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THE ASHFORD BOARD OF EDUCATION

and

MUNICIPAL EMPLOYEES' UNION INDEPENDENT, INC.

JULY 1, 2021 – JUNE 30, 2024

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PREAMBLE

This Agreement is entered into by and between the Ashford Board of Education (hereinafter referred to as the "Board") and the Municipal Employees Union Independent, Inc. (hereinafter variously referred to as the "Union" or MEUI).

ARTICLE I RECOGNITION

The Ashford Board of Education, in accordance with the Connecticut General Statutes, recognizes the Municipal Employees Union Independent, Inc., as the exclusive representative of paraprofessionals, cafeteria workers, bus/vehicle drivers, and custodians employed by the Board of Education, excluding temporary and seasonal employees, as defined by MERA.

The term "full---time" when used throughout this Agreement shall mean bargaining unit employees who are regularly scheduled to work thirty (30) hours or more per week. The term "part---time" when used throughout this Agreement shall mean bargaining unit employees who are regularly scheduled to work less than thirty (30) hours per week.

ARTICLE II MANAGEMENT RIGHTS

Except as specifically abridged or superseded by a provision of this Agreement, the Board has and will continue to retain, whether exercised or not, the sole right, responsibility and prerogative to manage and direct the operations of the Board, to set and enforce Board policy and manage its work force, including but not limited to the following:

- a. To create, abolish, maintain, expand or reduce programs and activities as, in the judgment of the Board will best serve the interests of the School District;
- b. To decide upon the need and type of facilities, buildings, lands, apparatus, vehicles, equipment, supplies and other property within its control;
- c. To employ, assign, promote, demote, suspend, hire, fire and discipline employees and with reasonable advance notice, to transfer employees and prescribe and enforce reasonable rules and regulations for the performance of work and the maintenance of discipline;
- d. To prescribe work hours and schedules and procedures used to discharge the Board's responsibilities;
- e. In general, to control, supervise and manage the operations of the Board and its staff under governing laws, and to establish or continue policies, practices and procedures for the conduct of Board business and the management of its operations, and from time to time, to change or abolish such policies, practices or procedures, so long as such changes do not contravene a specific term or condition of this Agreement;
- f. The Board reserves the right to use outside contractors for temporary, emergency or unusual requirements as circumscribed by past practice.

ARTICLE III UNION SECURITY AND RIGHTS

Section 1

The Board shall provide the Union with electronic notification of the name, job title, home or cell phone numbers, home address, and personal and work e-mail addresses of any newly hired employee within seven (7) days of the date of hire. The Board shall permit the Union steward up to one (1) hour of time to meet with new hires either during their employee orientation or during another mutually agreed upon time.

Section 2

The Board agrees to deduct from the pay of its employees such membership dues as may be fixed by the Union. Such deductions shall continue for the duration of the Agreement or any extension thereof. Employees may express authorization for payroll deduction of membership dues and/or COPE contributions by submitting to the Union a written membership form, or by any other means of indicating agreement allowable under state and federal law. The Union will submit to the Board a list of members who have authorized payroll deduction and shall provide the Board with verification that payroll deduction and/or COPE contributions have been authorized by the employee only in the event a question arises about an employee's membership status. An employee who is paying dues may withdraw from membership in the Union and stop making those payments by giving written notice to the Union and the Board which notice must be received or postmarked during the period not less than thirty (30) and not more than forty-five (45) days before the annual anniversary date of the employee's authorization or the date of termination of the applicable contract between the Board and the Union, whichever occurs sooner. The Board will honor employee checkoff authorizations unless they are revoked in writing during the window period, regardless of whether the employee is a member of the Union

Section 3

The Union shall supply to the Board written notice at least thirty (30) days prior to the effective date of any change in the rates of dues. In addition, the Union shall furnish the Board with a statement signed by the employee authorizing the Board to make such dues deduction(s).

Section 4

The deduction of Union dues shall be made during the applicable pay periods and shall be remitted to the financial officer of the Union not later than the third Thursday of the following month. The dues remitted to the Union will be accompanied by the list of the names of the employees from whose wages dues deductions have been made.

Section 5

No dues will be deducted when an employee has exhausted accumulated sick leave and is out of work, or while collecting Workers' Compensation or while on any unpaid leave.

Section 6

The Board agrees to provide space on bulletin boards in each building under its supervision in which a member of the bargaining unit works, for the use of the Union.

Section 7

A Union representative and/or steward entering any school will report his/her presence to the Superintendent upon arrival. The discussion, processing or investigation of grievance or other activity shall not interfere with the work assignment of any employee or any other aspect of school operations.

Section 8

The Board shall provide each employee with a copy of the contract within thirty (30) days after the signing of this Agreement. New employees shall be provided with a copy of this Agreement. The expense shall be shared equally by the Board and the Union.

Section 9

Employees shall have the right to request Union representation at conferences where an investigatory interview is conducted and the employee has a reasonable expectation discipline is likely to result. Such meetings shall be scheduled so as not to conflict with the scheduled work day.

Section 10

The Union shall indemnify and hold the Board harmless from any and all demands, suits, complaints and claims, including reasonable attorney's fees caused by, or arising out of, the administration or enforcement of this Article.

Section 11

A bank of sixty (60) hours shall be established for the bargaining unit during each contract year (July 1 through June 30) for participation by bargaining unit members in MEIU conventions, training sessions, grievance hearings, negotiating sessions, prohibited practice hearings, preliminary conferences or other similar work-related business during the employees' normal working hours. Absence by bargaining unit members, up to sixty (60) hours per contract year, (in aggregate) shall be without loss of pay or benefits and shall not be charged to sick, vacation, personal or holiday leave. No more than one person in each classification shall be released pursuant to this section at the same time, unless the presence of a grievant or other necessary party to a hearing is required.

Efforts shall be made by both the Board and the Union to schedule all hearings and meetings outside working hours, when reasonably possible. Prior approval by the Board shall be required for participation at MEIU conventions and training sessions if they occur during the employee's normal working hours. The Union shall provide advance notice to the Board of any requests to attend such meetings.

ARTICLE IV SENIORITY

Section 1

Seniority shall be defined as preferred status for specific stated purposes based on an employee's uninterrupted service with the Board from date of last hire, including all authorized paid or unpaid leave, providing the employee returns to work immediately at the conclusion of such leave.

Section 2

The Board shall prepare a list of all employees covered by this Agreement showing their seniority in length of service with the Board and deliver the same to the Union office by October 1 of each year. Upon completion of their sixty (60) school day probationary period, new employees shall be added to this list, and a copy sent to the Union office, which shall conclusively be deemed correct unless challenged by the Union within thirty (30) days from delivery.

Section 3

No employee shall be entitled to attain seniority or other rights under the Agreement until he/she has been continuously on the payroll of the Board for a period of sixty (60) school days. Until expiration of such period, he/she shall be on probation and may be terminated by the Board in its sole discretion for any reason whatsoever, and neither the employee nor the Union, on his/her behalf, shall have recourse to the grievance or arbitration provisions of this Agreement. An employee whose employment is terminated during the probationary period may schedule an interview with his/her supervisor subsequent to the termination to discuss job performance. An employee, after completion of his/her probationary period, shall acquire seniority commencing on the date of his/her employment.

Section 4

Seniority shall terminate (a) upon voluntary resignation or retirement; (b) upon discharge; (c) upon the expiration of recall rights after thirteen (13) months of layoff or refusal of a recall opportunity.

Section 5

An employee hired to fill a position of a bargaining unit member on leave and who subsequently is hired into that regular position (with no break in service) will have his/her seniority count from initial date of hire for continuous fill---in purposes in that classification.

ARTICLE V VACANCIES

Section 1

Job vacancy is defined as an opening created by death, retirement, resignation, dismissal, transfer, or a new position in the classifications listed in the salary schedule or a new position that falls within the bargaining unit but is not specifically listed in the salary schedule.

Section 2

All employees shall be notified in writing of all vacancies. During the school year, employees shall receive such notice with their paychecks or in the employee's mailbox for those employees who work in the school. If a vacancy occurs during the summer months, notification will be sent by email to all Union members and the Union President or to his/her designee. Any Union member may request all summer postings to be sent by regular mail rather than email.

Section 3

All vacancies within the bargaining unit will be posted internally for a period of seven (7) days prior to being posted externally. Employees interested in filling such a vacancy must apply during the seven (7) day internal posting period or the first work day following the closing of the seven (7) day period.

Section 4

The position will be offered to any employee who meets the required qualifications, skills and abilities, in order of seniority.

ARTICLE VI LAYOFF AND RECALL

Section 1

In the event of a budgetary problem necessitating the possible layoff, reduction in work force or reduction of hours is required of bargaining unit members; the Board will notify the Union prior to any notification of employees to meet and to discuss the possible alternative proposals (1) to avoid the reduction and (2) to mitigate the impact on the employee(s). The reduction within each classification shall be made in the following manner: Probationary employees shall be terminated first and then permanent employees in each classification shall be laid off in inverse order of seniority with the Ashford Board of Education, providing all qualifications are substantially equal. The bargaining unit members being terminated shall be notified in writing at least two (2) weeks before the layoff.

Section 2

Whenever a recall of employees is required, the recall shall be made by classification in the inverse order to the reduction procedure followed per Section 1. Recall period shall be no longer than thirteen (13) calendar months.

Section 3

In the event an employee who is qualified for a position that he/she is being recalled to and refuses to return to work when recalled, his/her seniority will be considered lost, and he/she will no longer be considered eligible for recall. Notice of recall shall be sent to the last known address of the employee, return receipt requested, at least seven (7) calendar days before he/she must begin work. Failure to respond to the recall notice within five (5) days of receipt shall be considered a refusal of recall. All rights under this article shall terminate upon refusal of recall. Employees on a recall list shall notify the Superintendent's office of address changes.

Section 4

Employees who had a reduction of hours or are on a recall list shall be given first opportunity for available substitute work.

Section 5

An employee who has been laid off and subsequently re-hired within the recall period shall have his/her sick leave, seniority and step placement restored, effective upon the date of return.

ARTICLE VII SICK LEAVE

Section 1

All employees shall be entitled to **Fifteen (15)** sick days per year, after first year of employment.

- During an employee's first year of employment, the employee will receive 1 sick day per month, after the initial 3 day contribution by the board.
- **Each sick-day or leave day is equal to the employee's regularly scheduled work day.**
- Bus/vehicle driver's leave time will be computed based upon their regularly scheduled daily runs.
 - Time allotted to each run will be determined in August and rechecked in January for continued accuracy by the bus coordinator.

Section 2

Unused sick days shall be accumulated from year-to-year to a maximum of one hundred-twenty (120) days.

