vacancies shall be published within the District prior to publication with outside agencies. Qualifications, duties and compensation should be clearly stated in the published material. Administrative appointments will be offered to the applicants who, in the judgment of the Board, are best qualified and will serve the best interests of the school system. If, in the opinion of the Board, two or more applicants are

equal, the Board will consider length of service in the system and appoint administrators already in the system when, in the judgment of the Board, such appointment will be in the best interest of the school system. In the event an applicant currently in the employment of the New Milford Public Schools is not selected, the applicant will be notified and given written explanation of the reasons for the Board's decision if the applicant requests such a written explanation.

2. The Superintendent shall establish the starting salary of a new administrator consistent with the applicable salary schedule and the new administrator's education, certification and experience.

ARTICLE VII

REDUCTION IN ADMINISTRATIVE STAFF

1. It is recognized that the Board of Education has the sole and exclusive prerogative to eliminate certified staff positions consistent with the provisions of the state statutes, providing such elimination does not result in a failure in its duty as a state agency to implement the educational interests of the state.
2. Nothing in this Article is intended to abrogate the Board's right to dismiss or not re-employ administrators under Section 10-151 of the Connecticut General Statutes. The Article is limited to situations that require a reduction in the number of administrators employed by the Board as a result of a decline in student enrollment.
3. In the event that a decline in student enrollment necessitates a reduction in the number of administrators employed by the Board, administrators shall be given notice in compliance with the law. The Board will inform those administrators who will be terminated as early as possible.
4. Administrators terminated because of administrative staff reductions shall be placed on a re-appointment list and remain on such list for a period of two (2) years. Administrators on the re-appointment list shall be notified via email of any available administrative or teaching vacancies in the system and shall be offered appointment to any such available vacant administrative or teaching positions within the endorsement areas of their Connecticut certification if qualified as determined by the Superintendent and which determination shall not be unreasonable. If the administrator does not exercise his/her right to accept within fifteen (15) calendar days from the date of the receipt of such notification the administrator will lose the right to accept the available vacancy or vacancies listed in the notification.
5. When a period of recall, as specified above, extends beyond the date of this contract, the recall date shall prevail.

6. When experience, certification and overall qualifications are considered by the Board to be equal, administrators with seniority will be separated last. Seniority shall commence to accumulate the date the administrator starts his/her job.
7. No administrator shall be recalled to a position of greater rank, compensation or authority, or from a part time to a greater part time or full time position.

ARTICLE VIII

PERSONNEL FILES

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

Any complaint by a parent of a student or any person, directed toward an administrator and deemed serious enough to become a matter of formal record shall be promptly called to the administrator's attention. Administrators are entitled to know the identity or source of all complaints included in the administrator's personnel file, unless the law requires otherwise.

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

Any anonymous, written information about a member of the Association that may be received by the Superintendent or a member of the Board of Education will be given to the administrator in question. Anonymous communication, whether received verbally or in writing, will not be placed in an administrator's file or used as the basis for any evaluation or other employment decision without an investigation substantiating the allegation as subject to Article XVI; Discipline.

ARTICLE IX

GRIEVANCE PROCEDURE

Any action by the Board or its designees which, in the opinion of the grieved party, is in violation of an express and specific provision of this Agreement is subject to grievance by that party. Any administrator who is of the opinion he/she has a claim arising from the implementation of this Agreement has the right to seek redress through the grievance procedure outlined below. No one may act to deter an administrator from using the grievance procedure, and no administrator's professional status will in any way be affected by his/her use of the grievance procedure. The administrator's right to representation at any and every stage of the grievance procedure is

guaranteed. An administrator may select any Association representative to represent him/her, and will designate which Association representative will serve as spokesperson for communications with the Board. Any administrator in the New Milford School System may serve as a representative without prejudice or loss of salary. "Association representative" shall mean a member of the New Milford School Administrators Association and/or a representative of the Connecticut Federation of School Administrators and/or a Connecticut Federation of School Administrators attorney.

1. Time Limits

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

Definitions

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

2. Informal Procedure

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

3. Formal Procedure

- a) If the grievance is not satisfactorily settled at the informal stage, the administrator, within two weeks after receipt of the answer in 1.b. (above), may make a written appeal to the Superintendent of Schools. The Superintendent will review the

appeal. Within fifteen (15) days of having received this request for appeal, the Superintendent will send a copy of the decision to the administrator.

