

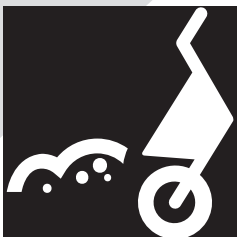
# Negotiated Agreement

between the

**American Federation of State,  
County & Municipal Employees,  
Local 1693**

and the

**Board of Education of  
Anne Arundel County**



# AFSCME

July 1, 2022 to June 30, 2024



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**ARTICLE 1**  
**GENERAL PROVISIONS OF THE AGREEMENT**

**Section 1: Definition of Terms**

- (a) The Board of Education of Anne Arundel County is hereinafter referred to as "the Board."
- (b) The American Federation of State, County, and Municipal Employees, Local 1693, is hereinafter referred to as "AFSCME" or "the Union."
- (c) "Unit III" refers to a negotiating unit composed of permanent custodial, maintenance, food service, bus driver, bus attendant, warehouse, mail and print shop, and transportation employees of the Board in pay grades 1-14 who regularly work an average of four or more hours per day.

**Section 2: Renegotiations**

The sections of this Agreement not requiring fiscal support shall become effective on July 1, 2021, unless otherwise indicated. The sections which require fiscal support shall become effective July 1, 2021, unless otherwise indicated if following budget enactment by the County Council the Board raises no question concerning the adequacy of funds for their implementation.

If budget categories which contain Board requests for funds to support sections in this Agreement are reduced by the County Council, and the Board feels that it cannot implement the provisions of the sections as negotiated, further negotiations on these sections shall be instituted within ten workdays after enactment of the budget by the Council. Sections on which Agreement is reached on or about June 20 shall be submitted promptly to the parties for ratification on or about June 25 after which the Board shall render the final determination on all remaining fiscal sections which have been the subject of negotiations.

**Section 3: Reopening Negotiations**

The Board and AFSCME agree that the terms and provisions herein contained constitute the entire Agreement between the parties and supersede all previous communications, representations or Agreements, either verbal or written, between the parties hereto with respect to the subject matter herein. The Board and AFSCME agree that all negotiable items have been discussed during the negotiations leading to this Agreement and therefore, agree that negotiations will not be reopened on any item, whether contained herein or not, during the life of this Agreement except by mutual consent. For FY 24 and FY25, each party shall be entitled to one (1) economic reopener (compensation/healthcare) and two (2) wild card per year. Either party may waive its reopener.

**Section 4: Job Classifications**

<u>Grade 4</u>	Food Services Worker I
<u>Grade 5</u>	Custodian I (Roving Custodian), Food Services Worker II, Galley Worker II, Parking Lot Attendant, School Bus Attendant, Telephone Repairperson I
<u>Grade 6</u>	Maintenance Helper, Press Operator I, Print Shop Helper, Trades Trainee I, Warehouse Helper
<u>Grade 7</u>	Athletic Fields Groundsperson Trainee, Bindery Machine Operator I, Food Services Manager II, Groundsperson I, Press Operator II, Trades Trainee II, Logistics Warehouseperson I, Operations Apprentice I
<u>Grade 8</u>	Asbestos Repairperson, Automotive Serviceperson I, Bindery Machine Operator II, Custodian IV, Custodian V, Driver: Mail Service, Food Services Manager III, General Maintenance Mechanic I, Groundsperson II, Insulator, , Maintenance Services Dispatcher, Mechanic: General Maintenance, Operations Apprentice II, Painter I, Press Operator III, Production Control Technician, Serviceman: Automotive
<u>Grade 9</u>	Assistant Lead Mail Services Driver, Bindery Machine Operator III, Custodian V (Roving Chief), Driver: Mail Service Assistant Lead, Equipment Operator I, Facilities Technician, Food Services Manager IV, Groundsperson II, Logistics: Warehouse Delivery Driver, Manager: Food Service, Mechanic: HVAC I, School Bus Driver, Technician: Facilities-School
<u>Grade 10</u>	Athletic Fields Groundsperson, Automotive Mechanic I, Custodian V, Electrician I, Food Services Manager V, General Maintenance Mechanic II, HVAC Mechanic I, Lead Groundsperson, Logistics: WHSE Delivery Driver, Logistics: WHSE Person II, Logistics: WHSE Person II Testing, Painter II, Plumber I, Technician: Publication, Warehouse Person.

- Grade 11 Driver: Lead Bus, Engineer: Operations Services, Equipment Operator II, Facilities Engineer, Groundsperson: Lead, HVAC Mechanic, II, Lead Athletic Fields Groundsperson, Lead Mail Services Driver, Lead Printer, Maintenance Painter II, Manager: Food Service VI, Operations Services Engineer, Operator: Bindery Machine III, Technician: Central Facilities, Technician: Transportation OPS
- Grade 12 Asbestos Technician II, Automotive Mechanic II, Boiler Maintenance Technician, Bus Driver Trainer, Electrician II, Engineer: Facilities Senior, General Maintenance Mechanic III, Groundsperson: Lead, HVAC Mechanic II, Insulator, Locksmith, Logistics Warehouseperson III, Maintenance Painter III, Manager: Food Service VII, Mechanic: Lead General Maintenance, Operator: Equipment II, Painter III, Painter III – Interior Inspector, Plumber II, PM Technician, Technician: Boiler Maintenance, Technician: Pest Management,, Telephone Repairperson II,
- Grade 13 Automotive Mechanic III, Boiler Mechanic III, Driver: Bus Trainer, Electrician III, Engineer: Facilities Senior, General Maintenance Mechanic IV, HVAC Mechanic III, Inspector: Asbestos, Lead Boiler Maintenance Technician, Locksmith, Logistics Delivery/Warehouseperson II, Maintenance Envtl/Od Ed Ld., Maintenance Painter Sr. Lead, Manager: Food Service VIII, Mechanic: Boiler III, Plumber III, Sr. Lead Groundsperson, Senior Lead Painter, Technician: Electronic III, Technician: Publication Senior, Water Treatment Plant Mechanic, Welder
- Grade 14 Boiler Mechanic IV, Complex Engineer, Engineer: Facilities Ops, , HVAC Mechanic IV, Lead PM Technician, Maintenance Electrician IV, Maintenance Planner/Estimator, Manager: Food Service IX, Mechanic: Lead Automotive, Mechanic IV: HVAC Boiler, Mechanical Systems Control Technician, Operator: Bldg. Automation System, Operator: Press IV, Plumber IV, Projects Estimator, Technician: Lead Environment, Technician: Lead Pest Management, Technician: Lead PM Team

## **ARTICLE 2** **UNION RECOGNITION**

### **Section 1: Union Recognition**

The Board recognizes the Union as the sole and exclusive agent for negotiating salaries, wages, hours, and other conditions of employment for all members in accordance with the provisions of Education Article, Section 6-505 of the Annotated Code of Maryland.

### **Section 2: Dues Deduction**

The Board agrees to deduct Union membership dues. Public Employees Organized to Promote Legislative Equality (P.E.O.P. L.E.) deductions, Unions authorized supplemental insurance, or other Union authorized deductions from the paychecks of Unit III members who individually request in writing that such deductions be made. The amounts to be deducted shall be certified to the Board by the Treasurer of Council 67, and the aggregate deductions of all employees shall be remitted via electronic fund transfer to the accounts authorized by the Comptroller of AFSCME Council 67 each month after such deductions are made. Itemized statements, membership lists, and bargaining unit lists shall be remitted monthly via a secured website to the Comptroller of AFSCME Council 67 in CSV format.

Payroll deduction of dues is continuing and cancellation of individual dues can be affected only by written notice to the Union via certified mail postmarked between October 1 and October 15 to be completed for submission to the Board on or before October 31. Membership shall be for the duration of this agreement. The mailing address is:

Director  
AFSCME Council 67  
1410 Bush Street, Suite A  
Baltimore, MD 21230

The Board agrees to deduct on a biweekly basis from the payroll checks of Unit III members, who so request in writing, for voluntary contributions to the Union's (P.E.O.P.L.E.) fund. Employees may cancel this deduction at any time.

### **Section 3: Union to Indemnify Board**

The Union shall indemnify and save the Board harmless of all claims, grievances, actions, suits, or other forms of liability or damages that arise out of, or by reason of, any action taken by the Board for the purpose of complying

with the provisions of this article. The Union assumes full responsibility for the disposition of the funds deducted under Section 2 of this Article as soon as they have been remitted by the Board to the Maryland Public Employees Council 67.

#### **Section 4: Work Locations**

The Board will provide to the President of Local 1693 a list of all Unit III members which shall include names, work locations and job classifications.

The Board will also allow the union time at the new employee orientation to brief new employees on union programs. Where orientation kits are supplied to new employees the Union shall be permitted to have included in the kits Union literature provided such literature is first approved for such purpose by the Division of Human Resources.

### **ARTICLE 3** **GRIEVANCE AND ARBITRATION PROCEDURES**

#### **Section 1: Definition**

A grievance is a difference or dispute between an employee and the Board concerning the meaning, interpretation or application of the express terms of this Agreement. The grievance must clearly specify the item or issue that is under dispute.

#### **Section 2: Grievance Meetings**

Grievance meetings will normally be scheduled after working hours. When it is necessary for any Unit III employee of the Board to attend a grievance meeting or a grievance hearing called by the Superintendent or designee during working hours, the Superintendent or designee shall so notify the principal or supervisor of such Unit III employee. The Unit III employee shall be released without loss of pay for such time as the Unit III employee's attendance is required at such meeting or hearing. Employee grievances at Level III shall be scheduled at the mutual convenience of the Board and the representative of Local 1693 or the representative of Council 67 AFSCME unless the grievant elects to represent himself/herself.

#### **Section 3: Grievance Levels**

##### **Informal Discussion**

A Unit III member with a grievance shall first discuss it with his/her immediate supervisor within fifteen (15) workdays after the grievant knew or should have known of the act or condition on which the grievance is based. If, however, the immediate supervisor is not the person who made the alleged misinterpretation or misapplication, he/she shall advise the employee of the proper person to contact, and the aggrieved employee shall discuss the matter with him/her.

The grievant and the immediate supervisor may mutually waive the time limits in order to informally discuss and resolve the grievance prior to reducing the grievance to writing at Level 1.

In any event, a meeting will be convened pursuant to the grievance procedure at each level.

##### **Level 1**

If the problem is not resolved to the satisfaction of the employee, or if a response is not received within five (5) workdays the employee may submit the grievance in writing to the same supervisor, using the Board's Level 1 grievance form, within ten (10) days after the hearing. He/she must state the specific contract article which he/she claims to have been violated.

##### **Level 2**

If the problem is not resolved to the satisfaction of the aggrieved employee at Level 1, or if a response is not received within five (5) workdays, he/she must present the grievance in writing to the next higher supervisor for the classification to which the employee is assigned within ten (10) workdays after the hearing, using the Board's Level 2 grievance form. This supervisor shall respond in writing within ten (10) workdays.

##### **Level 3**

If the employee is not satisfied with the supervisor's decision, or if no response is received within ten (10) workdays, he/she may request in writing a discussion of the grievance with the Executive Director of Human Resources. Such

a request must be made within five (5) workdays after the supervisor in Level 2 has responded (or within five (5) workdays of the date on which a reply should have been received). The Executive Director of Human Resources or his/her designee shall hold a hearing with the aggrieved employee and shall respond in writing within ten (10) workdays after the postmark date of the request.

#### **Level 4**

If AFSCME finds the decision at Level 3 not acceptable, it shall within ten (10) workdays notify the Board whether or not the grievance is to be submitted to advisory arbitration. If so, both parties shall attempt to agree mutually on an arbitrator. Failing to agree, both parties shall promptly request the Federal Mediation and Conciliation Service to submit to the parties a list of seven persons skilled in arbitration.

The parties shall strike names alternately until one name remains. That person shall be designated the arbitrator and will set a hearing date within twenty (20) days after his/her selection.

The arbitrator will set forth his/her findings of fact, reasoning and conclusions on the issues and submit them to the Board as a recommendation. The decision shall be made within twenty (20) days after receiving final information from the parties.

#### **Section 4: Expenses**

Any costs incurred in connection with the arbitrator's hearing shall be shared equally by the Board and the employee organization. The grievant and any Board employees who are requested by school board administrators to attend hearings shall be granted the necessary released time without salary loss. The cost of witnesses at all hearings, however, shall be borne by the party requesting them to attend.

#### **Section 5: Time Limits for Initiating Grievances**

Failure to appeal at any step or level within the specified times shall be deemed an acceptance of the last decision rendered.

#### **Section 6: Representation**

Any aggrieved employee shall be represented by the person, or persons, outlined in Article 4, Section 1 or by himself/herself. No released time from work without salary loss shall be provided, however, for Board employees to serve as representatives.

Nothing contained herein will be construed as limiting the right of any Unit III employee having a grievance to discuss the matter informally with any appropriate member of the administration and having the grievance adjusted without the assistance or expense of AFSCME.

#### **Section 7: Appeals Under Section 4-205(c)**

Where an employee has a difference or dispute over an alleged violation of a Board personnel policy or where a grievance has been disallowed on the grounds that it involves a non-arbitrable issue, the employee may appeal to the Board with Union representation pursuant to Section 4-205(c) of the Education Article of the Annotated Code of Maryland.