Section 3

Sick leave (days) may be used in the following instances:

- a. Personal illness which renders the employee unable to work or significantly inhibits his/her performance. No employee shall be compensated for unwarranted sick days.
- b. To obtain medically necessary personal medical treatment- The Superintendent may require **medical verification**.
- c. Up to eight (8) days of sick leave per year may be used to render medically necessary care to an immediate family member. Immediate family member shall be interpreted to mean spouse, parent, sibling, child, or other person(s) residing in the same household as the staff member.
- d. Where an employee is a victim of family violence or sexual assault:
 1. for medical care or psychological or other counseling for physical or psychological injury or disability,
 2. to obtain services from a victim services organization,
 3. to relocate due to such family violence or sexual assault, or
 4. to participate in any civil or criminal proceedings related to or resulting from such family violence or sexual assault

Section 4

Medical verification of illness, injury or disability may be required by the administration at any time that an abuse of sick leave is suspected. It is understood and agreed that prior to the time that the employee returns to work from sick leave, the Board has the right to require such employee to submit to a physical examination by a doctor of the Board's choosing to assess the employee's fitness for duty. The examination shall be at the expense of the Board and will only apply to absences greater than five (5) consecutive days. If through no fault of the employee there is a delay in the return to work date due to scheduling issues with the Board's doctor, the employee shall be compensated sick days which shall not be deducted from the employee's accumulated sick leave. Medical verification of illness, injury or disability shall automatically be required in any instance in which an employee is absent due to sick leave upon the fifth occurrence within a two (2) month period, starting with the date of the first such absence. Medical verification must be consistent with the original reason provided by the employee concerning his/her absence. If any inconsistency cannot be adequately explained by the employee, the administration shall withhold all compensation for that day of work, and discipline the employee accordingly.

Section 5

Sick days may be taken in thirty (30) minute increments. Bus/Vehicle drivers and the Transportation Coordinator may be charged a fraction of a day based upon the number of routes regularly assigned and the number of routes missed using the chart in Section 1 above.

ARTICLE VIII VACATIONS

Section 1

Vacation

1. The vacation year (for 12-month employees) shall be based on the employee's anniversary date.
2. During employees first year of employment, the employee will receive 3 days' vacation upon hire. The employee will then accrue 1 vacation day per month over the next 7 months, to a max of 10 days.
3. **Full time employees will receive 10 vacation days per year, years 2-10.**
4. **Full time employees will receive 15 vacation days per year, years 11+.**
5. **Employees will receive their vacation time at their anniversary date.**
6. Unused vacation time will not be paid out if an employee is fired, laid off, voluntary or involuntarily quits.
7. Vacation days must be requested at least two weeks in advance, and approved by the Superintendent.

Section 2

Vacation time should be taken each year, and may not be accumulated, except that employees with more than one (1) year of service may carry over a maximum of five (5) days upon approval by the superintendent. A written request to carry over days must be submitted to the superintendent prior to June 10th .

ARTICLE IX AUTHORIZED LEAVE

Section 1

The administration agrees to grant all employees up to three (3) personal days for the reasons outlined in this contract. Personal days are not an entitlement, and shall only be taken under the circumstances identified in this contract.

Section 2

Personal days shall be non---cumulative.

Section 3.

Personal days may be used in the following instances:

1. Illness in the family;
2. Death in the family;
3. Personal obligation;
4. Legal business or transaction.

Section 4

Application for personal leave shall be made to the Superintendent of Schools or his/her designee as soon as possible, but in no event less than twenty---four (24) hours before taking such leave, except in cases of emergency, where such leave shall be granted on the basis of the application.

Section 5

In order to be eligible for personal leave, the employee must submit a written application to apprise the administration of the compelling circumstances.

Section 6

No one shall take a personal leave day the day before or the day after a holiday and/or a school vacation day or during the two (2) week period before the opening of school, or during the last week of school, except in compelling circumstances as determined at the discretion of the Superintendent.

Section 7

Personal days must be taken in one (1) day or one-half (1/2) day increments only. Bus drivers may use personal days in increments based upon the number of routes regularly assigned and the number of routes missed.

Section 8

Up to three (3) bereavement days, per death, per school year, shall be granted for a death of: sibling, grandparent, grandchild, in-law, or other person residing in the same household; up to five (5) bereavement days, per death, per school year, shall be granted for a death of: parent, spouse or child.

Section 9

Jury Duty. Employees shall be entitled to full pay at their base rate for absence because of jury duty, less the fee paid with respect to such jury duty, provided reasonable notice is given to the Superintendent. Reasonable notice is within seven (7) days for receiving notification from the State of Connecticut informing him/her that he/she may have to report for jury duty. It is understood that the employee shall not be penalized if he/she gives the administration this notice, and is later relieved from the jury pool, and reports to work on that day. If the employee is released from jury duty by noon, he/she shall report to work. Employees shall make every reasonable effort to defer jury duty until the period of time when school is not in session.

Section 10

Maternity Leave.

Bargaining unit members who become pregnant or plan to adopt a child shall provide reasonable notification to the Superintendent or his/her designee in writing preferably at least four (4) months prior to the beginning date of the requested leave.

Leave shall begin when, in the opinion of her doctor, the bargaining unit member is no longer able to work. Normally, a maternity leave shall expire in no longer than eight weeks based upon the period of medical disability associated with the pregnancy unless a verifiable medical need is identified. Additional unpaid leave time may be requested, and must be approved by the board of education. The Board may request an opinion by its doctor.

Paternity Leave.

Bargaining unit members will be provided up to 6 weeks of paid parental leave following the birth of a member's child or the placement of a child with a member in connection with adoption. The purpose of paid parental leave is to enable the employee to care for and bond with a newborn or a newly adopted. This policy will run concurrently with Family and Medical Leave Act (FMLA) leave, as applicable. This policy will be in effect for births, adoptions.

This Section does not replace any rights an employee may possess under Family Medical Leave or other state and federal laws.

Section 11

Family and medical leave shall be permitted in accordance with applicable law. The employee is obligated to inform the administration as soon as possible, but in no event less than two (2) weeks, except in cases of emergency, prior to his/her intention to utilize family and medical leave. An employee shall use accumulated sick leave prior to starting unpaid leave if the leave is due to his/her own serious health condition. Employees shall be permitted to retain 5 days sick leave. All employees shall use vacation leave and personal time prior to starting unpaid leave.

Section 12

Leaves Without Pay An employee may apply for a leave without pay. The Board reserves its management right to accept or reject the request. All leaves are subject to approval by the Board of Education under the following terms:

- a. The applicant must apply for this leave in writing indicating their reasons for the request as well as the beginning and intended end dates of the leave requested.
- b. Time on unpaid leave will not be considered when determining seniority, longevity, or any accumulation of service.
- c. Any unpaid leave approved by the Board ends on the date indicated in the leave request, and the employee must indicate in writing their desire to return to work at least (30) days prior to the end of the leave, or by May 1 of the school year during which their leave is scheduled to expire; whichever comes first.
- d. Employees on leave or an extended leave who fail to advise the administration in writing of their intent to return to work, as indicated in section c, shall be considered to have resigned.
- e. Upon return from their leave, the employee will be placed in a position within the bargaining unit as determined by the administration, and shall not be guaranteed the same position that they held prior to taking their leave.
- f. If any employee wishes to apply for an extension of his/her leave they must apply in writing seven (7) days before the end of their leave, except in cases of an emergency, when employees must notify the Superintendent as soon as possible.

ARTICLE X HOLIDAYS

Section 1

The following holidays shall be observed as days off, with full pay, for all ten (10) and twelve (12) month employees:

New Year's Day	Martin Luther King Day
Good Friday	President's Day
Christmas Day	Labor Day (only if school begins prior to)
Memorial Day	Columbus Day
Thanksgiving Day	Day after Thanksgiving

Section 2

Any employee assigned to work a twelve (12) month schedule shall, in addition, receive Independence Day and Labor Day (whether within the school year or not) as paid holidays.

Section 3

Holidays falling on a Saturday shall be celebrated on the preceding day if school is not in session. Holidays falling on Sunday shall be celebrated on Monday if school is not in session. If school is scheduled to be in session on any of the above holidays, all employees shall work on such holidays, but shall receive an additional day off at a time mutually agreeable to said employees and the Superintendent of Schools.

ARTICLE XI WAGES

Section 1

The rates of pay shall be attached hereto as Appendix A and shall be part of this contract.

Section 2

Pay will be based on 192 days (180 school days, 1 day before school starts, 10 holidays and 1 required Professional Development day.) If additional Professional Development day(s) or school day(s) beyond 180 are worked two (2) weeks' notice shall be given. Employees will receive the extra pay in the period of which the Professional Development was attended or the additional school days are worked.

10-Month Employees

1. There will be 22 equal pay checks, starting with the first pay period in September.
2. Equal checks will be computed based upon the employee's regular work schedule based on the current year school calendar.
3. The amount of the equal payments will be reviewed periodically and appropriate adjustments made to accommodate changes.
4. Employees asking for un-paid time off will see a reduction in pay during the current pay period of the unpaid time off. Unless otherwise previously discussed with Payroll to be handle in an alternate manner.
5. Employee deductions will be based on 20 pay periods. Most school years will have 2 months that have 3 pay periods. Employee deductions will not be deducted from the 3rd pay periods.

12-Month Employees

1. There will be 26 pay checks based on actual work hours for each pay period.
2. Employees asking for un-paid time off will see a reduction in pay during the current pay period of the unpaid time off. Unless otherwise previously discussed with Payroll to be handle in an alternate manner.
3. Employee deductions will be based on 20 pay periods. Most school years will have 2 months that have 3 pay periods. Employee deductions will not be deducted from the 3rd pay periods.
4. Stipend payments will be made as indicated in APPENDIX A, WAGE SCHEDULE.

Section 3

All employees shall receive one (1) hour's pay if they report to work at their scheduled time and are sent home by their supervisor due to the cancellation of their normal scheduled work hours. In the event the Superintendent dismisses school earlier than scheduled, employees shall be paid for all of their regularly scheduled hours regardless of the actual number worked.

Section 4

Whenever an employee is permanently moved from one classification to a different classification which has a higher maximum rate of pay, he/she shall be paid at the lowest step in the higher classification which produces an increase, only if such movement to the higher classification occurred prior to January 1 of the school year.

Section 5

Whenever an employee is permanently moved from one classification to a different classification with a lower maximum rate of pay, he/she shall be paid at the step in the lower classification which is closest to his/her current rate of pay.

Section 6

All employees shall be paid for a full working day on all school days when the school has an unscheduled late opening or an unscheduled early closing.

Section 7

Ashford Bus Drivers shall be compensated at their regular rate of pay for their regularly scheduled hours on days when they have no riders under the following conditions:

- a) The driver has a regularly scheduled bus route.
- b) The driver reports to work, or is contacted either by phone or in person by his/her supervisor and directed not to report to work. It is the supervisor's responsibility to document any occurrences where employees are directed not to report to work.
- c) The driver remains available either in person or by phone to cover any of the other regularly scheduled drivers' routes during the hours the driver is regularly scheduled to work.
- d) The driver must accept an alternate route if it is offered.