- b) Within two weeks after receipt of the written decision in 2.a. (above), the administrator may appeal the decision of the Superintendent to the Board of Education. The Board will, with all due dispatch and in no event later than sixty (60) days of receipt of the appeal, examine the records of the matter, schedule a meeting for the presentation of the grievance by the Association representative and the administrator involved, reach a decision and notify, in writing, the Superintendent and the Association representative and the individual involved of its decision.
- c) Within a two (2) week time limit after receipt of the Board's decision, the Association may appeal the decision of the Board to arbitration under the Voluntary Labor Arbitration Rules of the American Arbitration Association. The Board and the Association will share the cost of the arbitrator equally, including one chosen by their mutual agreement as provided for below. The decision of the arbitrator shall be binding unless the same is contrary to the law. No grievance will be submitted to arbitration and no grievance will be arbitrable, unless it actually involves the interpretation or application of an express and specific provision of this Agreement. Further, the arbitrator will only have the authority to determine whether the Board violated an express and specific provision of this Agreement and if so, to provide a remedy or relief, but will not have the authority to add to, detract from or modify any such provision of this Agreement. Nothing herein shall preclude the parties mutually to agree to an arbitrator of recognized expertise.
- d) Nothing included herein is intended to prevent the administrator or any parties involved from access to the courts at any stage of these proceedings.

ARTICLE X

INSURANCE

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

1. Single, two-person and family group medical, and prescription drug will be provided through the SPP 2.0 blended rate plan, dental coverage under the SPP Enhanced Dental Plan and vision coverage under the SPP Cigna Vision Plan shall be offered to each eligible employee and his/her eligible dependents. For informational purposes, summary plan descriptions for such plans are attached hereto as Appendix C.

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

2026-27 27% of the (current year) allocation rates for individual, two person and family coverage.

2027-28 27.5% of the (current year) allocation rates for individual, two-person and family coverage.

2028-29 27.5% of the (current year) allocation rates for individual, two-person and family coverage.

2. IRC Section 125 Plan. The Board shall maintain a "Section 125" Salary Reduction Agreement for the purpose of enabling eligible Administrators to divert a portion of their gross salaries, prior to reduction for federal income or social security taxes. into an account from which, during the course of the Plan Year, they can be reimbursed for Health Care costs and Dependent Care costs they or their covered dependents incur that are not covered by the Health Insurance Plans described in the Agreement between the Board and the Association, including, but not limited to, their share of the premium costs for such Plans. The Board makes no representations or guarantees as to the initial or continued viability of such a Salary Reduction Agreement, and shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax exempt status of employee insurance premium contributions. So long as the Board makes a good faith effort to comply with this paragraph, neither the Association nor any administrator covered by this Agreement shall make any claim or demand, nor maintain any action against the Board or any of its members or agents for taxes, penalties, interest or other cost or loss arising from a flaw or defect in the Salary Reduction Agreement, or from a change in law which may reduce or eliminate the employee tax benefits to be derived therefrom. This waiver on the part of the Association shall not extend to acts which may be committed by the Board or its agent(s) other than the furtherance of the I.R.C. Section 125 Plan.
3. Group Life Insurance: for the amount three (3) times the administrator's salary rounded to the nearest \$500.
4. Long Term Disability Insurance: Long Term Disability coverage for administrators who become totally and permanently disabled in accordance with the following:
 - a) Monthly benefit payments equal to sixty-six and 2/3 (66-2/3%) percent of the administrator's monthly salary (annual salary divided by 12 months), up to a maximum benefit of \$7,000.00 per month provided the maximum monthly benefit from all sources will not exceed 70% of the administrator's monthly salary.