## **ARTICLE 4** **UNION STEWARDS**

#### **Section 1: Designation**

- (a) The Board shall deal with the designated union steward at the first (1st) level of the grievance procedure unless the employee elects to represent himself/herself. At subsequent levels in the grievance procedure, the Board shall deal with the Union President, or the Council Representative, unless the grievant has elected to represent him/herself.
- (b) A written list of the chief stewards and stewards along with their assigned areas shall be furnished to the Executive Director of Human Resources immediately after their designation and AFSCME shall notify the Executive Director of Human Resources promptly of any changes of such stewards.

## **Section 2: Visitation Privileges**

Duly authorized representatives of AFSCME, after showing the proper credentials to the principal or to the person in charge at other work locations, shall be permitted to meet with Unit III members on school grounds. Normally, these visits are before or after required working hours or during the duty-free lunch period, except in a case where responsible school officials authorize Union representatives to meet with Unit III employees during working hours. AFSCME shall provide the Board with the names of these authorized representatives prior to the effective date of the Agreement and shall advise the Board in writing of changes in these names after that date.

## **ARTICLE 5** **DISCIPLINE AND DISCHARGE**

### **Section 1: Disciplinary Measures**

No Unit III employee will be disciplined without just cause. Disciplinary action shall be limited to oral reprimand, or written reprimand, suspension, and discharge and should be consistent where appropriate to the concept of progressive discipline.

If the employer has reason to reprimand an employee it shall be done in a manner that will not embarrass the employee before other employees or the public except that immediate action required by the employer in an emergency situation will not be subject to this provision.

No bargaining Unit III employee shall be formally disciplined without first being provided the right, at his/her request, to have a shop steward present. If the presence of a steward is requested, no formal discipline shall occur in the absence of such representation. The steward must address the situation no later than 24 hours after the request or by the end of his/her next shift.

### **Section 2: Suspension and Discharge**

The Board may suspend or discharge any permanent Unit III employee for immorality, misconduct, insubordination, incompetency, or willful neglect of duty. Prior to discharge, the employee will be suspended. Within three (3) workdays the employee will be notified in writing of the cause(s) and of the fact that he/she is subject to discharge. The employee shall also be notified of his/her right to a hearing, with counsel, including a union representative, provided he/she makes a written request within three (3) workdays after the receipt of the notification. The hearing shall be held within five (5) workdays after the request has been received. An employee who does not accept the decision of this hearing may appeal his/her case to the Board.

Any employee found to be unjustly suspended or discharged shall be reinstated with full compensation for all lost time and with full restoration of all other rights and conditions of employment.

### **Section 3: Appeals**

The employee may appeal any discipline or discharge with Union representation pursuant to Section 4-205(c) of the Education Article of the Annotated Code of Maryland.

## **ARTICLE 6** **DISCRIMINATION**

### **Section 1: Application to Agreement**

The provisions of this Agreement shall be applied to all Unit III members without discrimination as to age, sex, marital status, race, color, creed, religion, sexual orientation, national origin, political affiliation, disability or union affiliation.

### **Section 2: Board Responsibility**

The Board will not interfere with the rights of Unit III members to become members of the Union, and there shall be no discrimination, interference, restraint, or coercion by the Board or its representatives against any Unit III member because of Union membership or because of the exercise of his/her rights under the law or the provisions of this Negotiated Agreement.

### **Section 3: Union Responsibility**

The Union and its representatives will not discriminate against any Unit III member because of age, sex, marital status, race, color, creed, religion, sexual orientation national origin, political affiliation, disability or union affiliation.



**ARTICLE 7**  
**SENIORITY, PROMOTION, LAY OFF**

**Section 1: Definition of Seniority**

Unless otherwise indicated, the term seniority as used in this Agreement shall mean an employee's length of continuous service in a class series since his/her last date of hire. No employee shall acquire seniority until completion of his/her probationary period. Upon completion of this probationary period, an employee's seniority shall be computed from the last date of hire. When two (2) or more employees have the same last date of hire and the same length of continuous service in a class series since the last date of hire, the Board will determine their relative seniority.

**Section 2: Posting of Vacancies**

The Board is committed to filling vacancies with the best qualified candidate. To this end, the Board is committed, whenever possible, to the principle that it is beneficial to develop employees from within the system and to provide promotional opportunities to qualified applicants who are currently Board employees.

All Unit III vacancies not filled from within the immediate administrative unit shall be advertised in writing and posted on Unit III bulletin boards throughout the school system for a minimum of ten (10) days and sent to the Union President concurrently.

When a shift vacancy occurs, the senior most employee applying in the work location where the vacancy has occurred shall be considered for the position before an employee from some other location.

Qualified Unit III employees may submit a request for transfer to the Department of Human Resources. When a position that is not filled from within the same work location becomes available, those employees who have requested a transfer shall be given first consideration.

Permanent Unit III applicants not selected for a promotional position who wish an explanation for the reason may submit a written request to the interviewer (principal/supervisor) within five (5) workdays following the notification.

If a position that was posted and filled becomes vacant within ninety (90) days, the Board may select a candidate from the original group of applicants.

A Unit III employee who is promoted or selected for another assignment shall be considered probationary in the new position for ninety (90) days. If the employee is unable to perform the duties adequately during this probationary period, he/she shall be returned to his/her former job and pay or to a comparable job and pay.

**Section 3: Reduction in Force**

In the event it becomes necessary to lay off a permanent Unit III employee in a particular job classification in an administrative unit, the Board will determine the job function which can be reduced in that unit with the least disruption of services. The least senior employee in that job function in that unit will be laid off. If his/her job is not the one to be eliminated, the employee with least seniority in the job location where the staff is to be reduced will be transferred to the vacancy created by the lay-off.

The administrative unit for employees assigned to schools and administrative offices is the appropriate office; for maintenance employees, it is the maintenance department; for transportation employees, it is the transportation department; for warehouse and mail employees, it is the logistics support office; for print shop employees, it is the design and print services department; for food service employees, it is the food and nutrition department.

Any Unit III employee whose position is abolished shall be allowed to bump any employee with less seniority in the same job class, or less seniority in a series of classes within the school system as determined by the Division of Human Resources.

**Section 4: Recall**

When a Unit III member has been laid off his/her name shall be placed on a recall list for that job function for a maximum period of two (2) years. Recalls shall be accomplished by certified mail. If at any time during the recall period an offer of recall is declined, the employee shall forfeit all recall rights.

Persons on the recall list for an administrative unit shall be assigned to vacancies in their job functions in that unit in the order of seniority. In no case shall a new employee be hired until all laid off persons on the recall list have been assigned or have declined an offer. Recalled employees shall not be required to serve a new probationary period.

**Section 5: Involuntary Transfer Procedures**

The following language does not preclude the Superintendent's right to administratively transfer personnel without regard to these procedures. Should it be necessary for the Board to involuntarily transfer (excess) Unit III employees from any school or work location, the following steps shall be taken:

1. Volunteers within the class and grade who are qualified for the new assignment as determined by the Executive Director of Human Resources shall be sought from the affected school or work location.
2. If the number of volunteers exceeds the number to be involuntarily transferred, the most senior qualified employees within the class and grade from among the volunteers shall be transferred unless the Division of Human Resources determines that services/functions would be adversely affected.
3. Should no volunteers be found, the least senior employees within class and grade in the affected school or work location shall be involuntarily transferred unless the Division of Human Resources determines that services/functions would be adversely affected.
4. The employees subject to an involuntary transfer shall have the opportunity by seniority, within class and grade, to select from all openings available at the time of transfer if qualified as determined by the Division of Human Resources.
5. If, upon the exhaustion of the above selection process, the employees do not select an available opening and one or more of such openings still exist, the Executive Director of Human Resources shall assign such remaining unassigned employees to remaining openings. An employee who declines the final written offer of assignment shall be considered as having voluntarily resigned employment.
6. No vacancies shall be filled by temporary employees or new hires until all employees who have been excessed have been offered a position.

If an "excess" employee is involuntarily transferred from a school or work location, any vacancies at the school or work location as determined by the Division of Human Resources shall not be filled by any temporary employees or new hires until the involuntarily transferred employee that had been affected by the transfer has been offered an opportunity to return to the position or work location to which the employee had previously been assigned if such a vacancy occurs within a year of the original transfer. If an employee is returned to his/her previous position/work location, the return would void his/her involuntary transfer status. An employee who declines a final written offer to return to the previously held assignment before the involuntary transfer shall be considered as having voluntarily transferred to the presently held assignment.

**ARTICLE 8**  
**HOLIDAYS**

**Section 1: Holidays Recognized and Observed**

The Board will recognize the following days as holidays for 12-month Unit III members:

- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve
- New Year's Day
- Martin Luther King, Jr., Day
- Good Friday
- Easter Monday
- Memorial Day
- Primary and General Election Days
- All other holidays as declared by the Board during the life of this Agreement

Holidays will be observed on the dates on which they fall with the following exceptions:  
Whenever any of the holidays listed above fall on a Saturday, the preceding Friday shall be observed as the holiday.  
Whenever any of these holidays fall on a Sunday, the following Monday shall be observed as the holiday.

To be eligible to receive pay for a holiday, the employee must work on the workday immediately preceding and, on the workday, immediately following the holiday or be on authorized approved paid leave.

Pay for these holidays when they fall on duty days shall be included in the computation of annual salaries of eligible Unit III employees.

**Section 2: Holiday Leave**

Holiday leave will not be deducted from any other leave earned by an employee.

**Section 3: Holiday Work**

If an employee works on any of the above listed holidays, he/she shall be paid at one and one-half times his/her hourly rate, in addition to his/her holiday pay, for all hours worked.

**Section 4: Holiday Hours for Overtime Purposes**

Holidays shall be counted as a day worked for the computation of overtime.

**Section 5: Holidays During Leave**

When a holiday falls during an employee's vacation leave, he/she shall not be charged vacation leave for said holiday.

**Section 6: Failure to Report on Holiday**

If a Unit III employee who is assigned duties on an observed holiday fails to report for work without an acceptable reason, he/she shall forfeit his/her holiday pay.

**ARTICLE 9**  
**VACATION/ANNUAL LEAVE**

**Section 1: Rate of Earning**

12-month Unit III members shall earn annual leave as follows:

<u>Length of Service</u>	<u>No. Days Leave</u>	<u>Maximum No. Days Per Year</u>
First 5 years	1 /month	12
6-14 years inclusive	1-1/2 /month	18
15th year and thereafter	1 /pay period	26

**Section 2: Pay Rate During Vacation**

Pay for all vacations shall be based on the rate of pay of the employee at the time of vacation including shift differential.

**Section 3: Accumulation and Conversion**

By April 1, the Board will advise those employees in danger of exceeding their accumulated annual leave carryover, which is a total of twenty-four (24) days for 1-5 years employment; thirty (30) days for 6-14 years employment and thirty-eight (38) days for 15 or more years of employment as of July 1 of any given year. Unused annual leave which would be lost because of the limitation on carry-over shall be converted to accumulated sick leave.

In his/her last year of employment prior to retirement, a Unit III member may carry over eighteen (18) days of unused annual leave to give him/her a maximum of forty-four (44) days at the end of his/her last year prior to retirement, provided they have worked fifteen (15) years or more.

**Section 4: Work During Vacation**

Any Unit III employee required to return to work while on vacation shall be compensated for the time actually worked at the rate of time and one-half.

**Section 5: Usage of Annual Leave**

Unit III employees shall request annual leave in advance, using the appropriate form. An emphasis will be made with supervisors on the use of annual leave which is requested in advance and subject to approval.

Requests will be made in accordance with the following time frames:

- One (1) day of leave requires 24-hour notice (excluding Saturday, Sunday, and holidays)
- Up to three (3) days of leave requires 48-hour notice.
- More than three (3) days requires 72-hour notice.

Emergency annual leave may be granted on occasions when it is not possible to obtain prior approval for such leave. Vacation preference for Unit III members should be determined on the basis of seniority, provided work operations would not be adversely affected.

**ARTICLE 10**  
**SICK LEAVE**

**Section 1: Accrual Rate**

Unit III employees shall receive eleven (11) days of sick leave for 10-month employees and 13 days for 12-month employees. Regular Unit III employees shall earn sick leave at the rate of one-half day per pay period of active duty. Unit III employees who have been employed ten (10) years or more shall have available two (2) additional days at the start of the fiscal year for a total accrual of thirteen (13) days of sick leave for 10-month employees and fifteen (15) days for 12-month employees.

Unit III employees who use no sick leave between July 1 and June 30<sup>th</sup> of each fiscal year shall receive a one (1) day per diem bonus.

**Section 2: Maximum Accumulation**

Unused sick leave for Unit III members shall be cumulative without limit.

**Section 3: Usage**

Unit III members may use sick leave for personal illness, which includes necessary medical, dental, or optical examinations and/or treatment. The Unit III member may use up to the number of days earned in a given year for illness in the immediate family, which is interpreted as parent, child, brother, sister, or spouse; provided that an additional fifteen (15) days of available sick leave may be used in the case of the illness of a parent who has regularly lived in the member's household. Unit III members may request to use additional accumulated sick leave in cases of serious illness of a child or spouse.