This section only applies to the situation where the driver has only one (1) regularly scheduled rider.

Section 8

When a paraeducator is assigned to work as a substitute teacher, the paraeducator shall be compensated \$10 for any day in which the paraeducator works as a substitute teacher for forty-five minutes and an additional \$20 (\$30 total) when working as a substitute teacher for three and one half (3.5) hours or more.

*The bargaining unit member must notify the business office when they have completed time substituting for a teacher with verification by the Principal.

Section 9

When a paraprofessional is assigned to work as a secretary, the paraprofessional shall be compensated one dollar (\$1.00) more per hour for the time the paraprofessional is required to work as a secretary.

The compensation shall be prorated in one-quarter (1/4) increments (i.e. twenty-five cents (\$.25) for each one-quarter (1/4) hour worked.)

Section 10

When the head custodian is out, a custodian is assigned to work as the head custodian, the custodian shall be compensated two dollars (\$2.00) more per hour for the time the custodian is required to work as a head custodian.

1. The head custodian must check the building to ensure all doors and windows are securely closed at the end of the shift and be the last employee to leave the building if it is the evening shift. Any extra time required to fulfill these responsibilities will not be computed as overtime, but rather routine aspects of the head custodian job.
2. It is the custodian's responsibility to alert the payroll coordinator in the business office to any

time they are asked to act as head custodian with verification by the Principal.

Section 11

Overtime payment shall be paid to any employee who works in excess of eight (8) hours in any given day within his/her classification (i.e. Bus Driver, Custodian, etc.) or forty (40) hours in any given week within or outside of his/her classification, at a rate of one and one-half (1 ½) times the employee's regular hourly rate of pay.

Overtime pay will be paid at a rate of one and one-half (1 ½) times the employee's regular hourly rate of pay for all hours worked on Saturday, and two (2) times the employee's regular hourly rate of pay for all hours worked on Sunday, except for those employees whose regular schedule includes Saturday and/or Sunday, overtime rate increases do not apply unless they exceed the hours of their regular schedule. The Board will not hire additional employees to work Saturday and/or Sunday exclusively to reduce overtime or to eliminate the standard work force or the hours that bargaining unit members work. The Superintendent/Board maintains the right to hire and/or schedule employees to meet the needs of the school.

Section 12

Custodial overtime will be offered by seniority on a rotating basis. Rejection of an offer of overtime will move the Custodian to the bottom of the rotation. Employees are expected to be available for emergency overtime assignments and overtime shall be distributed equitably amongst Custodial employees. Should the Board not receive volunteers to work an assignment, the overtime shall be filled by inverse seniority on a rotating basis.

Section 13

The Transportation Coordinator is a leadership position, and therefore, hours are based upon need, and shall be determined by events and/or the administration. However, under normal circumstances the Transportation Coordinator shall be on call the following hours:

5:00 AM to 8:00 AM, Monday through Friday

3:00 PM to 6:30 PM, Monday through Thursday

3:00 PM to 5:30 PM, Fridays

4:30 AM to 8:00 AM on days when the schedule is modified by inclement weather or other emergencies.

The Transportation Coordinator will remain on-call any time that a bus is on the Road. The Transportation Coordinator shall be paid for time devoted to the carrying out of his/her duties. The Transportation Coordinator may submit time, computed in fifteen (15) minute intervals, for payment when he/she receives calls related to his/her duties.

Section 14

The parties agree to negotiate the Bus/Vehicle Mechanic and Bus Coordinator Positions to become salaried positions and incorporate any related changes into this collective bargaining agreement or job descriptions as an appendix as appropriate.

- All benefits such as: vacation, sick leave, personal leave, and medical benefits shall be the same as the other 12-month employees in the bargaining unit.
- The appendix contract will address only those areas that must be addressed due to the specialized nature of the positions of Bus Coordinator and Vehicle Mechanic. Any area not addressed will defer to the main contract.

Section 15

The board shall designate one custodian as a maintainer/custodian. This employee shall receive a one dollar and fifty cent (\$1.50) increase to his/her hourly rate.

- A. In addition to traditional custodial responsibilities, the employee designated as a maintainer will be responsible for not only organizing contractors to conduct maintenance of the facility, but also responsible to personally make minor repairs, and carryout building and grounds maintenance.
- B. Any employee directed to perform maintenance duties, as stated in section A, shall receive the above differential for all actual hours worked performing the aforementioned duties.

Section 16

Once custodian shall be designated the custodial supervisor annually (July 1st) and receive a stipend of five thousand dollars (\$5000) for this responsibility. (see Appendix A for pay schedule)

- A. The custodial supervisor will participate in staff evaluations, scheduling and assignments with school administrator designated as the administrator in charge of the custodial group of employees.
- B. The designation as custodial supervisor must be renewed each May for the following year. There is no automatic renewal or expectation of renewal for this position for any incumbent custodial employee.
- C. In the event a facilities manager is hired to oversee management of the facility and supervise custodial staff, this stipend will cease to exist.

ARTICLE XII MEDICAL INSURANCE

Section 1

The Board shall provide individual insurance coverage for paraprofessionals, bus/vehicle drivers, cafeteria workers and custodians, subject to premium sharing requirements as follows. Coverage shall include:

A. Life and Accidental Death Insurance

1. Life --- \$50,000
2. Accidental Death and Dismemberment --- \$40,000
3. Amount reduced by thirty---five percent (35%) at age sixty---five (65) with an additional fifteen percent (15%) reduction at age seventy (70).

B. A High Deductible Health Plan ("HDHP") with a Health Savings Account ("HSA") as summarized in Appendix E. For plan participants who may not be eligible (Medicare enrolled or receiving benefits from TriCare or VA) for the HDHP/HSA plan, the Board shall make available a HDHP/HRA plan with the same deductible funding as received by HSA participants, offered on the same terms and conditions. The deductible for a single employee will be \$2,000 per policy year. The deductible for an employee with 1 or more dependents (considered family coverage) will be \$4,000 per year.

The Board will fund 50% fifty per cent by deposit into an employee's HSA account. The Board's contribution toward the HDHP deductible will be deposited into the HSA accounts on or around September 5th of the contract year. The HDHP with HSA shall take effect on July 1st of each contract year. The parties acknowledge that the Board's fifty percent (50%) contribution toward the funding of the HDHP plan is not an element of the underlying insurance plan, but rather relates to the manner in which the deductible shall be funded for actively employed employees. The Board shall have no obligation to fund any portion of the deductible for retirees or other individuals upon their separation from employment.

C. Dental --- United Health Care Flexible Dental Plan.

Section 2

All bargaining unit members shall have the opportunity to enroll eligible family members in the insurance plans described.

Effective July 1, 2021 through the life of this contract, full---time employees shall be responsible for the payment of ten percent (10%) of their individual health and dental insurance premium costs and twenty percent (20%) premium share for dependent coverage. Effective July 1, 2021 through the life of this contract, the Board shall be responsible for ninety percent (90%) of the premium cost attributable to individual coverage and eighty percent (80%) of the premium costs attributable to eligible family members for full---time employees.

All employees shall indicate their intent to participate in this plan by the 1st of January (Or during Open Enrollment) or forfeit all rights for participation in the health and dental insurance plan. This time limit shall not apply to employees hired after February 1st, or to employees who undergo a change in family circumstances (e.g., divorce, death or birth of family member, etc.), who shall be required to indicate their intent to change coverage within thirty days of such change in family circumstances. Employee premium contributions shall be provided through payroll deductions that will be prorated over the ten (10) months period.

Section 3

Part time employees shall be entitled to prorated insurance benefits. For purposes of this Article, part time employees shall mean those employees who regularly are scheduled to work less than thirty (30) hours per week (an average of less than six (6) hours per day) during the work year. The Board shall pay that portion of the insurance premiums that it would otherwise be required to pay for full-time employees, multiplied by a fraction, the numerator of which is the number of hours per day that the part time employee is regularly scheduled to work, and the denominator of which is seven (7). By way of an example, the Board's obligation for an employee who is regularly scheduled to work three and one-half (3 ½) hours per day shall be forty-seven and one-half percent (47.5%) of individual insurance costs for employees first hired prior to July 1, 1998 (3.5/7.0), or forty-five percent (45%) of individual insurance costs for employees hired on or after July 1, 1998 (3.5/7.0x90%), and an additional thirty percent (30%) (3.5/7.0x60%) of spouse or family premium costs.

Section 4

Insurance coverage is provided on a twelve (12) month basis. July 1st to June 30th each contract year. If an employee leaves during the contract year, any remaining premium costs will be deducted from the final paycheck.

Section 5

The Board reserves the right to change insurance carriers, so long as the change does not adversely affect insurance coverage. No change will be made without at least one month's advance notice to the Union. Prior to any change, any available descriptive material concerning the new program of insurance and at least one informational session will be made available to all employees who may be affected by such a change. In the event the Board exercises its right to change insurance carriers, the Board agrees to negotiate with the Union regarding any savings it may incur.

Section 6

Employees may waive insurance at the beginning of any contract year in which the Board fully insures its health insurance obligation, in consideration for which he/she shall receive the following payment: one thousand dollars (\$1,000) if eligible for single coverage; one thousand five hundred dollars (\$1,500) for two-person coverage; two thousand dollars (\$2,000) for family coverage. An employee who experiences a

change in circumstances may request reinstatement of benefits in writing and shall reimburse to the Board, pro-rated, any waiver payment received. Waiver payment shall be paid in two (2) equal installments, one (1) in the first paycheck in September and one (1) in the first paycheck in February.

Part time employees hired after July 1, 2013 shall be eligible for a pro-rated waiver equivalent to the percentage of the board's obligation to provide health insurance payment as defined in section 3 of this provision.

Section 7

The contract and attached insurance matrices contain summaries and descriptions of various insurance benefits. It is agreed and understood by the parties that the insurance descriptions contained in this Agreement and the matrices are descriptive only and are not insurance policies. All questions or issues concerning insurance coverage and related matters shall be determined by reference to the actual insurance policy documents issued or possessed by the insurers. In the event of error or misstatement in this Agreement or the matrix, the policies shall always prevail.

Section 8

If the Board reasonably determines that the total cost of a group health plan or plans offered under this contract will trigger an excise tax under Internal Revenue Code Section 49801, or any other local, state or federal statute or regulation, during the term of this contract, the Board and the Union will, upon the request of the Board, engage in mid-term negotiations regarding the impact of such excise tax, in accordance with the Municipal Employees Relations Act (MERA).

ARTICLE XIII TAX SHELTERED ANNUITY

Section 1

The Board shall contribute a percentage of each employee's gross regular wages to a 403(b) or other agreed upon tax sheltered annuity or retirement plan. As governed by applicable law and IRS regulations and limitations, employees may at their individual discretion pay additional amounts but shall not be required to make such payments. Employee contributions shall be made through payroll deduction and sent to the plan administrator at least once per month, or as determined by the regulations of the annuity. Board contribution shall be equal to a percentage of each employee's gross salary earned and shall be sent to the plan administrator at least once per month, or as determined by the regulations of the annuity.

