

AGREEMENT

BETWEEN

THE RIDGEFIELD BOARD OF EDUCATION

AND

THE RIDGEFIELD ADMINISTRATORS ASSOCIATION

JULY 1, 2024– JUNE 30, 2027

TABLE OF CONTENTS

PREAMBLE..... 1

ARTICLE I – RECOGNITION 1

ARTICLE II – BOARD’S RIGHTS..... 2

ARTICLE III – DUES AND SERVICE FEES 2

ARTICLE IV – WORKING CONDITIONS 3

 Vacation 3

 Holidays 4

 Meetings 4

 Board Meeting Agenda 4

ARTICLE V – GRIEVANCE PROCEDURE 4

 Purpose 4

 Definitions 4

 Time Limits 5

 Procedure..... 5

 Miscellaneous 6

ARTICLE VI – PROFESSIONAL STATUS..... 6

ARTICLE VII – PROTECTION OF ADMINISTRATORS 7

 Preamble..... 7

 Save Harmless 7

 Compensable Injuries 8

ARTICLE VIII – REDUCTION IN FORCE 8

 Notice 8

 Elimination 9

 Recall Procedure 9

ARTICLE IX – JUST CAUSE..... 9

ARTICLE X – ADMINISTRATIVE VACANCIES 9

ARTICLE XI – LEAVES..... 10

 Personal Leaves..... 10

 Sabbatical Leave 10

 Sick Leave 11

 Extended Personal Leave 11

ARTICLE XII – SALARY..... 12

 Salary Schedules 12

 Salary Increases..... 12

ARTICLE XIII – DEATH BENEFIT13
ARTICLE XIV – LONGEVITY13
ARTICLE XV – BENEFITS13
 Life Insurance.....14
 Long Term Disability Protection.....14
 Carriers15
 Eligibility15
 Contributions Toward Benefit Plan Costs15
 Reopener.....16
ARTICLE XVI – DURATION AND SEVERABILITY16

APPENDIX A – SALARY SCHEDULES
APPENDIX B – HSA PLAN DESIGN SUMMARY
APPENDIX C – DENTAL

PREAMBLE

This Agreement is made by and between the Ridgefield Board of Education, hereinafter referred to as the Board, and the Ridgefield Administrators Association, hereinafter referred to as the Association.

WHEREAS: The Board and the Association recognize that their common interest is the continuing development and successful operation of a superior educational program for the Town of Ridgefield.

WHEREAS: The Board and the Association are committed to maintaining effective and harmonious working relationships between both Parties to this Agreement so that the needs of public education may be fully realized.

WHEREAS: Both Parties to this Agreement recognize that the Association has a significant consultative role in the Board's study of policy.

WHEREAS: The Board recognizes the Association as the exclusive collective bargaining representative for all administrative employees covered by this Agreement as hereinafter defined.

WHEREAS: The Board and the Association recognize their responsibility in accordance with Section 10-153d of the Connecticut General Statutes to negotiate in good faith and seek an agreement through the negotiating and bargaining process.

WHEREAS: Both Parties agree that nothing shall be contained in this Agreement which shall be construed to contravene or violate any state law concerning Boards of Education.

NOW, THEREFORE, in consideration of the above and other mutual promises, the parties hereto agree to the following:

ARTICLE I - RECOGNITION

Section 1.01. For purposes of negotiating with respect to salaries, hours and other conditions of employment in accordance with Sections 10-153b through 10-153g of the Connecticut General Statutes, as amended, the Board hereby recognizes the Association as the exclusive representative of those certified professional employees of the Board who are employed in positions requiring an intermediate administrator or supervisor certificate or the equivalent thereof, including those positions listed in the Salary Schedule Appendices, but excluding the Superintendent of Schools, Assistant Superintendents, certified professional employees who act for the Board in negotiations with certified professional personnel or are directly responsible to the Board for personnel relations or budget preparation, teachers, temporary substitutes and all non-certified employees of the Board.

Section 1.02. The term "Administrator(s)" as used through this Agreement is hereby defined to mean those administrative employees of the Board described in Section 1 hereof as being represented by the Association.

ARTICLE II - BOARD'S RIGHTS

Section 2.01. Except as expressly provided otherwise by the terms of this Agreement, the determination and administration of educational policies, the operation of the schools, and the direction of the professional staff are vested exclusively in the Board acting by itself or through the Superintendent of Schools or his or her assistants.

ARTICLE III - DUES AND SERVICE FEES

Section 3.01. Administrators may join the Association and pay the regular annual dues uniformly required for maintaining Association membership or pay an annual service fee to the Association not greater than the amount of dues uniformly required of members which represent the costs of collective bargaining, contract administration, and grievance adjustment, or do neither.

Section 3.02. The Board agrees to deduct from each regular paycheck issued to each Administrator who elects to join the Association and who voluntarily authorizes the Board, in writing, to deduct dues, an amount equal to the Association dues or the service fee, whichever is applicable, divided by the number of regular paychecks to be issued to each Administrator, respectively, from and including the first paycheck issued in September through and including the last paycheck issued in June. Such deductions shall commence with the first paycheck issued in September each year provided that by no later than August 1, the Association shall certify to the Board the amount of the Association dues and the amount of the service fee, respectively, and shall furnish the Board with a list of Association members on whose behalf such deductions must be made and identify which Administrator pays dues and which Administrator pays a service fee. Each month thereafter, the Association shall provide the Superintendent with a written list of changes in Association membership so that the appropriate deductions can be made. Notwithstanding any provision of this section, the Board will not make such deductions from more than two paychecks in any calendar month.

Section 3.03. Administrators whose employment commences after the start of the contract year shall pay a pro-rated amount of the Association dues or the service fee, whichever is applicable, equal to the percentage of the remaining contract year if the administrator elects to join the Association and the Administrator voluntarily authorizes the Board, in writing, to deduct dues or a service fee. Payroll deductions for said Administrators shall be made in the same manner as set forth in Section 2 above.

Section 3.04. Following each pay period for which the aforesaid deductions are made, the Board will forward to the Association a check in the amount of money deducted from Administrators' paychecks during that pay period in accordance with Section 2 and Section 3 above, together with a list of Administrators from whose paychecks such deductions were made.

Section 3.05. The Association agrees to defend, indemnify and hold the Board harmless against any and all expenses, liability, suits or claims which arise under this Article and/or from the Board's action in compliance with the provisions of this Article.

ARTICLE IV - WORKING CONDITIONS

Section 4.01.

In the event the Board changes the normal work year for any Administrator or group of Administrators, representatives of the Board will meet with representatives of the Association within a reasonable time relative to such change to bargain over whether salaries, holidays and/or vacations should be changed as a result, and, if so, to what extent.

Section 4.02 - Vacation.

(a) Administrators who work twelve (12) months will receive five (5) weeks' vacation (25 days) each normal work year.

(b) Administrators appointed for the first time to a twelve month position will receive pro-rated vacation time for the remainder of their first normal work year, but no more than five (5) days vacation time may be taken by such Administrators until they have served in the position for four (4) consecutive calendar months. The rate of pro-ration for vacation accrual shall be 2.083 days per month.

(c) Except by mutual agreement, no more than twenty (20) of these vacation days shall be taken during the summer. Vacation days must be approved by the Superintendent in advance.