**Section 4: Usage Intervals**

Unit III members may take sick leave in half (1/2) day increments with the approval of their supervisors.

**Section 5: Notification to Employer**

When a Unit III employee is to be absent from work, he/she shall notify his/her supervisor as soon as possible. To be eligible for sick leave, he/she shall have notified the supervisor or his/her designee at least by the time he/she is required to report to work. If, however, due to an emergency as determined by the supervisor this employee was prevented from reporting the absence by this time, the supervisor shall approve the sick leave. No Unit III member will be required to call his/her substitute.

**Section 6: Proof of Illness**

Normally an employee's personal certification will be accepted for an absence of three (3) days or less. If a department head has reasons to believe that sick leave privileges are being abused, he/she may require the employee to furnish a medical certificate for any period of sick leave. However, such requirement must be furnished by the employee in writing to the Division of Human Resources in advance of the requirement after full review and concurrence.

### **Section 7: Maternity Leave**

- (a) Maternity leave shall be limited to permanent Unit III employees.
- (b) Unit III employees may use accrued sick leave for any incapacitation due to pregnancy until the leave is expended or until they return to work, whichever occurs first. An employee must submit to her supervisor and the Executive Director of Human Resources, as soon as possible after the end of such incapacitation, a written certification from the attending physician specifying when the employee will be physically able to return to work.
- (c) Employees may continue to work for as long as they are physically able before the date of delivery, provided a written certification from the attending physician stating that continued employment would not be injurious to the health and safety of the mother/baby is submitted to and approved by her supervisor and the Executive Director of Human Resources. The employee may also return to work as soon as physically able following the birth of a child unless she resigns, or requests FMLA Leave, under the provisions of Article 11, The Family Medical Leave Act and related Board Policies and Procedures, or requests Leave of Absence.  
  
All employees returning from maternity leave are required to submit to and have approved by the Executive Director of Human Resources a doctor's certification of ability to return to work and perform the duties assigned to her.
- (d) Permanent Unit III members may be granted up to four (4) months maternity leave without pay if they wish to be away from the job longer than the period of temporary disability associated with childbirth.
- (e) During the employee's leave her vacancy becomes an "obligated position" which shall be reserved for the employee upon her return to duty. If a replacement is required, such replacement will be hired on a temporary appointment. When an employee on leave is ready to return to duty from maternity leave, she shall notify the Executive Director of Human Resources in writing of this fact and indicate the date of return at least fifteen (15) days in advance of the return date. Such notice shall include a medical certificate indicating ability to return to duty and date.
- (f) If the individual case required an extension of maternity leave for medical reason, the employee must request such extension in writing within fifteen (15) days prior to the expiration of the period originally granted. Such request shall be accompanied by a medical certificate.
- (g) The person occupying the position on a temporary basis shall be notified, in writing, of the termination of his/her temporary appointment when the regular employee is to return or resigns. Such notice to the temporary employee shall be issued so that employee shall have at least seven (7) calendar days' notice of separation.

### **Section 8: Pay for Sick Leave**

A classified employee who retires from service with Anne Arundel County Public Schools (AACPS) in accordance with the provisions of the Maryland State Employees' Retirement System shall be paid forty dollars (\$40) per day for all unused accumulated sick leave earned while employed at AACPS. This provision shall be applicable to an employee who vests his/her retirement contributions after having been a member of the retirement system for fifteen (15) or more years. Designated beneficiaries of vested Unit III members who die while working for the school system, shall receive forty dollars (\$40) per day for all unused accumulated sick leave earned while employed at AACPS.

### **Section 9: Advanced Sick Leave**

All Unit III members with at least five (5) years' service may request up to ten (10) days advance sick leave. Such requests will only be considered after the Unit III member has exhausted all sick and annual leave and has maintained a satisfactory sick leave record.

### **Section 10: Reinstatement of Sick Leave**

Any Unit III employee who is re-employed within five (5) years of his/her separation date shall be credited with unused sick leave he/she had accumulated and not taken during his/her previous employment with the Board.

### **Section 11: Sick Leave Bank**

The purpose of the sick leave bank is to provide sick leave to contributors to the bank after the member's accumulative and anticipated sick leave have been exhausted.

The sick leave bank rules and procedures will be modified and submitted to the Superintendent for approval. Until such time, current rules and procedures will remain in effect.

The definition of this type of sick leave shall be that leave that is granted to an employee, who through personal catastrophic illness, injury, or quarantine, is unable to perform the duties of his or her position. Sick leave from the bank may not be granted for the period of disability when monies are paid to the employee under workers' compensation law.

A three-member approval committee, consisting of members selected by the Union, shall have the responsibility of receiving requests, verifying the validity of requests, approving or denying requests, and communicating its decision to the member and to the Executive Director of Human Resources. The rules of procedure and general criteria will be developed by a three (3) member rules committee appointed by the President of the Union. These rules must be approved by the President of the Union and the Superintendent before said rules take effect. Once approved, the rules will be widely distributed by the approval committee.

The Executive Director of Human Resources shall verify payment of approved bank grants.

Employees on active duty in AACPS for which the Union is the exclusive agent, are eligible to contribute to the sick leave bank. Contributions can be made at any time during the year. An employee may join the sick leave bank only after having accumulated two hundred (200) hours of sick leave (25 days).

The initial contribution to the bank will be made at the time of joining the bank, and future contributions will be based on need as recommended by the sick leave bank committee and agreed upon by the Union and the Superintendent. All donations will remain in force and cannot be returned even upon cancellation of membership. The bank can be used on the fourth duty day of absence during the member's disability. The three (3) day deductible will apply to each disability but will be waived for relapses of the same disability. The maximum number of sick days that can be granted in any one (1) fiscal year will be the remaining number of duty days a member is scheduled to work, plus included holidays or vacation days that would normally accrue during this period. In no case will the granting of more leave from the bank cause a member to receive more than his or her annual salary.

All unused sick leave days in the bank at the end of the fiscal year shall be carried over to the next fiscal year.

The Board will sponsor cost of the sick leave bank but not beyond \$200,000 per year. Money expended shall be calculated as days used times average daily salary for Unit III members.

AFSCME shall indemnify and hold harmless the Board regarding any legal claims, actions or suits relating to AFSCME's administration, function, and operation of the Sick Leave Bank.

### **Section 12: Leave Pay Out – Special Pay Plan**

When a Unit III member retires or resigns after 15 or more years of service to Anne Arundel County Public Schools, the member's separation pay becomes eligible for the Special Pay Plan, a qualified 403(b) Plan. Separation Pay shall be issued as follows: If the total dollar amount of separation pay is less than \$1,000, separation pay will be paid in a lump sum as taxable income.

2. If the total dollar amount of separation pay is \$1,000 or more, the full amount of separation pay (qualifying sick leave and annual leave/personal business leave) will be forwarded as an employer contribution to the Special Pay Plan, a qualified retirement plan subject to IRS annual limits. The employer contribution becomes taxable income only upon the Unit III member withdrawing it from the plan. Withdrawals from the Special Pay Plan are not subject to Employment tax (Social Security or Medicare).
3. The Unit III member has the following options concerning their separation pay:
  - a. Keep the funds in the Special Pay Plan and invest amongst the choices within the qualified retirement program.
  - b. Directly roll all or a portion of funds from the Special Pay Plan to an individual retirement account (IRA) or other qualified retirement plan.
  - c. Directly roll all or a portion of the funds from the Special Pay Plan to another AACPS approved vendor's qualified retirement plan.
  - d. Request a partial or full distribution in cash, taxed in accordance with IRS and state regulations

**ARTICLE 11**  
**OTHER LEAVES**

**Section 1: Eligibility Requirements**

Unit III members shall be eligible for leaves of absence after having completed the probationary period.

**Section 2: Application for Leave**

Consideration will be given to a Unit III member's written request for leave of absence for personal illness, severe illness of a member of the household, maternity, adoption of a child, or military service. Except in the case of military service, an employee's request shall state the beginning date of the leave and the approximate length of time he/she expects to be on leave. In the case of personal illness or illness in the household, a physician's recommendation must accompany the request. A leave request should be given to the supervisor for forwarding, with his/her recommendation, to the Executive Director of Human Resources, who will take action on the request and notify the employee in writing. Reasonable requests will be granted.

**Section 3: Adoption Leave**

Upon request to the Executive Director of Human Resources, Unit III members may take a temporary leave of absence for up to twelve (12) weeks for the adoption of a child by requesting FMLA Leave under the provisions of Article 11, The Family Medical Leave Act and related Board Policies and Procedures. The Unit III member may use up to six (6) weeks of paid accrued leave out of twelve (12) weeks of FMLA. As soon as it has been determined that a Unit III member wishes to use adoption leave, the Unit III member must request this leave, in writing, to the Executive Director of Human Resources normally within thirty (30) days in advance and provide appropriate documentation.

**Section 4: Family Medical Leave Act (FMLA) Leave**

The Family Medical Leave Act is incorporated into the agreement by reference.

- (A) All employees must meet the eligibility criteria set forth in the FMLA statute.
- (B) Eligible employees who are approved for FMLA leave, are entitled to use the leave within a 12-month period. The method used to establish the twelve (12) month period shall be the twelve-month period measured forward from the first date an employee takes FMLA leave.
- (C) FMLA shall run concurrently with other leave types.
- (D) FMLA leave may be used for serious health conditions of those persons covered by illness in immediate family as defined by this agreement. If a Unit III member is on paid leave because of his or her own serious health condition, and such leave is pursuant to a sick leave bank grant or is covered by workers' compensation, such leave would be exempt from the Unit III member's FMLA entitlement if event was non-FMLA qualified.
- (E) Continuation with employee healthcare benefits will occur while on FMLA. An employee can elect to pay their share of healthcare premiums during the period of leave or defer payments until FMLA ended.
- (F) Leave taken intermittently or on a reduced leave schedule is not permitted for care of/bonding with a newborn or child.
- (G) Except in unusual circumstances upon return from FMLA leave, a Unit III member whose period of absence does not exceed sixty (60) duty days will return to his/her position. When an absence extends beyond sixty (60) duty days the Unit III member may be placed in an equivalent position.
- (H) Employees who have accrued paid leave remaining at the conclusion of FMLA will be permitted to use that leave in accordance w/ federal, state, and local law, and AACPS policies.

**Section 5: Job Protected Alternative Leave (JPAL)**

- (A) Unit III employees whose FTE does not permit them to meet the hours of service requirement under FMLA, may be eligible for alternative Job Protected Leave ("JPAL") if they work 87% of their total duty hours in the 12 months prior to the commencement of their leave.
- (B) Eligible employees who are approved for JPAL, are entitled to use 12 weeks of leave within a 12-month period. The method used to establish the twelve (12) month period shall be the "twelve-month period measured forward" from the first date an employee takes JPAL.
- (C) JPAL shall run concurrently with other paid leaves.
- (D) JPAL may be used for serious health conditions of those persons covered by "illness in immediate family" as defined by this agreement.

- (E) If a Unit III employee is on paid leave because of his or her own serious health condition, and such leave is pursuant to a sick leave bank grant or is covered by workers' compensation, such leave would be exempt from the Unit III employee's JPAL entitlement, if event was non-FMLA qualified.
- (F) Continuation with employee healthcare benefits will occur while on JPAL. An employee can elect to pay their share of healthcare premiums during the period of leave or defer payments until JPAL has ended.
- (G) Intermittent leave can only be taken for a medically necessary scheduled treatment regimen.
- (H) Except in unusual circumstances, upon return from JPAL leave, a Unit III member whose period of absence does not exceed sixty (60) duty days, will return to his/her position. When an absence extends beyond sixty (60) duty days, the Unit III member may be placed in an equivalent position.
- (I) Employees who have accrued paid leave remaining at the conclusion of JPAL will be permitted to use that leave in accordance with federal, state, and local law, and AACPS leave policies.

**Section 6: Bereavement Leave**

Each Unit III member shall be granted four (4) workdays of absence without loss of pay on the death of an immediate member of his/her family. Immediate member of the family shall include parent, spouse, child, sibling, grandparent, stepparent, step relationship, in-law, grandchild, and person who raised or reared employee (surrogate/guardian). There is no limit under this provision.

Each Unit III member shall be granted up to two (2) workdays of absence without loss of pay on the death of an aunt, uncle, niece, nephew, or person who has lived regularly in the household of the member. There shall be a six (6) day maximum per fiscal year under this provision.

Additional days may be requested for immediate family and other than immediate family.

**Section 7: Jury Duty**

While on Maryland jury duty a Unit III member shall not be required to endorse his/her check for jury service to the Board in order to have his/her full salary continue.

**Section 8: Court Summons**

A Unit III employee may be absent without loss of salary for court summons provided the summons is not issued as a consequence of an offense for which the employee is found guilty.

**Section 9: Conference Attendance**

Upon written request to the Executive Director of Human Resources, administrative leave with pay may be granted for up to four (4) representatives from Unit III who may be released each fiscal year for a maximum of five (5) days to attend an official National, Regional or Statewide convention or conference of AFSCME which will improve job related skills. Administrative leave may be granted for up to two (2) representatives from Unit III who may be released each fiscal year for a maximum of five (5) days to attend an official National, Regional or Statewide convention or conference of AFSCME. Accrued annual leave, where applicable, may be used. Employees not having annual leave shall take leave without pay. The written request for leave shall be submitted at least seven (7) working days in advance to the Executive Director of Human Resources/Designee.

