

Received for record 10/16/24
at 9 h29 m A.M and recorded by
Sharon Uruechia Town Clerk

AGREEMENT

-between-

THE CLINTON BOARD OF EDUCATION

-and-

THE CLINTON ADMINISTRATORS' ASSOCIATION

JULY 1, 2025 – JUNE 30, 2029

TABLE OF CONTENTS

| | <u>ARTICLE</u> | | <u>PAGE</u> |
|-------|---|--|-------------|
| I. | RECOGNITION | | 1 |
| II. | INSURANCE COVERAGE | | 1 |
| III. | CENTRAL CALLING SYSTEM | | 3 |
| IV. | SEVERANCE PAY | | 4 |
| V. | LEAVE | | 4 |
| VI. | VACATION DAYS AND HOLIDAYS | | 5 |
| VII. | PROFESSIONAL AND ASSOCIATION DUES | | 7 |
| VIII. | GRIEVANCE PROCEDURE | | 8 |
| IX. | CONFERENCES | | 10 |
| X. | JUST CAUSE | | 10 |
| XI. | SCOPE OF AGREEMENT | | 10 |
| XII. | DURATION | | 11 |
| XIII. | SALARY | | 11 |
| XIV. | REDUCTION IN FORCE/INVOLUNTARY TRANSFER | | 13 |

AGREEMENT, made between the BOARD OF EDUCATION OF THE TOWN OF CLINTON ("Board") and THE CLINTON ADMINISTRATORS' ASSOCIATION ("C.A.A.").

ARTICLE I RECOGNITION

The Board of Education recognizes the Clinton Administrators Association ("C.A.A." or "Association") as the exclusive bargaining agent for those certified professional employees of the Clinton Public Schools who are employed in positions requiring an intermediate administrator or supervisory certificate, or the equivalent thereof, and who are not excluded from the purview of Connecticut General Statutes Sections 10-153a to 10-153g, inclusive.

ARTICLE II INSURANCE COVERAGE

A. Medical Insurance. The Board shall provide the following options for medical insurance coverage for eligible employees and their eligible dependents:

1. (a) The health plan benefits and dental benefits shall be as set forth in the Connecticut State Partnership Plan 2.0 (SPP), including any subsequent amendments or modifications made to the SPP by the State and its employee representatives. The current summary of the SPP is attached hereto as Appendix A. The administration of the SPP, including open enrollment, beneficiary eligibility and changes, and other administration provisions shall be as established by the SPP.
- (b) The premium rates shall be set by the SPP. Based on such rates, the Board shall establish a blended rate to provide the same rate to active and retired administrators in accordance with statute.
- (c) The employee percentage share of such premium cost shall be as follows:

| Year | Board Premium Contribution | Employee Premium Contribution |
|-----------|----------------------------|-------------------------------|
| 2025-2026 | 76.5% | 23.5% |
| 2026-2027 | 76% | 24% |
| 2027-2028 | 75.5% | 24.5% |
| 2028-2029 | 75.5% | 24.5% |

(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 SPP administrators impose the HEP non-participation or noncompliance premium cost increase or the per participant penalty those sums shall be paid 100% in their entirety by the non-participating or non-compliant employee. No portion or percentage shall be paid by the Board.

(e) In the event any of the following occur, the Board or the Association may reopen negotiations in accordance with Conn. Gen. Stat. Section 10-153f(e) as to the sole issue of health insurance, including plan design and plan funding, premium cost share and/or introduction of replacement medical insurance in whole or in part.

- i) If the SPP in its current form is no longer available; or if the benefit plan design of the SPP is modified as a result of a change in the State's collective bargaining agreement with SEBAC, if such modifications would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or
- ii) If Conn. Gen. Stat. Section 3-123rrr et seq. is amended, or if there are any changes to the administration of the SPP, or if additional fees and/or charges for the SPP are imposed so as to affect the Board, any of which amendments, changes, fees or charges (individually or collectively) would substantially increase the cost of the medical insurance plan offered herein. Reopener negotiations shall be limited to health insurance plan design and funding, premium cost share and/or introduction of an additional optional health insurance plan; and/or

(f) In any negotiations triggered under subparagraph e above as well as negotiations for a successor to this collective bargaining agreement, the parties shall consider the High Deductible Health Plan with Health Savings Account set forth in Appendix B to this Agreement to be the baseline for such negotiations, and the parties shall consider the following additional factors:

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

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

The health insurance benefits of this Article are voluntary on the employee's part. Employees who work less than thirty (30) hours per week are not entitled to participate in

the health and life insurance plans of this Article.

B. Life Insurance and Disability Insurance. The Board shall pay ninety percent (90%) of the cost for the following insurance coverage for eligible employees:

1. Group life insurance -- coverage equal to twice the administrator's annual salary as of July 1 of the applicable contract year.
2. Group disability insurance with a one hundred eighty (180) day waiting period. Maximum monthly benefit of five thousand dollars (\$5,000) payable for a five-year maximum due to disability or lifetime due to accident, all subject to terms and conditions of insurance carrier. The amount of any sick pay which would otherwise be payable by the Board pursuant to Article V hereof shall be reduced by the amount of any disability insurance payments made to such disabled administrator for the period during which such disability insurance payments accrue.