- b) Benefit payments to eligible administrators will begin after three (3) months of continued disability or the exhaustion of accumulated sick leave, whichever is later.
 - c) Benefit payments hereunder will be reduced by the amount of workmen's compensation benefits, if any, paid to or on behalf of the administrator and by the amount of any other benefit paid to or on behalf of the administrator per the benefit integration section of the Board's Long Term Disability Insurance Policy.
- 5. Disputes concerning payment or non-payment of benefits described above will be taken up by the administrator directly with the insurance carrier and will not be subject to the Grievance Procedure outlined in Article IX hereof.
 - 6. The Board will have the option to change insurance plans or carriers or to self-insure, in whole or in part, provided it does not reduce the level of benefits set forth herein on an overall plan basis and further provided the new coverage includes at least 70% of the hospitals and physicians who were in the preferred provider network of hospitals and physicians that existed immediately before the change was made. In each case where the name of a particular insurance company or a specific plan has been used in this Agreement, the intent is to indicate a general type of insurance plan and not to establish a relationship with one particular company or with any specific plan.
 - 7. If the cost of the group medical and prescription drug insurance benefits provided to administrators increases during the term of this Agreement by more than twenty percent (20%), such administrators shall assume full responsibility for paying the entire additional amount, in addition to premium cost share or other cost share obligations set forth in this Article, until such time that the parties agree to a less expensive plan. Both parties agree to reopen negotiations to contain health care costs in the event the current costs increase more than twenty percent (20%) during the term of this contract. The premium or premium equivalent rates in effect on July 1, 2026 shall constitute the base for purposes of calculating any increase.
 - 8. Upon retirement, any Administrator having completed twenty (20) full years of service in New Milford, and having either attained the age of sixty (60) or having satisfied the eligibility requirements for retirement benefits as defined by the Teachers' Retirement System as set forth in the Connecticut General Statutes, shall receive until death the group health insurance provided then currently employed members of the bargaining unit represented by the Association and, except as provided below, on the same terms and conditions as applicable to those currently employed. For those administrators affected by federal laws pertaining to membership in Medicare (with supplemental insurance), benefits will be made as identical as an independent insurance carrier may allow. In any event, the administrator will pay one hundred percent (100%) of the total premium paid by the Board for all coverage provided that administrator and his/her eligible dependents, including, but

not limited to, the premium paid for providing Medicare and supplemental insurance, where applicable.

9. Annuity Payment In Lieu of Health Insurance.

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

submitting satisfactory proof of loss of alternative health insurance coverage due to a “qualifying event”. The health insurance will be reinstated as soon as the insurance provider is able to effectuate the coverage.

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

f) The annuity payment in lieu of health insurance benefit set forth herein shall only be made available to those administrators who elected to waive Board-sponsored insurance and were paid an annuity for such waiver during the 2022-23 school year. All administrators hired on or after July 1, 2022 and administrators hired on or prior to June 30, 2022 and who did not elect to waive Board-sponsored insurance shall be ineligible for this benefit.

10. Part-Time Administrators

The Board shall contribute to the cost of insurance for administrators who are employed by the Board on a half-time or greater but less than full-time basis in a manner that corresponds to their less than full-time equivalent status. For instance, for an administrator who is employed on a .5 FTE basis the Board shall only be responsible for 50% of its full-time administrator insurance premium cost share with the remaining percentage paid for by the administrator if he or she elects to secure insurance benefits. Similarly, for an administrator who is employed on a .8 FTE basis the Board shall only be responsible for 80% of its full-time administrator insurance premium cost share with the remaining percentage paid for by the administrator if he or she elects to secure insurance benefits. Premium cost share payments for eligible less than full-time administrators shall be made through automatic payroll deduction. In providing such coverage the Board must adhere to all policy guidelines based on carrier requirements and policy. This provision shall not apply to administrators who were employed by the Board as an administrator on a less than full-time basis as of July 1, 2022.

ARTICLE XI **DEATH BENEFITS**

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

ARTICLE XII
PROFESSIONAL MEMBERSHIPS

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

ARTICLE XIII
CONFERENCE ALLOTMENT

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

ARTICLE XIV
LONGEVITY PAY

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

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

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

ARTICLE XV
COMPENSATION

1. **Salary Credit for Advanced Degrees**

An administrator who acquires a sixth year certificate or the equivalent of same if evidenced by a university official, will have \$2,000 added to his/her base salary. An administrator who acquires a doctorate from an accredited institution will have \$4,000 added to his/her base salary. An administrator who is already being paid an additional \$2,000 for a sixth year certificate will receive an additional \$2,000 only for the doctorate.

