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**AGREEMENT BETWEEN THE  
BRANFORD BOARD OF EDUCATION  
AND  
BRANFORD ASSOCIATION OF SUPPORT STAFF  
("BASS")**

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**July 1, 2021 - June 30, 2025**

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## TABLE OF CONTENTS

ARTICLE I RECOGNITION .....	1
ARTICLE II PROBATIONARY PERIOD .....	1
ARTICLE III ASSOCIATION MEMBERSHIP .....	2
ARTICLE IV HOURS OF WORK .....	2
ARTICLE V PROFESSIONAL DEVELOPMENT .....	3
ARTICLE VI PAY SCHEDULE .....	3
ARTICLE VII OVERTIME COMPENSATION .....	3
ARTICLE VIII RETIREMENT SEVERANCE PAY .....	3
ARTICLE IX SICK LEAVE .....	4
ARTICLE X HOLIDAYS .....	5
ARTICLE XI VACATION TIME .....	6
ARTICLE XII PERSONAL DAYS .....	7
ARTICLE XIII JURY DUTY .....	7
ARTICLE XIV BEREAVEMENT DAYS .....	7
ARTICLE XV INSURANCE COVERAGE .....	8
ARTICLE XVI OPENINGS .....	10
ARTICLE XVII SENIORITY .....	10
ARTICLE XVIII LAYOFF (REDUCTION IN FORCE/INVOLUNTARY TRANSFER) .....	11
ARTICLE XIX DISCIPLINE .....	12
ARTICLE XX PERSONNEL RECORDS .....	12
ARTICLE XXI ASSOCIATION RIGHTS .....	13
ARTICLE XXII GRIEVANCE PROCEDURE .....	13
ARTICLE XXIII DURATION .....	15
ARTICLE XXIV SEVERABILITY .....	15
APPENDIX A PAY SCHEDULES .....	16
APPENDIX B SUMMARY OF BENEFITS AND COVERAGE .....	16

## **ARTICLE I**

### **RECOGNITION**

- A. The Branford Board of Education (hereinafter, the “Board”) recognizes the Branford Association of Support Staff (hereinafter, the “Association”) as the sole and exclusive representative for the purpose of collective bargaining over wages, hours and other conditions of employment for all secretaries, administrative assistants, bookkeepers and other office support staff, excluding the executive assistant to the superintendent, the human resources administrative assistant, coordinators, facilitators and the network manager, and other positions as may be excluded from coverage under the Municipal Employees Relations Act, CGS 7-467 *et seq.*
- B. Except as otherwise limited by an express provision of this Agreement, the Board reserves and retains, whether exercised or not, all the lawful and customary rights, powers and prerogatives of public school management. Such rights include but are not limited to establishing standards of productivity and performance of its employees, determining the mission of the Board and the methods and means necessary to fulfill that mission, including the discontinuation of services, positions, or programs in whole or in part; the determination of the content of job classification, the appointment, promotion, assignment, direction and transfer of personnel; the suspension, demotion, discharge or any other appropriate action against its employees; the relief from duty of its employees because of lack of work or for other legitimate reasons; the establishment of reasonable work rules; and the taking of all necessary actions to carry out its mission in emergencies. Those inherent management rights not restricted by a specific provision of this Agreement are not in any way directly or indirectly, subject to any grievance procedure.

## **ARTICLE II**

### **PROBATIONARY PERIOD**

- A. Newly hired employees shall be subject to an initial probationary period of ninety (90) calendar days, during which time the employee shall receive pay for only hours actually worked; there shall be no paid hours for days of absence, for any reason. After the completion of sixty (60) calendar days of employment, the employee will be eligible to receive health insurance benefits, pursuant to Article XV, on the first day of the following month.
- B. An employee may be disciplined or discharged at any time during the probationary period. Such discipline or discharge is without the right of appeal and the probationary employee shall be notified in writing of the reason for the discipline or discharge.
- C. After completion of the probationary period, any applicable sick, vacation and personal leave to which an employee may be entitled shall be pro-rated based on the date of hire and may be used in accordance with applicable provisions.



**ARTICLE III**  
**ASSOCIATION MEMBERSHIP**

- A. During the term of this contract, or any extension thereof, all bargaining unit members after the completion of their probationary period may become or remain members of the Association in good standing.
- B. The Board agrees to deduct from the pay of bargaining unit members for whom a voluntary written dues deduction authorization is submitted an amount equal to the Association membership dues by means of payroll deductions. An employee may withdraw from membership in the Association by giving written notice to the Association and the Board.
- C. The Association shall supply to the Board with written notice at least thirty (30) days prior to the effective date of any change in the rates of fees or dues.
- D. No dues will be deducted for that period of time when an employee has exhausted accumulated sick leave and is receiving no pay.
- E. The deduction of Association dues shall be made monthly during September through June and shall be remitted to the financial officer of the Association not later than the third Thursday of the following month. The monthly dues remittances to the Association will be accompanied by the list of employees from whose wages, dues deductions have been made.
- F. The Association shall indemnify and hold the Board harmless from any and all demands, suits, complaints, claims, costs and liabilities including reasonable attorney fees caused by or arising out of the administration or enforcement of this Article.

**ARTICLE IV**  
**HOURS OF WORK**

- A. The full time, twelve month employee work week shall be between 37.5 and 40 hours, as specified by the Board.
- B. The full-time ten (10) month employee work week shall be between 37.5 and 40 hours as specified by the Board. The work year shall be the student school year in addition to ten (10) days during the summer months to be determined by mutual agreement between the employee and the employee's immediate supervisor. The work year for the Athletics Secretary shall be the student school year in addition to fifteen (15) days at the discretion of the Athletic Director.
- C. An employee's assigned work schedule is determined by the school administrator or his/her designee. Any changes to an employee's work schedule must be approved by the school administrator or his/her designee in advance.



- D. In the event of school cancellation, early dismissal or delayed arrival of students, all members of the bargaining unit shall report to work at their regular time, unless informed otherwise by the Board.
- E. Part time employees shall work the number of hours specified by the Board.
- F. Any prior practice at any work location which allowed an employee to work an abbreviated work week or to leave early during the summer months of the year, or which otherwise is at variance with the hours of work set forth above, is eliminated upon the execution of this Agreement. The work times noted above are not inclusive of an unpaid thirty (30) minute lunch break for those employees whose work schedules include a lunch break.

## **ARTICLE V**

### **PROFESSIONAL DEVELOPMENT**

Employees shall receive the equivalent of at least six (6) hours of professional development. Professional development time shall be directed and scheduled by the administration during regular working hours. No additional compensation shall be provided for such professional development time.

## **ARTICLE VI**

### **PAY SCHEDULE**

Wages shall be paid via direct deposit according to the schedule contained in Appendix A.