(d) Administrators may carry over not more than five (5) vacation days from one fiscal year to another subject to the approval of the Superintendent of Schools which approval shall not be unreasonably withheld. Administrators may bank up to a maximum of twenty five days.

(e) In the event of retirement or resignation by an administrator, or, in the event of an administrator's death, banked vacation days as of the previous July 1st shall be paid. In the event termination of employment is the result of a voluntary resignation by an administrator and the administrator fails to provide written notice of resignation thirty (30) calendar days in advance, the administrator shall not be entitled to the vacation payment of this paragraph.

(f) If an Administrator is specifically directed by the Superintendent to delay or return to work during a scheduled vacation, then such Administrator shall be given another day off, at the Administrator's option, at a time mutually agreeable to the Board and the Administrator, for each such vacation day so worked, unless the work which the Superintendent directs the Administrator to perform is work normally expected to be performed by that Administrator during the vacation period as part of his or her regular duties.

Section 4.03 - Holidays.

The following days are recognized as holidays provided school is not in session and in-service training sessions for all certified staff are not scheduled:

New Year's Day	Martin Luther King Day
President's Day	Good Friday
Memorial Day	July 4
Labor Day	Rosh Hashanah
Yom Kippur	Columbus Day
Veterans Day	Thanksgiving Day
Day after Thanksgiving Day	Christmas Eve Day
Christmas Day	Day after Christmas
1/2 Day on New Year's Eve Day	

If school is in session or administrators are otherwise required to report on a listed holiday other than Rosh Hashanah or Yom Kippur, a compensatory holiday shall be designated by mutual agreement of the Board or its designee and the Association. Any other school holiday not listed in this Section and not designated as a compensatory holiday shall be a regular work day for administrators.

Section 4.04 - Meetings. Except in emergency situations, general administrative meetings will not be held on the last work day before a holiday or school vacation.

Section 4.05 - Board Meeting Agenda. Every effort will be made to schedule items involving Administrators early on the agenda at Board meetings.

ARTICLE V - GRIEVANCE PROCEDURE

Section 5.01 - Purpose. The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of Administrators. Both parties agree that all proceedings shall be kept confidential.

Section 5.02 - Definitions.

(a) "Grievance" shall mean a written complaint by an Administrator or a group of Administrators that there has been as to the Administrator or group a violation, misinterpretation or misapplication of an explicit provision of this Agreement, or a claim of failure to follow established procedures of the school district's evaluation and support programs.

(b) "Grievant" shall mean the Administrator or Administrators filing a Grievance.

(c) "Days" shall mean calendar days, except for the initial filing with the superintendent of schools (Level One) when it shall mean when school is in session.

Section 5.03 - Time Limits.

(a) Since it is important that Grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum. The time limits specified may, however, be extended by written agreement of the Board or the Superintendent and the Grievant.

(b) If the Grievant fails at any level to appeal to the next level within the specified time limits, the Grievance shall be deemed waived. Failure of the Board at any level to comply with the time limits regarding responding to a Grievance shall permit the Grievant to appeal the Grievance to the next level.

Section 5.04 - Procedure.

(a) Level One - Superintendent of Schools

(i) The Grievant shall file his or her written Grievance with the Association for referral to the Superintendent of Schools. The Grievance shall be filed with the Superintendent within twenty-one (21) days of the event giving rise to the Grievance.

(ii) The Superintendent shall, within fourteen (14) days after receipt of the referral, meet with the Grievant and with representatives of the Association for the purpose of resolving the Grievance.

(iii) The Superintendent shall, within seven (7) days after the meeting, render his or her decision and the reasons therefore in writing to the Grievant with copies to the Association and to the Board.

(b) Level Two - Board of Education

(i) If the Grievant is not satisfied with the disposition of his or her Grievance at Level One and if he or she elects to file the Grievance through the Association for appeal to the Board, he or she must do so within seven (7) days of the receipt of the decision.

(ii) The Board shall, within fourteen (14) days after receipt of the appeal, meet with the Grievant and with representatives of the Association for the purpose of resolving the Grievance.

(iii) The Board shall, within seven (7) days after such meeting, render its decision and the reasons therefore, in writing to the Grievant, with copies to the Association and Superintendent.

(c) Level Three - Arbitration

(i) If the Association is not satisfied with the disposition of the Grievance at Level Two, and the Grievant wants to proceed further, the Association on his or her behalf shall, within seven (7) days after the Board's response, submit the Grievance to Arbitration by so notifying the

Superintendent in writing and mailing a request for arbitration, by certified mail, return receipt requested, to the American Arbitration Association.

(ii) The Arbitrator shall be selected in accordance with the Voluntary Labor Arbitration rules of the American Arbitration Association, which shall also govern the arbitration proceeding.

(iii) The Arbitrator shall hold such hearings as shall be required. The Arbitrator shall be without power or authority to alter, amend, delete or disregard provisions of this Agreement, and shall be without power or authority to make any decision which requires the commission of an act prohibited by law or which is violative of the provisions of this Agreement.

(iv) The Arbitrator shall render an award in writing setting forth findings of fact, reasoning, and conclusions on the issue submitted. The decision of the Arbitrator shall be final and binding provided nothing herein shall prevent either the Board or the Association from attempting to modify, vacate, or enforce such decision in court.

(v) The costs for the services of the Arbitrator shall be borne equally by the Board and the Association.

Section 5.05 - Miscellaneous.

(a) All documents, communications, and records dealing with the processing of a Grievance shall be filed separately from the personnel files of the participants. A grievance filed at any level this procedure must be in writing and must contain the following information:

(1) The name(s) of the grievant(s);

(2) A statement of the nature of the grievance;

(3) A statement of the provision(s) of the Agreement and the specific contractual language therein allegedly violated, misinterpreted or misapplied.

(4) Remedy requested.

(b) The Board and the Association, may if they so desire, independently or collectively call upon the professional services of consultant(s) for assistance at any stage of the procedure, or mutually agree to an arbitrator of recognized expertise and experience in lieu of selecting an arbitrator through the offices of the AAA.

ARTICLE VI - PROFESSIONAL STATUS

Section 6.01. It is recognized that the Association is composed of members of the administration charged with implementing Board policies, in accordance with the administrative regulations, at the school or department level and that, as members of the profession, they have the

interest of professionals in their work. It is further recognized that the Association shall have the opportunity to make constructive contributions to the development of Board policies for the Ridgefield school system and to the Board's preparation for collective bargaining with employee groups subject to supervision by Association members.

Section 6.02. It shall be the policy to consult the principal before the assignment or withdrawal of personnel from his/her particular school. The Superintendent shall consider the recommendations of the principals, but in all cases the final decision rests with the Superintendent.

Section 6.03. The Association recognizes the professional obligation of its members and hereby agrees that each member shall provide to the Board a written notice of his/her intent to resign thirty (30) days prior to the fact.

ARTICLE VII - PROTECTION OF ADMINISTRATORS

Section 7.01 - Preamble. The Board recognizes that it is obligated to investigate any and all complaints from pupils, parents and/or taxpayers or teachers, whether serious or frivolous, in regard to the professional conduct of Administrators. The Board commits to make its best efforts to discourage, and protect administrators from, harassment, embarrassment or public exposure.