2. Administrators' salaries as contained in Appendix A shall be paid in twenty-six (26) equal biweekly payments during each contract year (i.e. July 1 – June 30). All administrators shall be paid via direct-deposit.

ARTICLE XVI
DISCIPLINE

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

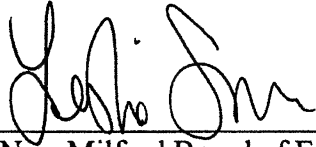
ARTICLE XVII
DURATION

The provisions of this Agreement shall be effective as of July 1, 2026 and shall continue and remain in full force and effect through June 30, 2029.

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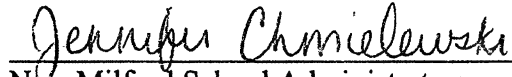
IN WITNESS WHEREOF, the parties hereto have caused these presents to be executed by their proper officer, hereunto duly authorized, and their seals affixed hereto as of the date and year first above written.



New Milford Board of Education

11/10/25

Date



New Milford School Administrators
Association

11/7/25

Date

**APPENDIX A
NEW MILFORD ADMINISTRATORS' ASSOCIATION
SCHEDULE OF BASE SALARIES**

FISCAL YEAR 2026-27							
	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
High School Principal	171,636	175,188	178,917	182,648	186,567	190,960	197,644
Middle School Principal	164,346	167,902	171,631	175,361	179,277	183,663	190,091
Intermediate School Principal	157,321	160,663	164,173	167,681	171,365	175,792	181,945
Elementary School Principal	151,284	154,368	157,609	160,852	164,250	168,399	174,293
High School Asst. Principal and Middle School Asst. Principal (hired before 7/1/2008)	141,773	144,775	147,928	151,079	154,392	158,460	164,006
High School Asst. Principal, Middle School Asst. Principal, and Grade 6-12 SPED Supervisor (hired on or after 7/1/2008)	138,528	141,440	144,502	147,562	150,774	154,746	160,162
Intermediate School Asst. Principal and PreK-5 SPED Supervisor	135,284	138,107	141,074	144,041	147,155	151,032	156,318
Elementary School Asst. Principal	133,332	136,042	138,888	141,737	144,727	148,484	153,681
Athletic Director	129,575	132,088	134,726	137,363	140,130	143,671	148,699

All administrators advance one step in 2026-27.

These salaries reflect increases of 3.5% to a new maximum step and 2.25% to the remaining steps. The bottom step was eliminated.

**APPENDIX A
NEW MILFORD ADMINISTRATORS' ASSOCIATION
SCHEDULE OF BASE SALARIES**

FISCAL YEAR 2027-28							
	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
High School Principal	175,412	179,042	182,853	186,666	190,671	195,161	202,585
Middle School Principal	167,962	171,596	175,407	179,219	183,221	187,704	194,843
Intermediate School Principal	160,782	164,198	167,785	171,370	175,135	179,659	186,494
Elementary School Principal	154,612	157,764	161,076	164,391	167,864	172,104	178,650
High School Asst. Principal and Middle School Asst. Principal (hired before 7/1/2008)	144,892	147,960	151,182	154,403	157,789	161,946	168,106
High School Asst. Principal, Middle School Asst. Principal, and Grade 6-12 SPED Supervisor (hired on or after 7/1/2008)	141,576	144,552	147,681	150,808	154,091	158,150	164,166
Intermediate School Asst. Principal and PreK-5 SPED Supervisor	138,260	141,145	144,178	147,210	150,392	154,355	160,226
Elementary School Asst. Principal	136,265	139,035	141,944	144,855	147,911	151,751	157,523
Athletic Director	132,426	134,994	137,690	140,385	143,213	146,832	152,416

All administrators not at maximum advance one step in 2027-28.

These salaries reflect increases of 2.5% to the maximum step and 2.2% to the remaining steps.