Section 2

The employer contribution will be seven percent (7%) of each employees' gross regular wages of each contract year from 2021-2024.

ARTICLE XIV JOB DESCRIPTIONS

The Board shall have the right to create and revise job descriptions, subject to the Union's right to negotiate the impact, if any, of any change in a job description. Prior to creating or revising a job description, the Board will provide an opportunity for the Union to have input into the process. The Union has the right to request that the Board review and/or revise a job description.

ARTICLE XV PERFORMANCE EVALUATIONS

Section 1

Employees shall receive an annual performance evaluation from his/her direct supervisor by June 10th of each school year or the last week of school.

Section 2

The employee shall be given a copy of his/her performance evaluation, which he/she is required to sign at the time of receipt. An employee's signature on such form shall not be considered to indicate agreement or approval of the evaluation's content by the employee.

Section 3

An advisory committee of administration and bargaining unit members shall be formed to propose modifications in the evaluation form used for each job classification within the bargaining unit. This process shall be initiated every time substantial changes to the evaluation form are to be made.

ARTICLE XVI PERSONNEL RECORDS

Section 1

An employee covered hereunder shall, on his/her request, be permitted to examine and copy any and all materials in his/her personnel file. The Union may have access to any employee's records upon presentation of written authorization by the appropriate employee.

Section 2

No written evaluations, written warnings, reprimands or notice of other disciplinary action of an employee shall be placed in his/her personnel file without notice to the employee. Delivery of a copy to an employee marked "cc personnel file" shall be adequate notice. An employee may make a written response to evaluations which are contained in his/her files.

ARTICLE XVII DISCIPLINARY ACTION

Section 1

The employer has the right to discharge an employee for just cause. A written notice indicating the reasons for dismissal shall be mailed to the employee no later than five (5) working days following the date of dismissal, with a copy to the Union. The employee will be paid the amount due him/her on the next pay day. If the employer has an immediate need to correct or counsel the employee, such discussion shall take place in a manner so as not to embarrass the employee before other employees or the public.

Section 2

No employee shall be reprimanded, suspended or discharged without just cause. A claim that discipline is not for just cause shall be subject to the grievance procedure.

Section 3

The employer has the right to suspend without pay, an employee for just cause. A written notice indicating the reasons for suspension shall be mailed to the employee no later than two (2) working days following the date of suspension, with a copy to the Union.

ARTICLE XVIII GRIEVANCE PROCEDURE

Purpose

The purpose of this procedure is to secure, at the lowest possible supervisory level, equitable solutions to the problems which may, from time to time, arise affecting the working conditions of members of the bargaining unit. Both parties agree that these proceedings shall be kept as informal and confidential as may be appropriate to the level of the procedure.

Definitions

1. "Grievant" shall mean any member of the bargaining unit represented by the Union and may include a group of bargaining unit members similarly affected by a grievance or the Union. "Board" shall mean the Board or a committee of the Board, at the Board's option.

2. "Days" shall mean working school days, except after school closes for the school year, when "days" shall then mean workdays, Monday through Friday.
3. "Grievance" shall mean a claim that there has been a violation, misinterpretation or misapplication of the specific provisions of this Agreement. Where Board action is required by law, it shall not give rise to a grievance.

Informal Procedure

1. If an employee feels that he/she may have a grievance, he/she should first discuss the matter with the appropriate supervisor in an effort to resolve the problem informally.
2. If an employee is not satisfied with such disposition of the matter, he/she shall have the right to have the Union assist him/her in further efforts to resolve the problem informally with the appropriate supervisor.
3. An employee should utilize the informal procedure within five (5) days after he/she knew, or should have known, of the underlying act or condition.

Formal Procedure

No grievance will be recognized under the Formal Procedure unless a statement of the grievance is filed with the Superintendent of Schools no later than twenty (20) calendar days following the date on which the grievant knew or, through reasonable diligence, should have known of the act or condition which caused the grievance.

LEVEL ONE --- Superintendent of Schools

- a. If the grievant is not satisfied with the outcome of the formal procedures, he/she may, within twenty (20) days after he/she knew or, through reasonable diligence, should have known of the act or condition which caused the grievance, file a grievance with the Superintendent of Schools.
- b. The Superintendent shall within ten (10) days after receipt of the grievance, meet with the grievant, who may be accompanied by a representative of the Union for the purpose of resolving the grievance.
- c. The Superintendent shall, within ten (10) days after the meeting, render his/her decision and the reasons, therefore in writing, to the grievant, with a copy to the Union.

LEVEL TWO --- Board of Education

- a. If the grievant is not satisfied with the disposition of his/her grievance at Level One, he/she may within ten (10) days after the decision file a grievance with the Board of Education.
- b. The Board shall, within twenty (20) days after receipt of the appeal, meet with the grievant, who may have a representative of the Union assist him/her for the purpose of resolving the grievance.

c. The Board shall, within ten (10) days after such meeting, render its decision and the reasons, therefore in writing, to the grievant, with a copy to the Union.

LEVEL THREE – Mediation

a. The Union may, at its option, submit the grievance to mediation within ten (10) days of either the Superintendent's or Board of Education's decision.

b. The Union shall submit the grievance to mediation by notifying the State Board of Mediation and Arbitration (SBMA) in writing.

c. The purpose of mediation is for the mediator to assist the parties to resolve the grievance. Should the grievance not be resolved the Union may proceed to Level Four of the grievance procedures.

LEVEL FOUR --- Arbitration

a. The Union, may at its option, submit the grievance to arbitration within ten (10) days of the Board's decision.

b. The submission to arbitration shall be in writing and shall state the provisions of the contract allegedly violated and the remedy sought. The Union shall submit the grievance to arbitration by notifying the Board and the American Arbitration Association in writing.

c. The arbitrator shall hear and decide only one (1) grievance in each case. The arbitrator shall have no power in any matter to make an award which amends, adds to, subtracts from or eliminates any provision of this Agreement. He/she shall be bound by and must comply with all the terms of the contract.

d. The arbitrator shall, within thirty (30) days after the hearing, render his/her decision in writing to the parties, setting forth his/her findings of facts, reasoning and conclusion. Such decision shall be binding on all parties.

e. The cost of arbitration shall be borne equally by the Board and the Union.

f. No employee may proceed to Level Four on his/her own. Only the Union may submit the grievance to arbitration.

Miscellaneous

1. Failure by the Superintendent or the Board of Education to meet the time lines for response shall be treated as a rejection of the grievance on the final day allowed for such response, and the grievant shall be permitted to proceed to the next level of the procedure within the prescribed time limits following rejection. Failure by the grievant to appeal the rejection of a grievance within the allotted time limit shall be deemed to be acceptance of the disposition of the grievance. However, all time limits are subject to extension by written agreement between the Union and the Superintendent.

**ARTICLE XIX
SAVINGS CLAUSE**

Should any article, section or portion of this Agreement be held unlawful or unenforceable by any court of competent jurisdiction, such decision shall apply only to the specific article or section.

**ARTICLE XX
TRAINING**

Section 1

Where an employee is required by the employer to attend training, the employee shall be paid for time so spent (i.e. new employee orientation, technology training, Bus Driver certification training, etc.). The Board agrees to provide all training as required by law.

Section 2

The Board will provide CPR/First Aid training at the Ashford School without pay for employees who wish to attend on their own time. This training will be provided every two (2) years pursuant to certification requirements. No employee is required to attend or will be paid for this training.

Section 3

Paraprofessionals shall be offered professional development where appropriate and approved by the administration. The Board shall compensate paraprofessionals attending such professional development their hourly rate of pay.

Section 4

The Board shall create a five thousand dollar (\$5,000) tuition fund that shall be available to members of the bargaining unit for training or advance education that has been approved by the Superintendent. This fund shall be split equally among applicants based upon approved credits received. Dispersal of the fund will take place in the last paycheck in June.

**ARTICLE XXI
HEALTH AND SAFETY**

Section 1

The Board shall continue to make every reasonable effort to provide safe and healthful conditions of work for all employees.

**ARTICLE XXII
MISCELLANEOUS**

Section 1

Each Cafeteria worker and Custodian will receive a two-hundred-dollar (\$200) clothing/shoe allowance. Sales tax will not be reimbursed. Employees hired during the school year will receive a prorated amount based on the number of days remaining in the school year. Employees must provide proof of purchase (original receipt) for reimbursement. Reimbursement requests must be made before June 1st.

Section 2

The Board shall make a reasonable effort to tell paraprofessionals prior to the end of the school year whether or not the Board anticipates the continuance of their positions. The initial confirmation shall include the specifics about their assignment for the next school year, if different from their current duties. Should the necessity arise for subsequent change, the employee(s) involved will be notified as soon as possible.

Section 3

The Board will provide the Transportation Coordinator a work cellular telephone to perform the required on---call duties.

**ARTICLE XXIII
USE OF SCHOOL FACILITIES**

The Union may call meetings after work hours and with the approval of the Superintendent or his/her designee, may meet in school buildings according to the terms and procedures followed by other groups also permitted to hold meetings in school buildings after work hours.

**ARTICLE XXIV
HOLDOVER**

In the event that the Board and the Union shall fail to secure a successor Agreement prior to the termination of this Agreement, this Agreement will extend until a successor Agreement is executed, including the existing wage scale.

ARTICLE XXV
DURATION

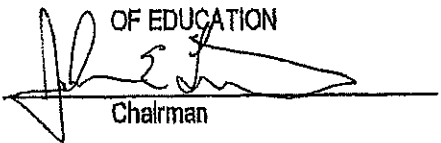
This Agreement shall be effective as of the first day of July, 2021 and remain in effect until the 30th day of June, 2024 and shall fix for its term the wages, hours and working conditions of bargaining unit members.


IN WITNESS WHEREOF, the parties have set their hands this _____ day of _____ 2021

This Agreement shall be effective as of the first day of July, 2021 and remain in effect until the 30th day of June, 2024 and shall fix for its term the wages, hours and working conditions of bargaining unit members.

IN WITNESS WHEREOF, the parties have set their hands this 18 day of

June 2021. ASHFORD BOARD

OF EDUCATION

Chairman

MUNICIPAL EMPLOYEES UNION
INDEPENDENT, INC., LOCAL
#506 (MEU)


Appendix A - Wage Schedule

During the term of this agreement the hourly wage for the classification listed below shall be as follows:

All wages will be paid by direct deposit as of July 1st, 2021.

7/1/21	7/1/22	7/1/23
3% GWI	3% GWI	3% GWI

Bus/Vehicle Driver

Step 1	\$ 24.86	\$ 25.61	\$ 26.37
Step 2	\$ 26.10	\$ 26.88	\$ 27.69

Transportation Coordinator *Moved to negotiated contract.