**Section 10: Injury on Job**

When a Unit III member sustains an accidental injury arising out of and during the course of his/her employment compensable under the Workers' Compensation Law of the State of Maryland, the employee shall, during the period he/she is being paid Workers' Compensation, receive full salary less the amount paid by Workers' Compensation up to but not exceeding sixty (60) workdays from the date of the injury. This leave shall not be charged against the employee's sick leave.

If the employee is continued on temporary total disability payment from Workers' Compensation beyond the sixty (60) day period, the following options shall be available to him/her:

- (A) He/she may elect to use his/her earned annual leave (vacation) during which period he/she shall receive his/her regular salary plus any amount awarded as temporary total disability payments under Workers' Compensation Law.
- (B) He/she may elect to use his/her earned sick leave credits, during which period he/she shall receive his/her regular salary, less the amount paid by Workers' Compensation. This leave shall be charged against the employee's sick leave.



- (C) He/she may request a leave of absence and receive only Worker's Compensation. The employee may continue to receive the full benefits of hospital-medical insurance, major medical insurance and term life insurance provided the Unit III employee pays the employee's share of these premiums
- (D) If he/she fails to make a leave election the Board will provide the employee with his/her regular salary by using available accrued sick leave first, less the amount paid by Workers' Compensation, followed by using annual leave (if available) until he/she returns to work or until all available leave is exhausted.

### **Section 11: Personal Business**

Permanent Unit III members who do not earn annual leave may be granted two (2) days of personal business leave per year which is cumulative. This leave is granted under the following conditions:

The leave must be used for a matter which cannot reasonably be taken care of outside work hours. It may not be used for recreation, vacation, shopping, or the like. The general reasons must be stated and the supervisor's approval obtained prior to the end of the preceding workday, except that for an unforeseen emergency which requires absence that could not have been approved in advance, the supervisor may, at his/her discretion, approve the absence as a day of emergency leave after the fact.

Personal business leave shall not be taken immediately before or immediately after a holiday or weekday when school is closed, nor on an in-service day for 10-month employees, nor at the beginning or end of the school year. The beginning of the school year shall mean the first five (5) duty days for 10-month Unit III employees; the end of the school year shall mean the last five (5) duty days for 10-month Unit III employees. A holiday period may not be extended by taking personal business leave at the beginning of the following week when a holiday falls on a Friday or at the end of the preceding week when the holiday falls on Monday.

Up to five (5) days of unused personal business leave may be converted to sick leave at the end of the fiscal year.

### **Section 12: Study**

After completing one (1) year of service, any Unit III member may request a leave of absence without pay for full-time study in a job-related program.

### **Section 13: Benefits While on Leave**

Unit III members on leave of absence without pay and without experience credit shall be eligible to continue their membership in the Board's group hospital-medical plan by making full premium payment to the Board by the 25th of each month.

If a Unit III member who was injured on the job has exhausted his/her special leave for injury on the job and his/her accumulated sick leave and annual leave and is still receiving Workers' Compensation for temporary total disability, the Board will continue to pay its share of the premium for Blue Cross-Blue Shield insurance if applicable, provided the employee sends his/her share of the premium monthly to the Board of Education office. The Board will pay its share of the premium for a maximum period of twenty-four (24) months while the Unit III member is a Board employee.

### **Section 14: Religious Observance**

Unit III members may be granted up to two (2) days per school year with pay for observance of religious holy days where their religion prohibits working, and/or requires worship or observance that cannot be performed other than during school hours, and the observance is not otherwise provided in the school calendar and as verified by the proper religious authorities.

### **Section 15: Other Leave**

The President of AFSCME shall, upon request, be granted leave with pay and benefits and the continued accrual of seniority for the term of office. A full-time office for the duly elected president will be established. Appropriate rules and parameters shall be developed and maintained regarding the operation of such office. Upon the expiration of the leave of absence, the President will be returned to the position previously held or to a comparable position for which he/she is qualified.

## **ARTICLE 12** **HOURS OF WORK**

### **Section 1: Regular Hours**

With the exception of transportation employees, the regular hours of work for permanent custodial, maintenance, food service, warehouse, and mail and print shop employees in Unit III shall be consecutive except that they normally will be interrupted by a lunch period of non-duty time except in emergencies.

### **Section 2: Work Schedule**

Regular work schedules of Unit III members shall be posted near the timesheets in each work location. Except in emergency situations, these regular work schedules shall be changed only after prior notice and consultation with the Union President or an authorized representative of AFSCME.

Unit III employees will work a four-day work week schedule from July 6, 2022 through August 9, 2022.

### **Section 3: Rest Periods**

A Unit III member shall be permitted to take a break of fifteen (15) minutes during each one-half shift. No reporting times or leaving times shall be adjusted because of the failure of an employee to take a break.

### **Section 4: Unscheduled Call-back Pay**

Any full-time classified employee who is directed by their supervisor or designee to report back to work on an assignment which is not contiguous with his/her regular work schedule shall be paid at the applicable hourly rate for all hours of work on such employee's assignments but in no event shall the amount of pay earned for such emergency assignments in any one twenty-four (24) hour period be less than the equivalent of four (4) hours pay at such employee's regular straight time rate of pay. If the same employee is called back a second time within the same twenty-four (24) hour normal day, he/she shall receive no less than the equivalent of a total of six (6) hours pay at straight time.

Elementary School weekend inspection teams on call from Friday night to Sunday night will be paid for four (4) hours each day whether called or not and will receive an additional two hours of their straight time rate of pay for each additional call within the same twenty-four (24) hour period.

### **Section 5: Paid Meals**

Each Unit III member required to work in excess of twelve (12) consecutive hours in a workday and each employee required to work in excess of four (4) consecutive hours on a callback shall receive ten dollars (\$10) toward the purchase of a meal if the extra work extends through the normal meal hour.

### **Section 6: Hours - Inclement Weather**

Unit III employees who are required to report to work when Central Offices are closed due to inclement weather shall be given an additional annual leave or personal business day. Unit III employees who become stranded overnight at their work location due to inclement weather shall receive an additional annual leave day. The board shall make an effort where practical to assign second shift employees to the first shift duty for emergency clean-up during inclement weather and during the summer.

Unit III employees who are required to report to work, but are absent from work on Saturday, shall be paid at the rate of one and one-half (1 1/2) times the employee's hourly rate for all hours worked above forty (40) hours on Sunday. A Unit III employee who reports for work on Saturday shall be eligible for premium pay on Sunday [two times the employee's hourly rate] provided the employee works at least one-half (1/2) of his/her regular number of scheduled hours per day.

A counseling letter may be issued to an employee who is absent from work on Saturday or Sunday, on a repeated basis, without an appropriate explanation.

### **Section 7: Redistribution of Pay 10-Month Employees**

All 10-month employees pay schedules will be changed by redistributing their pay over the entire school year. As a result of this redistribution, all 10-month employees will receive a check every regular payday during the school year.

**Section 8: Scheduled Building Checks**

Unit III employees who are required to perform scheduled weekend building checks shall be paid overtime at the appropriate rate at a minimum of 2 1/2 hours for Saturday and an additional 2 1/2 hours for Sundays and holidays where applicable.

**Section 9: Bus Field Trips, Bus Drivers and Attendants**

Bus field trips and bus routes will normally be posted for ten (10) days when they become available. Full-time drivers and aides who are interested shall submit their names for consideration. The Board shall assign available bus routes and field trips mainly on the basis of seniority and safe driving records as well as other related factors.

**Section 10: Innovative Work Schedules**

When mutually agreeable to an employee and the Board, innovative work schedules may be implemented. The interpretation of overtime hours will be mutually agreed upon by the Board and the Union before implementation.

**ARTICLE 13**  
**OVERTIME**

**Section 1: When Paid**

Time and one-half the employee's hourly rate of pay shall be paid for work as follows:

- (A) All work in excess of eight hours per day.
- (B) All work in excess of forty hours in any week.
- (C) Any work on a holiday recognized by the Board.

**Section 2: Sunday Pay**

Time and one-half the employee's hourly rate shall be paid for all work above forty hours performed on Sunday for Parks and Recreation and AACPS sponsored use. Two times the employee's hourly rate shall be paid for all work above forty hours performed on Sunday for unscheduled events and/or commercial use. Unscheduled events shall include, but not be limited to, inclement weather situations, emergencies, or other type of unscheduled situation. Memorandum of Understanding (MOU) to be developed to address AFSCME's view toward continued use of Unit III employees and Board's intent regarding this change.

**Section 3: Voluntary**

Overtime shall be voluntary except in emergencies.

**Section 4: Distribution**

In each work location, overtime opportunities will be distributed equitably among all interested and qualified Unit III employees. First preference will be given to Operations personnel who are assigned to specific facilities to include Preventive Maintenance Teams, Boiler and Calibration Teams. A posting shall be made of all building usage contracts when Unit III employees shall be required to be on the site.

**Section 5: Community Use**

If the Board determines that community use activities create an additional workload overtime will be authorized.

**ARTICLE 14**  
**SAFETY AND HEALTH**

**Section 1: Board-Union Cooperation**

Employer and the Union shall cooperate in the enforcement of safety. The Unit III employees shall use equipment and tools solely for which they are designed. They shall exercise proper care in the handling, storage, and maintenance of equipment and tools to prevent damage to them and injury to themselves and others. No employee shall be required to operate an unsafe piece of equipment. If an employee feels that a piece of equipment, he/she must operate is unsafe, he/she shall report it to the supervisor who shall make sure an inspection is made by a qualified individual as soon as possible. The appropriate safety equipment shall be provided to those employees who are required by management to perform certain duties. However, the purpose shall be not to require employees to perform unsafe duties.

**Section 2: Safety Committee**

A joint committee shall be established with the goal of eliminating accidents and health hazards to the extent possible, which shall be comprised of three (3) members of whom shall be appointed by the Union and three (3) members of whom shall be appointed by the Board. The safety committee shall meet not less than quarterly, at a time and place mutually agreeable.

**ARTICLE 15**  
**UNION BULLETIN BOARDS, DELIVERY SERVICES**

**Section 1: Bulletin Boards**

The Board agrees to furnish at least one (1) bulletin board in each school or other work location in an accessible area to be used exclusively by the Union or the Board for posting official communications to Unit III employees. Union materials shall not be posted elsewhere on the premises.

**Section 2: Delivery Service**

AFSCME shall be permitted to utilize the school delivery system for the distribution of official Union notices, provided such distribution does not interfere with the distribution of the materials of the school system. However, the Union agrees not to use the school delivery system for the following:

- (A) Opinions of Union officials concerning matters on which the Board and the Union have taken opposing positions.
- (B) Advocacy of action on the part of employees which is contrary to policies, regulations, and directives of the Board or its staff.
- (C) Political materials.
- (D) Materials advertising brand name products or business establishments.

**ARTICLE 16**  
**EMPLOYEE BENEFITS**

**Section 1: Healthcare**

The Board and AFSCME agree to the following:

Effective January 1, 2020, the Board/Employee premium share for the Preferred Provider Network (PPN/PPO) shall be 70/30.

Effective January 1, 2020, the Board/Employee premium share for the Blue Choice Health Maintenance Organization (HMO) shall be 90/10.

Effective January 1, 2020, the Board/Employee premium share for the Blue Choice Triple Option plan shall be 85/15.

The employee premium share for Individual only coverage for the Low Option Blue Choice HMO Plan is 9.5% of the employee's box 1 W-2 income. There is no Board funding for dependent coverage. The Low Option Blue Choice HMO Plan meets the minimum value and affordability requirements established by the Affordable Care Act and includes an incorporated prescription plan with three tiers. Further coverage information can be found in Appendix B.

Effective January 1, 2014, the Board/Employee premium share for all Dental Plans shall be 75/25. The Board/Employee premium share for the BC/BS Vision Plan shall be 80/20 .

Coverage is available on an individual, employee and spouse, parent & child or family basis for Unit III members who elect to enroll during the annual open enrollment period or within 30 days after the effective date of their employment or a qualified lifestyle change. Dependent coverage is extended to spouses without regard to gender. Evidence of dependent eligibility is required when adding a dependent to AACPS healthcare coverage.

For the coverages of Employee & Spouse or Employee & Family, a monthly surcharge will be added to the employee's premium share if the spouse is covered by the AACPS plan and that spouse is eligible for healthcare insurance through his or her own employer (exemptions include but are not limited to spouses employed by AACPS or spouses that are self-employed or unemployed). Effective January 1, 2020 the cost of the monthly surcharge is \$70.

AACPS shall have a Section 125 Plan which in part allows Unit III members to pay health care premiums with pretax dollars. The Board will accept enrollment during the year from a Unit III member (outside of the annual open enrollment period) in accordance with the provisions set forth in Section 125.

For the PPN the in-network lifetime maximum will be unlimited, the in-network mental and nervous payment schedule is \$15, \$25, and \$35, and the out of network mental and nervous payment schedule will be in accordance with State mandates.

