

*AGREEMENT BETWEEN*  
*THE BOARD OF EDUCATION*  
*OF*  
*THE TOWN OF PLAINVILLE, CONNECTICUT*  
*AND*  
*THE PLAINVILLE ASSOCIATION OF SCHOOL ADMINISTRATORS*

*July 1, 2022 - June 30, 2025*

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**ARTICLE I**  
**RECOGNITION**

The Plainville Board of Education (hereinafter called the Board) recognizes the Plainville Association of School Administrators (hereinafter called the Association) as the exclusive representative of all certified personnel below the rank of Assistant Superintendent engaged in positions requiring administrative and supervisory certificates for the purpose of negotiations with respect to salaries and other conditions of employment in accordance with all of the rights and privileges as provided by Sections 10-153b to 10-153f of the General Statutes of Connecticut as amended until such time as the professional personnel represented choose other representatives in accordance with said law. This Article shall not be subject to the grievance procedure.

**ARTICLE II**  
**GENERAL**

- A. It is the intent and purpose of the parties hereto that their agreements promote and improve the quality of education in Plainville, Connecticut, provide for orderly professional negotiation between the Board and the Association, and secure prompt and fair disposition of grievances so as to promote positive influences upon the operation of the educational program.
- B. Except as expressly provided otherwise by the terms of this agreement, the determination and administration of educational policy, the operation of the schools, and the direction of the professional staff are vested exclusively in the Board or in the Superintendent of Schools.

**ARTICLE III**  
**COPIES OF CONTRACT**

The Board will furnish or make available to all members of the Association complete copies of the contract agreement together with salary schedules.

**ARTICLE IV**  
**GRIEVANCE PROCEDURE**

A. Purpose

The purpose of this procedure is to secure, at the lowest possible administrative level, and between the parties, equitable solutions to problems which may arise affecting the welfare and working conditions of the administrators and the welfare and best educational interests

of the Plainville School District. For purposes of Level Four of this grievance procedure, a grievance shall be defined as a violation of the term or terms of this contract. Both parties agree that proceedings shall be kept as confidential as is appropriate. The administrators may be represented by the Association and/or its designee at all levels.

B. Level One

Any member of the Association who has a complaint or concern not properly resolved may appeal to the Superintendent of Schools. A written decision will be forthcoming within a period of twenty (20) working days.

C. Level Two

When the complaint or concern is not resolved for decision by the Superintendent of Schools, the member may appeal to the Board. These appeals are to be in writing within ten (10) working days of the receipt of the decision rendered in Level One. A written decision will be forthcoming within a period of twenty (20) working days.

D. Level Three

The Grievance Committee of the Board shall, within fifteen (15) calendar days, hold a hearing for any grievant appealing pursuant to Level Two and said committee shall, within fifteen (15) calendar days thereafter, render a written decision.

E. Level Four

1. The Association may, within eight (8) days after receipt of the decision by the administrator at Level Three, submit the grievance to arbitration by so notifying the Board in writing.
2. The chairman of the Board and the president of the Association shall, within three (3) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competency. If the parties are unable to agree upon an arbitrator within three (3) days, the American Arbitration Association shall immediately be called upon to select the single arbitrator.
3. The arbitrator selected shall confer promptly with representatives of the Board and the Association, shall review the record of prior hearings, and shall hold such further hearings with the aggrieved Association and other parties and interests as he shall deem requisite. The arbitrator shall have no power to add to, delete from, or modify in any way any of the provisions of this agreement.
4. The arbitrator shall, within thirty (30) days after holding such hearings, render his decision in writing to all parties and interests, setting forth his findings and conclusions on the issues submitted. The decision of the arbitrator shall be binding.
5. All grievances shall be filed within thirty (30) calendar days of the incident which is being grieved.

6. The costs for the services of the arbitrator shall be borne equally by the Board and the Association.
7. Any alteration in the time-table of the grievance procedure will be by mutual consent between the Board and the Association.

F. Addenda

1. Grievance records shall be kept separate from regular personnel records.
2. No reprisals of any kind shall be taken by either party against any participant in the grievance procedure by reason of such participation.
3. If an aggrieved elects to carry a grievance to arbitration independent of the Association, then the costs for the services of the arbitrator shall be borne by the aggrieved.
4. Failure by an administrator or the Board to hold a hearing or render a decision within the specified time limits shall allow the grievant to proceed to the next level of the procedure.

**ARTICLE V**  
**JUST CAUSE**

No administrator shall be suspended or disciplined in any way without just cause. Nothing in this Article shall be applicable to non-disciplinary transfers and/or demotions, including but not limited to those occurring due to a reduction in force.

**ARTICLE VI**  
**TEMPORARY DISABILITY LEAVE**

- A. Administrators shall be entitled to sick leave with full pay up to twenty (20) working days in each school year. Unused sick leave may be accumulated from year to year to a maximum of two hundred and twenty-five (225) days.

For all administrators hired into the bargaining unit on or after July 1, 2012, unused sick leave may be accumulated from year to year to a maximum of two hundred (200) days.

- B. In the event of catastrophic illness, special consideration for extension of sick leave may be given by application, accompanied by a physician's certification, through the Superintendent.
- C. In the case of an extended disability leave, the administrator may be required to present proof of disability by his or her physician.