Custodian

Step 1	\$ 18.88	\$ 19.45	\$ 20.03
Step 2	\$ 19.84	\$ 20.44	\$ 21.05
<i>Lead Custodian**</i>	see \$ 24.02	\$ 24.74	\$ 25.48

page 15 for additional details

Paraeducator

Step 1	\$ 18.17	\$ 18.72	\$ 19.28
Step 2	\$ 19.17	\$ 19.75	\$ 20.34
Step 3	\$ 19.85	\$ 20.45	\$ 21.06
Step 4	\$ 20.77	\$ 21.39	\$ 22.03

School Lunch Helper

Step 1	\$ 18.20	\$ 18.75	\$ 19.31
Step 2	\$ 18.95	\$ 19.52	\$ 20.10

Assistant Cook

Step 1	\$ 19.86	\$ 20.46	\$ 21.07
Step 2	\$ 21.24	\$ 21.88	\$ 22.53

Head Cook/Supervisor*

Step 1	\$ 20.21	\$ 20.82	\$ 21.44
Step 2	\$ 21.54	\$ 22.19	\$ 22.85

Bargaining unit members shall advance on steps as indicated on the salary schedules, on July 1 of each year, except those bargaining unit members who are hired on or after January 1, of that school year.

*The head cook/Supervisor shall receive an annual stipend for performing the "Cafeteria Manager/Director" work of six thousand dollars (\$6000) to be paid in the first paycheck in September, January & April.

** Lead Custodian shall receive an annual stipend for performing the "Lead /Maintainer" work of five thousand dollars (\$5000) to be paid in the first paycheck in September, January & April.

APPENDIX B BUS DRIVERS

Bus/Vehicle drivers shall be paid the appropriate hourly rate according to the following:

All drivers shall record on an appropriate time card, on a daily basis, their actual working time. Working time shall include the following: pre-trip inspection, cleaning, gas up time, time waiting for repairs and maintenance to be completed, time to and from the garage for maintenance with the vehicle, driver instructions and testing, vehicle inspection, and such other occasions as requested or approved by the administration.

Drivers shall be paid their appropriate hourly rate when they are available for driving but no vehicle is available for use.

Time cards must indicate the actual time starting and finishing work. Drivers shall be paid a minimum of one (1) hour's pay for any single or individual run. When completing the time cards, thirty (30) minutes of work time shall be allowed prior to the start of a run and is to be used to complete a thorough inspection of the vehicle and fifteen (15) minutes of time shall be allowed to arrive at the first stop totaling forty-five (45) minutes. In addition, drivers shall be paid for time spent at the garage waiting for repairs and time to fuel.

All buses and other livery vehicles shall be parked overnight at a central location, as designated by the Superintendent of Schools.

Bidding for regular school transportation runs shall be conducted, on the basis of seniority, up to forty (40) hours per week for each driver. After all drivers have had an opportunity to bid on forty (40) hours of work, any remaining regular school transportation runs shall be distributed equitably among all drivers. Drivers with less than forty (40) hours will have the first opportunity to bid for field trips (by seniority) until they reach forty (40) hours. Bidding for field trips and sporting events will be done each year by seniority and shall be equally distributed among drivers on a rotating basis.

Drivers have the responsibility of getting the bus back to the central location if they are not going to complete their daily runs. Assignment of double runs will be based on the needs of the district to get the students home or to school quickly.

Each August and no later than one (1) week prior to each school year, a committee consisting of the Transportation Coordinator, a designated bus driver and a designated non-bus driver shall be established to determine and compute the actual travel time for "runs", which shall be applied in fifteen (15) minute increments. The established committee shall review the actual time for "runs" no later than January 15th of each school year to ensure accuracy and make any changes necessary to the actual time for "run(s)". Should the committee be unable to come to a consensus on the actual travel time for a "run(s)", the committee shall appeal immediately to the Superintendent for a final decision. The final decision shall be reduced to writing and forwarded to the committee within five (5) days of the appeal.

APPENDIX C DRUG AND ALCOHOL TESTING (DRIVERS)

Section 1 --- Introduction

The work performed by vehicle drivers employed by the Ashford Board of Education, constitutes an essential public service involving the health and safety of drivers and their passengers. Any misuse of equipment that is operated by drivers poses a potential hazard to the employee, his/her passengers and to the general public. The use, possession, or influence of any controlled substance, as defined in C.G.S. §21a---240, and/or alcohol by drivers employed by the Ashford Board of Education during working hours, is strictly prohibited. The Board may conduct reasonable suspicion and random drug and alcohol testing, provided it does so in accordance with Section 31---51t et seq. and applicable federal law.

Section 2 --- Random Testing

Commencing immediately, the Board of Education shall engage in a program of random testing of driver employees for the presence of drugs and/or alcohol. Such tests will be conducted throughout the calendar year. Tests will be unannounced and spread reasonably and unpredictably throughout this period in a manner that ensures that every driver has an equal chance of being tested. Employees can only be tested during the summer when they are working or scheduled to work. Testing will occur at times mutually agreed to by the Union and Management. Seasonal or yearly changes to those times will be negotiated, if necessary, when bus routes are rebid. Under extenuating circumstances, including when no substitute driver is available, testing times may be changed.

Section 3 --- Testing for Cause

A. Should the employer have reasonable suspicion that an employee is under the influence of drugs and/or alcohol, either through observation of the driver's behavior by fellow employees or supervisors, or by a complaint (other than an anonymous complaint) received in writing from a member of the community, the driver may be required to undergo tests for the presence of drugs and/or alcohol during working hours. Prior to any testing, the driver will be given an opportunity to explain his/her behavior or any accusation that may be made. The Employer may choose to require testing only after permitting the employee to submit his/her explanation.

B. Testing for the presence of drugs and/or alcohol shall be required as soon as possible following a reportable accident involving such driver. A reportable accident requiring an immediate drug test shall be defined as any incident that results in either one thousand dollar (\$1,000) damage to a vehicle or any injury and/or death. All other incidents must also be reported but will not automatically initiate the need for a drug/alcohol test unless there is reasonable suspicion of abuse.

C. Pre---employment testing for drugs and/or alcohol may be conducted at the discretion of the Employer.

Section 4 --- Refusal to Submit to Testing

Refusal by a driver to submit to drug and/or alcohol testing (either random or for cause) shall constitute cause for immediate dismissal.

Section 5 --- Testing Procedures

- A. All drug testing will be performed by a firm which is N.I.D.A. certified, and which meets the standards contained in the United States Department of Health and Human Services Guidelines.
- B. Alcohol testing may be conducted either by a firm which is N.I.D.A. certified, or by the Connecticut State Police.
- C. Union representation shall be permitted during all phases of drug and/or alcohol testing and investigatory interviews. However, no such interview or test shall unreasonably be delayed due to the unavailability of a Union representative.
- D. All drug (urinalysis) testing protocol and procedures shall be governed by 49 CFR Part 40 of the Federal Register dated December 21, 1989, subject to revision pursuant to Section 9 hereof.
- E. All urine samples shall be immediately sealed and indelibly labeled with the date, tested employee's name, location of collection, and the name of the person and organization performing the collection and analysis, as well as the name of the Medical Review Officer (MRO).
- F. Safeguards shall be implemented upon the advice of a testing firm which is N.I.D.A. certified, regarding origin and pre--sample custody of urine sample containers, chain of custody for urine samples and type and degree of testing and/or backup testing to be performed on samples.
- G. If testing is necessarily conducted outside normal working hours, wages and travel expenses shall be paid for testing time on a door to door basis (except pre--employment and pre--return--to--work testing). All testing shall be conducted at the employer's expense.

Section 6 --- Disciplinary Action

- A. Upon detection of the presence of drugs and/or alcohol after the foregoing procedures have been employed, the driver shall be subject to disciplinary action, including, but not limited to:
- release from duties for the remainder of the day without pay;
 - suspension for a period of up to two (2) weeks without pay;
 - probation for a period up to six (6) months, during which additional unannounced testing will occur;
 - immediate dismissal.
- B. The sequence described above does not imply a mandatory plan of progressive discipline. In cases of serious abuse, accident or injury, immediate dismissal may be imposed.
- C. Whenever the Superintendent of Schools has cause to suspect that a driver is unfit for duty due to alcohol or chemical consumption, the driver shall be immediately relieved from duty.

D. Should the Employer choose to impose disciplinary sanctions short of dismissal following a positive drug and/or alcohol test result, the employee who has tested positive may be subjected to more frequent testing than employees without positive test results, for a period of thirty--six (36) months from such positive test.

Section 7 --- Confidentiality

A. The results of drug and/or alcohol testing, as well as the fact that testing has been ordered, will be recorded and retained in confidential files separate from the driver's personnel file and will not be disclosed to any outside party, except as required by law, or as requested in writing by the tested driver. The Union will be notified in writing of the identity and date of any driver testing within two (2) working days of such test.

B. The identify, location and procedures employed by the testing laboratory and/or MRO used by the Employer shall be shared with the Union upon request.

Section 8 --- Voluntary Admission of a Substance Abuse Problem

Any driver who voluntarily admits to the existence of a drug or alcohol abuse problem shall, upon request, be granted a leave of absence, not to exceed two (2) months, for the purpose of allowing the driver to embark upon a program of rehabilitation. During any period of unpaid leave of absence, the driver will not accrue any benefits, but may continue his/her enrollment in the employer's health insurance program upon payment by such employee of his/her share of the insurance premium on the first day of each month in advance. During his/her period of absence, he/she shall be entitled to use all available sick leave and/or personal leave. Upon exhaustion of available paid leave, an unpaid leave of absence shall be granted for the remainder of the two (2) month period.

Section 9 --- State or Federal Law

If, due to a change in or promulgation of Federal or State law or regulation, any portion of this drug and alcohol testing procedure shall conflict with such law or regulation, that portion of this procedure which so conflicts shall become invalid, and shall be replaced with the law or regulation with which it is in conflict.

**APPENDIX D
HEALTH PLAN SUMMARY**

What is a benefit summary?

This is a summary of what the plan does and does not cover. This summary can also help you understand your share of the costs. It's always best to review your Certificate of Coverage (COC) and check your coverage before getting any health care services, when possible.

What are the benefits of the Choice Plus Plan with an HSA?
Get network freedom and an HSA.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in or out of our network, but you save money when you use the network. You can save money when you use the health savings account (HSA) and the network.

- > **There's coverage if you need to go out of the network.** Out-of-network means that a provider does not have a contract with us. Choose what's best for you. Just remember out-of-network providers will likely charge you more.
- > **There's no need to choose a primary care provider (PCP) or get referrals to see a specialist.** Consider a PCP; they can be helpful in managing your care.
- > **Preventive care is covered 100% in our network.**
- > **You can open a health savings account (HSA).** An HSA is a personal bank account to help you save and pay for your health care, and help you save on taxes.