APPENDIX A
NEW MILFORD ADMINISTRATORS' ASSOCIATION
SCHEDULE OF BASE SALARIES

FISCAL YEAR 2028-29						
	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
High School Principal	182,623	186,510	190,399	194,484	199,064	207,143
Middle School Principal	175,028	178,915	182,803	186,885	191,458	199,227
Intermediate School Principal	167,482	171,141	174,797	178,638	183,252	190,690
Elementary School Principal	160,919	164,298	167,679	171,221	175,546	182,670
High School Asst. Principal and Middle School Asst. Principal (hired before 7/1/2008)	150,919	154,206	157,491	160,945	165,185	171,888
High School Asst. Principal, Middle School Asst. Principal, and Grade 6-12 SPED Supervisor (hired on or after 7/1/2008)	147,443	150,635	153,824	157,173	161,313	167,860
Intermediate School Asst. Principal and PreK-5 SPED Supervisor	143,968	147,062	150,154	153,400	157,442	163,831
Elementary School Asst. Principal	141,816	144,783	147,752	150,869	154,786	161,067
Athletic Director	137,694	140,444	143,193	146,077	149,769	155,845

All administrators not at maximum advance one step in 2028-29.

These salaries reflect increases of 2.25% to the maximum step and 2% to the remaining steps. The bottom step was eliminated.

APPENDIX B

GROUP HEALTH INSURANCE: SPP 2.0

The health plan benefits shall be as set forth in the SPP effective on July 1, 2019, including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the SPP.

- a. The premium rates shall be set by the SPP. The parties acknowledge that the rate set by the SPP will be adjusted to achieve a blended rate to provide retired certified employees with insurance coverage at the same rate offered to active employees, as required by statute. The Union accepts the blended rate as calculated by the Employer's insurance consultant.
- b. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or noncompliance \$100 per month premium cost increase or the \$350 per participant to a maximum of \$1400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Employer. The \$100 per month premium cost increase shall be implemented through payroll deduction, and the \$350/\$1400 annual deductible shall be implemented through claims administration.
- c. In the event any of the following occur, the Employer or the Union may reopen negotiations in accordance with mid-stream negotiation and arbitration provisions contained in the Connecticut General Statutes as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part:
 - i. If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change to the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical insurance plan offered herein; and/or
 - ii. If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Employer, any of which amendments, changes, fees or charges (individually or collectively) would

substantially increase the cost of the medical insurance plan offered herein;
and/or

iii. If the cost of the medical insurance plan offered herein is expected to result in the triggering of an excise tax under The Patient Protection and Affordable Care Act (ACA; P.L. 111-148), as amended, inter alia, by the Consolidated Appropriations Act of 2016 (P.L. 114-113) and/or if there is any material amendment to the ACA that would substantially increase the cost of the medical insurance plan offered herein.

d. In any negotiations triggered under subparagraph “c” above, the parties shall consider the health insurance set forth in the Collective Bargaining Agreement prior to 7/1/19 to be the baseline for such negotiations, and the parties shall consider the following additional factors:


- Trends in health insurance plan design outside of the SPP;
- The costs of different plan designs, including a high deductible health plan structure.

Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing when applying the statutory criteria in making its ruling.

APPENDIX C

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
State of Connecticut: Expanded Access Partnership Plan

Coverage Period: 07/01/2025 – 06/30/2026
Coverage for: Individual/Family | Plan Type: POS

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered healthcare services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://psc.ct.gov/ctpartner/docs/State%20of%20CT%202023%20Partnership%20Medical-Plan-Documents-Rev.03.2024.pdf> For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copay, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <http://www.ccio.cms.gov> or call Quantum Health at 1-833-740-3258 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	<u>In-network</u> : \$350/individual; \$1,400/family. Waived for Health Enhancement Program (HEP) Members <u>Out-of-network</u> : \$300/individual; \$900/family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. Once you or a family member meets the individual <u>deductible</u> amount, the <u>plan</u> begins to pay for you or that family member. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>In-network</u> primary care and <u>specialist</u> office visits, <u>in-network</u> preventive care, <u>prescription drugs</u> , emergency room care, <u>in-network</u> urgent care, <u>in-network</u> mental health and substance abuse outpatient services, and <u>in-network</u> eye exams are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copay</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Medical: <u>In-network</u> : \$2,000/individual; \$4,000/family; <u>Out-of-network</u> : \$2,300/individual; \$4,900/family <u>Prescription drugs</u> : \$4,600/individual; \$9,200/family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balance-billing</u> charges, penalties for failure to obtain prior authorization for services and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