## **ARTICLE VII**

### **OVERTIME COMPENSATION**

A bargaining unit member who works in excess of forty (40) hours in a work week shall be paid at the rate of one and one half times the straight time regular rate for each hour of authorized overtime by which his/her work week exceeds forty (40) hours. Each instance of overtime work over forty (40) hours must be specifically authorized by the employee's immediate supervisor or his/her designee. If the payroll coordinator or finance assistant is required to work on a holiday recognized on the Board-approved calendar in the given year, such payroll coordinator or finance assistant shall receive double time for actual hours worked on the holiday.

## **ARTICLE VIII**

### **RETIREMENT SEVERANCE PAY**

#### **Section 1**

Upon retirement after ten (10) and up to fifteen (15) years of full-time (37.5 hours weekly) continuous Branford service, employees are entitled to exchange accumulated sick

leave for a severance payment. The exchange rate will be one day's pay for each accumulated sick day not to exceed twenty (20) days.

## Section 2

Upon retirement after fifteen (15) years and less than twenty (20) years of full-time (37.5 hours weekly) continuous Branford service, employees are entitled to exchange accumulated sick leave for a severance payment. The exchange rate will be one day's pay for each accumulated sick day not to exceed thirty (30) days.

## Section 3

Upon retirement after twenty (20) years of full-time (37.5 hours weekly) continuous Branford service, employees are entitled to exchange accumulated sick leave for a severance payment. The exchange rate will be one day's pay for each accumulated sick day not to exceed fifty (50) days.

## Section 4

All ten-month full-time (37.5 hours weekly) employees will be entitled to one-half (50%) of the above-mentioned severance payments with the exchange rate of one current day's rate of pay. (Example: after twenty years of service-entitled to twenty-five (25) days).

Employees who intend to exercise this option must notify the Superintendent of Schools prior to December 1<sup>st</sup> of the year preceding the intended date of retirement to allow for proper budgetary provisions. Should the employee fail to notify the Board of his/her retirement prior to the stated deadline, the Board, at its discretion, may pay half of said severance benefit in the second year after retirement.

## **ARTICLE IX** **SICK LEAVE**

- A. Fifteen (15) days of absence from work shall be allowed with full pay to employees who work twelve months / 37.5 hours or more weekly - cumulative to 100 sick days (accumulated at 1.25 days per month).
- B. Ten (10) days of absence from work shall be allowed with full pay (during the work year) to employees who work ten months / 37.5 hours or more weekly - cumulative to 50 sick days (accumulated at 1 day per month).
- C. Six (6) days of absence from work shall be allowed with full pay (during the work year) to employees who work ten or twelve months / 20 hours or more, but less than 37.5 hours, weekly - cumulative to 25 sick days (accumulated at .6 of a day per month).\*

- D. Three (3) days of absence from work shall be allowed with full normal day pay (during the work year) to employees who work 10 or 12 months, less than 20 hours weekly, non-cumulative.

## **ARTICLE X** **HOLIDAYS**

- A. The following holidays will be awarded to employees who work twelve months / 37.5 hours or more weekly:

- |                           |                            |
|---------------------------|----------------------------|
| 1. New Year's Day         | 9. Yom Kippur*             |
| 2. Martin Luther King Day | 10. Columbus Day           |
| 3. President's Day        | 11. Thanksgiving Day       |
| 4. Good Friday*           | 12. Day after Thanksgiving |
| 5. Memorial Day           | 13. Christmas Eve Day      |
| 6. Fourth of July         | 14. Christmas Day          |
| 7. Labor Day              | 15. New Year's Eve Day     |
| 8. Rosh Hashanah*         | 16. Veteran's Day**        |

\* Only if recognized on Board-approved school calendar in the given year. The administration shall assign twelve month employees two (2) total additional days off in a given year in lieu of any holidays not recognized on the Board-approved school calendar. The administration shall make a reasonable effort to ensure that such additional days off are combined with weekends or holidays in a given year (e.g. assigned day off for Friday, July 5<sup>th</sup> when July 4<sup>th</sup> falls on a Thursday.)

The listed holidays will be granted with pay except when the scheduled holiday falls on a Saturday or Sunday. Holidays which fall on a Saturday or Sunday will be observed as recognized in the Board-approved school calendar or on the Monday following if mandated by law.

- B. The following holidays will be awarded to employees who work ten months /37.5 or more hours weekly:

- |                           |                     |
|---------------------------|---------------------|
| 1. New Year's Day         | 7. Yom Kippur*      |
| 2. Martin Luther King Day | 8. Columbus Day     |
| 3. President's Day        | 9. Thanksgiving Day |



- |                   |                            |
|-------------------|----------------------------|
| 4. Memorial Day   | 10. Day after Thanksgiving |
| 5. Labor Day      | 11. Christmas Day          |
| 6. Rosh Hashanah* | 12. Veteran's Day**        |

\*Only if recognized on Board-approved school calendar in the given year.

\*\*If Veterans' Day is not recognized as a Board-approved holiday on the school calendar in a given year, the Board will allow each bargaining unit member a floating holiday to replace it as a paid holiday of his/her choice, with the approval of his/her supervisor.

The listed days will be granted with pay except when a scheduled holiday falls on a Saturday or Sunday. Holidays which fall on a Saturday or Sunday will be observed as recognized in the Board-approved school calendar.

## **ARTICLE XI**

### **VACATION TIME**

Vacation days are credited on the basis of the employee's anniversary date of hire in a position covered by the Association. Except for during the first year of employment the enumerated vacation days are credited to employees "up front" effective July 1st of each work year. For the purpose of this Article, a year of service shall include full-time service as either a ten-month or twelve-month employee.

- A. The following vacation time shall be provided to employees who work twelve months / 37.5 hours or more weekly:
1. First Year: One (1) day per each full month worked up to ten days maximum
  2. Years 1-4: Ten (10) days per year
  3. Years 5-15: Fifteen (15) days per year
  4. Over 15 years: Twenty (20) days per year
- B. Part-time twelve month employees who work a minimum of thirty (30) hours per week will be entitled to the following:
1. First year: One (1) day per each full month worked up to ten days maximum
  2. Years 1-4: Ten (10) days
  3. 5 or more years: Fifteen (15) days

- C. Unused vacation time will be forfeited; no carry over is permitted. Clare Torelli, however, shall be grandfathered and shall be paid for any unused days remaining from her ten (10) previously carried-over vacation days, upon her separation from employment.