Section 7.02. The Superintendent shall notify the Administrator by telephone, or in person, and in writing as soon as practicable after receiving a complaint relative to the Administrator's professional conduct which the Superintendent intends to investigate. As part of the investigation, and as soon as practicable after receipt of such a complaint, the Superintendent shall identify the complainant(s) to the Administrator(s) against whom the complaint is made and, if the complaint is in writing, shall give the Administrator(s) a copy upon request.

Section 7.03 - Save Harmless. The Board of Education agrees to protect and save harmless any Administrator from all financial loss and expense including legal fees and costs, if any, arising out of any civil or criminal proceedings brought against the member in the discharge of his/her duties. In the event an Administrator has a judgment entered against him/her in criminal proceedings, the Board shall be reimbursed by such administrator for expenses it incurred in providing such defense.

If criminal proceedings are brought against an administrator alleging an assault while acting in the scope of his/her employment, such administrator may request the Board to furnish legal counsel (other than the Board attorney) to defend him/her in such proceedings. If the Board does not provide such counsel, and the administrator prevails (including a nolle or dismissal) in the proceedings, then the Board shall reimburse the administrator a reasonable attorney's fee in defending the proceeding. The Board shall have no obligation under this paragraph if the administrator is found guilty.

In the event an administrator has a judgment entered against him/her in civil proceedings by reason of alleged malicious, wanton or willful act or ultra vires act, of the administrator, the Board shall be reimbursed by such administrator for expenses incurred.

In addition, the Administrator will not lose regular pay or suffer a reduction of accumulated sick and personal leave for those days on which he or she is required to be absent from work to appear in Court or to consult with his or her attorney as reasonably necessary to prepare for an appearance in Court in connection with those matters for which the Board is required to protect and save the Administrator harmless.

Section 7.04 - Compensable Injuries. Whenever an Administrator suffers an injury which arises out of and during the course of his or her employment and thereby qualifies for and receives compensation under the Workers' Compensation Act, the Board will make the Administrator whole for the difference between the Workers' Compensation payments and the Administrator's regular per diem pay (as of his or her last day worked) for the period of Temporary Total Disability up to a maximum of ninety (90) work days. Thereafter, at the Administrator's option, said difference may be continued as long as the Administrator is receiving Temporary Total Disability benefits provided the Administrator has accumulated sick leave which shall be charged on a pro rata basis at the rate of one-third (1/3) day for each day of payment. In no event will the Board be required to apply this provision in a way which would provide the Administrator with more money per day than he or she received as pay after taxes prior to the absence. Application of this provision will not result in reduction of the Administrator's sick leave accumulated but not used as of his or her last day worked.

ARTICLE VIII - REDUCTION IN FORCE

Section 8.01. In the event the Board eliminates a position occupied by an Administrator and there is no position available for which the Administrator is qualified in the bargaining unit represented by the Association, the Board will offer that Administrator an available teaching position for which he/she is certified and qualified as reasonably determined by the Superintendent in accordance with the collective bargaining agreement of the teachers' unit.

Section 8.02. The salary of any Administrator assigned to a subordinate administrative position or a teacher position shall be "red circled" (frozen) at the amount the displaced Administrator was receiving at the time of displacement until the salary for the new position is equal to or greater than his/her "red circled" (frozen) salary. In the case of "red circling" the salary of an Administrator reassigned to a teaching position, such difference in pay shall constitute a separation allowance from administrative employment. Such "red circled" (frozen) salary shall remain in effect for one (1) school year, during which period the Superintendent may assign additional days of certified work to the displaced administrator up to his/her previous work year before displacement; thereafter, the displaced administrator's salary shall be paid in accordance with the collective bargaining agreement of the teacher's unit.

Section 8.03 - Notice. Normally, an administrator will be given thirty (30) days notice of the elimination of his/her position. However, if the Board's budget is adopted after June 1, such notice will be provided as soon thereafter as reasonably possible.

Section 8.04 - Elimination. If the Board eliminates an administrative position for which there is more than one administrator employed in that job title, qualification shall be the determining factor for making the selection for which administrator shall be displaced; provided that, if the displaced administrator's qualifications pursuant to Section 8.07 are substantially comparable to those of any less senior administrator in the position being reduced, then the total years of service as an administrator in the Ridgefield School System shall control. Total years of service as an administrator in the Ridgefield School System shall include authorized paid leave and unpaid leaves of absence for childrearing purposes, not to exceed one (1) year.

Section 8.05 - Recall Procedure. The name of any administrator whose contract of employment has been terminated due to elimination of position shall be placed on a re-appointment list and shall remain on such list for a period of two (2) years from the date of termination provided such administrator does not refuse an appointment to an administrative position and provided further, such administrator applies, in writing, for the retention of his/her name on said list, on or before June 1 of each year subsequent to his/her termination.

Section 8.06. Any administrator whose name is on the re-appointment list shall receive a written offer of re-appointment to a new or vacant administrative position for which he/she is certified and qualified. Such offer shall be by sending a written offer of recall to the individual's last address as on file in the Central Office. The administrator shall either accept or reject the appointment in writing within fifteen (15) days from the mailing of such offer of re-appointment.

Section 8.07. The determination of whether an administrator is qualified shall be made by the Superintendent of Schools and shall be based upon the managerial needs of the school system for the position and the abilities of the individual administrator. Such abilities shall be determined by the following criteria: academic degree status and certification; skill and ability as determined through written evaluations pursuant to the school system's evaluation program; special training, including academic preparation; and administrative experiences in any school system. These criteria will be given equal consideration.

ARTICLE IX - JUST CAUSE

Section 9.01. No Administrator shall be disciplined, i.e. reprimanded in writing, reduced in rank or compensation, or suspended without pay without reasonable and just cause.

Section 9.02. Termination or non-renewal of an Administrator's contract of employment shall not be subject to this Article or the Grievance and Arbitration Procedure set forth in this Agreement.

ARTICLE X - ADMINISTRATIVE VACANCIES

Section 10.01. All Administrative vacancies shall be posted in each school within five (5) working days of their becoming open. They will remain posted for a minimum period of five (5) working days.

ARTICLE XI - LEAVES

Section 11.01 - Personal Leaves. Administrators may be absent from work for up to three (3) days without loss of pay, for the following reasons:

(a) Legal obligations of the Administrator, or other compelling reasons which require the Administrator's absence from work, provided the Superintendent is so notified and approves such leave, whose approval shall not be unreasonably withheld.

Section 11.02 - Sabbatical Leave. The Superintendent shall review and submit to the Board with his or her recommendations requests by Administrators to undertake educational study or travel, research, or independent work subject to the following conditions:

(a) No more than one Administrator shall be absent on sabbatical leave at any one time.

(b) Requests for sabbatical leave must be received by the Superintendent in writing in such form as may be required no later than January 1 of the year preceding the school year in which the sabbatical leave is requested. It is understood that the deadline of January 1 shall be waived at the discretion of the Superintendent when fellowships, grants, or scholarships awarded in the year make such a deadline unreasonable.

(c) Any Administrator may apply for a sabbatical leave. Granting or denying such leaves is solely at the discretion of the Board.