Not enrolled yet? Learn more about this plan and search for network doctors or hospitals at welcometouhc.com/choiceplushsa or call 1-866-873-3903, TTY 711, 8 a.m. to 8 p.m. local time, Monday through Friday.

Are you a member?

Easily manage your benefits online at myuhc.com® and on the go with the **UnitedHealthcare Health4Me**® mobile app.

For questions, call the member phone number on your health plan ID card.

Benefits At-A-Glance
What you may pay for network care

This chart is a simple summary of the costs you may have to pay when you receive care in the network. It doesn't include all of the deductibles and co-payments you may have to pay. You can find more benefit details beginning on page 2.

Co-payment	Individual Deductible	Co-insurance
(Your cost for an office visit)	(Your cost before the plan starts to pay)	(Your cost share after the deductible)
You have no co-payment.	\$2,000	You have no co-insurance.

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage for certain conditions. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents are correct. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

UnitedHealthcare Insurance Company

Your Costs

In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

Your cost if you use Network Benefits

Your cost if you use Out-of-Network Benefits

Annual Deductible - Combined Medical and Pharmacy

What is an annual deductible?

The annual deductible is the amount you pay for Covered Health Care Services per year before you are eligible to receive Benefits. It does not include any amount that exceeds Allowed Amounts. The deductible may not apply to all Covered Health Care Services. You may have more than one type of deductible.

> No one in the family is eligible for benefits until the family coverage deductible is met.

Medical Deductible - Single Coverage	\$2,000 per year	\$2,000 per year
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Medical Deductible - Family Coverage	\$4,000 per year	\$4,000 per year
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Out-of-Pocket Limit - Combined Medical and Pharmacy

What is an out-of-pocket limit?

The Out-of-Pocket Limit is the maximum you pay per year. Once you reach the Out-of-Pocket Limit, Benefits are payable at 100% of Allowed Amounts during the rest of that year.

> Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.

> If more than one person in a family is covered under the Policy, the single coverage out-of-pocket limit does not apply..

Out-of-Pocket Limit - Individual	\$4,000 per year	\$4,000 per year
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Out-of-Pocket Limit - Family	\$8,000 per year	\$8,000 per year
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Your Costs

What is co-insurance?

Co-insurance is the amount you pay each time you receive certain Covered Health Care Services calculated as a percentage of the Allowed Amount (for example, 20%). You pay co-insurance plus any deductibles you owe. Co-insurance is not the same as a co-payment (or co-pay).

What is a co-payment?

A Co-payment is the amount you pay each time you receive certain Covered Health Care Services calculated as a set dollar amount (for example, \$50). You are responsible for paying the lesser of the applicable Co-payment or the Allowed Amount. Please see the specific Covered Health Care Service to see if a co-payment applies and how much you have to pay.

What is Prior Authorization?

Prior Authorization is getting approval before you receive certain Covered Health Care Services. Physicians and other health care professionals who participate in a Network are responsible for obtaining prior authorization. However there are some Benefits that you are responsible for obtaining authorization before you receive the services. Please see the specific Covered Health Care Service to find services that require you to obtain prior authorization.

Want more information?

Find additional definitions in the glossary at justplainclear.com.

Your Costs

Following is a list of services that your plan covers in alphabetical order. In addition to your premium (monthly) payments paid by you or your employer, you are responsible for paying these costs.

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Acupuncture Services		
	0% coinsurance after plan deductible.	20% coinsurance after plan deductible
Ambulance Services		
	0% coinsurance after plan deductible.	Same as In-network benefit.
	Prior Authorization is required for Non-Emergency Ambulance.	Prior Authorization is required for Non-Emergency Ambulance.
Bone Marrow Testing		
Human leukocyte antigen testing or histocompatibilitylocus antigen testing for A, B and DR antigens (testing to determine the compatibility for bone marrow transplants). The bonemarrow testing must be performed at a facility certified under the federal Clinical Laboratory Improvement Act and accredited by the American Society for Histocompatibility and Immunogenetics. Enrollees must register for the National Marrow Donor Program when being tested.	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
		Prior Authorization is required.

Your Costs

Cellular and Gene Therapy

For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.

0% coinsurance after plan deductible

Prior Authorization is required.

20% coinsurance after plan deductible

Prior Authorization is required.

Clinical Trials

0% coinsurance after plan deductible

Prior Authorization is required.

20% coinsurance after plan deductible

Prior Authorization is required.

Craniofacial Disorders

Limited to Covered Persons eighteen years of age or younger when prescribed by a craniofacial team recognized by the American Cleft Palate Craniofacial Association. This does not provide coverage for cosmetic surgery.

0% coinsurance after plan deductible

20% coinsurance after plan deductible

Prior Authorization is required.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Dental Services	0% coinsurance after plan deductible	20% coinsurance after plan deductible Prior Authorization is required.
Dental Services - Accident Only Limited to \$3,000 per year. Benefits are further limited to a maximum of \$900 per tooth.	0% coinsurance after plan deductible.	Same as In-network benefits
Developmental Needs of Children & Youth with Cancer	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Diabetes Services Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care: Diabetes Self-Management Items:	0% coinsurance after plan deductible	20% coinsurance after plan deductible Prior Authorization is required for DME that costs more than \$1,000.
Durable Medical Equipment (DME), Orthotics and Supplies Unlimited purchase of a type of DME or orthotic. Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums. This limit excludes any payments for ostomy-related supplies.	0% coinsurance after plan deductible.	20% coinsurance after plan deductible. Prior Authorization is required for DME or orthotics that costs more than \$1,000.
Early Intervention Services	0% coinsurance after plan deductible.	0% coinsurance after plan deductible.
Emergency Health Care Services - Outpatient	0% coinsurance after plan deductible.	Same as In-network benefits Notification is required if confined in an Out-of-Network Hospital.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Gender Dysphoria		
	0% coinsurance after plan deductible Prior Authorization is required for certain services.	20% coinsurance after plan deductible Prior Authorization is required for certain services.
Habilitative Services		
Inpatient: Inpatient services limited per year as follows: Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Outpatient: Outpatient therapies: Physical therapy. Occupational therapy. Manipulative Treatment. Speech therapy. Post-cochlear implant aural therapy. Cognitive therapy. For the above outpatient therapies: Limits will be the same as, and combined with, those stated under Rehabilitation Services – Outpatient Therapy and Manipulative Treatment.	0% coinsurance after plan deductible	20% coinsurance after plan deductible.
		Prior Authorization is required for certain Inpatient services.
Hearing Aids		
Limited to a single purchase per hearing impaired ear every 24 months. Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
Hearing Screenings are covered under the Preventive Benefit. See Preventive Care Services Section.		

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Home Health Care		
<p>Any combination of Network and Out-of-Network Benefits is limited to 200 visits per year. One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion. To receive Network Benefits for the administration of intravenous infusion, you must receive services from a provider we identify.</p>	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p>
		<p>Prior Authorization is required.</p>
Hospice Care		
	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p>
		<p>Prior Authorization is required for Inpatient Stay.</p>
Hospital - Inpatient Stay		
	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p>
		<p>Prior Authorization is required.</p>
Infertility		
<p>Ovulation induction is limited to a maximum benefit of four cycles; Intrauterine insemination is limited to a maximum benefit of three cycles where one cycle equals one Intrauterine insemination (IUI) within a 30 day period; IVF, GIFT, ZIFT or low tubal ovum transfer are limited to a maximum of two cycles, with not more than two embryo implantations per cycle; IVF, GIFT, ZIFT and low tubal ovum transfer are limited to individuals who have not been able to conceive, produce conception or sustain a successful pregnancy through less expensive and medically viable infertility treatments unless their Physician determines that such treatment is likely to be unsuccessful; Covered Health Care services must be performed at facilities that conform to the standards of the American Society of Reproductive Medicine or Society of Reproductive Endocrinology and Infertility.</p>	<p>0% coinsurance after plan deductible</p>	<p>20% coinsurance after plan deductible</p>
	<p>Prior Authorization is required.</p>	<p>Prior Authorization is required.</p>

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Lab, X-Ray and Diagnostic - Outpatient		
Lab Testing - Outpatient:	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
X-Ray and Other Diagnostic Testing - Outpatient:	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
<p>Prior Authorization is required for Genetic Testing, sleep studies, stress echocardiography and transthoracic echocardiogram services.</p>		
Lyme Disease		
Coverage for Lyme disease treatment including up to thirty days of intravenous antibiotic therapy and/or sixty days of oral antibiotic therapy.	0% coinsurance after plan deductible	20% coinsurance after plan deductible
Major Diagnostic and Imaging - Outpatient		
	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
<p>Prior Authorization is required.</p>		
Medical Foods		
Coverage for amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases which are prescribed for the treatment of inherited metabolic diseases and are administered under the direction of a Physician. Coverage must be provided for specialized formula when they are medically necessary for the treatment of a disease or condition and are administered under the direction of a Physician for children up to twelve years of age.	0% coinsurance after plan deductible	20% coinsurance after plan deductible
<p>Prior Authorization is required.</p>		

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Mental Health Care and Substance - Related and Addictive Disorders Services		
Inpatient:	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
Outpatient:	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
Partial Hospitalization/Intensive Outpatient Treatment:	0% coinsurance after plan deductible.	20% coinsurance after plan deductible. Prior Authorization is required for certain Inpatient, Outpatient and Partial Hospitalization/Intensive Outpatient Treatment services.
Nutritional Counseling		
Limited to 3 visits per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible.
Obesity -Weight Loss Surgery		
Obesity surgery is covered when received at a designated facility and performed by a designated physician. Designated services are provided by Bariatric Resource Services, a program for surgical weight loss solutions.	0% coinsurance after plan deductible Prior Authorization is required	20% coinsurance after plan deductible. Prior Authorization is required
Ostomy Supplies		
	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.

Your Costs

Pain Management

0% coinsurance after plan deductible

20% coinsurance after plan deductible

Pharmaceutical Products - Outpatient

This includes medications given at a doctor's office, or in a Covered Person's home.

0% coinsurance after plan deductible.

20% coinsurance after plan deductible.

See Physicians' Office Services benefit for Allergy Injections.

Physician Fees for Surgical and Medical Services

0% coinsurance after plan deductible.

20% coinsurance after plan deductible.

Physician's Office Services - Sickness and Injury

Allergy Injections are covered under the Physician's office visit benefit.

0% coinsurance after plan deductible for a primary care physician office visit.

20% coinsurance after plan deductible.

0% coinsurance after plan deductible for a Specialist office visit.