- D. The parties shall establish a pool of sick leave days not to exceed three (3) days per PASA member multiplied by the number of members wishing to participate in the sick leave pool. The three (3) days per member shall come from the annual allotment of sick leave days granted to administrators.

If a member becomes seriously ill and uses up his/her unused total sick leave account he/she may apply to P.A.S.A. for an additional number of days to add to his/her account. Only members who donated days to the sick bank shall participate in the program.

The maximum accumulation of sick days to the sick leave bank shall be 180 days.

### **ARTICLE VII SEVERANCE PAY**

- A. Upon the retirement, in accordance with the Teacher Retirement Act, death, or permanent disability of an administrator, such administrator or his survivor(s) shall be paid 33% of his accumulated unused sick leave over and above his regular compensation. The monies will be paid during July or January following retirement, death, or permanent disability, as the administrator or his survivor(s) elect.

Only employees hired into the bargaining unit on or before June 30, 2012 shall be eligible to receive benefits under the provisions of this Article.

- B. Formula for determination of per diem rate:  
Contracted Salary = Per Diem.

225

### **ARTICLE VIII PERSONAL DAYS**

- A. All administrators shall be entitled to a total of eight (8) personal days with full pay. Such personal days should include leaves for marriage, illness in family, attendance at graduation exercises of self and family, funerals, and any such days that are not otherwise covered by contract articles. If extenuating circumstances arise regarding additional personal leave time, an appeal may be made directly to the Superintendent of Schools.
- B. Application for leave in the provisions above shall be made to the immediate supervisor at least five school days before taking such leave (except in the case of emergencies where five school days is not feasible).
- C. Leaves taken pursuant to the above provisions shall be in addition to any sick leave to which the administrator is entitled.
- D. For leaves of absence other than those covered by any portion of this Agreement, the rate of deduction shall be 1/225 of the year's basic salary.

**ARTICLE IX**  
**JURY DUTY**

Any administrator who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from sick leave or personal days. The staff member shall receive a rate of pay equal to the difference between the professional salary and the jury fee.

**ARTICLE X**  
**PROFESSIONAL GROWTH**

- A. The Board and the Association recognize the value of professional growth. Attendance at educational conferences shall be encouraged by the Board.
- B. Administrators shall be reimbursed for reasonable expenses for attendance at national, state, and regional educational conferences or conventions when such attendance is approved in advance by the Superintendent or required by the Superintendent.
  - 1. The Board shall budget \$8,000 per year for conferences and conventions for all administrators covered by this contract. The Superintendent shall seek input from the Union President to determine equitable distribution of these funds. The final distribution of such funds shall be determined by the Superintendent of Schools.
- C. The Board shall pay the dues for membership on behalf of administrators as appropriate to their position in the following organizations:
  - 1. National Association of Elementary School Principals.
  - 2. National Association of Secondary School Principals.
  - 3. Connecticut Association of Secondary Schools.
  - 4. Elementary and Middle School Principals' Association.
  - 5. National Council for Exceptional Children.
  - 6. State Council for Exceptional Children.
  - 7. Council of Administrators of Special Education.
  - 8. One additional organization selected by each administrator appropriate to the administrator's position and approved by the Superintendent.
- D. Relevant college course work may be recognized by the Board and the Association as valuable professional development.

1. Subject to the prior approval of the Superintendent for all course work, the Board shall, upon presentation of successful completion of such course work, pay an amount not to exceed \$750 per year, per member, for tuition fees, supplies and books, for a course taken by an administrator for the improvement of job related skills.

## **ARTICLE XI** **MILITARY LEAVE**

Any administrator who is required to enter the federal military service shall be reinstated upon return therefrom in the same class or position previously occupied by him at a salary thereafter which shall include any salary advance to which he would have been entitled had his employment by the Board not been interrupted by the period of military service. Approved military leave will be limited to one tour of duty.

## **ARTICLE XII** **VACATION**

A. Twelve (12) month administrators shall receive a total of five weeks (twenty-five working days) vacation between July 1 and June 30 (contract year). Under ordinary circumstances, three of these weeks (fifteen working days) shall be taken during the summer, excluding the two weeks before school opens in the fall and the one week after school closes in June. Upon approval of the Superintendent, administrators may take vacation time during the summer concurrently with other administrators in their school. The two remaining weeks (ten working days) shall be taken as vacation time during regular school vacation periods.

Ten (10) month administrators shall receive a total of twelve (12) vacation days to be used during the school year when school is not in session (e.g., December, February, and April breaks). The work year for ten (10) month Assistant Principals shall be the school year and include three (3) additional weeks in the summer - one week of which shall be the five work days (5) days following the end of the school year, one week of which shall be the five (5) work days prior to the return of staff at the start of the next school year and the third week of five (5) work days shall be mutually agreed upon between the Assistant Principal and Building Principal.

For ten (10) and twelve (12) month administrators, upon approval of the Superintendent, vacation days may be taken during the school year. In addition to the above, administrators may take three days off during Christmas/New Year's break. These days may only be taken at this time and may not be added to the vacation period if not taken. Vacation days must normally be taken in the fiscal year in which they were earned. In extenuating circumstances, however, an administrator, subject to Superintendent approval, may be allowed to carry over up to five (5) days of vacation into the following fiscal year, provided that any such carried over days are used by December 31<sup>st</sup>.