## **ARTICLE XII**

### **PERSONAL DAYS**

#### **Section 1**

- A. Two (2) days of paid personal leave shall be allowed to employees who work twelve months / 37.5 hours or more weekly.
- B. One (1) day of personal leave shall be allowed (during the work year) to employees who work ten months/37.5 hours weekly and employees who work ten months/20 hours or more weekly.
- C. Paid Personal Leave is for the discharge of legal responsibilities which cannot be handled except during the regular work week and for other unavoidable conflicts of a personal nature involving the individual employee. Personal leave is not authorized to be taken on either the day before or after a holiday. Personal leave days may not be accumulated from year to year.
- D. Personal leave shall be requested at least seventy-two (72) hours in advance of the need for such leave, except in cases of emergency.

## **ARTICLE XIII**

### **JURY DUTY**

If a full-time employee is called for jury duty, the employee shall be paid the difference between the jury duty compensation rate and the employee's regular pay (as set forth in Appendix A) for the time the employee is required to serve.

## **ARTICLE XIV**

### **BEREAVEMENT DAYS**

#### **Section 1:**

- A. The following bereavement days shall be allowed for employees who work twelve months/37.5 hours weekly:
1. Up to five (5) days — immediate family (parent, spouse, child, sibling, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, and sister-in-law).

2. One (1) day — aunt, uncle, niece, nephew, or close friend. However, the allowance for close friend shall be one (1) day per year.

Section 2:

- A. The following bereavement days shall be allowed (during work year) for employees who work ten months/37.5 hours weekly.
  1. Up to four (4) days — immediate family (parent, spouse, child, sibling, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, and sister-in-law).
  2. One (1) day — aunt, uncle, niece, or nephew, or close friend. However, the allowance for close friend shall be one (1) day per year.

Section 3:

- A. The following bereavement days shall be allowed with full normal day pay (during the work year) for employees who work ten or twelve months/20 hours or more weekly, but less than 37.5 hours weekly:
  1. Up to three (3) days — immediate family (parent, spouse, child, sibling, grandparent, grandchild, mother-in-law, father-in-law, brother-in-law, and sister-in-law).

**ARTICLE XV**  
**INSURANCE COVERAGE**

- A. The Board shall provide to all eligible thirty (30) hour or more bargaining unit members health insurance coverage and dental coverage under the High Deductible Health Plan with Health Savings Account as follows:

The sole plan offered by the Board shall be a high deductible health plan (HDHP) with a Health Savings Account including the following components.

	In-Network	Out-of-Network
Annual Deductible (Individual/Aggregate Family) Note: preventive care not subject to deductible)	\$2000/4000	
Co-insurance	N/A	20% after deductible
Cost Share Maximum (Individual/Aggregate Family)	\$5,000/10,000	
Lifetime Maximum	Unlimited	Unlimited
Post-deductible RX co-pay \$10/25/40		



The Board will contribute into a Health Savings Account (HSA) for each employee enrolled in the HDHP plan at a level equal to fifty percent (50%) of the applicable individual deductible amount. One-half of the Board's contribution to the deductible shall be deposited into the HSA accounts in July and the other half of the Board's contribution to the deductible shall be deposited into the HSA accounts in January.

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

Employees who are not eligible for an HSA shall be provided with a Health Reimbursement Account (HRA).

- B. Effective July 1, 2021, employees shall be responsible for eighteen and one half percent (18.5%) of the premium cost for employee only coverage.

Effective July 1, 2022, employees shall be responsible for eighteen and one half percent (18.5%) of the premium cost for employee only coverage.

Effective July 1, 2023, employees shall be responsible for nineteen percent (19.0%) of the premium cost for employee only coverage.

Effective July 1, 2024, employees shall be responsible for nineteen and one half percent (19.5%) of the premium cost for employee only coverage.

In any year in which a successor or initial agreement is not final prior to June 30th, any negotiated changes to premium sharing shall be retroactive to the start of the year(s) in question.

- C. The Board shall provide to all eligible employees individual plus one and family health insurance coverage. Effective July 1, 2021, employees shall be responsible for twenty-five (25%) of the premium cost share for employee plus one coverage and fifty percent (50%) of the cost for family coverage.
- D. The Board may provide the group health and dental insurance through an insurance company or through self insurance. The actual plans are on file in the Superintendent's office. Appendix B sets forth the Summary of Benefits, for informational purposes.
- E. Full-time 12 month employees (37.5 hours or more) will receive \$75,000 in life insurance paid in full by the Board. Full-time 10 month employees (37.5 hours or more) will receive \$50,000 in life insurance paid in full by the Board.

- F. Employees hired prior to July 1, 1999 working at least thirty (30) hours per week are grandfathered and continue to remain eligible to share the cost of dependent coverage at the prevailing rate of premium share.
- G. In the event the Board self insures its insurance obligations under this Article, it shall also provide all State of Connecticut mandated insurance benefits, coverages and services as presently exist and as in the future may be required by the State of Connecticut for fully insured plans.
- H. If the Board determines that the total cost of a group health plan or plans offered under this contract will trigger an excise tax under Internal Revenue Code Section 4980I, or any other local, state or federal statute or regulation, during the term of this contract, the Board and the Union will, upon the request of the Board, engage in mid-term negotiations regarding the impact of such excise tax, in accordance with the Municipal Employees Relations Act (MERA).

#### **ARTICLE XVI** **OPENINGS**

- A. All open bargaining unit positions in the Branford Public Schools shall be announced by sending electronic notices to the Association president as they occur. Bargaining unit members will have five (5) working days from the date of the announcement to apply for the vacant position in writing to the Human Resource Department.
- B. Posting will indicate the date of posting, job title, location, salary or rate of pay (including a range if applicable), grade, hours and closing date of the posting.
- C. Notification of employment to the vacancy shall be given to the unit in the form of electronic notice to the Association president and to the successful applicant.

#### **ARTICLE XVII** **SENIORITY**

- A. Seniority shall be defined as the continuous service as an employee with the Board in a position covered by this Agreement. Part time employees' seniority shall be computed on a pro-rated basis as compared to a full time employee.
- B. Seniority shall continue to accrue during authorized paid and unpaid leaves of absence.
- C. Each September, Human Resources shall furnish the officers of BASS with an up to date seniority list.