APPENDIX C

Chat with a professional Care Coordinator Monday-Friday, 8:30am – 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	Yes. See https://carecompass.quantum-health.com/ or call 1-833-740-3258 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge. <u>Deductible</u> does not apply.	\$15 <u>copay</u> /visit	20% <u>coinsurance</u>	None.
	<u>Specialist</u> visit	No charge. <u>Deductible</u> does not apply.	\$15 <u>copay</u> /visit	20% <u>coinsurance</u>	
	<u>Preventive care/screening/immunization</u>	No charge. <u>Deductible</u> does not apply.	No charge. <u>Deductible</u> does not apply.	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

If you have a test	<u>Diagnostic and preventive test</u> (blood work)	Site of Service Provider No charge.	20% <u>coinsurance</u>	40% <u>coinsurance</u>	None.
	Imaging (x-ray/CT/PET scans, MRIs)	No charge.	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Prior authorization required for high-cost imaging such as MRI, CT/PET scans to avoid penalty of lesser of \$500 or 20% of cost of services.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
	Generic drugs	Preferred generic - Non-Maintenance: \$5 <u>copay</u> /fill retail; Preferred generic - Maintenance: \$5 <u>copay</u> /fill mail order or Maintenance drug pharmacy. Non-preferred generic: Non-Maintenance: \$10 <u>copay</u> /fill retail; Non-preferred - Maintenance: \$10 <u>copay</u> /fill mail order or Maintenance drug pharmacy.		20% <u>coinsurance</u> for non-participating pharmacy.	<u>Deductible</u> will not apply to <u>prescription drug coverage</u> . No charge for generic preventive care drugs (e.g., FDA-approved generic contraceptives) or brand name preventive care drugs if generic drugs are not medically appropriate). Check the details at https://carecompass.ct.gov/state/pharmacy/

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If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at <https://carecompass.ct.gov/state/pharmacy/>

Preferred brand drugs

Non-Maintenance: \$25 copay/fill retail; Maintenance: \$25 copay/initial fill mail order/Maintenance drug pharmacy.

20% coinsurance for non-participating pharmacy.

Maintenance drugs must be filled by mail order or maintenance drug pharmacy after first initial retail fill. Penalty may apply if brand name drug is requested when a generic is available.

Prescription drugs purchased at a retail pharmacy are limited to a maximum of a 30-day supply; prescription drugs purchased through mail order or maintenance drug pharmacy are limited to a maximum of a 90-day supply. For some prescription drugs, prior authorization may be required. Prescription drug coverage is separately administered.

Non-preferred brand drugs

Non-Maintenance: \$40 copay/fill retail; Maintenance: \$40 copay/initial fill mail order/Maintenance drug pharmacy.

20% coinsurance for non-participating pharmacy.

Specialty drugs

No charge for specialty drugs if enrolled in PrudentRx program. Same as non-preferred brand drugs if not enrolled in PrudentRx program.

Not covered

Common Medical Event	Services You May Need	What You Will Pay		Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
	Physician/surgeon fees	No charge		20% <u>coinsurance</u>	

		\$250 <u>copay/visit</u>		\$250 <u>copay/visit</u>	
	<u>Emergency room care</u>				<u>Copay waived if admitted or if no reasonable medical alternative.</u>
If you need immediate medical attention	<u>Emergency medical transportation</u>	No charge		No charge	None.
	<u>Urgent care</u>	\$15 <u>copay/visit</u>		20% <u>coinsurance</u>	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services. No coverage in excess of cost of a semi-private room unless <u>medically necessary</u> .
	Physician/surgeon fees	No charge		20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral	Outpatient services	\$15 <u>copay/visit</u>		20% <u>coinsurance</u>	None.

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**health, or
substance
abuse services**

Inpatient services

No charge

20% coinsurance

Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.

Office visits

\$15 copay/first visit only

20% coinsurance

Cost sharing does not apply for preventive care services. Depending on the type of services, a copay, coinsurance, or deductible may apply. Maternity care may include tests and services described within another section (i.e., ultrasound).

**If you are
pregnant**

Childbirth/delivery
professional
services

No charge

20% coinsurance

Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.