(d) A sabbatical leave shall be for a full academic year or for one semester and the Administrator shall be paid one-half salary for the period of the leave.

(e) The Administrator, as a condition of the acceptance of the sabbatical leave, shall agree to return to employment in the system for one (1) full year. In the event the Administrator shall not so return, the Administrator shall reimburse the Board fully for all sabbatical payments, unless such return shall have been precluded by death or disability.

(f) The Administrator returning from sabbatical leave shall be placed on the appropriate step of the salary schedule as through he or she had been in active service in the system for the period of the sabbatical leave. The sabbatical leave shall not affect the continuity of service.

(g) Insurance coverage, retirement deductions, and vacations shall continue as though the Administrator on leave were in active service.

(h) Administrators will be eligible to apply for professional enrichment leaves for a period of nor more than sixty (60) days. Granting or denying such leaves is solely at the discretion of the Board. Administrators granted such leaves will continue to be paid at their regular salary rates during such leaves.

Section 11.03 - Sick Leave.

(a) Each Administrator shall be granted fifteen (15) sick leave days per year (prorated for any partial year of employment), cumulative to one hundred eighty-seven (187) days. An Administrator may request additional sick leave from the Superintendent who will consider the request and forward his or her recommendations to the Board for its decision. An annual report of the number of accumulated sick days shall be made to each Administrator.

(b) Each Administrator may use up to five (5) annual sick days to care for an ill family member. "Family member" is defined as one for whom the administrator is the primary caregiver and who is the administrator's parent, spouse or child or who is domiciled with the administrator.

Section 11.04 - Extended Personal Leave. The Board will consider a request by an Administrator who has served at least three (3) full years of active service as an Administrator in this system to take unpaid personal leave up to a limit of one (1) year for study, travel, or the alleviation of personal or family hardships. The Board will continue to provide group insurance benefits at no cost to the Administrator during such leaves which do not extend beyond sixty (60) days. Administrators on such leaves which extend beyond sixty (60) days will be permitted to continue their group insurance coverage, provided they pay the full premium as required. Upon return from the leave, the Board will resume paying for said group insurance coverage. In the event the administrator allows coverage to lapse, re-enrollment is contingent upon insurance carrier eligibility requirements. Such leaves shall not constitute a break in service, but any Administrator on leave for more than one half of his or her normal work year will not move up a step on the applicable salary schedule in the fiscal year following the leave year.

Section 11.05 - Bereavement Leave

An administrator may be absent from work without loss of pay because of a death in his or her immediate family (hereby defined to include the administrator's parent, step-parent, grandparent, brother or sister, spouse or child or step-child, mother-in-law or father-in-law) or other person domiciled in the administrator's home for up to five (5) consecutive working days during the period in which the funeral falls. The administrator must submit a written notification of the death and anticipated period of absence to the Director of Personnel as soon as practicable.

Section 11.06 - Professional Leave

An administrator may be absent from work, without loss of pay, for attendance by the Administrator at professional meetings or visitations to other schools, with the prior approval of the Superintendent.

Section 11.07 - Inclement Weather

When inclement weather causes district schools to be closed to students, but district offices are open, members of the bargaining unit are expected to report to work as soon as reasonably possible. Notwithstanding the foregoing, the Superintendent, in his/her discretion, may approve requests from administrators to work remotely on inclement weather days for unique circumstances.

ARTICLE XII - SALARY

Section 12.01 - Salary Schedules.

(a) Salaries set forth in Appendix A for all Administrators except Elementary Assistant Principals are annual salaries, payable for a regular work year of twelve (12) months. Salaries shall be pro-rated at the per diem rate of 1/261 of the Administrator's annual salary.

(b) Salaries set forth in Appendix A for Elementary Assistant Principals are annual salaries for a work year of 200 regular work days in a fiscal year as scheduled and approved by the Principal. Pay for work as scheduled on additional days in a fiscal year will be at the rate of 1/200 of the Administrator's annual salary, except that, each year, up to 5 additional days for the Administrators' Inservice Program shall be paid at the per diem rate of \$325.

Section 12.02. Administrators having earned a doctoral degree will receive an additional annual payment of \$2,000.

Section 12.03. In determining the starting salary for an individual newly assigned to a position as an Administrator, the Superintendent will take into account the individual's administrative experience and training.

Section 12.04. The performance of each Administrator will be evaluated annually according to an evaluation program established by the Superintendent under the provisions of the Connecticut General Statutes and guidelines promulgated by the State Board of Education pursuant thereto. This provision shall be subject to the grievance procedure only as to procedural claims as stated therein.

Section 12.05 - Salary Increases. For step advancement and any other salary increase, an administrator must have at least satisfactory performance, provided that no general wage increase or step increment shall be withheld unless the administrator has been given prior notice of such deficiency and a reasonable opportunity to remedy the deficiency and the administrator has failed to remedy the deficiency within a reasonable time thereafter.

Section 12.06. Salary payments to Administrators shall be made in equal installments by direct deposit and electronic pay information every two (2) weeks.

All administrators serving on a ten month work year basis, shall be paid as follows. The salary shall be divided into 26 equal parts, with 22 equal payments being made during the ten month school year and a lump sum payment being made on the last pay period in June, equivalent to the last four (4) payments.

ARTICLE XIII - DEATH BENEFIT

Section 13.01. In the event an Administrator dies, the Board will continue to pay the Administrator's salary to his or her estate for a period of thirty (30) calendar days immediately following the date of death.

ARTICLE XIV – LONGEVITY

Section 14.01. Administrators who have completed the following years of service as a certified employee of the Board of Education will have their annual salaries increased by the following amounts, respectively, commencing with their respective anniversary dates of employment:

Completed Years of Service	Amount
10 Years	\$550
15 Years	\$925
20 Years	\$1,175

The amounts shown above shall be non-cumulative, but each amount, once earned, shall be included annually as part of the Administrator's salary until the next higher amount is earned. In the event an Administrator's qualifying anniversary date of employment falls after the beginning of his or her normal work year, the longevity payment will be pro-rated for that first normal work year in which the new longevity payment is made.

ARTICLE XV - BENEFITS

Section 15.01. The Board will make group medical coverage available to eligible Administrators and their eligible dependents to the extent set forth in Appendix B attached hereto. Such group medical coverage shall be provided through a High Deductible Health Plan. The HDHP annual deductibles of \$2,500 individual/\$5,000 2 person and family. The plan shall include pharmacy copayments after the deductible is met of \$10 generic, \$25 brand name and \$40 non-formulary for a 30-day supply, and such prescription copays are limited to an additional \$1,000/\$2,000 maximum after the deductible is met. For mail order, the copayment after plan deductible shall be twice the retail copay for a 90-day supply.

In all three years of the agreement, the Board shall fund \$1,250 toward single plan deductible/\$2,500 toward two party & family.

The parties acknowledge that the Board's contribution toward the funding of the HSA 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 administrators. The Board shall have no obligation to fund any portion of the HSA deductible for retirees or other individuals upon their separation from employment.