C. Retiree Insurance. Any administrator who, upon retirement from the Clinton Public Schools, receives actual payment for current Teacher Retirement Benefits immediately after retirement (as defined in C.G.S. Section 10-183f(a), (b), (c) or Section 10-183aa will be permitted to participate in all group medical and dental insurance plans available to active administrators at the retiree's own cost, in accordance with applicable law, as it may be amended from time to time.

D. Change of Carriers. Nothing herein shall be interpreted to prevent the Board from obtaining substantially equivalent coverage from alternative insurance carriers, so long as there is no interruption in coverage. The C.A.A. may reject any proposed change in insurance carriers on the basis of non-equivalent coverage within thirty (30) days from notice of such proposed change.

E. Section 125 and FSA Plans. All contributions by bargaining unit employees to health insurance premiums as set forth above shall be subject to a Section 125 IRS Plan with features of both a premium only plan (POP) and a flexible spending account (FSA) (when such FSA is permitted by law). The dollar limits for the FSA medical reimbursement account shall be subject to IRS limits, as such may change from time-to-time. The dollar limits for the Dependent Care Reimbursement with such annual limit as permitted under the Internal Revenue Code.

ARTICLE III CENTRAL CALLING SYSTEM

The Board of Education shall maintain a central calling system for substitutes.

ARTICLE IV **SEVERANCE PAY**

- A. Any administrator who has served continuously in the District for five (5) years or more in the administrator bargaining unit, upon retirement from the Clinton Public Schools, receives payment for current Teacher Retirement benefits (other than disability benefits) immediately after retirement (as defined in Connecticut General Statutes Sections 10-183f(a) or (b)) will be paid the retiree's total accumulated sick leave at the rate of \$65 per day as per the following:

Accumulated sick leave payout up to a maximum of 100 days.

This amount shall be over and above any regular compensation due the administrator.

- B. An administrator who is eligible for severance benefits in accordance with Section A above shall receive payment as follows:

To be eligible for such payments, an Administrator must provide written notification of retirement no less than four (4) months prior to the intended retirement date. The Superintendent has the discretion to waive the notice requirement in extraordinary circumstances.

If the administrator has provided such advance notice, the Board shall make a lump sum payment at the time of the administrator's retirement.

Notwithstanding the above, an administrator who retires due to illness or disability shall receive the payment in a lump sum at the time of retirement.

ARTICLE V **LEAVE**

- A. Personal Leave - Four (4) days annually for personal and/or legal reasons as approved by the Superintendent.
- B. Funeral Leave - Five (5) days annually for death in the immediate family.
- C. Additional personal leave or funeral leave days may be granted at the discretion of the Superintendent after explanation by the administrator of the need.
- D. Sick Leave - Twenty (20) days annually cumulative to 240 days, subject to reduction for disability insurance benefits, as provided in Article II hereof. Administrators shall be notified by January 1 of their accumulated sick leave.

ARTICLE VI **VACATION DAYS AND HOLIDAYS**

A. Vacation Days

Annual Vacation

Administrators shall receive the following vacation benefits:

Each twelve-month administrator appointed to an administrative position shall receive vacation days as follows:

- a) during the first through the third years of service as an administrator, twenty-five (25) vacation days;
- b) during the fourth and subsequent years of service as an administrator, thirty (30) vacation days.

If any administrator is called back to work on a vacation day, the administrator will not be charged with a vacation leave day.

Vacation Carryover

1. The following shall apply to twelve-month administrators:
 - a. An administrator who is unable to use all of the administrator's annual vacation by July 30th due to the demands of the position may request approval of the Superintendent to carry over up to ten (10) days vacation into the next fiscal year.
 - b. At no time shall the administrator have a vacation balance in excess of the administrator's annual vacation entitlement plus ten (10) vacation days carried over.

Payment for Unused Vacation

1. Upon termination of employment, an administrator shall be paid at the per diem rate for unused vacation, including carryover for which there was written approval given by the Superintendent. If an administrator leaves during the fiscal year, payment for the current year's vacation will be based on the proportion of the year worked.

B. Holidays

The following shall be designated as paid holidays for administrators:

| | |
|---------------------|-----------------------------|
| Independence Day | New Year's Day |
| Labor Day | Martin Luther King, Jr. Day |
| Columbus Day | President's Day |
| Thanksgiving | Good Friday |
| (Thursday & Friday) | Memorial Day |
| Christmas Eve | Juneteenth |
| Christmas Day | |

In addition to the foregoing, each administrator may designate one additional floating holiday, except that both administrators in any building may not choose the same day.