Childbirth/delivery
facility services

No charge

20% coinsurance

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge		Limit: 200 visits/calendar year. Prior authorization required (except for pre-1999 retirees) to avoid penalty of lesser of \$500 or 20% of covered services.
	<u>Rehabilitation services</u>	No charge	20% <u>coinsurance</u>	<u>In-network</u> speech therapy limit: 30 visits/calendar year. Limit does not apply to treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of oropharynx.
	<u>Habilitation services</u>	No charge	20% <u>coinsurance</u>	<u>Out-of-network</u> physical, occupational, chiropractic, speech & autism therapy limit: 30 visits/condition/calendar year.
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	None.
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	<u>Out-of-network</u> services limit: 60 days/calendar year. Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services.
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	Prior authorization required to avoid penalty of lesser of \$500 or 20% of cost of services. <u>Out-of-network</u> in-home hospice limit: 200 visits/calendar year. <u>Out-of-network</u> inpatient hospice limit: 60 days/calendar year. Prior authorization required for inpatient services to avoid penalty of lesser of \$500 or 20% of cost of services.

Chat with a professional Care Coordinator Monday-Friday, 8:30am – 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1 In-Network Provider (You will pay the least)	In-Network Provider	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$15 copay/visit <u>Deductible</u> does not apply.		50% <u>coinsurance</u>	Limit: 1 visit/calendar year.
	Children's glasses	Not covered		Not covered	You must pay 100% of this service, even <u>in-network</u> .
	Children's dental check-up	Not covered		Not covered	You must pay 100% of this service, even <u>in-network</u> .

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Children's dental check-up Children's glasses Cosmetic surgery Dental care (Adult) 	<ul style="list-style-type: none"> Long-term care Non-emergency care outside the U.S. (<u>urgent care</u> covered). 	<ul style="list-style-type: none"> Routine foot care
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> Acupuncture (covered only if <u>medically necessary</u> for osteoarthritis or nausea and vomiting associated with surgery, chemotherapy or pregnancy) Bariatric surgery (prior authorization required) 	<ul style="list-style-type: none"> Chiropractic care (limit: 30 <u>out-of-network</u> visits/year) Hearing aid (limit: 1 set per 36 month period; prior authorization may be required for bone-anchored devices) 	<ul style="list-style-type: none"> Infertility treatment (prior authorization required) Private duty nursing (prior authorization required) Routine eye care (Adult) (limit: 1 exam/year)

Chat with a professional Care Coordinator Monday-Friday, 8:30am – 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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

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

Quantum Health
5240 Blazer Parkway
Dublin, OH 43017
1-833-740-3258

CVS/Caremark
Prescription Claim Appeals MC109
P.O. Box 52084
Phoenix, AZ 85072-2084
Fax: 866-443-1172

Additionally, a consumer assistance program can help you file your appeal. Contact the Connecticut Office of the Healthcare Advocate at 866-466-4446.

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

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

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

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

Language Access Services:

Para obtener asistencia en Español, llame al 800-922-2232.

Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-922-2232.

如果需要中文的帮助, 请拨打这个号码 800-922-2232.

Dinekehgo shika at'ohwol ninisingo, kwijigo hoine' 800-922-2232.

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

Chat with a professional Care Coordinator Monday-Friday, 8:30am – 10pm at 1-833-740-3258 or visit carecompass.quantum-health.com.

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About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$350	■ The plan's overall deductible	\$350	■ The plan's overall deductible	\$350
■ Specialist copayment	\$15	■ Specialist copayment	\$15	■ Specialist copayment	\$15
■ Hospital (facility)	\$0	■ Hospital (facility)	\$0	■ Hospital (facility)	\$0
■ Other	\$0	■ Other	\$0	■ Other	\$0
This EXAMPLE event includes services like: <u>Specialist</u> office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> (ultrasounds and blood work) <u>Specialist</u> visit (anesthesia)		This EXAMPLE event includes services like: <u>Primary care physician</u> office visits (including disease education) <u>Diagnostic tests</u> (blood work) <u>Prescription drugs</u> <u>Durable medical equipment</u> (glucose meter)		This EXAMPLE event includes services like: <u>Emergency room care</u> (including medical supplies) <u>Diagnostic test</u> (x-ray) <u>Durable medical equipment</u> (crutches) <u>Rehabilitation services</u> (physical therapy)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<u>Cost Sharing</u>		<u>Cost Sharing</u>		<u>Cost Sharing</u>	
<u>Deductibles</u>	\$350	<u>Deductibles</u>	\$120	<u>Deductibles</u>	\$350
<u>Copays</u>	\$25	<u>Copays</u>	\$190	<u>Copays</u>	\$320
<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$0
<u>What isn't covered</u>		<u>What isn't covered</u>		<u>What isn't covered</u>	
Limits or exclusions	\$60	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$435	The total Joe would pay is	\$310	The total Mia would pay is	\$670