The Board provides a 3-tier prescription drug benefits indicated below:

<b>RX Plans</b>	<b>Retail/Mail Order Effective 1/1/20</b>
Generic	\$5/\$10
Preferred Brand	\$20/\$40
Non-Preferred	\$35/\$70
Specialty	\$75/\$150

The dollar amounts listed as copays for specialty drug are subject to caps. The actual amount due from the employee shall be either the dollar amount listed or 50% of the actual cost at the counter, whichever is less.

There will be a minimum of two (2) HMO offerings.

Increases in healthcare costs in FY19 and FY20 are contingent on some form of a salary increases for each of these fiscal years.

Healthcare coverage will expire at the end of the month in which employment ends. Continued coverage will be offered through August 31 for 10-month employees who provided early notice of resignation by April 1 and continue employment to the end of the work year.

PLAN BENEFITS ARE AS DESCRIBED IN THE ATTACHED MEDICAL COMPARISON CHART [APPENDIX B] AND DENTAL AND VISION CHARTS [APPENDIX C]

The Board reserves the right to bid the Board-sponsored health plan. AFSCME will be a party to the selection process regarding all qualified respondents to the R.F.P.

**Section 2: Flexible Spending Account**

The Board will make available flexible spending accounts, as provided under Internal Revenue Service regulations, that can be used by Unit III employees for dependent care and health care costs.

**Section 3: Term Life Insurance**

A term life insurance policy for \$50,000 with full cost paid by the Board shall be provided for each Unit III member. An optional term life insurance policy for \$5,000 increments to the maximum of \$200,000 with full premium paid by the Unit III member shall also be provided through payroll deduction if participation by the Board's employees meets the minimum requirements of the carrier.

**Section 4: U.S. Savings Bonds**

At an employee's written request, the Board shall make payroll deductions for U.S. Savings Bonds.

**Section 5: Authorized Trip**

The Board shall provide insurance coverage for accidental death or dismemberment of a Unit III member while on an authorized trip in the performance of his/her duties as an employee. Payments shall be in accordance with the following schedule:

Life	\$100,000
Both hands or both feet or sight of both eyes	\$100,000
One hand and one foot	\$100,000
Either hand or foot and sight of one eye	\$100,000
Either hand or foot or sight of one eye	\$50,000

**Section 6: Personal Property Damage**

Subject to a recommendation of the supervisor and approval of the Superintendent, the Board shall pay an amount not to exceed \$200 for damage to a Unit III member's personal property which may happen as a result of personal assault while he/she is on duty. Payment by the Board shall not be an admission of responsibility or liability by the Board, its agents, servants or employees.

**Section 7: Allotment for Purchase of Uniforms**

Upon completion of the probationary period, uniforms will be allotted as follows:

Custodians	5 pants, 5 shirts
Chief custodians	5 pants, 5 shirts
Print shop	3 smocks
Maintenance	5 pants, 5 shirts
Painters	5 pants, 5 shirts

Cafeteria employees shall receive uniforms and the allotment will be consistent with other Unit III employees. Summer weight shirts and women's sizes will be part of the bid specification for uniforms.

The Board shall supply safety work shoes/boots to any employees when required to do so by the employer. The allotment shall be on a direct exchange basis, as approved by the supervisor, and the specifications shall be reviewed and commented upon by the Safety Advisory Committee.

The Safety Advisory Committee shall recommend to the appropriate department/division supervisor the classifications/occupations/positions which will be required to wear safety work shoes/boots at all times. Upon issuance, employees shall be required to wear work safety shoes/boots while performing those duties requiring the protection of work safety shoes/boots.

**Section 8: Retirement Counseling**

Upon request to the Division of Human Resources, Unit III employees eligible to retire shall be provided with literature explaining the various options available to them upon retirement. A personal conference may be held for those employees who wish such a conference.

**Section 9: Union Insurance Program**

The Board shall provide for one (1) voluntary payroll deduction for each Unit III member for the AFSCME sponsored insurance programs. The total amount of the initial deduction and of an amended total resulting from changes in rates and/or the addition or termination of policies shall be indicated to the Board by written authorization from AFSCME, signed by the member.

**Section 10: Payroll Deduction for Supplemental Retirement Programs**

Tax-deferred supplemental retirement programs shall be made available to Unit III employees from a carrier mutually approved by the Board and AFSCME. Deductions taken will be submitted for processing on a bi-weekly basis on or before a regularly scheduled pay day.

**ARTICLE 17**  
**MANAGEMENT RESPONSIBILITY**

**Section 1: Effect of Agreement**

Nothing in this Agreement shall be construed as delegating to others the authority conferred by law on the Board, or in any way abridging or reducing such authority.

Except as expressly provided otherwise in this Agreement, the determination and administration of school policy, the operation and management of the schools, and the direction of employees are vested exclusively in the Board.

**ARTICLE 18**  
**WAGES AND TRAVEL PAY**

**Section 1: Hourly Rates**

In Fiscal Year 2023, Unit III employees will be granted compensation increases as follows:

- One (1) step increase will be given to eligible Unit III employees.
- A 4% Cost of Living (COLA) increase will be granted to all Unit III employees
- One (1) "Back Step"/"Catchup Step" will be provided to eligible Unit III employees who did not receive a step increase in the 2015-2016 academic year as called for in their applicable Negotiated Agreement based on the following criteria:
  - "Back Step"/"Catchup Step" is defined as an employee who was an employee as of June 30, 2015 and missed a step in FY2016 due to negotiated step freezes.
  - The employee is still with the District and has not changed or has changed units without an appropriate placement on the salary scale per a bargaining unit agreement
  - Employees who have reached the top of the salary scale for their unit are not eligible for the "Back Step"/"Catchup Step."
  - Employees who left employment during this time and came back at a later date are not eligible for this "Back Step"/"Catchup Step."

**Annual Step-Increment/Movement on Scale**

A Unit III member who receives a "Satisfactory" annual performance rating shall receive a general wage increase (COLA) and a within-grade step increment.

A Unit III member who receives a "Needs Improvement" annual performance rating shall be eligible to receive a general wage increase (COLA), but no step-increment.

A Unit III member whose overall annual performance is rated "Unsatisfactory" shall receive no pay increase, neither a step-increment, nor general wage increase (COLA). Specifically, their pay shall remain the same.

**Performance Review Process**

A performance review process shall be established to respond to an employee's disagreement to his/her overall performance rating beginning in FY2008.

A six-month follow-up re-evaluation shall occur in those cases where an employee receives an overall performance evaluation of "Needs Improvement" or "Unsatisfactory." A plan for improvement shall be developed to address the areas of concern/non-performance.

An employee who receives a "Needs Improvement" or "Unsatisfactory" rating, is then placed on a plan for improvement, and subsequently improves his/her performance to a satisfactory or better level, shall be advanced to the step he/she would otherwise have been eligible, effective the first pay following the follow-up re-evaluation.

**Section 2: Shift Differential**

A wage differential of \$0.904 per hour shall be paid to:

- Full-time Unit III members who start a regular daily work shift at or after 2:00 p.m. and prior to 11:00 p.m.
- Unit III members while regularly assigned on Saturdays, Sundays, and/or holidays.

A wage differential of \$0.987 per hour shall be paid to:

- Unit III members who start a regular daily work shift at or after 11:00 p.m. and prior to 3:00 a.m.

**Mid-Shift Differential**

The Board agrees to compensate current employees who are involuntarily reassigned to the mid-shift. Specific terms will be included in a Memorandum of Understanding to be developed by the Chief Negotiators of the Board and AFSCME.

Beginning in FY2000 Shift Differential will increase by the same percentage increases (COLA) as applied in future year(s) to the Single Salary Schedule.

The provisions of this section shall not apply to Unit III members called in on emergency assignments nor to members on overtime work, which is compensated at premium rates, unless they otherwise have been entitled to the night shift/weekend rate.

### **Section 3: Incentive Pay**

A Unit III employee who refers an individual for a Unit III position and is identified as the referring employee in the application process will be eligible to receive \$200 pending successful completion of the probationary period of the referred employee. The cap of the pilot program is \$20,000.

### **Employee Performance Stipend**

A Unit III member who achieves an exemplary job performance rating for his/her annual performance evaluation shall receive a one-time performance stipend in the amount of \$350. This stipend shall be in addition to any overall general increase in the Unit III employee salary scale.

Eligibility for an exemplary performance stipend shall be based on the standards/criteria so defined in, and as part of, the Unit III annual performance evaluation instrument and rating process.

### **Employee Attendance Incentive Bonus**

A Unit III member who has a Perfect Attendance record during the defined attendance session (6-month period of time) shall receive a bonus of \$250.00.

A Unit III employee who has an Exemplary Attendance record during the defined attendance session (6-month period of time) shall receive a bonus of \$75.00.

The defined attendance session dates shall be November 1 through April 30; and May 1 through October 31, respectively.

A one-time Perfect Attendance or Exemplary Attendance bonus shall be paid to those eligible Unit III members at the end of the defined attendance session (6 month period of time) that is at, or near the pay period for the winter holiday break; and then, at or near the end of the school year.

A Unit III member must have worked greater than a majority of scheduled duty days during the defined attendance session (6-month period of time) in order to qualify for the Perfect Attendance or Exemplary Attendance bonus.

Eligibility for a Perfect Attendance or Exemplary Attendance bonus is as defined under the Incentive Pay: Perfect/Exemplary Attendance Chart – See Appendix - A2.

### **Group Attendance Incentive Bonus**

An annual group attendance incentive bonus of \$75/per year shall be paid to those eligible Unit III work groups/teams for improving attendance to the designated quota/percentage. The standards/criteria for each organizational unit may vary, depending on the particular composition of the groups/teams. Such standards/criteria shall be defined and made known to employees, in advance of the assessment/rating period. The organizational units shall be as follows:

#### **Organizational Units:**

- Transportation
- Logistics
- Food and Nutrition Services – By high school feeder schools' structure
- Maintenance
- Operations – By high school feeder schools' structure

### **Joint Study Committee: Group Incentive Pay - Attendance Bonus**

In FY2008, a joint study committee group shall be convened to establish the definitions and criteria to be used regarding the benchmarks for group incentive pay for improving group attendance.

### **Employee Triple Incentive Bonus**

A Unit III member who receives a Perfect Attendance bonus for the year and also receives the highest annual performance rating shall be awarded an additional one-time pay bonus of \$350.



**Section 4: Payroll Distribution**

Delivery of paychecks shall be made on every second Wednesday.

**Section 5: Payroll Information**

Check stubs for Unit III members shall contain all pertinent information including deductions, days worked, number of annual days, number of sick days, emergency callback, meal allowance and/or other personal payroll deductions.

For 10-month Unit III members, one twenty-second of each member's salary shall be paid to a lead bank every two (2) weeks for the ten (10) months of employment. For 12-month Unit III members, one twenty-sixth of each member's salary shall be paid to the lead bank every two (2) weeks for the twelve (12) months of employment. The lead bank shall be chosen by the Board. Salary payments shall be calculated two (2) weeks subsequent to the period of earnings. The first payment will be made either the second or third week in September. The Board shall, at the biweekly pay periods, provide to each member a statement of all monies earned, deductions and reductions made, and the net amount deposited in the member's name with the lead bank.

The lead bank will deposit or transfer the Unit III member's pay as directed by that individual. The lead bank may deposit the member's pay in a charge-free checking account at the lead bank, forward the pay to savings or investment accounts in the lead bank as directed, or transfer the pay to a selected home bank. The member may stipulate the placement or transfer of funds by written direction.

**Section 6: Temporary Assignment**

A Unit III member who has completed his/her probationary period and who is temporarily assigned by the appropriate department head to a job classification in a higher pay grade than his/her regular classification shall be paid in accordance with the salary for the position in the higher pay grade effective on the 11th consecutive workday.

**Section 7: Mileage Rate for Travel**

Effective July 1, 2015 mileage reimbursement will be paid in accordance with the current IRS rate.

Food service employees who transport food to satellite schools shall receive \$9.00 for less than ten (10) miles per day and \$11.00 for ten (10) miles or more per day. All other food service employees who have authorized travel in excess of ten (10) miles per day shall be reimbursed at the IRS rate.

**Section 8: Lift Bus Attendants - Wage Differential**

Bus drivers and bus attendants who are required to operate lift apparatus and/or are required to lift orthopedically disabled persons on/off buses shall receive a wage differential of \$.69 cents per hour.

**Section 9: Cafeteria Manager's Wage Rates**

Cafeteria manager's wage rates will not be decreased during the school year as a result of a change in the number of meals purchased by students within the jurisdiction for which they are responsible. Managers shall be notified of their grade and pay scale for the upcoming year on or about July 1 of each year.

**Section 10: Tuition Reimbursement**

The Board recognizes the need for the professional development of Unit III employees. Unit III employees may apply for tuition reimbursement grants to help defray the cost for coursework taken to improve his/her skills or to achieve a college degree or employees who complete the external diploma program.