**ARTICLE XVIII**  
**LAYOFF (REDUCTION IN FORCE/INVOLUNTARY TRANSFER)**

- A. In the event a layoff becomes necessary, the Board or its designee shall determine the bargaining unit member(s) in the position(s) to be affected based on qualifications and seniority.
- B. In order to promote an orderly reduction in bargaining unit personnel, the following procedure will be used:
  - (i) Any bargaining unit member relieved of his/her duties because of reduction of staff or elimination of position shall be offered a vacant position (if one exists) equivalent to her/his position within her/his level for which she/he is qualified.
  - (ii) If there is no vacancy in such a position within her/his level for which she/he is qualified, the displaced bargaining unit member shall bump the bargaining unit member who has the least seniority in her/his position within her/his level for which she/he is qualified.
  - (iii) If there is no vacancy or position within her/his level for which she/he is qualified, she/he will be offered a vacancy, if one exists, in any other lower level position for which she/he is qualified.
  - (iv) If there is no vacancy in any lower level for which she/he is qualified, the displaced bargaining unit member shall bump a less senior bargaining unit member in a lower level, so long as the displaced bargaining unit member is qualified. In the event there are multiple choices, the Board shall decide which employee shall be bumped.
- C. Laid off employees shall be recalled to work by level based on qualifications and seniority. In recalling employees, the Board shall rely on the last physical and electronic mail addresses furnished to the Board, in writing, by the employee. Recall rights shall terminate twelve (12) calendar months from the date of layoff for each employee.
- D. Notice of recall shall be sent via electronic mail and via registered return receipt mail. If the employee responds via electronic mail declining the position, his/her seniority will be considered ineligible for recall. If the employee does not respond via electronic mail or within ten (10) work days of the date of the registered return receipt mailing, his/her seniority will be considered ineligible for recall. If an employee who is on layoff plans to be away at some time during the summer, he or she shall inform the Central Office of his or her summer address, and the recall notice shall be sent there.
- E. An employee, who has been laid off and is subsequently recalled within his/her recall period, shall receive, if applicable, full credit for accumulated sick leave, seniority and



hourly rates earned prior to layoff. However, employees while on layoff shall not accrue any time.

- F. For purposes of this Article only, the positions and levels referred to in this Article are as follows:

<u>Position</u>	<u>Grade Level</u>
Payroll Coordinator	5
Accounts Payable Coordinator	4
Adm. Assistant to School Principals (all schools)	4
Adm. Assistant to Chief Operating Officer	4
Adm. Assistant to Asst. Superintendent/ Curriculum Coordinators/Grounds	4
Adm. Assistant to Chief Technology Officer	4
Adm. Assistant to Student Services Director	4
Secretaries to Vice Principals	3
Elementary Secretaries (Pre-K - 4)	3
Data Specialist	3
Bookkeeper	3
Athletics Secretary	3
Library Secretary	2
Guidance Secretary	2
Attendance Secretary	2
Data Processing	2
Receptionist	2
Registrar	2
Library Assistants	1

## **ARTICLE XIX**

### **DISCIPLINE**

No employee shall be discharged, suspended, or shall receive a written reprimand (including a written warning) without just cause.

## **ARTICLE XX**

### **PERSONNEL RECORDS**

- A. An employee covered hereunder shall, upon reasonable advance notice, be permitted to examine and copy any and all materials in his/her personnel file. The Association may have access to any employee's records upon presentation of written authorization by the

said employee and with reasonable advance notice. The employee and the Association shall be limited to one free copy of the information contained in his/her file per work year.

- B. An employee or the Association may respond in writing to any material placed in the particular employee's personnel file. If said response is from the employee, it shall be placed in the particular employee's personnel file. If the response was written by the Association, it will be placed in the employee's personnel file only upon presentation of written authorization by said employee.
- C. The Association may call meetings in an approved school location that is under the jurisdiction of the Board before or after regular hours when the building is normally open and custodial staff is available on a non-overtime basis, provided such meetings do not conflict with other scheduled activities or programs. Request for use of school facilities must be made to the Building Principal at least two (2) days prior to the meeting date.

## **ARTICLE XXI**

### **ASSOCIATION RIGHTS**

- A. The Board agrees to provide space on a bulletin board in each school that the Association may utilize for the purpose of posting appropriate notices of Association business.
- B. The Board shall provide each employee with access to an electronic copy of the contract within thirty (30) days after the signing of this Agreement. New employees shall be provided with access to a copy of the Agreement upon hire.

## **ARTICLE XXII**

### **GRIEVANCE PROCEDURE**

- A. A grievance shall be defined as a claimed violation, misinterpretation or misapplication of a specific provision of this Agreement. A grievance must be in writing and must set forth the specific section(s) of the Agreement alleged to have been violated, misinterpreted or misapplied. Grievances may be submitted only by employees covered by this contract (whether or not they are members of the Association) or the Association. "Grievant" shall mean an individual unit member or the Association, if a grievance affects a class or group of unit members or the Association as a whole.
- B. Any grievance not initiated or taken to a higher step in the grievance procedure in accordance with the time limitations below shall be deemed waived, or settled on the basis of the last decision rendered by the Board's representative and shall not be subject to further processing. However, any of those time limits may be reduced or extended by written agreement.
- C. "Days" shall mean work days.



D. Procedure:

Step One: Any grievant who feels she/he may have a grievance is encouraged to first discuss the grievance with the school principal or immediate supervisor with the objective of resolving the matter. If unresolved, within fifteen (15) days after the employee first knew or should have known of the occurrence which gave rise to the grievance, the employee must present the written statement of the grievance to the school principal or immediate supervisor setting forth the specific section(s) of the Agreement alleged to have been violated, misinterpreted or misapplied and the remedy requested. If the grievance is not filed within the time limit prescribed above, then the grievance shall be deemed to be waived. Within ten (10) days after the school principal receives such written grievance, she/he or her/his designated representative shall give the employee her/his answer in writing.

Step Two: If the grievant is not satisfied with the disposition of the grievance at Step One, she/he may submit the grievance to the superintendent of schools, or her/his designee, in writing, within seven (7) days of the answer at Step One. After receipt of the written grievance, the Superintendent or her/his designee shall meet with the aggrieved member of the unit and the President of the Association or her/his designee for the purpose of resolving the grievance. The Superintendent of Schools or her/his designee shall render a written decision to the employee within ten (10) days of receipt of the grievance.

Step Three: If the grievant is not satisfied with the disposition of the grievance at Step Two, she/he may submit the grievance to the Board of Education through the Superintendent in writing, within ten (10) days of the answer at Step Two. After receipt of the written grievance by the Board of Education, the Board or a subgroup of the Board consisting of at least three (3) Board members shall meet with the aggrieved member of the unit and the President of the Association or her/his designee within thirty (30) days of receipt of the grievance for the purpose of resolving the grievance. The Board of Education or such subgroup shall render a written decision to the grievant within thirty (30) days of the meeting.

Arbitration: In the event the parties are unable to settle the grievance as outlined above, the written grievance may be submitted by the Association to arbitration. Any request for arbitration of a grievance must be made in writing by the Association and must be filed with the Board or the Superintendent's office on behalf of the Board within ten (10) days from the date of the written response to the grievance by the Board. If the parties are unable mutually to agree upon an arbitrator within the next five (5) days, the Association may submit the grievance to the American Arbitration Association, in accordance with its rules and procedures of dispute resolution. The arbitrator shall hear and decide only one (1) grievance in each case. However, the arbitrator may, by mutual consent of the parties hear more than one (1) grievance at a time. The arbitrator shall have no power to add to, subtract from or modify in any way the provisions of



this Agreement. All expenses and fees of the arbitrator and AAA shall be borne equally by the parties.