NOTE: These numbers assume the patient does not participate in the plan's Health Enhancement Program (HEP). If you participate in HEP, you may be able to reduce your cost. For more information about HEP, please visit <https://carecompass.ct.gov/hep/>

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

Updated Covered Dental Services

Service	Enhanced Plan	
	In Network	Out of Network
Annual Deductible	None Previously Individual \$25/Family \$75	Individual: \$25 Family: \$75
Annual Maximum	\$5,000 Previously \$3,000 Excluding Ortho	\$2,500 Previously \$3,000 Excluding Ortho
Exams, Cleanings and x-rays	100%	100%
Periodontal Maintenance	100%	100%
Periodontal Root Scaling and Planing	80%	50% Previously 80%
Other Periodontal Services	80%	50% Previously 80%
Simple Restoration		
Fillings	80%	70% Previously 80%
Oral Surgery	80%	50% Previously 80%
Major Restorations		
Crowns	67%	50% Previously 67%
Dentures, fixed bridges	50%	50%
Implants	50% (up to \$500)	50% (up to \$500)
Orthodontia	50%	50%
Orthodontia Lifetime Maximum	\$2000 Previously \$1,500	\$1000 Previously \$1,000
Plan Updates: <ul style="list-style-type: none"> - Eliminate Annual Deductible - Increase Annual Max - Increase Orthodontia - Reduce noted out-of-network services - Reduce Annual Max - Reduce OON Orthodontia 		

State of Connecticut Partnership Plan 2.0 - Vision

Effective Dates: July 01, 2025 – June 30, 2026

This is a summary of benefits for your vision plan.

Cigna Vision Benefits		
Benefit	In-Network	Out-of-Network
Materials Copay	\$0	N/A
Single Vision Lenses	Covered in Full	\$40 Allowance
Bifocal Lenses	Covered in Full	\$65 Allowance
Tyfoal Lenses	Covered in Full	\$75 Allowance
Lenticular Lenses	Covered in Full	\$100 Allowance
Contact Lenses (Retail Allowance):		
Bifocal	\$360 Allowance	\$345 Allowance
Therapeutic	Covered in Full	\$345 Allowance
Frame (Retail Allowance):	\$175 Allowance	\$125 Allowance

Frequency is 12 months for lenses, contact lenses, and frames.

In-Network Benefits Include:

One pair of prescription plastic or glass lenses, at ranges of prescriptions (powers and prisms):

Lens Options:

- Standard Polycarbonate: covered for under 18 years of age; min. 20% save, \$40 out-of-pocket max. for adults
- Overlays lenses: covered under plan
- Rose Tint: \$1 and \$2 - covered under plan
- Solid Tint: min. 20% save, \$15 out-of-pocket max.
- Gradient Tint: \$20 out-of-pocket max.
- Standard photochromic: 20% save, \$78 out-of-pocket max.
- Standard anti-reflective coating: min. 20% save, \$45 out-of-pocket max.
- Standard scratch/UV coating: min. 20% save, \$17 out-of-pocket max.
- Progressive lenses: covered up to bifocal lens amount with 20% savings on the difference; \$81 out-of-pocket max. for standard lens

One frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance.

One pair or a single purchase supply of contact lenses - in lieu of lenses and frame benefit. (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation), and contact lens materials.

Vision Network Savings Program:

Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does not apply to contact lens materials. Check with your Cigna Vision Network Provider for details.

To Locate a Provider:

1. www.cigna.com Online Provider Directory:

Click on "Find a Doctor" at the top of the page.

Choose the "Eye Doctor" radio button and enter your search criteria.

2. www.myCigna.com: You can search for a provider by name, specialty or location after you enroll for coverage and your plan has taken effect.