ARTICLE VII
PROFESSIONAL AND ASSOCIATION DUES

A. Professional Organization Dues. The Board of Education will pay membership dues for up to three (3) of the following professional organizations for each administrator. Membership in the professional organizations will be on a voluntary basis with each administrator:

1. Connecticut Association of Schools (CAS)
2. National Association of Elementary School Principals (NAESP)
3. Association of Supervision of Curriculum Development (ASCD)
4. National Association of Secondary School Principals (NASSP)
5. Connecticut Council for Exceptional Children (CEC)
6. Connecticut Council of Administrators of Special Education (CONNCASE)

B. Association Dues.

1. Upon the submission of a voluntary written authorization signed by an administrator, the Board agrees to deduct from the administrator an amount equal to the Association membership dues, by means of equal payroll deductions.
2. Within thirty (30) days after employment or the execution of this Agreement, whichever is later, all members of the bargaining unit shall have the opportunity to join the Association by the submission of a voluntary written authorization permitting the deduction of union dues signed by the administrator, if one is not already on file. Members must submit in writing to the Board and

Association their desire to end their membership to the Association.

3. The amount of Association membership dues shall be certified by the Association to the Board of Education prior to the opening of school each year.
4. Those administrators whose employment commences after the start of the school year shall pay a pro-rated amount equal to the percentage of the remaining school year upon submission of an appropriate written voluntary authorization for salary deduction.
5. The Board of Education agrees to forward to the Association each pay period a check for the amount of money deducted during that month. The Board shall include with such a check a list of administrators for whom such deductions were made.
6. As a condition of the effectiveness of this Article, the Association agrees to indemnify and save the Board harmless against any and all claims demands, costs, suits or other forms of liability and all court or administrative agency costs that may arise out of, or by reason of, action taken by the Board for the purpose of complying with the Article.

ARTICLE VIII **GRIEVANCE PROCEDURE**

A. Purpose

1. The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise under the specific provisions of this Agreement.
2. Nothing herein contained shall be construed as limiting the right of any member of the unit to discuss informally a concern or problem with any appropriate member of the administration.

B. Definitions

1. A "grievance" shall be defined as a complaint by an administrator or a group of administrators that there has been a violation or misinterpretation of a specific provision or provisions of this Agreement to the detriment of the administrator or administrators concerned.
2. The term "administrators" as used in this grievance procedure shall mean any certificated employee within the bargaining unit covered by this Agreement.
3. A "grievant" shall mean a person or persons making the complaint, or the Association. If the Association files the grievance, it shall identify the administrators it claims are affected.

4. The term "days" shall be defined as days when school is in session. During the summer recess, "days" shall be defined as days on which the Central Office is open.

C. Procedure

Since it is important that grievances or disputes be processed as rapidly as possible, the number of days indicated at each level should be considered as maximum and every effort should be made to expedite the process. The time limits specified may, however, be extended by mutual written agreement.

If the C.A.A. president has not filed a written grievance as provided for at Level Two of this procedure within thirty (30) days after the aggrieved administrator knew or should have known of the circumstances giving rise to the grievance, then the grievance shall be considered waived.

Failure to process a grievance to the next level within the time specified shall constitute an acceptance of the decision at the prior level.

All parties involved at each level shall be present at each succeeding step in the grievance procedure.

1. LEVEL ONE - C.A.A. President

Individual administrator discusses case the administrator believes the administrator has at this level.

2. LEVEL TWO - Superintendent

To whom case is presented in writing by the C.A.A. President when they feel the individual has a grievance. Within ten (10) days after receipt of the written grievance by the Superintendent, the Superintendent shall meet with the aggrieved person in an effort to resolve it.

3. LEVEL THREE - Board of Education

In the event that the aggrieved member of the unit is not satisfied with the disposition of the grievance at Level Two, or in the event no decision has been rendered within ten (10) days after the grievant has first met with the Superintendent, the grievant may file a written grievance, indicating such dissatisfaction, with the President of the C.A.A. within fifteen (15) days after the grievant has first met with the Superintendent, whichever is sooner. Within five (5) days after receiving the written grievance, the President of the C.A.A. shall refer it to the Board. Within ten (10) days after receiving the written grievance, a committee of the Board shall meet with the aggrieved member of the unit for the purpose of resolving the grievance. However, the ultimate decision on the grievance at Level Three shall be rendered by the

full Board.