**ARTICLE XXIII**  
**DURATION**

The Board and the Association agree that this Agreement shall be in full force and effect from, and be retroactive to, July 1, 2021 through June 30, 2025. Wage increases shall be applied retroactively to July 1, 2021 only to those employees still employed by the Board on the dates of ratification/approval of this Agreement by the Board and the Union. The change in the Athletics Secretary position from Level 2 to Level 3 shall be applied retroactively to July 1, 2021.

**ARTICLE XXIV**  
**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, such provision or portion shall be severed from the Agreement, and the balance and remainder of the Agreement shall remain in full force and effect.

**BRANFORD BOARD OF EDUCATION**

2-28-2022

Date

By 

**BRANFORD ASSOCIATION OF SUPPORT  
STAFF ("BASS")**

2-24-22

Date

By Laura R. Spignesi

## APPENDIX A

### PAY SCHEDULES\*

The Pay Schedules below reflect the following general wage increases:

1.25% effective and retroactive to July 1, 2021

1.75% effective July 1, 2022

1.75% effective July 1, 2023

2.00% effective July 1, 2024

Years in Grade “YIG” is based on the number of completed years in each employee’s current grade level as of July 1. Employees shall advance levels on July 1 when they have completed the required number of years in their current grade level to advance to the next level as of July 1.

The Superintendent/designee shall have the right to grant new employees credit on the wage schedule based on their prior experience. The Superintendent/designee shall have the right to grant current employees credit on the wage schedule if they move to a higher grade level.

\*Grade level positions are described in Article XVIII Layoff (Reduction in Force/Involuntary Transfer).

2021-22						
		Grade Level				
YIG	Step	1	2	3	4	5
0-2	1	\$18.45	\$19.29	\$19.93	\$24.98	\$25.45
3-4	2	\$18.70	\$19.54	\$20.18	\$25.23	\$25.71
5-6	3	\$18.95	\$19.79	\$20.43	\$25.48	\$25.96
7-9	4	\$19.21	\$20.05	\$20.69	\$25.74	\$26.21
10-12	5	\$19.46	\$20.30	\$20.94	\$25.99	\$26.47
13-15	6	\$19.71	\$20.55	\$21.19	\$26.24	\$26.72
16+	7	\$19.97	\$20.81	\$21.44	\$26.50	\$26.97

**APPENDIX A (continued)**

<b>2022-23</b>						
		<b>Grade Level</b>				
<b>YIG</b>	<b>Step</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0-2	1	\$18.77	\$19.63	\$20.28	\$25.42	\$25.90
3-4	2	\$19.03	\$19.88	\$20.53	\$25.67	\$26.16
5-6	3	\$19.28	\$20.14	\$20.79	\$25.93	\$26.41
7-9	4	\$19.55	\$20.40	\$21.05	\$26.19	\$26.67
10-12	5	\$19.80	\$20.66	\$21.31	\$26.44	\$26.93
13-15	6	\$20.05	\$20.91	\$21.56	\$26.70	\$27.19
16+	7	\$20.32	\$21.17	\$21.82	\$26.96	\$27.44

<b>2023-24</b>						
		<b>Grade Level</b>				
<b>YIG</b>	<b>Step</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0-2	1	\$19.10	\$19.97	\$20.63	\$25.86	\$26.35
3-4	2	\$19.36	\$20.23	\$20.89	\$26.12	\$26.62
5-6	3	\$19.62	\$20.49	\$21.15	\$26.38	\$26.87
7-9	4	\$19.89	\$20.76	\$21.42	\$26.65	\$27.14
10-12	5	\$20.15	\$21.02	\$21.68	\$26.90	\$27.40
13-15	6	\$20.40	\$21.28	\$21.94	\$27.17	\$27.67
16+	7	\$20.68	\$21.54	\$22.20	\$27.43	\$27.92

<b>2024-25</b>						
		<b>Grade Level</b>				
<b>YIG</b>	<b>Step</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
0-2	1	\$19.48	\$20.37	\$21.04	\$26.38	\$26.88
3-4	2	\$19.75	\$20.63	\$21.31	\$26.64	\$27.15
5-6	3	\$20.01	\$20.90	\$21.57	\$26.91	\$27.41
7-9	4	\$20.29	\$21.18	\$21.85	\$27.18	\$27.68
10-12	5	\$20.55	\$21.44	\$22.11	\$27.44	\$27.95
13-15	6	\$20.81	\$21.71	\$22.38	\$27.71	\$28.22
16+	7	\$21.09	\$21.97	\$22.64	\$27.98	\$28.48



## APPENDIX A (continued)

Employees designated as Off-Schedule will receive the following general wage increases:

1.25% effective and retroactive to July 1, 2021


1.75% effective July 1, 2022

1.75% effective July 1, 2023

2.00% effective July 1, 2024


## APPENDIX B

Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay For Covered Services **Coverage Period: 07/01/2021–06/30/2022**  
 Branford BOE 800537-M615, M616, M618, M620, M628 **Coverage for:** Individual + Family | **Plan Type:** CDHP

 <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health <a href="#">plan</a>. The SBC shows you how you and the <a href="#">plan</a> would share the cost for covered health care services. NOTE: Information about the cost of this <a href="#">plan</a> (called the <a href="#">premium</a>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, <a href="https://eoc.anthem.com/eocdps/aso">https://eoc.anthem.com/eocdps/aso</a>. For general definitions of common terms, such as <a href="#">allowed amount</a>, <a href="#">balance billing</a>, <a href="#">coinsurance</a>, <a href="#">copayment</a>, <a href="#">deductible</a>, <a href="#">provider</a>, or other underlined terms see the Glossary. You can view the Glossary at <a href="http://www.healthcare.gov/sbc-glossary/">www.healthcare.gov/sbc-glossary/</a> or call (800) 922-6621 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	<b>\$2,000 / single or \$4,000 / family.</b> All <a href="#">Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family deductible must be met before the <a href="#">plan</a> begins to pay.
Are there services covered before you meet your deductible?	Yes. <a href="#">Preventive care</a> and Vision exam for <a href="#">In-Network Providers</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain preventive services without <a href="#">cost-sharing</a> and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	<b>\$5,000 / single or \$8,150 / family</b> for <a href="#">In-Network Providers</a> . <b>\$5,000 / single or \$10,000 / family</b> for <a href="#">Out-of-Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the out-of-pocket limit?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a network provider?	Yes, PPO. See <a href="http://www.anthem.com">www.anthem.com</a> or call (800) 922-6621 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