B. Upon written requests to and subsequent approval by the Superintendent, an administrator may defer one week (five working days) of winter or spring vacation time to be taken as a vacation week during the summer period.

C. There shall be fourteen (14) paid holidays. They shall consist of:

- |                        |  |
|------------------------|--|
| Independence Day       | New Year's Day   |
| Labor Day              | Martin Luther King Day   |
| Columbus Day           | Lincoln's Birthday (Lincoln's Birthday will not be a paid holiday if school is in session) |
| Veterans' Day          | Presidents' Day  |
| Thanksgiving Day       | Good Friday  |
| Day after Thanksgiving | Memorial Day   |
| Christmas Day          |  |
| Day After Christmas    |  |

When a holiday falls on a day when school is in session with the students, the administrators shall be in attendance and shall receive a compensatory day off at a time agreed to mutually with the Superintendent.

D. An administrator who has a legal holiday(s) occur during a vacation period shall be granted a compensatory day(s) to be taken at a time agreeable to the administrator and the Superintendent.

E. On days when school is normally in session, but school is cancelled by the Superintendent, Administrators may choose to work from home, subject to the approval of the Superintendent.

### **ARTICLE XIII**

#### **PERSONAL INJURY BENEFITS**

Whenever an administrator is absent from school as a result of personal injury caused by an accident and/or assault upon his person arising out of and in the course of his employment, he shall be paid his full salary (less the amount of any workers' compensation award made for temporary disability due to said injury) for the period of such absence not to exceed one calendar year. No part of such absence shall be charged to his annual or accumulated sick leave.

### **ARTICLE XIV**

#### **PAYROLL DEDUCTIONS**

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

1. Credit Union
  2. Tax Sheltered Annuity Plans
  3. United Way of Plainville
  4. Board-approved insurances
  5. Plainville Association of School Administrators
- B. Each of the associations named in Section A above shall certify to the Board in writing the current rate of its membership dues. Any association which shall change the rate of its membership dues shall give the Board thirty (30) days written notice prior to the effective date of such change.
- C. Deductions will be divided equally over each paycheck for twelve (12) month employees. For ten (10) month employees, deductions will be divided equally over twenty (20) pay periods. State Teacher Retirement Board (TRB) contributions shall be divided equally over twenty (20) pay periods for all administrators. The Board shall not be required to honor any deduction authorizations that are delivered to it later than one (1) week prior to the distribution of the payroll from which the deductions are to be made.

#### **ARTICLE XV** **AMENDMENT**

This Agreement shall not be altered, amended, or changed except in writing, signed by both the Board and the Association, which amendment shall be appended hereto and become a part hereof.

#### **ARTICLE XVI** **SEVERABILITY**

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

#### **ARTICLE XVII** **INSURANCE BENEFITS**

The Board shall provide health insurance coverages noted below and pay the premium in accordance with the following terms and conditions:

- A. The Board shall offer each bargaining unit member the opportunity to participate in the Connecticut State Partnership Plan 2.0 (SPP) for health benefits. The health plan benefits shall be as set forth in the SPP, including any subsequent amendments or

modifications made to the SPP by the State and its employee representatives. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the SPP.

- a. The premium rates shall be set by the SPP. Based on such rates, the Board shall establish a blended rate to provide the same rate to active and retired administrators in accordance with statute.
- b. Premium cost share shall be as follows:
  - 2022-23 school year – 20% paid by the administrators and 80% paid by the Board.
  - 2023-24 school year – 20.5% paid by the administrators and 79.5% paid by the Board.
  - 2024-25 school year – 21% paid by the administrators and 79% paid by the Board.
- c. The SPP contains a Health Enhancement Plan (HEP) component. All employees participating in the SPP are subject to the terms and provisions of the HEP. In the event SPP administrators impose the HEP non-participation or noncompliance \$100 per month premium cost increase or the \$350 per participant to a maximum of \$1400 family annual deductible, those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Board. The \$100 per month premium cost increase shall be implemented through payroll deduction, and the \$350/\$1400 annual deductible shall be implemented through claims administration.
- d. In the event any of the following occur, the Board or the Union may reopen negotiations in accordance with Conn. Gen. Stat. Section 10-153f(e) as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part.
  - i) If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical insurance plan offered herein. For purposes of this Agreement, a substantial increase shall be defined as five percentage points above national trend. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or
  - ii) If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Board, any of which amendments,

changes, fees or charges (individually or collectively) would substantially increase the cost of the medical insurance plan offered herein. For purposes of this Agreement, a substantial increase shall be defined as five percentage points above national trend. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or