4. LEVEL FOUR - Impartial Arbitration

- a. In the event that the aggrieved member of the unit is not satisfied with the disposition of the grievance at Level Three, or in the event no decision has been rendered within ten (10) days after the grievant has first met with the Board Committee, whichever is sooner, present a request in writing to the President of the C.A.A. or the Board to submit the grievance to arbitration within fifteen (15) days after receipt of a request by the aggrieved person.
- b. One-person arbitration shall be conducted in accordance with the rules of the American Arbitration Association. The arbitrator selected shall confer with representatives of the Board, the aggrieved member of the unit, and the President of the C.A.A., and the representatives of the C.A.A. and hold hearings promptly and shall issue a decision with respect to the grievance not later than twenty (20) days from the date of the closing of the hearings or, if oral hearings have been waived, then from the date the final statements and proofs are submitted to the arbitrator. The arbitrator's decision shall be in writing and shall set forth the arbitrator's findings of fact, reasoning and conclusions on the issues submitted. The arbitrator 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 terms of this Agreement. The decision of the arbitrator shall be submitted to the Board, the aggrieved member of the unit, and the President of the C.A.A. and shall be final and binding. The arbitrator shall be bound by and must comply with all the terms of this Agreement and shall have no power to add to, delete from or modify any of the provisions of this Agreement.
- c. The cost of arbitration shall be shared equally by the Board and the C.A.A.

D. Rights of Administrators to Representation

1. No reprisals of any kind shall be taken by the Board or by any member of the administration against anyone by reason of participation in the grievance procedure or support of any participant hereto.
2. Any member of the unit or the Board may be represented at any stage of this grievance procedure by any person of their choice provided, however, that if a member of the unit is not represented by the C.A.A., the C.A.A. shall have the right to be present to state its views at all stages of this grievance procedure.

E. Miscellaneous

1. Decisions rendered at Levels Two and Three of the grievance procedure shall be in writing setting forth the decision and the reasons therefore and shall be promptly transmitted to the President of the C.A.A. and the grievant.
2. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participants.
3. If a member of the unit does not file a written grievance with the President of the C.A.A., and forward a written grievance to the Superintendent within thirty (30) days after the member of the unit knew or should have known of the act or conditions on which the grievance is based, the grievance shall be waived. A dispute as to whether a grievance has been waived under this paragraph shall be subject to arbitration pursuant to Level Four.

**ARTICLE IX
CONFERENCES**

Approved conference days used by administrators are to be charged against work days.

**ARTICLE X
JUST CAUSE**

No administrator shall receive a written disciplinary warning or be suspended without just cause.

**ARTICLE XI
SCOPE OF AGREEMENT**

- A. Board Prerogatives. Except where such rights, powers and authority are specifically relinquished, abridged or limited by the provisions of this Agreement, the Board of Education shall have the sole and unquestioned rights, responsibilities and prerogatives of management.
- B. Application of Laws and Regulations. In the administration of all matters covered by the agreement, employees are governed by the provisions of any existing or future laws and regulations including policies adopted by the Board of Education and any other Board regulations which may be applicable. This Agreement shall at all times be applied subject to such laws and any new Board of Education policy or regulation so as to contravene any provision in this Agreement.
- C. Severability. This Agreement is deemed to be in compliance with all State and Federal laws (including the Constitution of the United States and the Constitution of

the State of Connecticut) and the Board, and the C.A.A. shall comply with all applicable State and Federal laws. If for any reason a provision or provisions of this Agreement are determined by a court of competent jurisdiction to be in violation of any of said laws, then that provision or those provisions shall be automatically stricken from this Agreement, and the balance of this Agreement shall continue in full force and effect.

ARTICLE XII DURATION

The term of this Agreement shall be effective from July 1, 2025 to June 30, 2029.

ARTICLE XIII SALARY

A. Base Salary

An administrator's salary shall equal the sum of the applicable amounts in (1), (2), and (3) below, which shall be paid as follows during the period of this contract:

1. Salary Schedules – Cash Component

| | 2025-26 | | |
|------------------------------|----------------|---------------|---------------|
| | Step 1 | Step 2 | Step 3 |
| High School Principal | 173,208 | 178,474 | 183,900 |
| Director of Special Services | 163,987 | 169,612 | 175,430 |
| Middle School Principal | 162,646 | 168,404 | 174,366 |
| Elementary School Principal | 161,100 | 164,934 | 168,859 |
| HS Assistant Principal | 154,436 | 157,339 | 160,297 |
| MS Assistant Principal | 149,237 | 152,043 | 154,901 |
| ES Assistant Principal | 140,513 | 143,155 | 145,846 |
| Special Services Supervisor | 153,361 | 156,244 | 159,181 |

Effective July 1, 2025, each administrator eligible for step movement shall move to the next higher step on the schedule.

| | 2026-27 | | |
|------------------------------|----------------|---------------|---------------|
| | Step 1 | Step 2 | Step 3 |
| High School Principal | 178,664 | 184,096 | 189,693 |
| Director of Special Services | 169,153 | 174,955 | 180,956 |
| Middle School Principal | 167,769 | 173,709 | 179,859 |
| Elementary School Principal | 166,175 | 170,129 | 174,178 |
| HS Assistant Principal | 159,301 | 162,295 | 165,346 |

| | | | |
|-----------------------------|---------|---------|---------|
| MS Assistant Principal | 153,938 | 156,832 | 159,780 |
| ES Assistant Principal | 144,939 | 147,664 | 150,440 |
| Special Services Supervisor | 158,192 | 161,166 | 164,195 |