Upon retirement, any Administrator employed before July 1, 2012 having completed twenty (20) full years of service in Ridgefield as of July 1, 2018 and having attained the age of sixty (60) and/or having satisfied the eligibility requirements for retirement benefits as defined by

the Teachers' Retirement System as set forth in the Connecticut General Statutes (referred to herein as "Retiree") shall receive until death the group medical insurance coverage provided then currently employed members of the bargaining unit represented by the Association and on the same terms and conditions as applicable to those currently employed. Such Retiree shall pay 35% of the total insurance premium less the subsidy paid to the Board by the State of Connecticut. Any such Retiree and/or spouse who becomes eligible for Medicare must elect Medicare Parts A and B. Any such Retiree and/or spouse who elects to join the State of Connecticut Medicare Supplement Plan shall have 100% of the cost for such plan paid by the Board. Any such Retiree and/or spouse who elects to remain in the Board's plan with Medicare as primary shall be required to pay to the Board any premium cost the Board incurs beyond the cost of the State of Connecticut Medicare Supplement Plan. The State subsidy paid to the Board shall be applied to the cost difference and any remaining cost shall be paid directly to the Board by the Retiree and/or spouse.

Upon retirement, any Administrator employed before July 1, 2012 having completed twenty (20) full years of service in Ridgefield (but not as of July 1, 2018), and having attained the age of sixty (60) and/or having satisfied the eligibility requirements for retirement benefits as defined by the Teachers' Retirement System as set forth in the Connecticut General Statutes (referred to herein as "Retiree") shall receive the group medical coverage provided then currently employed members of the bargaining unit represented by the Association and on the same terms and conditions as applicable to those currently employed, until they are eligible for Medicare, at which time they shall participate in Medicare and the TRB supplemental plan, subject to the following terms. Administrators eligible for this benefit shall pay 50% of the total cost less the subsidy paid to the Board by the State of Connecticut. Any such Retiree and/or spouse who elects to join the State of Connecticut Medicare Supplement Plan (aka TRB) shall have 100% of the cost for such plan paid by the Board. Any such Retiree and/or spouse who elects to remain in the Board's plan with Medicare as primary shall be required to pay to the Board any premium cost the Board incurs beyond the cost of the State of Connecticut Medicare Supplement Plan. The State subsidy paid to the Board shall be applied to the cost difference and any remaining cost shall be paid directly to the Board by the Retiree and/or spouse.

Section 15.02. The Board will provide to each eligible Administrator and his/her eligible dependents, group dental coverage for preventive, restorative, and major restorative expenses as described in Appendix C attached hereto.

Section 15.03 - Life Insurance. The Board will provide to each Administrator, at no cost to him or her, life insurance coverage, together with death and dismemberment coverage, in the amount of \$300,000. An Administrator who, upon retirement from the Ridgefield Public Schools, has completed twenty (20) or more years of service in Ridgefield shall receive \$50,000 term life insurance which shall remain in force until the Administrator reaches age 70. Administrators hired by the Ridgefield Public Schools on or after July 1, 2018 shall not be eligible for this benefit.

Section 15.04 - Long Term Disability Protection. The Board will provide, to Administrators, group disability income insurance in the amount of two-thirds (2/3) of salary, to a maximum of \$7,000 per month, payable to age sixty-five (65) in case of disability resulting from accident or illness. There will be an elimination period of one hundred eighty (180) days.

Section 15.05 - Carriers. The Board may change carriers, or self-insure, either its entire plan, or part of it, at any time, provided the benefits and coverages referred to in this Article, when taken as a whole, are substantially equivalent to the plan referenced in this Article. The network of any successor carrier (or administrator) shall contain at least ninety percent (90%) of the physicians utilized in the network of the prior carrier (or administrator) within the prior year.

Section 15.06 - Eligibility. Eligibility for benefits described in this Article shall be determined exclusively in accordance with the provisions of the respective insurance policies acquired by the Board to provide said benefits, and any dispute relating to eligibility for, or the amount of benefits in, any individual case shall be processed by the Administrator directly with the respective insurance carrier and shall not be subject to the Grievance and Arbitration procedures contained in this Agreement. Nothing in this section shall be construed to mean that the Board will discontinue assisting Administrators in the filing and processing of claims in accordance with its practice.

Section 15.07 - Contributions Toward Benefit Plan Costs.

(a) All Administrators shall contribute, by payroll deduction, the following percentages of premium applicable to the specific insurance plans in which the Administrators enroll:

Health HD/Plan and Dental Plan

2024-2025: 26%

2025-2026: 26%

2026-2027: 26%

The Board shall maintain a Section 125, General Purpose Medical FSA, a Limited Purpose Medical FSA and a Dependent Care FSA. The purpose of these Section 125 plans is to enable eligible administrators to divert a portion of their gross salaries, prior to reduction for federal income or social security taxes for "Medical Care" Expenses and "Dependent Care" Expenses. Both the General Purpose Medical FSA and Limited Purpose Medical FSA have a minimum of \$100 to a maximum of \$2,550 per plan year. The General Purpose Medical FSA is only available to those members that are NOT enrolled in a HDHP/HSA plan and the qualified expenses are for "Medical Care" expenses as defined by the IRS Section 213 (d) code. The Limited Purpose Medical FSA is for members enrolled in the HDHP/HSA. The eligible expenses with the Limited Purpose Medical FSA is limited first to the following expenses, services or treatments for dental care, vision care, or preventive care per the Summary Plan Document. Once the participant meets the minimum disbursement from the HSA for the minimum amount of the deductible to qualify as an HSA eligible HDHP, THEN the Limited Purpose Medical FSA may be used for the same expenses as the General Purpose Medical FSA. The Dependent Care FSA has a minimum of \$500 to a maximum of \$5,000 per Plan Year for Dependents. The Dependent care contributions go into an account from which, during the course of the Plan Year, the member can be reimbursed for their covered dependent care expenses per the guidelines of the plan document. The Board makes no representations or guarantees as to the initial or continued viability of such a Salary Reduction Agreement, and shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax exempt status of employee insurance premium contributions. So long as the Board makes a good faith effort to comply with this paragraph, neither

the Association nor any Administrator covered by this Agreement shall make any claim or demand, nor maintain any action against the Board or any of its members or agents for taxes, penalties, interest or other cost or loss arising from a flaw or defect in the Salary Reduction Agreement, or from a change in law which may reduce or eliminate the employee tax benefits to be derived therefrom. This waiver on the part of the Association shall not extend to acts which may be committed by the Board or its agent(s) other than acts in furtherance of the I.R.C. Section 125 plan.

Section 15.08 – Reopener. This Agreement shall be in full force and effect through and including June 30, 2027, subject to reopener negotiations to commence any time on or after July 1, 2024 over the provisions of Article 15 and Appendix B and C and in accordance with statute upon the written request of the Board if the cost of insurance plan(s) offered herein are expected to result in the triggering of an excise tax under Internal Revenue Code Section 4980I or any other federal or state statute or regulation and/or if there is any material amendment to the applicable provision of the Affordable Care Act. 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.

ARTICLE XVI - DURATION AND SEVERABILITY

Section 16.01 - Duration. The provisions of this Agreement shall be effective as of July 1, 2024 and shall continue and remain in full force and effect through June 30, 2027.

Section 16.02 - 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.

IN WITNESS WHEREOF, the parties hereto set their hand and seals this 21st day of December, 2023.