- e. In any negotiations triggered under subparagraph e above, the parties shall consider the High Deductible Health Plan with Health Savings Account set forth in Article XVIII (Insurance Benefits) of the parties' 2018-2021 Agreement to be the baseline for such negotiations, and the parties shall consider the following additional factors:
- Trends in health insurance plan design outside of the SPP;
  - The costs of different plan designs, including a high deductible health plan structure and a PPO plan structure.
  - Should such negotiations be submitted to arbitration for resolution, the arbitration panel shall consider the foregoing in applying the statutory criteria in making its ruling.
- B. Delta Dental Plan with co-pay Dental Rider for Unmarried Dependent Children or their equivalent. The Board pays 80% of the premium and the administrators pay 20% of the premium, for both individual and family coverage, to be deducted from biweekly payroll checks. The Board shall offer to all employees a Vision Plan at 100% employee cost. Neither the dental nor vision plan shall be administered under the SPP.
- C. All administrators shall be entitled to the following coverage:
1. Group Life Insurance of \$200,000 benefit coverage, including \$200,000 of Accidental Death and Dismemberment Insurance. The Board pays 90% of the premium and administrator pays 10% of the premium.
  2. Full long term disability insurance as provided by Phoenix Mutual or other carrier as designated by the Board. The Board pays 85% of the premium and administrator pays 15% of the premium.
- D. Subject to the rules and regulations of the Internal Revenue Service and the Town of Plainville flexible benefits plan, health insurance premium contributions by administrators shall be excludable from income for federal tax purposes.

E. Eligibility for Benefits

1. All insurance benefits shall be provided in accordance with the terms of the insurance carrier.
2. Disputes concerning an employee's eligibility or entitlement to the benefits contained herein are matters which are to be resolved by the employee and the insurance carrier administering the plan.
3. Under no provision of this Agreement shall the Plainville Board of Education be deemed to be a self-insurer. Disputes concerning coverage shall not be subject to the grievance procedure contained in this agreement so long as the Board has not violated any provision of this contract.

F. Change of Insurance Carrier

There shall be no change in the present insurance benefits set forth on this page except by agreement of the parties. In the event the Board finds that it can provide equivalent benefits and services through an alternative carrier of its choice, it shall seek mutual agreement of the Association for such change. The Association shall have 30 working days to examine the Board's proposal. If the parties are unable to agree to the alternative carrier, a mutually agreed upon arbitrator shall be appointed and the decision of the arbitrator shall be binding upon the parties. If the parties are unable to agree on an arbitrator within 10 days of a request by either party to arbitrate, the American Arbitration Association shall be requested to appoint an arbitrator with expertise in the health insurance filed in accordance with its rules and regulations.

G. Excise Tax

If the total cost of a group health plan or plans offered under this contract triggers an excise tax under Internal Revenue Code Section 4980I or any other related local, state or federal statute or regulation, the parties agree to open negotiations over an insurance plan that will reduce the cost of the plan to under the excise tax thresholds.

**ARTICLE XVIII**  
**ADMINISTRATIVE ASSIGNMENTS**

- A. In the event the Board decides to change or alter the duties or responsibilities of any position represented by the Association, it shall notify the Association at least thirty (30) days prior to the proposed change. The Association shall have an opportunity to meet and consult with the Board prior to the proposed change becoming operational. The decision of the Board shall be final. The Board shall negotiate any substantial impact on conditions of employment that may be generated by its decision, provided such bargaining is required by law.

- B. An administrator on layoff shall have the right to continue, at his option, in the group plan for medical and life insurance at Board expense and at the group rate for a period of six months or to the end of the school year, whichever is longer.
- C. Any administrative vacancy governed under the PASA contract, and any new administrative position shall be posted to all PASA members at least five (5) working days prior to any other notification.
- D. The Union shall be notified of any additions or reductions in bargaining unit positions.

**ARTICLE XIX**  
**TAX SHELTERED ANNUITY**

The base salaries of administrators shall be comprised of the following two components: 1) cash compensation, in such amounts as are set forth in Appendix A; and 2) an additional annual sum of three thousand five hundred dollars (\$3,500) to which each administrator will arrange to have an elective deferral deducted from his/her salary on a pre-tax basis as permitted under IRC Section 403(b), as amended, and then contributed toward the purchase of a 403(b) annuity with a tax sheltered annuity from the account offered by the Board. The annuity payment set forth in section 2 above shall be paid in July.

Upon leaving the Plainville school system, the Association member is required to return an amount of this tax sheltered annuity proportional to the remaining calendar work days.

**ARTICLE XX**  
**REDUCTION IN FORCE**

- A. In the event that positions covered by this Agreement are eliminated, the following procedure will be used:
  - 1. Any administrator relieved of his/her duties because of reduction of staff or elimination of position shall be offered an administrative opening, if one exists, in his/her classification for which he/she is certified and qualified.
  - 2. If there is no existing administrative opening in his/her classification, the displaced administrator shall be offered the position of an administrator who has the least seniority in his/her present classification, provided he/she is certified and qualified for the position.
  - 3. If there is no existing administrative opening in his/her classification and the displaced administrator has the least seniority in his/her present classification, he/she will be offered an administrative opening, if one exists, in any other

Administrative classification for which he/she is certified and qualified provided, however, such appointment does not constitute a promotion to a higher classification.