# APPENDIX B (continued)

 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Specialist visit	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Lab – Office 0% <u>coinsurance</u> X-Ray – Office 0% <u>coinsurance</u>	Lab – Office 20% <u>coinsurance</u> X-Ray – Office 20% <u>coinsurance</u>	Lab – Office -----none----- X-Ray – Office Includes coverage for Breast Tomosynthesis.
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a> National	Tier 1 - Typically Generic	\$10/prescription (retail) and \$20/prescription (home delivery)	20% <u>coinsurance</u> (retail) and 20% <u>coinsurance</u> (home delivery)	Unlimited Drug Maximum Days supply 30/90. *See Prescription Drug section
	Tier 2 - Typically <u>Preferred</u> / Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	20% <u>coinsurance</u> (retail) and 20% <u>coinsurance</u> (home delivery)	
	Tier 3 - Typically Non- <u>Preferred</u> / <u>Specialty Drugs</u>	\$40/prescription (retail) and \$80/prescription (home delivery)	20% <u>coinsurance</u> (retail) and 20% <u>coinsurance</u> (home delivery)	
	Tier 4 - Typically <u>Specialty</u> (brand and generic)	\$40/prescription (retail) and \$80/prescription (home delivery)	20% <u>coinsurance</u> (retail) and 20% <u>coinsurance</u> (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	Physician/surgeon fees	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	0% <u>coinsurance</u>	Covered as In-Network	-----none-----
	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	20% <u>coinsurance</u>	-----none-----
	<u>Urgent care</u>	0% <u>coinsurance</u>	Not covered	-----none-----



## APPENDIX B (continued)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	none
	Physician/surgeon fees	0% coinsurance	20% coinsurance	none
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 0% coinsurance Other Outpatient 0% coinsurance	Office Visit 20% coinsurance Other Outpatient 20% coinsurance	Office Visit none Other Outpatient none
	Inpatient services	0% coinsurance	20% coinsurance	none
	Office visits	0% coinsurance	20% coinsurance	
	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
If you are pregnant	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
	Home health care	0% coinsurance	20% coinsurance	200 visits/benefit period.
	Rehabilitation services	0% coinsurance	20% coinsurance	*See Therapy Services section
	Habilitation services	0% coinsurance	20% coinsurance	
	Skilled nursing care	0% coinsurance	20% coinsurance	120 days limit/benefit period.
	Durable medical equipment	0% coinsurance	20% coinsurance	*See <a href="#">Durable Medical Equipment</a> Section
If you need help recovering or have other special health needs	Hospice services	0% coinsurance	20% coinsurance	none
	Children's eye exam	No charge	20% coinsurance	
	Children's glasses	Not covered	Not covered	*See Vision Services section
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

## APPENDIX B (continued)

### Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)			
• Cosmetic surgery	• Dental care (adult)	• Dental Check-up	
• Glasses for a child	• Long-term care	• Private-duty nursing	
• Routine foot care unless you have been diagnosed with diabetes.	• Weight loss programs		

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)			
• Acupuncture Coverage is limited to Pain Management.	• Bariatric surgery	• Chiropractic/PT/OT/Chiro 50 visits/benefit period.	
• Hearing aids	• Infertility treatment	• Most coverage provided outside the United States. See <a href="http://www.bcbsglobalcare.com">www.bcbsglobalcare.com</a>	
• Routine eye care (adult)			

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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

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

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, [www.cciio.cms.gov](http://www.cciio.cms.gov)

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

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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

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

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



About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	
■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%
This EXAMPLE event includes services like: <u>Specialist</u> office visits ( <i>prenatal care</i> ) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services <u>Diagnostic tests</u> ( <i>ultrasounds and blood work</i> ) <u>Specialist</u> visit ( <i>anesthesia</i> )	
Total Example Cost	\$12,840
In this example, Peg would pay: <u>Cost Sharing</u>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
Limits or exclusions <i>What isn't covered</i>	
The total Peg would pay is	
\$60	
\$2,060	

Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	
■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%
This EXAMPLE event includes services like: <u>Primary care physician</u> office visits ( <i>including disease education</i> ) <u>Diagnostic tests</u> ( <i>blood work</i> ) <u>Prescription drugs</u> <u>Durable medical equipment</u> ( <i>glucose meter</i> )	
Total Example Cost	\$7,460
In this example, Joe would pay: <u>Cost Sharing</u>	
Deductibles	\$2,000
Copayments	\$940
Coinsurance	\$0
Limits or exclusions <i>What isn't covered</i>	
The total Joe would pay is	
\$55	
\$2,995	

Mia's Simple Fracture (in-network emergency room visit and follow-up care)	
■ The plan's overall deductible	\$2,000
■ Specialist coinsurance	0%
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%
This EXAMPLE event includes services like: <u>Emergency room care</u> ( <i>including medical supplies</i> ) <u>Diagnostic test</u> ( <i>x-ray</i> ) <u>Durable medical equipment</u> ( <i>crutches</i> ) <u>Rehabilitation services</u> ( <i>physical therapy</i> )	
Total Example Cost	\$2,010
In this example, Mia would pay: <u>Cost Sharing</u>	
Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0
Limits or exclusions <i>What isn't covered</i>	
The total Mia would pay is	
\$0	
\$1,925	

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



## Language Access Services:

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (800) 922-6621

العربية: إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على 922-6621 (800) Arabic.

**Bassa (Bāsō wūqū):** M̄ dyi dyi-diè-q̄ b̄ b̄ q̄ b̄ á c̄é-q̄ n̄à k̄ dyi ní, c̄ m̄ n̄ dyi-b̄èd̄èin-q̄ b̄ á m̄ k̄ gbo-kpá-kpá k̄ b̄ kp̄ q̄ é m̄ bíq̄-wùqūn b̄ b̄ pídyi. B̄ é m̄ k̄ wudu-z̄iin-nv̄ò q̄ gbo wùq̄ k̄, d̄ á (800) 922-6621.

Burmese (မြန်မာ): ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်နှိုင်း ဝကားပြောနိုင်ရန် ဖုန်း (800) 922-6621 သို့ ခေါ်ဆိုပါ။

**Dinka (Dinka):** Na naŋ thiēc nē ke de yā thoŋ, ke yin naŋ loŋ bē yi kuonŋ ku wē alēu bē geer yic yin ne thoŋ du ke cin wēu tāuē ke piŋ. Te kor yin ba jam wēnē ran re thoŋ gervic, ke yin col (800) 922-6621.

هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 922-6621 (800) تماس بگیرید. **Farsi** (فارسی) : در صورتی که مؤلفی پسر امون این حق را دارید، اطلاعات و کمک را بدون هیچ

6 of 10





**Language Access Services:**

**Khmer (ខ្មែរ):** បើអ្នកមានបញ្ហាផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសាសំបូរអ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រើសរើសភាសាអ្នកប្រើប្រាស់ ប្រសិនបើ (800) 922-6621 ។

**Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kureka ubufasha mu rurimi rwawe aya giciriro. Kugira uvugishye umusemuzi, akura (800) 922-6621.

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ຮັບການຊ່ວຍເຫຼືອ, ໃຫ້ໃບໜ້າ (800) 922-6621.

**Navajo (Diné):** Dii naaltsoos bika'igíí łahgo bina'ídiłkidgo ná bohónéedzá dóó bee ahóót'í' t'áá ni nizaad k'ehj'í bee nílí hodooníh t'áadoo bąąh ilinígóó. Aa' hahne'igíí la' bich'í' hadeesdzih nínízingo kojí' hodíłniih (800) 922-6621.

**Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 922-6621

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuif mirgaa qabdaa. Turjumaana dubaachuuf, (800) 922-6621 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwver selle Document hoscht, du hoscht die Recht um Hülfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (800) 922-6621 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 922-6621.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 922-6621.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਆਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 922-6621 'ਤੇ ਕਾਲ ਕਰੋ।

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 922-6621.

**Russian (Русский):** Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (800) 922-6621.

**Samoan (Samoan):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliu, vili (800) 922-6621.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 922-6621.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 922-6621.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (800) 922-6621.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (800) 922-6621 เพื่อพูดคุยกับล่าม

**Ukrainian (Українська):** Якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (800) 922-6621.

**Urdu (اردو):** اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ منہ اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لیے، (800) 922-6621 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 922-6621.

**Yiddish (אידיש):** אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אײער שפראך און קיין פארן צו רעדן צו אן איבערזעצער, (800) 922-6621.

**Yoruba (Yorùbá):** Ti o bá ní èyíkéyí ibèrè nípá àkòsílẹ̀ yì, o ní ètò láti gbà ìrànwọ́ àti ìwífún ní èdè rẹ lóríṣẹ̀. Bá wa ògbunfọ kan sọrọ, pe (800) 922-6621.



### Language Access Services:

#### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**Employer/Group:** BRANFORD Board of Education  
**Firm Division:** 800537 - BRANFORD BOE

### DENTAL FLEX

Description of Benefits		You Pay:
Annual Deductible (individual/family)		\$25.00/\$75.00
Annual Maximum (per member per calendar year)		\$1,250.00
Lifetime Orthodontic Maximum (per member)		Does not Apply
<b>Diagnostic &amp; Preventive Services</b>		
<ul style="list-style-type: none"> <li>- Periodic evaluations</li> <li>- Initial evaluation</li> <li>- Cleanings, 2 per year</li> <li>- Fluoride treatments to age 19</li> </ul>		No Charge
<ul style="list-style-type: none"> <li>- Space maintainers to age NONE</li> <li>- X-rays</li> <li>- Emergency Palliative treatment</li> </ul>		No Charge
<b>Basic Services</b>		
<ul style="list-style-type: none"> <li>- Fillings</li> <li>- Repair Bridge</li> <li>- Repairing and relining of dentures</li> <li>- Endodontics including but not limited to root canal therapy</li> </ul>		20%, after deductible
<ul style="list-style-type: none"> <li>- Oral surgery</li> <li>- Simple and surgical extractions</li> <li>- Recement crown</li> <li>- Recement bridge</li> <li>- Periodontics</li> </ul>		20%, after deductible
<b>Major Services</b>		
<ul style="list-style-type: none"> <li>- Prosthodontics including but not limited to bridgework, partial and full dentures</li> <li>- Crowns</li> <li>- Inlays</li> </ul>		50%, after deductible
<ul style="list-style-type: none"> <li>- Onlays</li> <li>- Bridges</li> <li>- Post and core</li> </ul>		50%, after deductible



## APPENDIX B (continued)

### **Accessing Benefits:**

**Participating Dentists Benefits:** When a member receives care from one of our participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services. For dental care provided by a Participating Dentist, we will pay the lesser of Dentist's usual charge or maximum allowable amount as determined by Anthem BCBS. The participating Dentist will accept Anthem BCBS's payment in full and make no additional charge to the member, except as otherwise specified in the member's certificate of coverage.

**Non-Participating Dentists Benefits:** Anthem BCBS will pay the maximum allowable amount as determined by Anthem BCBS. The member is responsible for any difference between the amount paid by Anthem BCBS and the fee charged by the Dentist.

Dental claims should be submitted to Anthem BCBS Dental, P.O.Box 547, North Haven CT 06473.

### **Principle Limitations and Exclusions**

*Services received from a dental or medical department maintained by an employer, a mutual benefit association, labor union, trustee or other similar person or group; Services for which the member incurs no Dentist's Charge or which are services of a type ordinarily performed by a physician, or charges which would not have been made if insurance was not available; Services with respect to congenital malformations; Services, treatment or supplies furnished by or at the direction of any government, state or political subdivision; Any items not specifically listed in this Policy; Lost or stolen dentures or denture duplication; Gold foil restorations; Temporary services and appliances; such as crown or tooth preparations and temporary fillings, crowns, bridges and dentures; Application of sealants, regardless of reason; Services as determined by the company, that are rendered in a manner contrary to normal dental practice. A complete list of exclusions appears in the Certificate of Coverage.*

*This is not a legal policy or contract. It is only a general description of your benefits. If there are discrepancies between the Certificate of Coverage and this summary, the Certificate of Coverage shall control.*

## MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is made by and between the Branford Board of Education (the "Board") and the Branford Association of Support Staff ("BASS"), both of whom will sometimes hereinafter be referred to collectively as "the parties."

WHEREAS, the Board and BASS are parties to a collective bargaining agreement covering the period July 1, 2021 through June 30, 2025 (the "Collective Bargaining Agreement"); and

WHEREAS, the Board and BASS have recently engaged in informal discussions regarding the possible modification of the wage schedule for office support staff; and

WHEREAS, such informal discussions were limited in scope to the possible modification of the wage schedule; and

WHEREAS, as a result of such informal discussions, the parties mutually agree that the wage schedule should be modified as set forth in this Memorandum of Agreement, effective July 1, 2023; and

WHEREAS, because the parties are modifying the 2023-24 and 2024-25 wage schedules set forth in the parties' signed Collective Bargaining Agreement, this Memorandum of Agreement is being submitted to the BASS membership for ratification and to the Board for approval.