Each year, AACPS shall set aside \$50,000 for tuition reimbursement for Unit III employees. The following conditions shall apply for reimbursement until the cap is reached:

- A. Graded and non-graded courses for reimbursement must be job-related and have the pre-approval of the Executive Director of Human Resources or designee prior to enrollment.
- B. Each Unit III employee shall be reimbursed \$125 per semester hour up to a maximum of \$1000 per school year the fall semester (September) through summer semester (August) or \$90 per continuing education units (CEU) course up to a maximum of \$1000 per school year. Courses must be completed while the Unit III employee is an employee on active service with the Board of Education of Anne Arundel County.
- C. In graded courses, the employee must earn a grade of "C" or better before reimbursement will be approved.
- D. Reimbursement of non-graded courses must be job-related, evidence of successful completion must be provided to the Executive Director of Human Relations or designee, and the course shall not duplicate content and skills covered in AACPS offered courses.

**ARTICLE 19**  
**WORK STOPPAGE**

**Section 1: Strikes**

For the duration of this Agreement, AFSCME shall not engage in or sponsor a strike.

**Section 2: Lock out**

The Board will not lock out any Unit III member.

**ARTICLE 20**  
**SEVERABILITY**

**Section 1: Effect of Invalid Portion of Agreement**

In the event any article, section, or portion of this Agreement should be held invalid by any court of competent jurisdiction, such invalidity shall not affect the other provisions or any other application of this Agreement which can be given effect without the invalid article, section, or portion. Within ten (10) workdays after the receipt of such a decision by the parties, the negotiating teams of the Board and AFSCME will meet to give the parties an opportunity to introduce proposals for negotiating a substitute for the invalidated article, section, or portion. The parties agree to begin negotiations immediately in an effort to reach Agreement on any proposals so introduced.

**ARTICLE 21**  
**PERSONNEL FILES**

**Section 1: No Unfavorable Entry**

No unfavorable entry shall be placed in the file of a Unit III member unless it is signed by the person submitting the information. The employee shall be given the opportunity to acknowledge that he/she has read such materials by affixing his/her signature on the original or an actual copy with the understanding that such signature merely signifies that he/she has read the material to be filed and does not necessarily indicate agreement with its contents. The employee shall have the right to answer any material filed and his/her answer shall be attached to the file copy. An employee's refusal to sign shall be noted by an administrator and a witness.

Except for evaluation ratings, any record relating to a disciplinary action may be removed from an employee's file if requested in writing by the employee, provided that three (3) years have elapsed since such disciplinary action was taken against such employee. Any action to expunge such materials must have the approval of the appropriate assistant superintendent. Further, no record/document may be removed from an employee file that would be in violation and/or conflict with applicable statutory and/or employment law regulations/requirements. The final decision to expunge a record shall not be subject to the grievance procedure.

**Section 2: Personnel Files Open to Employee**

All items entered in a Unit III member's personnel file in the Division of Human Resources after July 1, 1984, shall be open to that employee by appointment.

**Section 3: Files Inspection Limited**

A Unit III member's personnel file shall normally be open to inspection only by administrative and supervisory personnel and by the clerical staff of the office where the file is located. The Union President/Vice President shall be given access to review the personnel record of an employee and obtain copies of that file upon the express written authorization of the employee on a Board authorized form.

**ARTICLE 22**  
**EVALUATION**

**Section 1 :Electronic Signature**

The Board will utilize electronic signatures when administratively practicable.

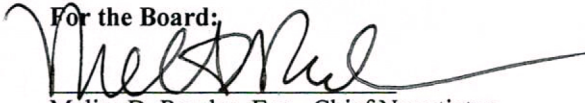
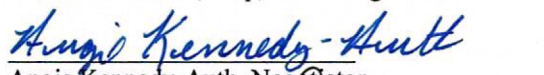
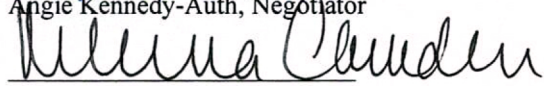
**ARTICLE 23**  
**EFFECTIVE PERIOD OF AGREEMENT**

**Section 1: Dates: Provisions for Amending**

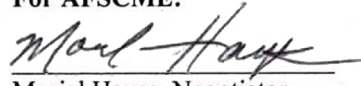
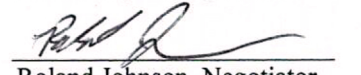
This Agreement shall become effective July 1, 2022, and shall continue in full force and effect until June 30, 2024. It is further understood that this Agreement can be added to, amended, or modified only by a document in writing, which has been ratified by the parties following negotiations mutually agreed to by the Board and the Union.

The following Agreement for FY2023, was reached by the undersigned on May 12, 2022, and submitted for ratification to AFSCME and the Board:

**For the Board:**

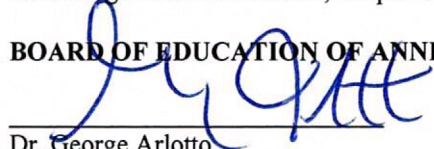
  
Melisa D. Rawles, Esq., Chief Negotiator  
  
Angie Kennedy-Auth, Negotiator  
  
Melissa Camden, Negotiator

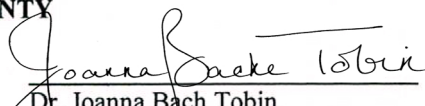
**For AFSCME:**

  
Morial Hayes, Negotiator  
  
Roland Johnson, Negotiator


Following mutual ratification, the parties hereunto set their hands and seals this 18<sup>th</sup> day of May, 2022.


**BOARD OF EDUCATION OF ANNE ARUNDEL COUNTY**

  
Dr. George Arlotto  
Superintendent of Schools

  
Dr. Joanna Bach Tobin  
President

**AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, Local 1693**

  
Morial Hayes  
Senior Council Representative

  
Roland Johnson  
President

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**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS**  
**Unit III Salary Scale**  
**July 1, 2022 to June 30, 2023**

Step	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Grade 13	Grade 14
1	13.64	14.31	15.06	15.78	16.60	17.44	18.34	19.25	20.22	21.24	22.31
2	14.01	14.70	15.45	16.21	17.05	17.93	18.83	19.78	20.77	21.83	22.92
3	14.39	15.10	15.88	16.65	17.53	18.42	19.35	20.33	21.34	22.42	23.56
4	14.80	15.52	16.32	17.12	18.00	18.94	19.88	20.88	21.92	23.03	24.21
5	15.19	15.94	16.78	17.60	18.49	19.45	20.44	21.46	22.54	23.68	24.88
6	15.62	16.37	17.23	18.08	19.01	19.99	21.00	22.05	23.16	24.34	25.56
7	16.06	16.83	17.70	18.56	19.52	20.53	21.56	22.65	23.81	25.00	26.25
8	16.49	17.30	18.19	19.07	20.06	21.10	22.17	23.29	24.44	25.69	26.98
9	16.94	17.76	18.69	19.60	20.61	21.67	22.79	23.92	25.12	26.37	27.73
10	17.41	18.25	19.20	20.13	21.18	22.28	23.39	24.58	25.79	27.12	28.49
11	17.90	18.75	19.73	20.71	21.77	22.88	24.04	25.25	26.53	27.86	29.28
12	18.39	19.28	20.28	21.27	22.36	23.50	24.70	25.95	27.24	28.61	30.07
13	18.90	19.81	20.83	21.85	22.97	24.16	25.38	26.67	27.99	29.41	30.91
14	19.42	20.35	21.40	22.45	23.61	24.81	26.08	27.39	28.77	30.22	31.75
15	19.94	20.90	22.00	23.07	24.26	25.51	26.79	28.15	29.56	31.05	32.64
16	20.48	21.49	22.61	23.70	24.93	26.20	27.53	28.92	30.38	31.91	33.51
17	21.06	22.07	23.23	24.36	25.62	26.92	28.29	29.69	31.21	32.79	34.44
18	21.62	22.69	23.87	25.03	26.31	27.66	29.06	30.53	32.06	33.71	35.38
19	22.22	23.31	24.53	25.71	27.06	28.43	29.88	31.37	32.94	34.61	36.36
20	22.84	23.94	25.19	26.42	27.79	29.19	30.69	32.23	33.85	35.57	37.36

*AFSCME, Local 1693  
and the  
Anne Arundel County Board of Education*

**INCENTIVE PAY EXAMPLES CHART**

**Formulary = Perfect Attendance = \$250/half year  
Up to 4 days absence in one ½ year period = \$75/half year\***

**1<sup>st</sup> Half of Attendance Year**

**2<sup>nd</sup> Half of Attendance Year**

**Number of days of absent/bonus**

**Number of days absent/bonus**

4 days absent \$75 bonus	0 days remaining / absent "0" days \$250
3 days absent \$75 bonus	1 day remaining / absent "1" day \$75
0 days absent \$250 bonus	0 days absence \$250
3 days absent \$75 bonus	1 day remaining / absent "4" days \$0
3 days absent \$75 bonus	1 day remaining / absent "2" days \$0

*(\*If employee uses less than four (4) days, the remaining days may be utilized in the 2<sup>nd</sup> period of time not to exceed a combined total of four (4) days of total time.)*

*AFSCME, Local 1693  
and the  
Anne Arundel County Board of Education*

**INCENTIVE PAY EXAMPLES CHART**

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<b>1<sup>st</sup> Half of Attendance Year</b>	<b>2<sup>nd</sup> Half of Attendance Year</b>
<b>Number of days of absent/bonus</b>	<b>Number of days absent/bonus</b>
4 days absent \$75 bonus	0 days remaining / absent "0" days \$250
3 days absent \$75 bonus	1 day remaining / absent "1" day \$75
0 days absent \$250 bonus	0 days absence \$250
3 days absent \$75 bonus	1 day remaining / absent "4" days \$0
3 days absent \$75 bonus	1 day remaining / absent "2" days \$0

*(\*If employee uses less than four (4) days, the remaining days may be utilized in the 2<sup>nd</sup> period of time not to exceed a combined total of four (4) days of total time.)*





Benefit	BlueChoice (HMO) "Open Access" Plan	BlueChoice (HMO) Low Option "Open Access" Plan
Acupuncture Services	\$15 co-pay, 24 visits per calendar year	Not covered (except when approved or authorized by plan when used for anesthesia)
Chiropractic Services	\$15 co-pay, 20 visits per calendar year	Office Setting – Deductible, then \$40/visit; 20 visits per calendar year
Dental Services as a result of an accidental injury	No co-pay – Covered for accidental bodily injury or to correct congenital anomalies	100% Allowed Benefit after deductible
Diagnostic, Lab Services, X-ray	Covered in full for x-rays and lab services (Lab Corp only) Other diagnostic – \$15 co-pay (eg., MRIs)	Non-routine, office setting; \$40 co-pay/visit (Lab Corp only for lab services)
Durable Medical Equipment	100% Allowed Benefit	50% Allowed Benefit after deductible
Emergency Room Visits	Medical Emergency – \$85 co-pay, waived if admitted Urgent Care Centers – \$10 PCP co-pay/\$15 Specialist co-pay	\$300 co-pay after deductible (waived if admitted) Urgent Care Centers – \$100 co-pay after deductible
Family Planning/Fertility (subject to state mandate)	Infertility Counseling & Testing – \$10 co-pay Artificial Insemination – covered at 50% of the plan allowance; IVF – covered at 50% of the plan allowance (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)	50% Allowed Benefit after deductible; IVF – (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)
Hearing Exams/Hearing Aids	Hearing exam – \$10 co-pay. Aids – 100% Allowed Benefit for each ear; member may be balance billed up to total charge. Benefit once every 36 months.	Covered for minor children (up to age 18). 100% Allowed Benefit for each ear (co-pays and deductible do not apply); member may be balance billed up to total charge.
Hospitalization (Inpatient)/ Surgery	Covered in full	30% Allowed Benefit after deductible
Inpatient Nervous and Mental; Alcohol/Substance Abuse	Contact CareFirst Assist for pre-authorization at 1-800-245-7013.	Contact CareFirst Assist for pre-authorization at 1-800-245-7013. 30% Allowed Benefit after deductible
Outpatient Nervous and Mental; Alcohol/Substance Abuse	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. \$10 co-pay per visit.	Office Setting – \$30 co-pay after deductible
Maternity Care	No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	No co-pays required for pre- and postnatal services. Delivery and hospitalization – 30% Allowed Benefit after deductible
Outpatient Surgery	\$10 co-pay PCP; \$15 co-pay specialist	Office Setting – \$30 PCP co-pay/\$40 Specialist co-pay
Physical Therapy	\$15 co-pay; 30 visits/per condition/per calendar year	Office Setting – \$40 co-pay; limited to 30 days/condition/benefit period; combined with speech & occupational therapy
Prescription Drug (CVS CAREMARK)  (includes diabetic supplies)	<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand Units 1–4: 50% coinsurance up to a max of \$75 specialty* Units 5 & 6: \$75 specialty* <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand Units 1–4: 50% coinsurance up to a max of \$150 specialty* Units 5 & 6: \$150 specialty* *Specialty may require pre-authorization	<b>RETAIL:</b> \$500 deductible, then: \$15 generic/\$35 preferred brand/\$60 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$150 (30 days) <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$30 generic/\$70 preferred brand/\$120 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$300 (90 days) *Specialty may require pre-authorization
Routine Physicals	No co-pay	No co-pay
Vision Care	\$10 co-pay through Davis Vision Providers – Optometrists or Ophthalmologists. Limited to one examination per calendar year. Discounts on glasses and contact lenses from participating Davis Vision Providers. You may also use your CareFirst Select Vision plan.	\$10 co-pay through Davis Vision Providers. Routine eye exam (limited to 1 visit/per year). Discounts on glasses and contact lenses from participating Davis Vision Providers.
Well Child Care	No co-pay	No co-pay
<b>Additional Program Benefits</b>	Disease Management/Case Management • Discount program through Blue 365 • CareFirst Assist	
Primary Care Office Visit Co-pays/ Specialist Office Visit Co-pays	\$10 co-pay \$15 co-pay	\$30 co-pay after deductible \$40 co-pay after deductible
Calendar Year Deductible	N/A	Individual – \$4,500 individual; family – \$9,000
Co-insurance	100%	Plan pays 70%; employee pays 30%
Out-of-Pocket Maximum (Medical Only)	Individual – \$2,000; family – \$6,000	Individual – \$6,350; family – \$12,700
Out-of-Pocket Max. (Comb. Medical & Rx)	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Calendar Year Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited, except for fertility services	Unlimited, except for fertility services