RIDGEFIELD BOARD OF EDUCATION

By Tina Malhotra
Tina Malhotra
Its Chairperson

RIDGEFIELD ADMINISTRATORS' ASSOCIATION

By Timothy J. Salem
Timothy J. Salem
Its President

By Lisa A. Frese
Lisa A. Frese
Its President

**APPENDIX A
SALARY SCHEDULES**

2024-2025

Step	High School Principal	Middle School Principal	Elementary School Principal	High School Asst. Principal, Dir of Athletics	Asst. Dir of Special Education, Dir of Elem Ed., & Dir of Educational Technology	Middle School Asst Principal	Supervisors*	Elementary Assistant Principal
1	184,004	176,095	167,680	165,295	158,755	153,631	153,631	129,470
2	187,237	179,363	170,972	168,542	162,199	156,965	156,965	132,257
3	192,090	184,260	175,916	173,585	165,654	160,309	160,309	135,020
4	196,945	189,154	180,860	178,630	169,111	163,654	163,654	137,782
5	203,497	193,881	185,547	183,383	175,626	169,958	169,958	142,973
6	214,435	202,754	194,206	192,066	185,942	179,941	179,941	151,259

2025-2026

Step	High School Principal	Middle School Principal	Elementary School Principal	High School Asst. Principal, Dir of Athletics	Asst. Dir of Special Education, Dir of Elem Ed., & Dir of Educational Technology	Middle School Asst Principal	Supervisors*	Elementary Assistant Principal
1	187,684	179,617	171,034	168,601	161,930	156,704	156,704	132,059
2	190,982	182,950	174,391	171,913	165,443	160,104	160,104	134,902
3	195,932	187,945	179,434	177,057	168,967	163,515	163,515	137,720
4	200,884	192,937	184,477	182,203	172,493	166,927	166,927	140,538
5	207,567	197,759	189,258	187,051	179,139	173,357	173,357	145,832
6	220,439	208,431	199,644	197,444	191,148	184,979	184,979	155,494

2026-2027

Step	High School Principal	Middle School Principal	Elementary School Principal	High School Asst. Principal, Dir of Athletics	Asst. Dir of Special Education, Dir of Elem Ed., & Dir of Educational Technology	Middle School Asst Principal	Supervisors*	Elementary Assistant Principal
1	191,438	183,209	174,455	171,973	165,169	159,838	159,838	134,700
2	194,802	186,609	177,879	175,351	168,752	163,306	163,306	137,600
3	199,851	191,704	183,023	180,598	172,346	166,785	166,785	140,474
4	204,902	196,796	188,167	185,847	175,943	170,266	170,266	143,349
5	211,718	201,714	193,043	190,792	182,722	176,824	176,824	148,749
6	225,950	213,642	204,635	202,380	195,927	189,603	189,603	159,381

* 6-12 Humanities Supervisor, 6-12 Math/Science Supervisor, Special Education Supervisor and School Counseling Supervisor.
Eligible administrators shall advance one step on the salary schedule each year.

APPENDIX B
Ridgefield Public Schools HSA Plan Design Summary

HSA Employer Contributions: Employee \$1,250; Employee +1 \$2,500; Family \$2,500

	HSA	
Benefit Highlights	In-Network	Out of Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance Levels	100%	70%
Deductible Accumulator	One-Way accumulation of Out-of-network to In-network deductibles	
Calendar Year Deductible	Medical and Pharmacy (retail and mail order)	
Individual	\$2,500 per person	\$2,500 per person
Family	\$5,000 per family	\$5,000 per family
Family Maximum	Collective deductible	Collective deductible
Annual Out-of-Pocket Max	Medical and Pharmacy (retail and mail order)	
Individual	\$3,500 per person	\$7,000 per person
Family Maximum	\$6,000 per family	\$12,000 per family
Two Person Family Max	N/A	
Physician's Services		
Primary Care Physician's Office Visit	100% after plan deductible	70% after plan deductible
Specialty Care Physician's office visit	100% after plan deductible	70% after plan deductible
Surgery Performed in Physician's office	100% after plan deductible	70% after plan deductible
Second Opinion Consultations	100% after plan deductible	70% after plan deductible
Allergy Treatment/Injections	100% after plan deductible	70% after plan deductible
Allergy Serum (dispensed by physician in office)	100% after plan deductible	70% after plan deductible
Preventive Care		
Routine Preventive Care (including immunizations)	100%; no deductible	70% after plan deductible
Routine Mammograms, PSA, Pap Smear	No charge, no deductible	70% after plan deductible
Outpatient Pre-Admission Testing		
Primary Care Physician's Office Visit	100% after plan deductible	70% after plan deductible
Specialty Care Physician's office visit	100% after plan deductible	70% after plan deductible
Outpatient Hospital Facility	100% after plan deductible	70% after plan deductible
Independent X-ray and Lab Facility	100% after plan deductible	70% after plan deductible
Independent X-ray and Lab Facility in conjunction with an ER visit	100% after plan deductible	70% after plan deductible
Inpatient Hospital - Facility Services		
Semi Private Room and Board	Limited to semi-private room negotiated rate	Limited to semi-private room rate
Private Room	Limited to semi-private room negotiated rate	Limited to semi-private room rate
Special Care Units (ICU/CCU)	Limited to negotiated rate	Limited ICU/CCU daily room rate
Outpatient Facility Services Operating Room, Recovery Room, Procedures Room, Treatment Room and Observation room	100% after plan deductible	70% after plan deductible
Inpatient Hospital Physician's Visits/Consultations	100% after plan deductible	70% after plan deductible

	HSA	
Benefit Highlights	In-Network	Out of Network
Inpatient Hospital Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	100% after plan deductible	70% after plan deductible
Multiple Surgical Reduction	Multiple surgeries performed during one operation session result in payment reduction of 50% of charges to the surgery that of lesser charge. The most expensive procedure is paid as any other surgery	
Outpatient Professional Services Surgeon, Radiologist, Pathologist, Anesthesiologist	100% after plan deductible	70% after plan deductible
Emergency and Urgent Care Services Physician's office	100% after plan deductible	70% after plan deductible
Hospital Emergency Room	100% after plan deductible	70% after plan deductible
Outpatient Professional Services (radiology, pathology and ER physician)	100% after plan deductible	70% after plan deductible
Urgent Care Facility or Outpatient Facility	100% after plan deductible	70% after plan deductible
Ambulance	100% after plan deductible	70% after plan deductible
Inpatient Services at Other Health Care Facilities Includes Skilled Nursing Facility, Rehabilitation Hospital and Sub-Acute Facilities	100% after plan deductible	70% after plan deductible
Advanced Radiology Services MRIs, CAT Scans and PET Scans, etc	100% after plan deductible	70% after plan deductible
	Note: Scans are subject to the applicable place of service coinsurance and plan deductible	
Other Laboratory and Radiology Services		
Outpatient Hospital Facility	100% after plan deductible	70% after plan deductible
Independent X-ray and /or Lab facility	100% after plan deductible	70% after plan deductible
Outpatient Short-Term Rehabilitative Therapy and Chiropractic Services 90 days combined maximum per contract year Includes Cardiac Rehab, Physical therapy, speech therapy, Occupational therapy, Chiropractic therapy (includes chiropractors) Pulmonary Rehab *, Cognitive Therapy* * under HSA plan only	100% after plan deductible	70% after plan deductible
	Note: Therapy days provided as part of an approved Home Health Care plan, accumulate to the outpatient Short Term Rehab Therapy maximum. If Multiple outpatient services are provided n the same day, they constitute one day.	
Acupuncture	100% after plan deductible	70% after plan deductible
Naturopath Services	100% after plan deductible	70% after plan deductible
Home Health Care Note: Maximum number of hours per day is limited to 16 hours. Multiple visits can occur in one day; with a visit defined as a period of 2 hours or less (e.g. max of 8 visits per day)	100% after plan deductible	70% after plan deductible
	200 days maximum per contract year (includes outpatient private duty nursing when approved as medically necessary)	
Hospice		
Inpatient Services	100% after plan deductible	70% after plan deductible
Outpatient Services	100% after plan deductible	70% after plan deductible