Prior Authorization is required.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Pregnancy - Maternity Services		
	0% coinsurance after plan deductible	20% coinsurance after plan deductible Prior Authorization is required if the stay in the hospital is longer than 48 hours following a normal vaginal delivery or 96 hours following a cesarean section delivery.
Prescription Drug Benefits		
Prescription drug benefits are shown in the Prescription Drug benefit summary.		
Preventive Care Services		
Physician Office Services, Lab, X-Ray or other preventive tests.	No charge	20% coinsurance after plan deductible.
Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.		
Private Duty Nursing		
Up to \$15,000 per year	0% coinsurance after plan deductible	20% coinsurance after plan deductible.
	Prior Authorization is required.	Prior Authorization is required.
Prosthetic Devices		
Unlimited purchase of each type of prosthetic device . Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as apurchase.	0% coinsurance after plan deductible.	20% coinsurance after plan deductible Prior Authorization is required for Prosthetic Devices that costs more than \$1,000.
Reconstructive Procedures		
	0% coinsurance after plan deductible	20% coinsurance after plan deductible Prior Authorization is required.

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment		
<p>Limited to:</p> <p>Any combination of Network and Out- of-Network Benefits of Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Treatment is limited to 50 visits per year</p> <p>50 visits of pulmonary rehabilitation therapy.</p> <p>50 visits of cardiac rehabilitation therapy.</p> <p>50 visits of post-cochlear implant aural therapy.</p> <p>50 visits of cognitive rehabilitation therapy.</p>	<p>Note: The first three visits for any combination of physical therapy and Manipulative Treatment for new low back pain are not subject to any co-payment, co-insurance or deductible and subject to the annual visit limits. For all other visits, please see the payment information listed below.</p> <p>0% coinsurance after plan deductible</p>	<p>20% coinsurance after plan deductible.</p>
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
<p>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</p>	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p>
Skilled Nursing Facility / Inpatient Rehabilitation Facility Services		
<p>Network and Out- of-Network Benefits is limited to 120 days per year for Skilled Nursing and 100 days per year for Inpatient Rehabilitation</p>	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p> <p>Prior Authorization is required.</p>
Surgery - Outpatient		
	<p>0% coinsurance after plan deductible.</p>	<p>20% coinsurance after plan deductible.</p> <p>Prior Authorization is required for certain services.</p>
Telehealth Services		
<p>Virtual Visits are part of your Telehealth Services benefit. Our network of providers has been expanded to include Virtual Network Providers who can also perform Telehealth Services. Find a Virtual Visit Network Provider Group at myuhc.com or by calling Customer Care at the telephone number on your ID card.</p>	<p>Cost share for Virtual Visits:</p> <p>0% coinsurance after plan deductible when rendered by a Designated Virtual Visit Network Provider. If Telehealth Services are rendered by a non- Designated Virtual Visit Network Provider, cost share will be based on provider type.</p>	<p>20% coinsurance after plan deductible.</p>

Your Costs

Covered Health Care Services	Your cost if you use Network Benefits	Your cost if you use Out-of-Network Benefits
Temporomandibular Joint (TMJ) Services		
	0% coinsurance after plan deductible.	20% coinsurance after plan deductible.
		Prior Authorization is required for certain services.
Therapeutic Treatments-Outpatient		
Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.	0% coinsurance after plan deductible	20% coinsurance after plan deductible.
		Prior Authorization is required.
Transplantation Services		
Network Benefits must be received from a Designated Provider	0% coinsurance after plan deductible	Out-of Network Benefits are not available
	Prior Authorization is required	Prior Authorization is required
Urgent Care Center Services		
	0% coinsurance after plan deductible	Same as In-network benefit

Your Costs

Urinary Catheters

0% coinsurance after plan deductible

20% coinsurance after plan deductible.

Vision Exams

Find a listing of Spectera Eyecare Network Vision care Providers at myuhevision.com.

0% coinsurance after plan deductible

20% coinsurance after plan deductible.

Limited to 1 exam every 12 months

Routine Vision exams, including refraction to detect vision impairment, are covered as a preventive benefit when received from a Health care provider in the provider's office.

Wound Care Supplies

Limited to wound care supplies for the treatment of epidermolysis bullosa as described in Section 1 of the COC.

0 % coinsurance after plan deductible

20% coinsurance after plan deductible

Pharmacy Benefits

In Network

Annual Pharmacy Deductible

Individual

See the Annual Medical Deductible section

Family

See the Annual Medical Deductible section

The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.

Annual Deductible - Network and Out-of-Network

Prescription Drug Product Tier Level	Up to a 34-day supply		Up to a 100-day supply
	Retail Network	Out-of-Network Pharmacy	Mail Order Network Pharmacy**
Tier 1 \$	0% coinsurance after plan deductible	20% coinsurance after plan deductible	0% coinsurance after plan deductible
Tier 2 \$\$	0% coinsurance after plan deductible	20% coinsurance after plan deductible	0% coinsurance after plan deductible
Tier 3 \$\$\$	0% coinsurance after plan deductible	20% coinsurance after plan deductible	0% coinsurance after plan deductible

* After the Annual Medical Deductible has been met.

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com* or call Customer Care at the telephone number on the back of your ID card for more information. If you choose to opt out of Mail Order Network Pharmacy but do not inform us, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product after the allowed number of fills at the Retail Network Pharmacy. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90 day supply, with refills when appropriate, rather than a 30 day supply. Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2 or Tier 3.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com* or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcome.touho.com > Benefits > Pharmacy Benefits.

UnitedHealthcare Insurance Company (30100)®
 Contributory Options PPO.30 / covered dental services

Dental Plan
 Custom/02P11/U80

	NON-ORTHODONTICS		
	NETWORK	NON-NETWORK	
Individual Annual Deductible	\$50	\$50	
Family Annual Deductible	\$150	\$150	
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,000 per person per Calendar Year	\$1,000 per person per Calendar Year	
New enrollees waiting period	None		
Annual deductible applies to preventive and diagnostic services and basic services			No (In Network) No (Out Network)
COVERED SERVICES *	NETWORK PLAN PAYS **	NON-NETWORK PLAN PAYS ***	BENEFIT GUIDELINES
DIAGNOSTIC SERVICES			
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.
Radiographs	100%	100%	
Lab and Other Diagnostic Tests	100%	100%	
PREVENTIVE SERVICES			
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.
Fluoride Treatment (Preventive)	100%	100%	
Sealants	100%	100%	
Space Maintainers	100%	100%	
Emergency Treatment/General Services	Split Class	Split Class	
General Services - Adjunctive Emergency Treatment	100%	100%	
Periodontics	Split Class	Split Class	
Periodontics - Maintenance	100%	100%	
BASIC SERVICES			
Restorations (Amalgams or Composite)	80%	80%	See Exclusions and Limitations section for benefit guidelines.
Emergency Treatment/General Services	Split Class	Split Class	
General Services - Adjunctive Anesthesia	80%	80%	
General Services - Adjunctive Occlusal Guard	80%	80%	
General Services - Adjunctive Other	80%	80%	
Simple Extractions	80%	80%	
Oral Surgery (incl. surgical extractions)	80%	80%	
Endodontics	80%	80%	
MAJOR SERVICES			
Periodontics	Split Class	Split Class	See Exclusions and Limitations section for benefit guidelines.
Periodontics - Non-Surgical	50%	50%	
Periodontics - Surgical	50%	50%	
Periodontics - Osseous Surgery	50%	50%	
Inlays/Onlays/Crowns	50%	50%	
Dentures and Removable Prosthetics	50%	50%	
Fixed Partial Dentures (Bridges)	50%	50%	

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 19 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 19 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS, ONLAYS, AND VENEERS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

UnitedHealthcare Insurance Company (30100)®
Contributory Options PPO 30 / covered dental services

Dental Plan
 Custom 02P10/090

	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services and basic services			No (In Network)	No (Out Network)
Annual Deductible Applies to Orthodontic Services			No	
Orthodontic Eligibility Requirement			Child Only (Up to Age 19)	
COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS**	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	100%		
Lab and Other Diagnostic Tests	100%	100%		
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	100%		
Sealants	100%	100%		
Space Maintainers	100%	100%		
Emergency Treatment/General Services	Split Class	Split Class		
General Services - Adjunctive Emergency Treatment	100%	100%		
BASIC SERVICES				
Restorations (Amalgams or Composite)	80%	80%	See Exclusions and Limitations section for benefit guidelines.	
Emergency Treatment/General Services	Split Class	Split Class		
General Services - Adjunctive Anesthesia	80%	80%		
General Services - Adjunctive Occlusal Guard	80%	80%		
General Services - Adjunctive Other	80%	80%		
Simple Extractions:	80%	80%		
Oral Surgery (incl. surgical extractions)	80%	80%		
Endodontics	80%	80%		
MAJOR SERVICES				
Periodontics	50%	50%	See Exclusions and Limitations section for benefit guidelines.	
Inlays/Onlays/Crowns	50%	50%		
Dentures and Removable Prosthetics	50%	50%		
Fixed Partial Dentures (Bridges)	50%	50%		
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%		

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York; New York, New York or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 19 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 19 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS, ONLAYS, AND VENEERS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

Ashford Town and Board of Education
Benefit Plan Year 07/01/2020 - 06/30/2023



Vision Benefit Summary
Powered by Spectera Eyecare Networks
Customer Service and Provider Locator: (800) 638-3120
myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Rates (Monthly)	Exam with Materials
Employee	\$5.67
Employee + One	\$10.77
Employee + Family	\$16.51

Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In-Network Services

Copays	
Exam(s)	\$ 10.00
Eyeglasses (lenses and frame)	\$ 25.00
Contact lenses instead of Eyeglasses	\$ 25.00
Retinal Screening	\$ 39.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage) ⁴	
Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens Options	
Photochromic Lenses, Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full.	

Contact Lens Benefit ²	
Elective contact lenses Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived.	\$130.00
Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees.	\$60.00
Necessary contact lenses³	Covered in full after copay (if applicable).

Children's and Maternity Eye Care Benefit	
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.	

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal and Progressive Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts instead of Eyeglasses ²	Up to \$105.00
Contact Lens Fitting and Evaluation	Up to \$0.00
Necessary Contacts instead of Eyeglasses ³	Up to \$210.00

Discounts

<p>Laser vision UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction providers. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.</p>
<p>Additional Material At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.</p>
<p>Hearing Aids As a UnitedHealthcare vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHChearing.com. When placing your order use promo code MYVISION to get the special price discount.</p>

Sample Illustration of Savings

Cost	Employee Only	Employee + One	Employee + Child(ren)	Employee + Family
Monthly Premium	\$5.67	\$10.77	N/A	\$16.51
Annual Premium	\$68.04	\$129.24	N/A	\$198.12
Approx. Pre-Tax Savings (20%) ⁴	\$13.61	\$25.85	N/A	\$39.62
Annual Tax-Adjusted Premium	\$54.43	\$103.39	N/A	\$158.50
Plus Copays	\$35.00	\$70.00	N/A	\$140.00
Total Cost to Employee	\$89.43	\$173.39	N/A	\$298.50

Exam and Materials Covered by UnitedHealthcare Vision Plan	Estimated Cost Without a Vision Plan ⁵	Less Employee Cost	Total Savings with UnitedHealthcare Vision
Employee Only Exam, Single Vision & Covered-in-Full Frames	\$275.00	\$89.43	\$185.57
Employee + One Exam, Single Vision & Covered-in-Full Frames	\$550.00	\$173.39	\$376.61
Employee + Child(ren) ⁶ Exam, Single Vision & Covered-in-Full Frames	N/A	N/A	N/A
Employee + Family ⁷ Exam, Single Vision & Covered-in-Full Frames	\$1,100.00	\$298.50	\$801.50

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are instead of eyeglass lenses and/or eyeglass frames.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without Intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, pathological myopia, aniseikonia, aniridia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

⁴Actual tax savings will depend upon your individual tax bracket.