Dependents must be added within 31 days of becoming eligible or wait until the next open enrollment period. • Dependents are covered until end of the

## BlueChoice Triple Option "Open Access" Plan

Level 1	Level 2	Level 3
\$10 co-pay, 24 visits per calendar year	\$15 co-pay	80% Allowed Benefit after deductible
\$10 co-pay (limited to 20 visits per year)	\$15 co-pay (unlimited visits)	80% Allowed Benefit after deductible (unlimited visits)
No co-pay covered for accidental bodily injury or to correct congenital anomalies	90% Allowed Benefit after deductible covered for accidental bodily injury or to correct congenital anomalies	80% Allowed Benefit after deductible
Lab no co-pay (Lab Corp only) Other diagnostic – \$10 co-pay	\$15 co-pay	80% Allowed Benefit after deductible
100% Allowed Benefit	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
\$85 co-pay (waived if admitted) Urgent Care Centers – \$10 co-pay	Considered under Level 1. If Benefits are not available under Level 1, benefits may be payable under the appropriate level.	
	Urgent Care Centers – \$15 co-pay	80% Allowed Benefit after deductible
Processed under Level 2	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
Hearing exam – \$10 co-pay. Aids – 100% Allowed Benefit for each ear; member may be balance billed up to total charge. Benefit once every 36 months.	Hearing exam – \$15 co-pay. 100% of Allowed Benefit every 36 months per aid per ear; member may be balance billed up to total charge.	Hearing exam – 80% of Allowed Benefit, after deductible. 100% of Allowed Benefit every 36 months per aid per ear; member may be balance billed up to total charge.
No co-pay	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
Contact CareFirst Assist for pre-authorization at 1-800-245-7013.		
No co-pay	100% Allowed Benefit, no deductible	80% Allowed Benefit after deductible
No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013.		
\$10 co-pay per visit	\$10 co-pay per visit	Deductible and co-insurance apply
No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	No co-pays required for prenatal services. Hospitalization covered at 90% of Allowed Benefit after deductible.	Prenatal services and hospitalization covered at 80% of Allowed Benefit after deductible.
\$10 co-pay	\$15 co-pay	80% Allowed Benefit after deductible
\$10 co-pay (limited to 30 visits/per condition/per year)	\$15 co-pay (limited to 100 visits per year combined between Levels 2 and 3)	80% Allowed Benefit after deductible (limited to 100 visits per year combined between Levels 2 and 3)
<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1–4:</i> 50% coinsurance up to a max of \$75 specialty (may require pre-authorization) <i>Units 5 &amp; 6:</i> \$75 specialty (may require pre-authorization) <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1–4:</i> 50% coinsurance up to a max of \$150 specialty (may require pre-authorization) <i>Units 5 &amp; 6:</i> \$150 specialty (may require pre-authorization)		
No co-pay	No co-pay	80% Allowed Benefit, no deductible
\$10 co-pay through Davis Vision Providers – Optometrists or Ophthalmologists. Limited to one examination per calendar year. Discounts on glasses and contact lenses from participating Davis Vision Providers. You may also use your CareFirst Select Vision plan.	Not Covered — refer to Level 1 benefits or the CareFirst Select Vision plan.	
No co-pay	No co-pay	80% Allowed Benefit, no deductible
Disease Management/Case Management • Discount program through Blue 365 • CareFirst Assist		
\$10 co-pay \$10 co-pay	\$15 co-pay \$15 co-pay	80% Allowed Benefit, after deductible
Individual/family – \$0	Individual – \$200; family – \$400	Individual – \$300; family – \$600
100%	90%	80%
Individual – \$2,000; family – \$6,000	Individual – \$2,000; family – \$6,000	Individual – \$2,000; family – \$6,000
Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Unlimited	Unlimited	Unlimited
Unlimited, except for fertility services	Unlimited, except for fertility services	Unlimited, except for fertility services

month in which they turn 26. • This chart is for comparison purposes only. Please consult each plan benefit summary (available on-line) for full details.

Benefit	CareFirst/BCBS Preferred Provider Network (PPN)	
	In-Network	Out-of-Network
Acupuncture Services	\$15 co-pay for preferred provider.	80% of Allowed Benefit, after deductible.
Chiropractic Services	\$15 co-pay in-network. Unlimited visits.	Benefit paid at 80% of Allowed Benefit after deductible
Dental Services as a result of an accidental injury	Restorative services for accidental injury to natural teeth–100% of Allowed Benefit	Restorative services for accidental injury to natural teeth–100% of Allowed Benefit
Diagnostic, Lab Services, X-ray	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Durable Medical Equipment	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Emergency Room Visits	\$25 co-pay or if admitted 100% of Allowed Benefit. Urgent Care Centers – \$15 co-pay	\$25 co-pay or if admitted 100% of Allowed Benefit. Urgent Care Centers – \$15 co-pay
Family Planning/Fertility (subject to state mandate)	Plan of treatment required Artificial Insemination – 100% of allowed mandate, some services may require co-pay; IVF – 100% of Allowed Benefit, some services may require co-pay (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)	Plan of treatment required Artificial Insemination – 80% of allowed benefit after deductible; IVF – 80% of Allowed Benefit after deductible (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)
Hearing Exams/Hearing Aids	Hearing exam office setting – \$15 co-pay. 100% of Allowed Benefit every 36 months per aid per ear.	Hearing exam – 80% of Allowed Benefit, after deductible. 100% of Allowed Benefit every 36 months per aid per ear.
Hospitalization (Inpatient)/ Surgery	100% up to 365 days	80% after deductible/365 days
Inpatient Nervous and Mental; Alcohol/Substance Abuse	Contact CareFirst Assist for pre-authorization at 1-800-245-7013.	
Outpatient Nervous and Mental; Alcohol/Substance Abuse	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. \$15 co-pay per visit	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. 80% of Allowed Benefit after deductible.
Maternity Care	No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	Prenatal services and hospitalization covered at 80% of Allowed Benefit after deductible.
Outpatient Surgery	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Physical Therapy	100 visits per year with \$15 co-pay per office visit	Deductible, then 80% of Allowed Benefit for 100 visits per calendar year
Prescription Drug (CVS CAREMARK) (includes diabetic supplies)	<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$75 specialty*   Units 5 &amp; 6: \$75 specialty*</i> <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$150 specialty*   Units 5 &amp; 6: \$150 specialty*</i> <i>*Specialty may require pre-authorization</i>	
Routine Physicals	No co-pay	80% of Allowed Benefit, after deductible
Vision Care	Not included in medical benefit. See CareFirst BCBS Summary Dental and Vision Plans.	Not included in medical benefit. See CareFirst BCBS Summary Dental and Vision Plans.
Well Child Care	No co-pay	80% of Allowed Benefit, after deductible
Additional Program Benefits	Disease Management/Case Management • Discount program through Blue 365 CareFirst Assist	
Primary Care Office Visit Co-pays/ Specialist Office Visits Co-pays	100% of Allowed Benefit after \$15 100% of Allowed Benefit after \$15	80/20 after deductible
Calendar Year Deductible	N/A	Individual – \$200; family – \$400
Co-insurance	100%	80/20
Out-of-Pocket Max. (Medical Only)	Individual – \$1,200; family – \$2,400	Individual – \$1,200; family – \$2,400
Out-of-Pocket Max. (Combined Medical & Rx)	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Calendar Year Benefit Max.	Unlimited	Unlimited
Lifetime Maximum	Unlimited, except for fertility services	Unlimited, except for fertility services



Benefit	BlueChoice (HMO) "Open Access" Plan	BlueChoice (HMO) Low Option "Open Access" Plan
Acupuncture Services	\$15 co-pay, 24 visits per calendar year	Not covered (except when approved or authorized by plan when used for anesthesia)
Chiropractic Services	\$15 co-pay, 20 visits per calendar year	Office Setting – Deductible, then \$40/visit; 20 visits per calendar year
Dental Services as a result of an accidental injury	No co-pay – Covered for accidental bodily injury or to correct congenital anomalies	100% Allowed Benefit after deductible
Diagnostic, Lab Services, X-ray	Covered in full for x-rays and lab services (Lab Corp only) Other diagnostic – \$15 co-pay (eg., MRIs)	Non-routine, office setting; \$40 co-pay/visit (Lab Corp only for lab services)
Durable Medical Equipment	100% Allowed Benefit	50% Allowed Benefit after deductible
Emergency Room Visits	Medical Emergency – \$85 co-pay, waived if admitted Urgent Care Centers – \$10 PCP co-pay/\$15 Specialist co-pay	\$300 co-pay after deductible (waived if admitted) Urgent Care Centers – \$100 co-pay after deductible
Family Planning/Fertility (subject to state mandate)	Infertility Counseling & Testing – \$10 co-pay Artificial Insemination – covered at 50% of the plan allowance; IVF – covered at 50% of the plan allowance (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)	50% Allowed Benefit after deductible; IVF – (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)
Hearing Exams/Hearing Aids	Hearing exam – \$10 co-pay. Aids – 100% Allowed Benefit for each ear; member may be balance billed up to total charge. Benefit once every 36 months.	Covered for minor children (up to age 18). 100% Allowed Benefit for each ear (co-pays and deductible do not apply); member may be balance billed up to total charge.
Hospitalization (Inpatient)/ Surgery	Covered in full	30% Allowed Benefit after deductible
Inpatient Nervous and Mental; Alcohol/Substance Abuse	Contact CareFirst Assist for pre-authorization at 1-800-245-7013.	Contact CareFirst Assist for pre-authorization at 1-800-245-7013. 30% Allowed Benefit after deductible
Outpatient Nervous and Mental; Alcohol/Substance Abuse	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. \$10 co-pay per visit.	Office Setting – \$30 co-pay after deductible
Maternity Care	No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	No co-pays required for pre- and postnatal services. Delivery and hospitalization – 30% Allowed Benefit after deductible
Outpatient Surgery	\$10 co-pay PCP; \$15 co-pay specialist	Office Setting – \$30 PCP co-pay/\$40 Specialist co-pay
Physical Therapy	\$15 co-pay; 30 visits/per condition/per calendar year	Office Setting – \$40 co-pay; limited to 30 days/condition/benefit period; combined with speech & occupational therapy
Prescription Drug (CVS CAREMARK)  (includes diabetic supplies)	<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand Units 1–4: 50% coinsurance up to a max of \$75 specialty* Units 5 & 6: \$75 specialty* <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand Units 1–4: 50% coinsurance up to a max of \$150 specialty* Units 5 & 6: \$150 specialty* * Specialty may require pre-authorization	<b>RETAIL:</b> \$500 deductible, then: \$15 generic/\$35 preferred brand/\$60 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$150 (30 days) <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$30 generic/\$70 preferred brand/\$120 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$300 (90 days) * Specialty may require pre-authorization
Routine Physicals	No co-pay	No co-pay
Vision Care	\$10 co-pay through Davis Vision Providers – Optometrists or Ophthalmologists. Limited to one examination per calendar year. Discounts on glasses and contact lenses from participating Davis Vision Providers. You may also use your CareFirst Select Vision plan.	\$10 co-pay through Davis Vision Providers. Routine eye exam (limited to 1 visit/per year). Discounts on glasses and contact lenses from participating Davis Vision Providers.
Well Child Care	No co-pay	No co-pay
Additional Program Benefits	Disease Management/Case Management • Discount program through Blue 365 • CareFirst Assist	
Primary Care Office Visit Co-pays/ Specialist Office Visit Co-pays	\$10 co-pay \$15 co-pay	\$30 co-pay after deductible \$40 co-pay after deductible
Calendar Year Deductible	N/A	Individual – \$4,500 individual; family – \$9,000
Co-insurance	100%	Plan pays 70%; employee pays 30%
Out-of-Pocket Maximum (Medical Only)	Individual – \$2,000; family – \$6,000	Individual – \$6,350; family – \$12,700
Out-of-Pocket Max. (Comb. Medical & Rx)	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Calendar Year Maximum	Unlimited	Unlimited
Lifetime Maximum	Unlimited, except for fertility services	Unlimited, except for fertility services

Dependents must be added within 31 days of becoming eligible or wait until the next open enrollment period. • Dependents are covered until end of the