Effective July 1, 2026, each administrator eligible for step movement shall move to the next higher step on the schedule.

| | 2027-28 | Step 1 | Step 2 | Step 3 |
|------------------------------|---------|---------|---------|--------|
| High School Principal | 184,024 | 189,619 | 195,384 | |
| Director of Special Services | 174,228 | 180,204 | 186,385 | |
| Middle School Principal | 172,802 | 178,920 | 185,255 | |
| Elementary School Principal | 171,160 | 175,233 | 179,403 | |
| HS Assistant Principal | 164,080 | 167,164 | 170,306 | |
| MS Assistant Principal | 158,556 | 161,537 | 164,573 | |
| ES Assistant Principal | 149,287 | 152,094 | 154,953 | |
| Special Services Supervisor | 162,938 | 166,001 | 169,121 | |

Effective July 1, 2027, each administrator eligible for step movement shall move to the next higher step on the schedule.

| | 2028-29 | Step 1 | Step 2 | Step 3 |
|------------------------------|---------|---------|---------|--------|
| High School Principal | 189,545 | 195,308 | 201,246 | |
| Director of Special Services | 179,455 | 185,610 | 191,977 | |
| Middle School Principal | 177,986 | 184,288 | 190,813 | |
| Elementary School Principal | 176,295 | 180,490 | 184,785 | |
| HS Assistant Principal | 169,002 | 172,179 | 175,415 | |
| MS Assistant Principal | 163,313 | 166,383 | 169,510 | |
| ES Assistant Principal | 153,766 | 156,657 | 159,602 | |
| Special Services Supervisor | 167,826 | 170,981 | 174,195 | |

Effective July 1, 2028, each administrator eligible for step movement shall move to the next higher step on the schedule.

- A person initially hired under this contract on either the PRINCIPAL & DIRECTOR SALARY SCHEDULE or the ASSISTANT PRINCIPAL SALARY SCHEDULE will be placed on Step 1 of the appropriate salary schedule unless the person has experience in the position for which the person is being hired. In such case, the Superintendent shall have discretion in placement on the appropriate step.

2. Salary Schedule - Elective Deferral Component

An amount specified in the following chart as to which amount the administrator will arrange pursuant to a legally binding salary reduction agreement to have contributed as an elective deferral in accordance with Section 403(b)(12)((A)(ii) of the Internal Revenue Code toward the purchase of a 403(b) annuity with a tax shelter annuity company of the administrator's choice pursuant to the Board's Section 403(b) Plan. The administrator shall receive this amount in installments in the administrator's regular paychecks from the Board as of the first payroll in July for the remainder of the contract year with the same deductions for taxes and benefits and the required contributions from the administrator to TRB being made therefrom, provided no further installments shall be paid to the administrator after the administrator's last day of employment with the Board.

| Elective Deferral Amount |
|--------------------------|
| \$5,300 |

3. Doctoral Stipend.

Any administrator who has received a doctoral degree will receive an annual stipend of \$1,000.

B. Salary/Change in Working Conditions. Any administrator who works in an administrative position in a higher salary group than the administrator's regular salary group for more than seven (7) consecutive school days, excluding vacation days, shall receive the pay of the higher salary group in which the administrator is working.

ARTICLE XIV
REDUCTION IN FORCE/INVOLUNTARY TRANSFER

A. Seniority shall be determined by continuous length of administrative service in the system, including authorized paid or unpaid leaves and is to be established by the date the initial contract of administrative employment was signed by the certified staff member. Seniority shall not be broken by termination from employment due to reduction in force or displacement to a teaching position due to reduction in force and shall accrue while on any recall list if the certified staff member is re-employed within eighteen (18) months from termination of employment or displacement to a teaching position. If the administrative appointment dates are the same, the administrator with the most amount of Clinton service, including non-administrative service, will have greater seniority. If the total amount of Clinton service is equal, the administrator with the most amount of teaching and administrative service outside of Clinton will be deemed to have greater seniority.

- B. The Superintendent shall compile a seniority list of the complete administrative staff in accordance with Section F of this Article on an annual basis and shall furnish the C.A.A. with copies of the list by February 1st of each year. If the C.A.A. or any staff member shall disagree with any placement on the seniority list, the C.A.A. or the staff member shall file a written request for correction no later than the following March 1st.
- C. For purposes of organization to accommodate reduction in force, should it become necessary, administrative positions will be assigned to two employee group tiers.

Tier One encompasses the following positions:

- High School Principal
- Middle School Principal
- Elementary School Principal
- Director of Special Services

Tier Two encompasses the following positions:

- High School Assistant Principal
- Middle School Assistant Principal
- Elementary School Assistant Principal
- Assistant Director of Special Services

If it becomes necessary to reduce the administrative personnel, it shall be on the basis of seniority as defined above, certification, and qualifications as defined later.