⁵Approximate retail value illustrated: Exam & Refraction (\$65), Single Vision Lenses (\$80), and Frames (\$130). Average retail cost may vary by provider.

⁶For purposes of this calculation, Employee + Child(ren) is calculated with three (3) members.

⁷For purposes of this sample calculation, Employee + Family is calculated with four (4) members.

Ashford Board of Education
Appendix to M.E.U.I. Collective Bargaining Agreement
July 1, 2021- June 30, 2024
School Transportation Fleet Mechanic/Driver

It is hereby agreed by and between the **Board of Education of the Town of Ashford, Connecticut** (hereinafter referred to as the "Board") and **Seth Lyman** (hereinafter referred to as the "Mechanic/Driver") that the Board hereby employs him as Mechanic and Driver, and he hereby accepts such employment as Mechanic/Driver for the Ashford School District upon the terms and conditions hereinafter set forth.

The duties of the position are described in the job description. Of special note is the fact that this position requires occasions of heavy lifting and the physical capacity to provide mechanical service for the Ashford Fleet Maintenance. If the Mechanic cannot fulfill the requirements of the position of mechanic for an extended period of time, this contract will not be renewed.

The Vehicle mechanic/Driver is subject to all of the terms of the Local MEUI collective bargaining agreement except where this appendix addresses aspects unique to this position.

The Mechanic must maintain his CDL with a school bus and passenger van endorsement driver's license. The Mechanic position is represented by M.E.U.I. and therefore the Mechanic will maintain his membership in M.E.U.I and be available to drive daily and substitute as a driver when needed.

The Mechanic/Drive must have an annual physical (covered by medical coverage with remainder paid to by BOE) to ensure ability to successfully fulfill his job responsibilities.

1. Seniority

In the event of a layoff and in when bidding on runs, the Mechanic/Driver may choose to be considered as a Bus/ Vehicle Driver.

2. Hours of Work

The Mechanic/Driver regular workday shall be eight hours. A workday will consist of a mixture of driving and vehicle mechanic time.

The hours of work for the Mechanic/Driver shall be 7:30 a.m. – 4:00 p.m. However, daily hours may vary due to need. If an emergency or time sensitive job-related issue arises the Mechanic/Driver will adjust his hours to fulfill his job responsibility.

The Mechanic/Driver may voluntarily choose to bid on a run outside of the above regularly scheduled hours.

3. Vacation

From 0-5 years of employment for Ashford Board of Education, days will be received as outlined in the collective bargaining agreement.

After 5 years of employment the position shall receive 15 days.


After 15 years of employment the position shall receive 20 days.

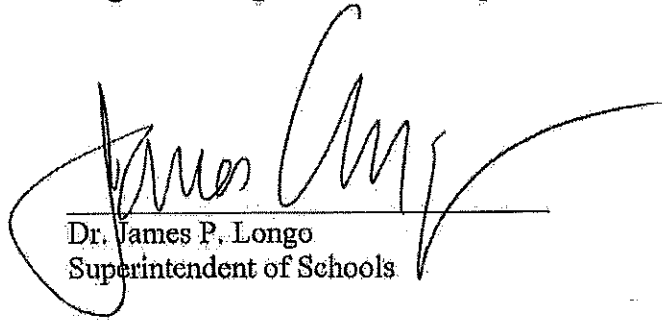
4. Compensation

The Mechanic/Driver shall be paid an annual salary, in twenty-six equal biweekly installments at the rate of \$65,000 for the 2021-2022 contract year. \$66,950 for the 2022-2023 contract year, and \$68,950 for the 2023-2024 contract year.

If the Mechanic/Driver voluntarily chooses to bid on a run outside of the above regularly scheduled hours, the hourly rate of pay for the hours spent driving (above the regularly scheduled hours (8) listed above) shall be the Step 2 Bus/Vehicle Driver Rate stated in the collective bargaining agreement.

IN WITNESS WHEREOF, the parties hereunto have signed this Agreement and a duplicate thereof of this day of June, 2021.


Seth Lyman
Mechanic/Driver 6-25-21


Dr. James P. Longo
Superintendent of Schools

Ashford Board of Education
TERMS OF EMPLOYMENT
Appendix to M.E.U.I Collective Bargaining Agreement
July 1, 2021- June 30, 2024
for the Position of
Transportation Coordinator/Driver

It is hereby agreed by and between the **Board of Education of the Town of Ashford, Connecticut** (hereinafter referred to as the "Board") and **Joan Celotti** (hereinafter referred to as the "Coordinator") that the Board hereby employs her as its Transportation Coordinator/Driver and she hereby accepts such employment for the Ashford Board of Education upon the terms and conditions hereinafter set forth in the Local 506 M.E.U.I. Collective bargaining agreement and this appendix.

The duties of the position are described in the job description. The terms of this contract are defined in the M.E.U.I. collective bargaining agreement for the dates listed above, except those aspects of employment unique to this position as defined in this appendix to that agreement.

The Coordinator's position is a supervisory position; therefore, the coordinator shall participate in the evaluation of all other bargaining unit employees who are employed by the Ashford Board of Education within the transportation department.

1. Seniority

In the event of a layoff and in when bidding on runs, the Transportation Coordinator/Driver may choose to be considered as a Bus/ Vehicle Driver.

2. Hours of Work

The Coordinator's position shall be 12 months. The Coordinator's workday shall be considered to be eight hours, which includes all driving and transportation coordination responsibilities as defined by the needs of the Coordinator position, except on those occasions when the coordinator may be driving for a field trip that involves out of town driving, and/or extension of a normal work day.

3. Vacation

From 0-5 years of employment with the Ashford Board of Education, days will be received as outlined in the collective bargaining agreement.

After 5 years of employment the position shall receive 15 days.

After 15 years of employment the position shall receive 20 days.

4. Compensation

The Coordinator shall be paid an annual salary, in twenty-six equal biweekly installments at the rate of \$58,000 for the 2021-2022 contract year. \$59,750 for the 2022-2023 contract year, and \$61,550 for the 2023-2024 contract year.

On those occasions when the coordinator may be driving for a field trip that involves out of town driving, and/or extension of a normal work day, the hourly rate of pay for those hours shall be the Step 2 Bus/Vehicle Driver Rate stated in the collective bargaining agreement.

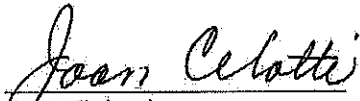
5. Elimination of Position

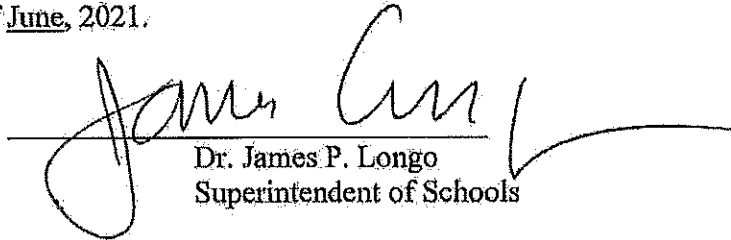
The parties may by mutual consent terminate the Coordinator position as defined in this contract at any time.

The Coordinator shall be entitled to terminate the transportation coordinator aspect of this agreement upon written notice of not less than thirty (30) days.

The Superintendent may terminate this Contract of employment prior to its expiration with just cause for discipline.

IN WITNESS WHEREOF, the parties hereunto have signed this Agreement Appendix, and a duplicate thereof this 29 day of June, 2021.


Joan Celotti
Transportation Coordinator/Driver


Dr. James P. Longo
Superintendent of Schools

MEMORANUM OF UNDERSTANDING
ASHFORD BOARD OF EDUCATION
AND
MUNICIPAL EMPLOYEES UNION INDEPENDENT (MEUI)
SEUI LOCAL 506

Whereas the Ashford Board of Education ("the Board") is a municipal employer within the meaning of the Municipal Employee Relations Act ("the Act"); and the Board and the Union are parties to a valid collective bargaining agreement effective July 1, 2021 through June 30, 2024 (the "Agreement");

Whereas, the parties agreed in collective bargaining to modify the current contract language of Article VIII, Section 1.

Whereas, the parties wish to further alter Article VIII, Section 1

Now therefore, the parties agree as follows:

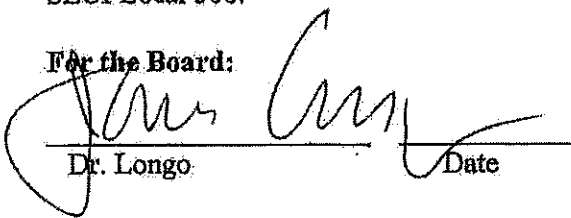
1. To replace updated Article VIII, Section 1 "1. The vacation year (for 12-month employees) shall be based on the employee's anniversary date. 2. During employees first year of employment, the employee will receive 3 days' vacation upon hire. The employee will then accrue 1 vacation day per month over the next 7 months, to a max of 10 days. 3. Full time employees will receive 10 vacation days per year, years 2-10. 4. Full time employees will receive 15 vacation days per year, years 11+. 5. Employees will receive their vacation time at their anniversary date. 6. Unused vacation time will not be paid out if an employee is fired, laid off, voluntary or involuntarily quits. 7. Vacation days must be requested at least two weeks in advance, and approved by the Superintendent."

With the following language:

"1. The vacation year (for 12-month employees) shall be based on the employee's anniversary date. 2. During employees first year of employment, the employee will receive 3 days' vacation upon hire. The employee will then accrue 1 vacation day per month over the next 7 months, to a max of 10 days. 3. Full time employees will receive 10 vacation days per year, years 2-7. 4. Full time employees will receive 15 vacation days per year, years 8-15. Full time employees will receive 20 vacation days per year after years 15. Employees will receive their vacation time at their anniversary date. 6. Unused vacation time will not be paid out if an employee is fired, laid off, voluntary or involuntarily quits. 7. Vacation days must be requested at least two weeks in advance, and approved by the Superintendent."

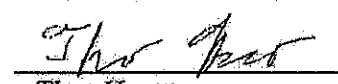
Executed by the duly authorized representatives of the Ashford Board of Education and MEUI, SEUI Local 506.

For the Board:



Dr. Longo Date

For Local 506 MEUI:



Theo Horesco Date

6-18-21