	HSA	
Benefit Highlights	In-Network	Out of Network
Bereavement Counseling Services provided as part of Hospice Care		
Inpatient	100% after plan deductible	70% after plan deductible
Outpatient	100% after plan deductible	70% after plan deductible
Services provided by Mental Health Professional	Covered Under Mental Health Benefit	
Maternity Care Services		
Initial Visit to confirm pregnancy	100% after plan deductible	70% after plan deductible
All subsequent Prenatal Visits, Postnatal Visits, and Physician's delivery charges	100% after plan deductible	70% after plan deductible
Office visits in addition to the global maternity fee when performed by an OB or specialist	100% after plan deductible	70% after plan deductible
Delivery - Facility (inpatient hospital, birthing centers)	100% after plan deductible	70% after plan deductible
Abortion Includes elective and non-elective procedures		
Office visit	100% after plan deductible	70% after plan deductible
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Surgical Facility	100% after plan deductible	70% after plan deductible
Physician's services	100% after plan deductible	70% after plan deductible
Family Planning Services		
Office Visits (tests, counseling)	100% after plan deductible	70% after plan deductible
Note: The standard benefit will include coverage for contraceptive devices (e.g. Depo- Provera, Norplant and Intrauterine Devices IUDS Diaphragms will also be covered when services are provided in the physician's office	Note: Preventive care related services and diagnostic related services are paid at the same level of benefits as other x-ray and lab services, based on place of service	
Surgical Sterilization Procedures for Vasectomy/Tubal Ligation (excludes reversal)		
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Inpatient Physician's Services	100% after plan deductible	70% after plan deductible
Outpatient Physician's Services	100% after plan deductible	70% after plan deductible
Physician's office	100% after plan deductible	70% after plan deductible
Infertility Treatment		
Office Visit (lab & radiology tests, counseling)		
Primary care physician	100% after plan deductible	70% after plan deductible
Specialty Physician	100% after plan deductible	70% after plan deductible
Treatment/Surgery (includes artificial insemination, in-vitro fertilization, GIFT, ZIFT etc) Subject to the following maximums: 4 cycles of ovulation induction per lifetime. 3 cycles of intrauterine insemination per lifetime 2 cycles of low tubal ovum transfer, IVF, GIFT and/or ZIFT per lifetime, with not more than two transfers per cycle.		
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Physician Services	100% after plan deductible	70% after plan deductible

	HSA	
Benefit Highlights	In-Network	Out of Network
Organ Transplant Includes all medically appropriate, non-experimental transplants		precertification required
Inpatient Facility	100% after plan deductible	70% after plan deductible
Physician's services	100% after plan deductible	70% after plan deductible
Travel services maximum only available for Lifesource facilities	\$10,000	not covered
Durable Medical Equipment	100% after plan deductible	70% after plan deductible
External Prosthetic Appliances	100% after plan deductible	70% after plan deductible
Dental Care Limited to charges made for continuous course of dental treatment started within six months of an injury to sound, natural teeth *Open Access Plan also for services related to the surgical removal of impacted wisdom teeth.		
Physician's office	100% after plan deductible	70% after plan deductible
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Physician's services	100% after plan deductible	70% after plan deductible
TMJ Surgical and Non Surgical Provided on a limited case by case basis. Always exclude appliances and orthodontic treatment. Subject to medical necessity.		
Physician's Office	100% after plan deductible	70% after plan deductible
Inpatient Facility	100% after plan deductible	70% after plan deductible
Outpatient Facility	100% after plan deductible	70% after plan deductible
Physician's Services	100% after plan deductible	70% after plan deductible
Routine Foot Disorders	Not covered, except for services associated with foot care for diabetes and peripheral vascular disease, when medically necessary	
Prescription Drugs		
Board's pharmacy vendor for Retail Drug Program	\$10 after plan deductible per 30-day supply for generic	70% after plan deductible per 30-day supply for generic then copayment
No Mandatory Generic Incentive Prescription Drug List (for HSA Plan)	\$25 after plan deductible per 30 day supply for preferred brand name	70% after plan deductible per 30 day supply for preferred brand name then copayment
Generic Push, Mandatory Generic Substitution copay plus difference if no DAW (for Open Access Copay plan) Includes Oral contraceptives and contraceptive devices; lifestyle drugs	\$40 after plan deductible 30 day supply for non preferred brand name	70% after plan deductible 30 day supply for non preferred brand name then copayment
Board's pharmacy vendor for Mail Order Drug Program	\$20 after plan deductible per 90-day supply for generic	In network only
No Mandatory Generic Incentive Prescription Drug List (for HSA Plan)	\$50 after plan deductible per 90 day supply for preferred brand name	In network only
Generic Push, Mandatory Generic Substitution copay plus difference if no DAW (for Open Access Copay plan) Includes Oral contraceptives and contraceptive devices; lifestyle drugs	\$80 after plan deductible 90 day supply for non preferred brand name	In network only

	HSA	
Benefit Highlights	In-Network	Out of Network
Mental Health and Substance Abuse (combined) Inpatient Mental Health Acute: based on ratio of 1:1 Partial: based on ratio of 2:1 Residential: based on ratio of 2:1 Substance Abuse (Alcohol & Drug) Acute detox: requires 24 hour nursing; based on a ratio 1:1 Acute Inpatient Rehab: requires 24 hour nursing; based on a ratio 1:1 Partial: based on ratio of 2:1 Residential: based on ratio of 2:1	100% after plan deductible unlimited days per contract year	70% after plan deductible unlimited days per contract year
Outpatient	100% after plan deductible	70% after plan deductible; Unlimited visits combined maximum per contract year
Outpatient Group Therapy (one group therapy sessions equal to one individual therapy session)	100% after plan deductible	Subject to same coinsurance & plan deductible as outpatient MH visits
Intensive Outpatient Maximum: up to 3 programs per contract year Based on a ratio 1:1	100% after plan deductible	70% after plan deductible
MH/SA Service Specific Administration	Partial Hospitalization, Residential Treatment and Intensive Outpatient Programs: The following administration will apply: Partial Hospitalization: MH and/or SA partial hospitalization services maximum is 50% of the inpatient benefit maximum; e.g. day limits are combined (2:1 ratio). The coinsurance level for inpatient MH/SA services Standard Option for Residential Treatment: MH and/or SA Residential Treatment at 50% of the inpatient benefit; day limits are combined (2:1 ratio). Coverage only if approved through CBH Case Management.	
	Intensive Outpatient Program (IOP): MH and/or SA intensive Outpatient Program at 1 to 1 Outpatient visits. Visit limits are combined with Outpatient Visit limits (1:1 ratio). Coverage only if approved through CBH Case Management.	
MH/SA Utilization Review and Case Management	Inpatient and Outpatient Management (CAP): CBH provides utilization review and case management for In Network Inpatient Services and In network Outpatient Management Services. Includes Lifestyle Management Program (Stress Management, Tobacco Cessation and the Board's healthcare vendor Healthy Steps to Weight Loss)	