4. If there are no existing administrative openings in any administrative classification, and the displaced administrator has the least seniority in his/her present classification, but has administrative seniority over an administrator in another classification for which the displaced administrator is certified and qualified, the displaced administrator will be offered such position; provided, however, such appointment does not constitute a promotion to a higher classification.
5. If an administrator is relieved of his/her duties because of a reduction in staff or elimination of position and another administrative position is not otherwise available as aforesaid, he/she will be offered a teaching position subject to the Reduction in Force provision of the Plainville Education Association's contract with the Plainville Board of Education.
6. If an administrator is relieved of his/her duties because of a reduction in staff or an elimination of position and employed as a teacher, he/she will be given the experience credit on the salary schedule according to the teacher's contract for his/her administrative and teaching experience within the school system and shall retain all accumulated sick leave, providing the latter does not violate the teacher's contract or pertinent state statutes.
7. Any administrator who has been displaced as aforesaid shall be placed on a reappointment list for three (3) years for his former administrative position, and shall remain thereon until reappointed, provided such administrator does not refuse a reappointment. Administrators shall be recalled to positions for which they are certified and qualified according to their administrative seniority in the Plainville School System. If a reappointment is offered consistent with the above and is refused by the administrator, he/she shall thereupon be removed from the reappointment list.
8. For purposes of this Article, administrative classifications shall be as follows:
  - a. High School Principal
  - b. Middle School Principal and Directors
  - c. Elementary School Principal
  - d. High School Assistant Principal and Supervisors
  - e. Middle School Assistant Principal
  - f. Athletic Director

9. The Superintendent of Schools shall determine whether an administrator is qualified under this Article provided that his decision shall not be arbitrary or capricious. A decision that is not arbitrary or capricious shall be upheld. Decisions of termination from the unit are not subject to the grievance procedure.

**ARTICLE XXI**  
**DIRECT DEPOSIT PAYROLL SYSTEM**

- A. Administrators shall be paid by electronic direct deposit to a qualified financial institution of their choice.

**ARTICLE XXII**  
**CELL PHONE AND BUSINESS TRAVEL**

- A. The Board will pay an allowance of \$50 per month to each administrator employed by the Board, in consideration of each administrator's use of his or her personal cell phone for school district business. All parties acknowledge that the cell phone allowance to be paid by the Board will be subject to all applicable tax withholding and reporting requirements.
  1. Each administrator will be required to acknowledge in writing that because his or her cell phone is being used for school district purposes, the following provisions shall apply:
    - a. Each administrator will be required to comply with any and all applicable record retention requirements with respect to communications or other records transmitted and/or stored on the cell phone;
    - b. Each administrator will be required to protect the confidentiality of all district-related information transmitted and/or stored on the cell phone;
    - c. Each administrator must use his or her cell phone in a manner that complies with all Board policies and regulations, and with all applicable laws, at all times.
    - d. School district-related information transmitted and/or stored on the cell phone may be subject to review or disclosure under the Freedom of Information Act (subject to any applicable exceptions under such Act). Upon the school district's receipt of such a request for review or disclosure of school-related information transmitted and/or stored on an administrator's cell phone, the administrator will be required, upon the request of the Superintendent or designee, to promptly turn the cell phone over to the Superintendent or designee for the purposes of compliance with the Freedom of Information Act.



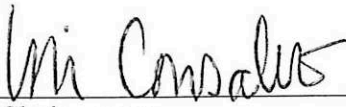
- B. Each administrator shall maintain a log of necessary inter-district and intra-district business travel and submit this log to the Director of Finance and Operations for approval and reimbursement. Reimbursement shall be at the current I.R.S. established auto mileage rate.

**ARTICLE XXIII**  
**DURATION**

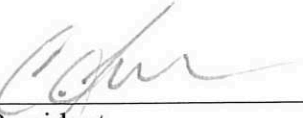
The provisions of this Agreement shall be effective as of July 1, 2022, and shall continue and remain in full force and effect during the period from July 1, 2022 to June 30, 2025. Notwithstanding the above, reopener negotiations regarding the Excise Tax may be triggered pursuant to the clause in Article XVIII.

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

Date 3/16/22

By:   
Chairperson  
PLAINVILLE BOARD OF EDUCATION

Date 3/16/22

By:   
President  
PLAINVILLE ASSOCIATION OF SCHOOL  
ADMINISTRATORS

**APPENDIX A--SALARY SCHEDULES  
PLAINVILLE ADMINISTRATORS**

**2022-23**

	1	2	3	4	5
Middle School Assistant Principal (12 Mos)	116,008	120,531	125,232	130,116	136,934
Middle School Assistant Principal (10 Mos)	104,407	108,478	112,708	117,105	123,240
Assist. HS Principals, Supervisors, & Athletic Director	120,093	124,807	129,521	134,246	141,427
Assist. HS Principals (10 mo), ELL and Equity Support Specialist (10 mo)	108,083	112,326	116,569	120,822	127,285
Elementary Principals	127,155	131,880	136,591	141,280	148,615
Middle School Principal & Directors	132,848	137,568	142,273	147,008	154,412
High School Principal	138,907	143,627	148,346	153,066	160,574

GWI: 2.00%

Eligible administrators will move up one step in 2022-23.

**2023-24**

	1	2	3	4	5
Middle School Assistant Principal (12 Mos)	118,908	123,544	128,363	133,369	140,357
Middle School Assistant Principal (10 Mos)	107,017	111,190	115,526	120,033	126,321
Assist. HS Principals, Supervisors, & Athletic Director	123,095	127,927	132,759	137,602	144,963
Assist. HS Principals (10 mo), ELL and Equity Support Specialist (10 mo)	110,785	115,134	119,483	123,843	130,467
Elementary Principals	130,334	135,177	140,006	144,812	152,330
Middle School Principal & Directors	136,169	141,007	145,830	150,683	158,272
High School Principal	142,380	147,218	152,055	156,893	164,588

GWI: 2.50%

In 2023-2024, Administrators will remain on the step they were on in 2022-23.