- D. Should an administrator lose all or part of the administrator's position due to elimination or reduction of that position, the affected administrator:

- 1. Will be offered an administrative opening (if one exists) in the employee group tier for which the affected administrator is certified and qualified.
- 2. If there is no opening within the employee group tier for which the administrator is certified and qualified, the affected administrator will be offered an administrative opening, if one exists, for which the affected administrator is certified and qualified (if one exists) in a lower employee group tier (i.e. Principal may move to Assistant Principal).
- 3. If there are no administrative openings, the affected administrator will be able to bump the least senior administrator within the same employee group tier or lower, provided that the affected administrator is senior to the administrator to be bumped and is certified and qualified for that position.
- 4. If there are no administrative openings or positions as aforementioned, the affected administrator will be offered a teaching opening, if one exists, for which the affected administrator is certified and qualified.
- 5. If there are no teaching openings for which the affected administrator is certified and qualified, then the affected administrator will be offered a

teaching position for which the affected administrator is certified and qualified and which is held by a teacher with fewer years of service in the Clinton Public Schools, subject to the law appertaining and the relevant terms, if any, of the collective bargaining agreement between the Board and the Education Association of Clinton.

6. Any administrator relieved of the administrator's duties and employed as a teacher will be given the experience credit on the salary schedule according to the teacher contract for the administrator's administrative and teacher experience subject to the law appertaining and the relevant terms, if any, of the collective bargaining agreement between the Board and the Education Association of Clinton; and shall retain all accumulated sick leave subject to the law appertaining and the relevant terms, if any, of the collective bargaining agreement between the Board and the Education Association of Clinton.
7. Any administrator who has been displaced as aforesaid or terminated from employment, due to a reduction in force, shall be placed on a reappointment list for the affected administrator's former administrative position, or another similar position of comparable pay and shall remain thereon until reappointed or for eighteen (18) months from the effective date of displacement or termination, whichever occurs first, provided such administrator does not refuse a reappointment. Administrators shall be recalled to positions for which they are certified and qualified and in which they have had previous acceptable experience, according to their administrative seniority in the Clinton Public Schools, as defined in Section A. If reappointment is offered consistent with the above and is refused by the administrator, the administrator shall thereupon be removed from the reappointment list.
8. The term "qualified" as used herein means recognized and satisfactory experience in the administrative or teaching area into which the administrator seeks to bump or to be recalled.

E. In order to be eligible for recall, an administrator must:

1. Submit a request to be placed on the recall list, in writing, to the Superintendent within thirty (30) days of termination or displacement; such request must include the administrator's email address.
2. Advise the Superintendent, in writing, within ten (10) days of any change in email address.
3. Advise the Superintendent, in writing, of acceptance of recall within two weeks after notification of recall; or be removed from the recall list.
4. All notices provided for in this section will be transmitted by email to the email of the administrator on file with the Superintendent

5. The Board's obligation will be limited to sending notice of recall to the administrator's last email address in the Board's files.

AGREEMENT

between the

CLINTON BOARD OF EDUCATION

and the

CLINTON ADMINISTRATORS' ASSOCIATION

THIS AGREEMENT MADE AND ENTERED INTO by and between the Clinton Board of Education (hereinafter referred to as the "Board") and the Clinton Administrators' Association (hereinafter referred to as the "Association").

The provisions of this Agreement shall be effective as of July 1, 2025, and shall continue and remain in full force and effect to and including June 30, 2029.

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

CLINTON BOARD OF EDUCATION

By

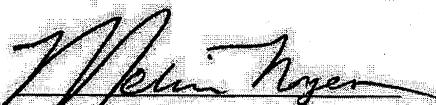

Erica Gelven
Chairperson

10/10/24

Date of Signing

CLINTON ADMINISTRATORS' ASSOCIATION

By


Helen Riger

President

10/10/24

Date of Signing

APPENDIX A



A Great Opportunity for Very Valuable Healthcare Coverage

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

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

When you join the CT Partnership Plan, the state's Health Enhancement Program (HEP) is included. HEP encourages you to get preventive care screenings, routine wellness visits, and chronic disease education and counseling. When you remain compliant with the specific HEP requirements on page 6, you get to keep the financial incentives of the HEP program!

Look inside for a summary of medical benefits, and/or visit osc.ct.gov/ctpartner.

*Source: Healthcare Bluebook: healthcarebluebook.com

**CONNECTICUT
PARTNERSHIP PLAN**

2.0

POS MEDICAL BENEFIT SUMMARY

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

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

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

(continued on next page)

2

**CONNECTICUT
PARTNERSHIP PLAN**

2.0

POS MEDICAL BENEFIT SUMMARY

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

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

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

CONNECTICUT PARTNERSHIP PLAN

2.0

Using Your Benefits

When you need information about your benefits...

CareCompass.CT.gov is your one-stop shop for benefits and general information on your coverage. Click Partnership to view medical, dental, pharmacy and vision benefit information.

- Access your personalized benefits portal at carecompass.quantum-health.com, or by clicking Sign In on the Care Compass home page
- To view forms, visit CareCompass.CT.gov/forms, or click the Forms button at the bottom of the Care Compass home page.