NOW THEREFORE, the parties agree as follows:

1. Effective July 1, 2023, the 2023-24 wage schedule set forth in the parties' signed Collective Bargaining Agreement shall be modified by: a) increasing the 2023-24 hourly wage rates for employees in Grades 1, 4 and 5 by \$0.70 per hour; b) increasing the 2023-24 hourly wage rates for employees in Grade 2 by \$1.00 per hour; and c) increasing the 2023-24 hourly wage rates for employees in Grade 3 by \$3.00 per hour. Accordingly, the following wage schedule shall be implemented, in place of the 2023-24 wage schedule set forth in the parties' signed 2021 to 2025 Collective Bargaining Agreement:

2023-24						
		Grade Level				
YIG	Step	1	2	3	4	5
0-2	1	\$19.80	\$20.97	\$23.63	\$26.56	\$27.05
3-4	2	\$20.06	\$21.23	\$23.89	\$26.82	\$27.32
5-6	3	\$20.32	\$21.49	\$24.15	\$27.08	\$27.57
7-9	4	\$20.59	\$21.76	\$24.42	\$27.35	\$27.84
10-12	5	\$20.85	\$22.02	\$24.68	\$27.60	\$28.10
13-15	6	\$21.10	\$22.28	\$24.94	\$27.87	\$28.37



16+	7	\$21.38	\$22.54	\$25.20	\$28.13	\$28.62
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In addition to the modification of the 2023-24 wage schedule set forth in the Collective

Bargaining Agreement, the off-scale wage rates for employees who are off-scale shall be increased by \$0.85 per hour, effective July 1, 2023, over and above the 1.75% general wage increase set forth in the parties' signed 2021 to 2025 Collective Bargaining Agreement for July 1, 2023.

2. The 2024-25 wage schedule set forth in the parties' signed Collective Bargaining Agreement shall be modified by applying the differential between the original 2023-24 and 2024-25 hourly wage rates set forth in the parties' signed Collective Bargaining Agreement to the increased 2023-24 hourly wage rates set forth in this Memorandum of Agreement. Accordingly, the following wage schedule shall be implemented, in place of the 2024-25 wage schedule set forth in the parties' 2021 to 2025 Collective Bargaining Agreement:

2024-25						
		Grade Level				
YIG	Step	1	2	3	4	5
0-2	1	\$20.18	\$21.37	\$24.04	\$27.08	\$27.58
3-4	2	\$20.45	\$21.63	\$24.31	\$27.34	\$27.85
5-6	3	\$20.71	\$21.90	\$24.57	\$27.61	\$28.11
7-9	4	\$20.99	\$22.18	\$24.85	\$27.88	\$28.38
10-12	5	\$21.25	\$22.44	\$25.11	\$28.14	\$28.65
13-15	6	\$21.51	\$22.71	\$25.38	\$28.41	\$28.92
16+	7	\$21.79	\$22.97	\$25.64	\$28.68	\$29.18

Effective July 1, 2024, the 2.0% general wage increase set forth in the signed Collective Bargaining Agreement shall be applied to the modified 2023-24 off-scale wage rates set forth in this Memorandum of Agreement for employees who are off-scale.

3. This Memorandum of Agreement shall not establish a practice or precedent in any respect.
4. This Memorandum of Agreement shall have no effect on any other provision of the parties' 2021-25 Collective Bargaining Agreement, and all such other provisions shall remain in full force and effect.

BRANFORD BOARD OF EDUCATION

BRANFORD ASSOCIATION OF  
SUPPORT STAFF (BASS)

By: David G. M., COO

Date: 6/14/23

By: Laura R. Spignesi

Date: June 13, 2023



## MEMORANDUM OF AGREEMENT

This MEMORANDUM OF AGREEMENT ("Agreement") is made by and between the Branford Board of Education (the "BOARD") and the Branford Association of Support Staff ("BASS"). The BOARD and BASS will herein be referred to collectively as the "parties."

WHEREAS, the BOARD and BASS are parties to a collective bargaining agreement covering the period July 1, 2021 through June 30, 2025 (the "Collective Bargaining Agreement"); and

WHEREAS, the parties agree that it is in the parties' mutual interest to change the health insurance plan to the Connecticut State Partnership Plan 2.0 ("SPP") effective July 1, 2023; and

NOW THEREFORE, the parties agree as follows:

Effective July 1, 2023, subject to the conditions set forth below, in lieu of the health benefits described in Article XV of the Collective Bargaining Agreement and its corresponding Appendix, the Board shall offer each bargaining unit member eligible for health benefits under Article XV of the Collective Bargaining Agreement the opportunity to participate in the SPP for health benefits. Dental benefits shall continue (with the same employee premium cost sharing) as currently provided in the Collective Bargaining Agreement. The health plan benefits shall be as set forth in the SPP effective on July 1, 2023, 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. Promptly upon ratification of this Agreement, the Board shall apply to the State to admit this bargaining unit to the SPP. Should the Board's application be accepted, these provisions related to the SPP shall be implemented. Should the Board's application be rejected and reconsideration be denied, the terms of the Collective Bargaining Agreement shall remain in effect, subject to successor contract negotiations in accordance with statute.
- b. The premium rates shall be set by the SPP.
- c. Notwithstanding the employee premium cost share percentage set forth in Article XV of the Collective Bargaining Agreement for the 2023-24 contract year (19.0%), the employee percentage share of such premium cost shall be 18.0% for the 2023-24 contract year. The employee percentage share of such premium cost shall be 19.5% for the 2024-25 contract year in accordance with the Collective Bargaining Agreement.

- d. 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 that the Partnership Plan 2.0 administrators impose a HEP non-participation or non-compliant penalty on the basis of an employee's non-compliance with the terms of the HEP or any non-compliance on the part of any individual covered under the employee's insurance, any such penalty shall be fully paid by the non-compliant employee. The imposition of any resulting premium cost increase shall be paid by the non-complaint employee by payroll deduction and the imposition of any deductible shall be implemented through claims administration.
- e. The parties acknowledge that the Board has a management right to leave the Partnership Plan 2.0 at any time and replace such plan with a new plan/carrier/plan administrator, provided that: 1) the Board shall provide BASS with at least thirty (30) calendar days' written notice prior to the effective date of any such change; 2) the new plan/carrier/administrator shall provide coverage substantially comparable to the High Deductible Health Plan with Health Savings Account that was in effect for BASS immediately prior to the execution of this Agreement.

The terms of this MEMORANDUM OF AGREEMENT are recognized as a joint agreement by the Board and BASS, and the terms thereof shall not be subject to any grievance, administrative, judicial, or other challenge except where necessary to enforce the specific terms of this MEMORANDUM OF AGREEMENT.

BRANFORD BOARD  
OF EDUCATION

By: 

Date: 3-24-2023

BRANFORD ASSOCIATION  
OF SUPPORT STAFF

By: 

Date: 3-24-23