**2024-25**

	1	2	3	4	5
Middle School Assistant Principal (12 Mos)	120,692	125,397	130,288	135,370	142,462
Middle School Assistant Principal (10 Mos)	108,622	112,858	117,259	121,833	128,216
Assist. HS Principals, Supervisors, & Athletic Director	124,941	129,846	134,750	139,666	147,137
Assist. HS Principals (10 mo), ELL and Equity Support Specialist (10 mo)	112,447	116,861	121,275	125,701	132,424
Elementary Principals	132,289	137,205	142,106	146,984	154,615
Middle School Principal & Directors	138,212	143,122	148,017	152,943	160,646
High School Principal	144,516	149,426	154,336	159,246	167,057

GWI: 1.50%

Eligible administrators will move up one step in 2024-2025.

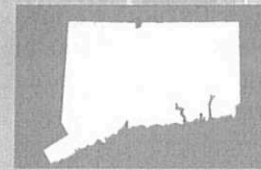
Applicable to all years - An administrator who has attained a doctoral degree (a Ph.D. or Ed.D. from an accredited college or university) shall receive an annual stipend of two thousand dollars (\$2,000).

**APPENDIX B**

CT STATE PARTNERSHIP PLAN 2.0



# CONNECTICUT PARTNERSHIP PLAN



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## *A Great Opportunity for Very Valuable Healthcare Coverage*

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Welcome to the Connecticut (CT) Partnership Plan—a low-/no-deductible Point of Service (POS) plan now available to you (and your eligible dependents up to age 26) and other non-state public employees who work for municipalities, boards of education, quasi-public agencies, and public libraries.

*The CT Partnership Plan is the same POS plan currently offered to State of Connecticut employees.* You get the same great healthcare benefits that state employees get, including \$15 in-network office visits (average actual cost in CT: \$150\*), free preventive care, and \$5 or \$10 generic drug copays for your maintenance drugs. You can see any provider (e.g., doctors, hospitals, other medical facilities) you want—in- or out-of-network. But, when you see in-network providers, you pay less. That's because they contract with Anthem Blue Cross and Blue Shield (Anthem)—the plan's administrator—to charge lower rates for their services. You have access to Anthem's State Bluecare POS network in Connecticut, and access to doctors and hospitals across the country through the BlueCard® program.

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 5, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and visit [www.anthem.com/statect](http://www.anthem.com/statect) to find out if your doctor, hospital or other medical provider is in Anthem's network. Information about the dental plan offered where you work, and the amount you'll pay for healthcare and dental coverage, will be provided by your employer.



BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Preventive Care (including adult and well-child exams and immunizations, routine gynecologist visits, mammograms, colonoscopy)	\$0	20% of allowable UCR* charges
Annual Deductible (amount you pay before the Plan starts paying benefits)	Individual: \$350 Family: \$350 per member (\$1,400 maximum) <i>Waived for HEP-compliant members</i>	Individual: \$300 Family: \$900
Coinsurance (the percentage of a covered expense you pay <i>after</i> you meet the Plan's annual deductible)	Not applicable	20% of allowable UCR* charges
Annual Out-of-Pocket Maximum (amount you pay before the Plan pays 100% of allowable/UCR* charges)	Individual: \$2,000 Family: 4,000	Individual: \$2,300 (includes deductible) Family: \$4,900 (includes deductible)
Primary Care Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Specialist Office Visits	\$15 copay (\$0 copay for Preferred Providers)	20% of allowable UCR* charges
Urgent Care & Walk-In Center Visits	\$15 copay	20% of allowable UCR* charges
Acupuncture (20 visits per year)	\$15 copay	20% of allowable UCR* charges
Chiropractic Care	\$0 copay	20% of allowable UCR* charges
Diagnostic Labs and X-Rays <sup>1</sup> <b>** High Cost Testing (MRI, CAT, etc.)</b>	\$0 copay ( <i>your doctor will need to get prior authorization for high-cost testing</i> )	20% of allowable UCR* charges ( <i>you will need to get prior authorization for high-cost testing</i> )
Durable Medical Equipment	\$0 ( <i>your doctor may need to get prior authorization</i> )	20% of allowable UCR* charges ( <i>you may need to get prior authorization</i> )

<sup>1</sup> IN NETWORK: Within your carrier's immediate service area, no co-pay for preferred facility. 20% cost share at non-preferred facility.  
Outside your carrier's immediate service area: no co-pay.

<sup>1</sup> OUT OF NETWORK: Within your carrier's immediate service area, deductible plus 40% coinsurance.  
Outside of carrier's immediate service area: deductible plus 20% coinsurance.