When you need benefits support...

You and any enrolled dependents can speak with a personal Care Coordinator (833-740-3258) for help understanding your benefits, finding a doctor, and dealing with the complexities of health care. Quantum Health makes it easier for you to navigate your benefits and access the right care for you by coordinating with your medical, pharmacy, and dental member service teams. Chat with a Care Coordinator 8:30 a.m. – 10 p.m., Monday – Friday, at 833-740-3258, or send a message through your secure portal.

Earn incentives

The state has identified providers in Connecticut that meet the highest patient care standards for specific procedures and conditions as "Providers of Distinction". By completing your care with a designated "Provider of Distinction", you will receive a cash incentive in the mail.

To view a full list of procedures and incentives, visit CareCompass.CT.gov/providersofdistinction. Note: The amount of the reward varies by procedure or condition.

When you need to find the best provider or to find a location for a routine lab test...

Visit your Quantum Health benefits portal, select My Plan, and then Find Provider to locate a covered provider.

You pay nothing—\$0 copay—for lab tests, if you visit a preferred Site of Service provider. To find a Site of Service provider, visit your personalized benefits portal at carecompass.quantum-health.com.

When you're injured...

Your health plan has resources to help you through orthopedic injuries, from diagnosis to minor aches and pains, to surgery and recovery.

Get help diagnosing minor or lingering injuries through a virtual visit. Your provider will help create a rehab program you can do at home.

For surgical procedures, find the best providers for the care you need. Learn more at CareCompass.CT.gov/orthopedics.

Help Managing and Reversing Diabetes

Get help managing Type 1 or Type 2 Diabetes with Virta Health. Members are connected and supported with access to a diabetes health coach, and receive free testing supplies and tips to manage their A1c. In the diabetes reversal program, where members with Type 2 Diabetes can learn to eat their way to better health with personalized nutrition plans and support from medical providers, professional coaches, and digital health tools.

Help Preventing Diabetes

If you have prediabetes, the digital Diabetes Prevention Program offered by Wellspark can help you prevent diabetes by focusing on lifestyle changes.

To learn more about these programs, visit CareCompass.CT.gov/diabetes.

Clinical Weight Management

Adult Plan Members: Flyte Health is a virtual medical weight loss program using clinical specialists to evaluate your blood work, lifestyle, and medical history to prescribe medication to help you lose weight safely.

Child Dependents (under 18): Connecticut Children's Medical Center offers four locations where you can visit a provider. Monthly education sessions are available to help build physical activity and healthy eating in your child's care.

**CONNECTICUT
PARTNERSHIP PLAN**

2.0

PRESCRIPTION DRUGS

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

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

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

Preferred and Non-Preferred Brand- Name Drugs

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

If your doctor believes a non-preferred brand-name drug is medically necessary for you, they will need to complete the Coverage Exception Request form (available at www.osc.ct.gov/ctpartner) and fax it to Caremark. If approved, you will pay the preferred brand co-pay amount.

If You Choose a Brand Name When a Generic Is Available

Prescriptions will be automatically filled with a generic drug if one is available, unless your doctor completes Caremark's Coverage Exception Request form and it is approved. (It

is not enough for your doctor to note "dispense as written" on your prescription; a separate form is required.) If you request a brand-name drug over a generic alternative without obtaining a coverage exception, you will pay the generic drug co-pay PLUS the difference in cost between the brand and generic drug.

Mandatory 90-day Supply for Maintenance Medications

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

- Receive your medication through the Caremark mail-order pharmacy, or
- Fill your medication at a pharmacy that participates in the State's Maintenance Drug Network (see the list of participating pharmacies on www.osc.ct.gov/ctpartner) and scroll down to Pharmacy under Benefit Summaries.)

5

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

Health Enhancement Program Requirements

You and your enrolled family members must get age-appropriate wellness exams, early diagnosis screenings (such as colorectal cancer screenings, Pap tests, mammograms, and vision exams). Here are the 2024 HEP Requirements:

| 2024 PREVENTIVE SCREENINGS | Dependent Requirements | Employee and Spouse Requirements | | | | |
|---|---------------------------|-----------------------------------|--|---|----------------------------------|-----------|
| | | 18-29 years | 30-39 years | 40-49 years | 50-64 years | 65+ years |
| Preventive Visit (Changing to every 2 years for all ages in 2025) | | Every 3 years | | Every 2 years | | |
| Dental Cleaning | At least 1 per year | At least 1 per year | | | | |
| Cholesterol Screening | | Every 5 years (age 20+) | | | | |
| Breast Cancer Screening (for women) (Changing to every 2 years for women age 40+ in 2025) | | N/A | | 1 mammogram between ages 45-49 | As recommended by your doctor | |
| Cervical Cancer Screening (for women) | | Pap every 3 years (age 21+) | Pap only every 3 years or Pap/HPV combo every 5 years | | | N/A |
| Colorectal Cancer Screening | | N/A | | Colonoscopy every 10 years (45+), Cologuard screening every 3 years, or Annual FIT/FOBT to age 75 | | |

To check your Health Enhancement Program compliance status, visit CareCompass.CT.gov, then sign in or register for your Quantum Health benefits portal. To view your status, click the My Health tab in your portal.