	HSA	
Benefit Highlights	In-Network	Out of Network
<p>Pre-Admission Certification - Continued Stay Review Inpatient Pre-Admission Certification - Continued Stay Review (required for all inpatient admissions)</p>	<p>Coordinated by Provider/PCP</p>	<p>Mandatory: Employee is responsible for contacting the Board's healthcare vendor. Penalties for non-compliance: 50% penalty applied to hospital inpatient charges for failure to contact the Board's healthcare vendor to precertify admission. Benefits are denied for any admission reviewed by the Board's healthcare vendor and not certified. Benefits are denied for any additional days not certified by the Board's healthcare vendor.</p>
<p>Outpatient Prior Authorization (required for selected outpatient procedures and diagnostic testing)</p>	<p>Coordinated by Provider/PCP</p>	<p>Mandatory: Employee is responsible for contacting the Board's healthcare vendor. Penalties for non-compliance: 50% penalty applied to outpatient procedures/diagnostic testing charges for failure to contact the Board's healthcare vendor to precertify admission. Benefits are denied for any outpatient procedures/diagnostic testing reviewed by the Board's healthcare vendor and not certified.</p>
<p>Case Management</p>	<p>Coordinated by the Board's healthcare vendor. This is a service to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.</p>	

Ridgefield Public Schools HSA Plan Design Summary

Your plan provides coverage for medically necessary services. Your plan does not provide coverage for the following except as required by law:

1. Care for health conditions that are required by state or local law to be treated in a public facility.
2. Care required by state or federal law to be supplied by a public school system or school district.
3. Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
4. Treatment of an illness or injury which is due to war, declared or undeclared.
5. Charges for which you are not obligated to pay or for which you are not billed or would not have been billed except that you were covered under this Agreement.
6. Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
7. Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the Healthplan Medical Director to be: Not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or The subject of review or approval by an Institutional Review Board for the proposed use, except as provided in the "Clinical Trials" section of "Section IV. Covered Services and Supplies:" or The subject of an ongoing phase I, II or III clinical trial, except as provided in the "Clinical Trials" section of "Section IV. Covered Services and Supplies."
8. Cosmetic Surgery and Therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
9. The following services are excluded from coverage regardless of clinical indications: Macromastia or Gynecomastia Surgeries; Surgical treatment of varicose veins; Abdominoplasty; Panniculectomy; Rhinoplasty; Blepharoplasty Redundant skin surgery; Removal of skin tags; Acupressure; Craniosacral/cranial therapy; Dance therapy, movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
10. Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental x-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. However charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within 6 months of the accident.
Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
11. Unless otherwise covered as a basic benefit, reports, evaluations, physical examinations, or hospitalization not required for health reasons, including but not limited to employment, insurance or government licenses, and court ordered, forensic, or custodial evaluations.
12. Court ordered treatment or hospitalization unless such treatment is being sought by a Participating Physician or otherwise covered under "Section IV. Covered Services and Supplies."
13. Reversal of male and female voluntary sterilization procedures.
14. Transsexual surgery, including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
15. Any services, supplies, medications or drugs for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia and premature ejaculation.
16. Medical and hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under the Agreement.
17. Non-medical counseling or ancillary services, including, but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return-to-work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities, developmental delays, autism or mental retardation.
18. Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including, but not limited to routine, long-term or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
19. Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Inpatient Hospital Services," "Outpatient Facility Services," "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of Section IV. Covered Services and Supplies.
20. Private hospital rooms and/or private duty nursing except as provided in the Home Health Services section of "Section IV. Covered Services and Supplies".

21. Personal or comfort items such as personal care kits provided on admission to a hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of illness or injury.
22. Artificial aids, including but not limited to corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
23. Aids or devices that assist with non-verbal communications, including, but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs) Braille typewriters, visual alert systems for the deaf and memory books.
24. Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or postcataract surgery).
25. Routine refraction, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
26. All non-injectable prescription drugs, injectable prescription drugs that do not require physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in "Section IV. Covered Services and Supplies."
27. Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
28. Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
29. Genetic screening or pre-implantation genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically-linked inheritable disease.
30. Dental implants for any condition.
31. Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the Healthplan Medical Director's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
32. Blood administration for the purpose of general improvement in physical condition.
33. Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
34. Cosmetics, dietary supplements and health and beauty aids.
35. All nutritional supplements and formulae are excluded, except for infant formula needed for the treatment of inborn errors of metabolism.
36. Expenses incurred for medical treatment by a person age 65 or older, who is covered under this Agreement as a retiree, or his Dependents, when payment is denied by the Medicare plan because treatment was not received from a Participating Provider of the Medicare plan.
37. Expenses incurred for medical treatment when payment is denied by the Primary Plan because treatment was not received from a Participating Provider of the Primary Plan.
38. Services for or in connection with an injury or illness arising out of, or in the course of, any employment for wage or profit.
39. Telephone, e-mail & Internet consultations and telemedicine.
40. Massage Therapy

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your Group Service Agreement or Certificate.

Custom Managed Plan

Anthem Public Sector Managed Plan

Pharmacy Formulary	Essential Prescription Formulary Quantity Limits, NO Step Therapy , Prior Authorizations, Fill to Soon, WITH ED Drugs (6 per month)
Skilled Nursing Facility	100 day limit per calendar year.
Home Health Care Services	200 visits limit per calendar year.
In Patient Rehabilitative Services	100 day maximum per member per calendar year.
Orthotics	Orthotics covered for diabetic diagnosis per Summary Plan Document
Physical Therapy, Occupations Therapy, Speech Therapy	PT, OT, ST Combined visit maximum is 60 per calendar year.
Chiropractic Care	40 Visit Maximum Per Member per calendar year.
Acupuncture	12 Visit Maximum Per Member per calendar year.

APPENDIX C

DENTAL

The "Dental Plan".

The Board shall provide group dental coverage, as more fully described below for each eligible Administrator regularly assigned to work a schedule of at least half-time, and his or her eligible dependents:

- (a) \$75.00 annual deductible per individual; a maximum of \$225.00 annual deductible per family;
- (b) coverage for routine dental work with 100% payment of reasonable and customary charges after satisfaction of the annual deductible;
- (c) coverage for major dental work with a 60%-40% co-insurance factor after satisfaction of the annual deductible;
- (d) routine work and major work shall be defined in the policy acquired by the Board to provide such coverage, which shall be considered in the insurance trade to be standard coverage for the benefits described herein.