BENEFIT FEATURE	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Care	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Eye Exam (one per year)	\$15 copay	50% of allowable UCR* charges
**Infertility (based on medical necessity)		
Office Visit	\$15 copay	20% of allowable UCR* charges
Outpatient or Inpatient Hospital Care	\$0	20% of allowable UCR* charges
**Inpatient Hospital Stay	\$0	20% of allowable UCR* charges
Mental Healthcare/Substance Abuse Treatment		
**Inpatient	\$0	20% of allowable UCR* charges (you may need to get prior authorization)
Outpatient	\$15 copay	20% of allowable UCR* charges
Nutritional Counseling (Maximum of 3 visits per Covered Person per Calendar Year)	\$0	20% of allowable UCR* charges
**Outpatient Surgery	\$0	20% of allowable UCR* charges
**Physical/Occupational Therapy	\$0	20% of allowable UCR* charges, up to 60 inpatient days and 30 outpatient days per condition per year
Foot Orthotics	\$0 (your doctor may need to get prior authorization)	20% of allowable UCR* charges (you may need to get prior authorization)
Speech therapy: Covered for treatment resulting from autism, stroke, tumor removal, injury or congenital anomalies of the oropharynx	\$0	Deductible plus Coinsurance (30 visits per Calendar Year)
Medically necessary treatment resulting from other causes is subject to Prior Authorization	\$0 (30 visits per Covered Person per Calendar Year)	Deductible plus Coinsurance (30 visits per Calendar Year)

\*Usual, Customary and Reasonable. You pay 20% coinsurance based on UCR, plus you pay 100% of amount provider bills you over UCR.

\*\* Prior authorization required: If you use in-network providers, your provider is responsible for obtaining prior authorization from Anthem. If you use out-of-network providers, you are responsible for obtaining prior authorization from Anthem.

# Be the picture of health

Check out these programs and services to be your healthy best

## Need a doctor? Choose a State of Connecticut preferred doctor and save

When you see a Primary Care Physician (PCP) or specialist in your State of Connecticut preferred network (also referred to as Tier 1 in your health plan), there's no office visit copay. These doctors cost less than doctors outside of your plan.

- Visit [anthem.com/statect](http://anthem.com/statect) and choose **Find a Doctor**.
- Call the Enhanced Member Service Unit at 1-800-922-2232, for more information or to find out if your doctor is in Tier 1.

## Use Site-of-Service providers to get 100% coverage for lab tests, X-rays, and high-cost imaging

Site-of-Service (SOS) providers give you 100% coverage with a \$0 copay. Your plan will cover only 80% of the cost when you get these services from other providers.

- Call the Enhanced Member Service Unit at 1-800-922-2232 to learn more.

## Find support for mental health issues

If you or a family member needs mental health or substance use care or treatment, we have specialists and designated programs that can help and/or direct you to the type of care that you need.

- Call an Anthem Behavioral Health Care Manager at 1-888-605-0580.
- Visit [anthem.com/statect](http://anthem.com/statect).

## See a doctor, psychologist or therapist from home or work with LiveHealth Online

With LiveHealth Online you can see a board-certified doctor on your smartphone, tablet or computer with a webcam. Doctors can assess your health, provide treatment options and send a prescription to the pharmacy of your choice, if needed.<sup>2</sup> If you're feeling stressed, worried or having a tough time, you can see a licensed psychologist or therapist through LiveHealth Online Psychology. It's private and in most cases you can see a therapist within 4 days or less.<sup>3</sup>

- Learn more and enroll at [livehealthonline.com](http://livehealthonline.com) or use the free mobile app.

## How to find care right away when it's not an emergency

The emergency room shouldn't be your first stop — unless it's a true emergency (then, call 911 or go to the ER). Depending on the situation, there are different types of providers you can see if your doctor isn't available.

- Visit a walk-in doctor's office, retail health clinic or urgent care center.
- Have a video visit with a doctor through LiveHealth Online.
- Call 24/7 NurseLine at 1-800-711-5947 to speak with a nurse about symptoms or get help finding the right care.

## Get access to care wherever you go

If you travel out of Connecticut, but are in the U.S., you have access to doctors and hospitals across the country with the BlueCard® program. If you travel out of the U.S., you have access to providers in nearly 200 countries with the Blue Cross and Blue Shield Global Core® program.

- Call 1-800-810-BLUE (2583) to learn more about both programs. If you're outside the U.S., call collect at 1-804-673-1177.<sup>3</sup>

## It's easy to manage your benefits online and on the go

- Find a doctor, check your claims and compare costs for care near you at [anthem.com/statect](http://anthem.com/statect).
- Use our free mobile app (search "Anthem Blue Cross and Blue Shield" at the App Store® or Google Play™) for benefit information and to show your ID card, get directions to a doctor or urgent care center and much more.

## Customer service helps you get answers and much more

The State of Connecticut Enhanced Member Service Unit can give you information on benefits, wellness programs and services and everything mentioned in this flier.

- Call them at 1-800-922-2232.
- Visit [anthem.com/statect](http://anthem.com/statect).

<sup>1</sup> Designated as Tier 1 in our Find a Doctor tool. Eligible specialties include allergy and immunology, cardiology, endocrinology, ear nose and throat (ENT), gastroenterology, OB/GYN, ophthalmology, orthopedic surgery, rheumatology and urology.

<sup>2</sup> Prescription availability is defined by physician judgment and state regulations.

<sup>3</sup> Appointments subject to availability of therapist.

<sup>4</sup> Blue Cross Blue Shield Association website: Coverage Home and Away (accessed March 2019):

[bcbs.com/already-a-member/coverage-home-and-away.html](http://bcbs.com/already-a-member/coverage-home-and-away.html).