You can also download the MyQHealth app on the App Store or Google Play.

**CONNECTICUT
PARTNERSHIP PLAN 2.0**

HEALTH ENHANCEMENT PROGRAM

Additional Requirements for Those With Certain Conditions

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

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

If You Do Not Comply with the requirements of HEP

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

Quantum Health is the administrator for the Health Enhancement Program (HEP) and gives you access to your personalized health benefits portal. The HEP participant portal features tips and tools to help you manage your health and your HEP requirements. Login to your personal benefit portal at carecompass.quantum-health.com to:

- View HEP preventive and chronic requirements and download HEP forms
- Check your HEP preventive and chronic compliance status
- Complete your chronic condition education and counseling compliance requirement
- Send a secure message to a Care Coordinator for benefits assistance
- Connect you to your medical, pharmacy, dental and other healthcare services covered in your plan- with just one login.

Quantum Health: (833)740-3258, 8:30 a.m.-10 p.m. ET, Mon.-Fri.

**CONNECTICUT
PARTNERSHIP PLAN**

2.0

YOUR BENEFIT RESOURCES

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

**www.osc.ct.gov/ctpartner
860-702-3560**

General benefit questions, Medical, and Health Enhancement Program (HEP)

**Quantum Health
CareCompass.CT.gov or login to your benefits portal from Care Compass
833-740-3258**

Prescription drug benefits

**CVS Caremark
CareCompass.CT.gov/state/pharmacy or login to your benefits portal from Care Compass
1-800-318-2572**

Dental and Vision Rider benefits (if applicable)

**Cigna
CareCompass.CT.gov/state/pharmacy or login to your benefits portal from Care Compass
1-800-244-6224**

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

APPENDIX B
HDHP with HSA from 2018-2021 Agreement

**HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
WITH A HEALTH SAVINGS ACCOUNT FEATURE (HSA)**

| <u>Cost Share Provisions</u> | <u>In-Network</u> | <u>Out-of-Network</u> |
|--|--|--|
| Annual Deductible (individual/aggregate family) | | \$2000/\$4000 |
| Co-insurance | 100% | 20/80% after deductible, up to co-insurance maximum |
| Annual Out-of-Pocket Maximum Co-insurance | \$2250 individual coverage/ \$4500 family coverage | \$5000 individual coverage/ \$10000 family coverage |
| Preventive Care | Deductible not applicable | 20% after deductible, subject to co-insurance limits |
| Prescription Drug Coverage | \$5 for generic, \$25 for brand name (formulary), \$40 for brand name non-formulary, and twice the applicable co-payment for mail order after reaching deductible. | |

The Board will contribute fifty percent (50%) of the applicable HSA deductible amount.

50% of the Board's contribution toward the HSA deductible will be deposited on the first pay period in July and 50% of the Board's contribution toward the HSA deductible will be deposited on the first pay period in January.

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 active employees. The Board shall have no obligation to fund any portion of the HSA deductible for retirees or other individuals upon their separation from employment.

Employees enrolled in the HDHP but not eligible to participate in the HSA due to Medicare enrollment or those actively receiving medical services from the VA may continue in the HDHP without any Board contribution into the HSA. However, the HDHP employee premium cost share contribution shall be reduced by the dollar value of what the Board would otherwise have contributed into the HSA. The employee's premium cost share contribution will not be reduced below \$0.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter "MOU") is made by and between the Clinton Board of Education (hereinafter the "BOARD") and its administrator bargaining unit Clinton Administrators Association (the "Association"), hereinafter sometimes referred to as the "parties."

WHEREAS, during the negotiations for the 2025-2029 collective bargaining agreement, the BOARD and the Association agree to the following:

1. 2025-26 the incumbent Elementary Assistant Principal will receive a salary increase of \$500.00.
2. 2026-27, 2027-28, and 2028-29 the current Elementary Assistant Principal will receive the same General Wage Increase as the other members in the unit.
3. The salary schedule for this position is below:

Incumbent Elementary Assistant Principal

| | |
|-------|---------|
| 25-26 | 154,286 |
| 26-27 | 159,146 |
| 27-28 | 163,920 |
| 28-29 | 168,838 |

4. Upon resignation of the incumbent Elementary Assistant Principal the salary for this position will be reflected as in the salary schedule listed in Article XIII.

IN WITNESS WHEREOF, the aforementioned parties, intending to be legally bound hereby, have executed this MOU.

CLINTON BOARD OF
EDUCATION:

By: _____
Erica Gelven
Chairperson

CLINTON ADMINISTRATORS
ASSOCIATION:

By: Megan Noyce
President