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf

of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent

licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. 59142CTMENABS Rev. 03/19







<b>PRESCRIPTION DRUGS</b>	<b>Maintenance<sup>+</sup> (31-to-90-day supply)</b>	<b>Non-Maintenance (up to 30-day supply)</b>	<b>HEP Chronic Conditions</b>
Generic (preferred/non-preferred)**	\$5/\$10	\$5/\$10	\$0
Preferred/Listed Brand Name Drugs	\$25	\$25	\$5
Non-Preferred/Non-Listed Brand Name Drugs	\$40	\$40	\$12.50
Annual Out-of-Pocket Maximum	\$4,600 Individual/\$9,200 Family		

+ Initial 30-day supply at retail pharmacy is permitted. Thereafter, 90-day supply is required—through mail-order or at a retail pharmacy participating in the State of Connecticut Maintenance Drug Network.

\*\* Prescriptions are filled automatically with a generic drug if one is available, unless the prescribing physician submits a Coverage Exception Request attesting that the brand name drug is medically necessary.

*Preferred and Non-Preferred Brand-Name Drugs*

A drug’s tier placement is determined by Caremark’s Pharmacy and Therapeutics Committee, which reviews tier placement each quarter. If new generics have become available, new clinical studies have been released, new brand-name drugs have become available, etc., the Pharmacy and Therapeutics Committee may change the tier placement of a drug.

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at

[www.osc.ct.gov/ctpartner](http://www.osc.ct.gov/ctpartner)) and fax it to Caremark.

If approved, you will pay the preferred brand co-pay amount.

*If You Choose a Brand Name When a Generic Is Available*

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark’s Coverage Exception Request form and it is approved. (It is not enough for your doctor to note “dispense as written” on your prescription; a separate

form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

*Mandatory 90-day Supply for Maintenance Medications*

If you or your family member takes a maintenance medication, you are required to get your maintenance prescriptions as 90-day fills. You will be able to get your first 30-day fill of that medication at any participating pharmacy. After that your two choices are:

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State’s Maintenance Drug Network (see the list of participating pharmacies on the Comptroller’s website at [www.osc.ct.gov](http://www.osc.ct.gov)).



The Health Enhancement Program (HEP) is a component of the medical plan and has several important benefits. First, it helps you and your family work with your medical providers to get and stay healthy. Second, it saves you money on your healthcare. Third, it will save money for the Partnership Plan long term by focusing healthcare dollars on prevention.

*Health Enhancement Program Requirements*

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2021 HEP Requirements:

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49	As recommended by physician
Cervical Cancer Screening	N/A	N/A	Pap smear every 3 years (21+)	Pap smear every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years



*The Health Enhancement Program features an easy-to-use website to keep you up to date on your requirements.*

*Additional Requirements for Those With Certain Conditions*

If you or any enrolled family member has 1) Diabetes (Type 1 or 2), 2) asthma or COPD, 3) heart disease/heart failure, 4) hyperlipidemia (high cholesterol), or 5) hypertension (high blood pressure), you and/or that family member will be required to participate in a disease education and counseling program for that particular condition. You will receive free office visits and reduced pharmacy copays for treatments related to your condition.

These particular conditions are targeted because they account for a large part of our total healthcare costs and have been shown to respond particularly well to education and counseling programs. By participating in these programs, affected employees and family members will be given additional resources to improve their health.

*If You Do Not Comply with the requirements of HEP*

If you or any enrolled dependent becomes non-compliant in HEP, your premiums will be \$100 per month higher and you will have an annual \$350 per individual (\$1,400 per family) in-network medical deductible.

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Care Management Solutions, an affiliate of ConnectiCare, is the administrator for the Health Enhancement Program (HEP). The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. You can visit [www.cthep.com](http://www.cthep.com) to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Access a library of health information and articles
- Set and track personal health goals
- Exchange messages with HEP Nurse Case Managers and professionals

You can also call Care Management Solutions to speak with a representative.

Care Management Solutions

(877) 687-1448 Monday – Thursday, 8:00 a.m. – 6:00 p.m. Friday, 8:00 a.m. – 5:00 p.m.



**CONNECTICUT  
PARTNERSHIP PLAN**



**YOUR BENEFIT RESOURCES**

*Office of the State Comptroller, Healthcare Policy & Benefit Services Division*

[www.osc.ct.gov/ctpartner](http://www.osc.ct.gov/ctpartner)  
**860-702-3560**

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*Anthem Blue Cross and Blue Shield*

[www.anthem.com/statect](http://www.anthem.com/statect)  
Enhanced Dedicated Member Services: **1-800-922-2232**

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*Caremark (Prescription drug benefits)*

[www.caremark.com](http://www.caremark.com)  
**1-800-318-2572**

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*CIGNA (Dental and Vision Rider benefits)*

[www.cigna.com/stateofct](http://www.cigna.com/stateofct)  
**1-800-244-6224**

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*Health Enhancement Program (HEP) Care Management Solutions  
(an affiliate of ConnectiCare)*

[www.cthep.com](http://www.cthep.com)  
**1-877-687-1448**

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For details about specific plan benefits and network providers, contact the insurance carrier. If you have questions about eligibility, enrolling in the plans or payroll deductions, contact your Payroll/Human Resources office.

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