## BlueChoice Triple Option "Open Access" Plan

Level 1	Level 2	Level 3
\$10 co-pay, 24 visits per calendar year	\$15 co-pay	80% Allowed Benefit after deductible
\$10 co-pay (limited to 20 visits per year)	\$15 co-pay (unlimited visits)	80% Allowed Benefit after deductible (unlimited visits)
No co-pay covered for accidental bodily injury or to correct congenital anomalies	90% Allowed Benefit after deductible covered for accidental bodily injury or to correct congenital anomalies	80% Allowed Benefit after deductible
Lab no co-pay (Lab Corp only) Other diagnostic – \$10 co-pay	\$15 co-pay	80% Allowed Benefit after deductible
100% Allowed Benefit	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
\$85 co-pay (waived if admitted) Urgent Care Centers – \$10 co-pay	Considered under Level 1. If Benefits are not available under Level 1, benefits may be payable under the appropriate level.	
	Urgent Care Centers – \$15 co-pay	80% Allowed Benefit after deductible
Processed under Level 2	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
Hearing exam – \$10 co-pay. Aids – 100% Allowed Benefit for each ear; member may be balance billed up to total charge. Benefit once every 36 months.	Hearing exam – \$15 co-pay. 100% of Allowed Benefit every 36 months per aid per ear; member may be balance billed up to total charge.	Hearing exam – 80% of Allowed Benefit, after deductible. 100% of Allowed Benefit every 36 months per aid per ear; member may be balance billed up to total charge.
No co-pay	90% Allowed Benefit after deductible	80% Allowed Benefit after deductible
Contact CareFirst Assist for pre-authorization at 1-800-245-7013.		
No co-pay	100% Allowed Benefit, no deductible	80% Allowed Benefit after deductible
No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013.		
\$10 co-pay per visit	\$10 co-pay per visit	Deductible and co-insurance apply
No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	No co-pays required for prenatal services. Hospitalization covered at 90% of Allowed Benefit after deductible.	Prenatal services and hospitalization covered at 80% of Allowed Benefit after deductible.
\$10 co-pay	\$15 co-pay	80% Allowed Benefit after deductible
\$10 co-pay (limited to 30 visits/per condition/per year)	\$15 co-pay (limited to 100 visits per year combined between Levels 2 and 3)	80% Allowed Benefit after deductible (limited to 100 visits per year combined between Levels 2 and 3)
<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1-4:</i> 50% coinsurance up to a max of \$75 specialty (may require pre-authorization) <i>Units 5 &amp; 6:</i> \$75 specialty (may require pre-authorization) <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1-4:</i> 50% coinsurance up to a max of \$150 specialty (may require pre-authorization) <i>Units 5 &amp; 6:</i> \$150 specialty (may require pre-authorization)		
No co-pay	No co-pay	80% Allowed Benefit, no deductible
\$10 co-pay through Davis Vision Providers – Optometrists or Ophthalmologists. Limited to one examination per calendar year. Discounts on glasses and contact lenses from participating Davis Vision Providers. You may also use your CareFirst Select Vision plan.	Not Covered — refer to Level 1 benefits or the CareFirst Select Vision plan.	
No co-pay	No co-pay	80% Allowed Benefit, no deductible
Disease Management/Case Management • Discount program through Blue 365 • CareFirst Assist		
\$10 co-pay \$10 co-pay	\$15 co-pay \$15 co-pay	80% Allowed Benefit, after deductible
Individual/family – \$0	Individual – \$200; family – \$400	Individual – \$300; family – \$600
100%	90%	80%
Individual – \$2,000; family – \$6,000	Individual – \$2,000; family – \$6,000	Individual – \$2,000; family – \$6,000
Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Unlimited	Unlimited	Unlimited
Unlimited, except for fertility services	Unlimited, except for fertility services	Unlimited, except for fertility services

month in which they turn 26. • This chart is for comparison purposes only. Please consult each plan benefit summary (available on-line) for full details.

Benefit	CareFirst/BCBS Preferred Provider Network (PPN)	
	In-Network	Out-of-Network
Acupuncture Services	\$15 co-pay for preferred provider.	80% of Allowed Benefit, after deductible.
Chiropractic Services	\$15 co-pay in-network. Unlimited visits.	Benefit paid at 80% of Allowed Benefit after deductible
Dental Services as a result of an accidental injury	Restorative services for accidental injury to natural teeth–100% of Allowed Benefit	Restorative services for accidental injury to natural teeth–100% of Allowed Benefit
Diagnostic, Lab Services, X-ray	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Durable Medical Equipment	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Emergency Room Visits	\$25 co-pay or if admitted 100% of Allowed Benefit. Urgent Care Centers – \$15 co-pay	\$25 co-pay or if admitted 100% of Allowed Benefit. Urgent Care Centers – \$15 co-pay
Family Planning/Fertility (subject to state mandate)	Plan of treatment required Artificial Insemination – 100% of allowed mandate, some services may require co-pay; IVF – 100% of Allowed Benefit, some services may require co-pay (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)	Plan of treatment required Artificial Insemination – 80% of allowed benefit after deductible; IVF – 80% of Allowed Benefit after deductible (limited to 3 attempts per live birth, lifetime maximum benefit \$100,000)
Hearing Exams/Hearing Aids	Hearing exam office setting – \$15 co-pay. 100% of Allowed Benefit every 36 months per aid per ear.	Hearing exam – 80% of Allowed Benefit, after deductible. 100% of Allowed Benefit every 36 months per aid per ear.
Hospitalization (Inpatient)/ Surgery	100% up to 365 days	80% after deductible/365 days
Inpatient Nervous and Mental; Alcohol/Substance Abuse	Contact CareFirst Assist for pre-authorization at 1-800-245-7013.	
Outpatient Nervous and Mental; Alcohol/Substance Abuse	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. \$15 co-pay per visit	No pre-authorization required. Contact CareFirst Assist for provider network information at 1-800-245-7013. 80% of Allowed Benefit after deductible.
Maternity Care	No co-pays required for prenatal services. Hospitalization covered at 100% of Allowed Benefit.	Prenatal services and hospitalization covered at 80% of Allowed Benefit after deductible.
Outpatient Surgery	100% of Allowed Benefit	80% of Allowed Benefit after deductible
Physical Therapy	100 visits per year with \$15 co-pay per office visit	Deductible, then 80% of Allowed Benefit for 100 visits per calendar year
Prescription Drug (CVS CAREMARK) (includes diabetic supplies)	<b>RETAIL:</b> \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$75 specialty*   Units 5 &amp; 6: \$75 specialty*</i> <b>MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE:</b> \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$150 specialty*   Units 5 &amp; 6: \$150 specialty*</i> <i>* Specialty may require pre-authorization</i>	
Routine Physicals	No co-pay	80% of Allowed Benefit, after deductible
Vision Care	Not included in medical benefit. See CareFirst BCBS Summary Dental and Vision Plans.	Not included in medical benefit. See CareFirst BCBS Summary Dental and Vision Plans.
Well Child Care	No co-pay	80% of Allowed Benefit, after deductible
Additional Program Benefits	Disease Management/Case Management • Discount program through Blue 365 CareFirst Assist	
Primary Care Office Visit Co-pays/ Specialist Office Visits Co-pays	100% of Allowed Benefit after \$15 100% of Allowed Benefit after \$15	80/20 after deductible
Calendar Year Deductible	N/A	Individual – \$200; family – \$400
Co-insurance	100%	80/20
Out-of-Pocket Max. (Medical Only)	Individual – \$1,200; family – \$2,400	Individual – \$1,200; family – \$2,400
Out-of-Pocket Max. (Combined Medical & Rx)	Individual – \$6,350; family – \$12,700	Individual – \$6,350; family – \$12,700
Calendar Year Benefit Max.	Unlimited	Unlimited
Lifetime Maximum	Unlimited, except for fertility services	Unlimited, except for fertility services



Appendix C

CareFirst.   
Family of health care plans



# Dental and Vision Options 2022

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*Active Employees and Retirees*



ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

# Dental Options

## Active Employees and Retirees

Benefits	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD/DC2260*
	Plan Pays	In-Network	Out-of-Network	In-Network Plan Pays
		Plan Pays	Plan Pays	
Oral Examination	100% of AB	100% of AB	80% of AB	\$5 copay
Routine Cleaning	100% of AB	100% of AB	80% of AB	100%
Sealants (limited to permanent molars—until end of year in which a member turns 19)	100% of AB	100% of AB	80% of AB	100%
Bitewing X-ray	100% of AB	100% of AB	80% of AB	100%
Palliative Treatment	100% of AB	100% of AB	80% of AB	95%
Other X-rays as required	100% of AB	100% of AB	80% of AB	100%
Space Maintainers	100% of AB	100% of AB	80% of AB	95%
Fillings	100% of AB	80% of AB	60% of AB**	100%
Simple Extractions	100% of AB	80% of AB	60% of AB**	75%-85%
Pulpotomy	100% of AB	80% of AB	60% of AB**	75%-80%
Direct Pulp Caps	100% of AB	80% of AB	60% of AB**	75%-80%
Root Canals	100% of AB	80% of AB	60% of AB**	75%-80%
Apicoectomy	80% of AB**	80% of AB	60% of AB**	75%-80%
Oral Surgical Services	80% of AB**	80% of AB	60% of AB**	75%-85%
Surgical Extractions	80% of AB**	80% of AB	60% of AB**	75%-85%
Oral Surgery	80% of AB**	80% of AB	60% of AB**	75%-85%
General Anesthesia	80% of AB**	80% of AB	60% of AB**	See note 1
Periodontics	50% of AB**	80% of AB	60% of AB**	50%-65%
Crown	80% of AB**	80% of AB	60% of AB**	60%-80%
Prosthetic Appliances (including implants)	50% of AB	80% of AB	60% of AB**	60%-80% Implants not covered
Orthodontics Children and Adults	50% of AB	50% of AB	35% of AB	See note 3
Annual Deductible	\$25 Ind./\$50 Family	None	\$50 Ind./\$150 Family	None
Annual Benefit Maximum	\$1,500		\$1,500	None/See note 2
Ortho Lifetime Maximum	\$1,500		\$1,500	See note 3

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC 2260\*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

\* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

\*\* After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of \$1,000 per family member per contract year for out-of-network services.

Note 3—After \$2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools. Some limitations may apply.

# Vision Options

Active Employees and Retirees

## Summary of Benefits: Select Vision/BlueVision Plus

	Select Vision (includes in- & out-of-network benefits) Plan Pays	BlueVision Plus You Pay
Network	Select Vision	Davis Vision*
Routine Eye Exam	100% of Allowed Benefit	No Copay
Frames	\$45.00	Plan pays up to \$45 or up to \$95 at Visionworks (plus 20% discount on balance with all Davis Vision Providers)
Single Vision Lenses	\$52.00	No Copay
Bifocal Lenses	\$82.00	No Copay for lined bifocals
Trifocal Lenses	\$101.00	No Copay for lined trifocals
Contact Lenses (Instead of Glasses—Cosmetic)	\$97.00	Plan pays up to \$97
Contact Lenses (Medically Indicated**)	\$352.00	Plan pays up to \$352
<b>ADDITIONAL LENS OPTIONS<sup>1</sup></b>		
Tinting of Plastic Lenses (Solid/Gradient)	N/A	\$15
Scratch-Resistant Coating Polycarbonate Lenses (Children***/Adults)	N/A	Covered \$0/\$35
Ultraviolet Coating	N/A	\$15
Blue Light Filtering	N/A	\$15
Anti-Reflective Coating (Standard/Premium/Ultra/ Ultimate)	N/A	\$40/\$55/\$69/\$85
Progressive Lenses (Standard/Premium/Ultra/ Ultimate)	N/A	\$65/\$105/\$140/\$175
High-Index Lenses (1.67/1.74)	N/A	\$60/\$120
Polarized Lenses	N/A	\$75
Plastic Photochromic Lenses	N/A	\$70
Scratch Protection Plan (Single Vision, Multifocal Lenses)	N/A	\$20   \$40
Blended Segment Lenses	N/A	\$20
Photochromic Lenses	N/A	\$20
Oversized Lenses	N/A	Covered

\* The Davis Vision Network has 94,000+ providers nationwide including Retailers (Walmart, Sam's Club, Costco, Vision Works, Target, JC Penney, My Eye Dr., Pearle Vision and America's Best), 1-800-CONTACTS and glasses.com.

\*\* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

\*\*\* Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>1</sup> These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

### BlueVision Plus Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

### Core Davis Vision

In addition to the CareFirst Vision plan, BlueChoice members also have the core BlueVision benefit through Davis Vision under the BlueChoice HMO Open Access and BlueChoice Triple Option Open Access medical plan. These benefits entitle members to an annual eye exam and discounts on glasses or contact lenses at participating Davis Vision providers. Members are responsible for a \$10 copay for the eye exam. To locate a participating Davis Vision provider, go to [carefirst.com/aacps](http://carefirst.com/aacps) and utilize the “Find a Doctor” feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

When seeing a Davis Vision provider, you may also use the discounted benefit in conjunction with your CareFirst Select Vision plan. The Davis Vision discount will be applied and you will pay the required Davis Vision copay and balance at the point of sale. Then you can submit the balance to CareFirst for any eligible reimbursement under the CareFirst Select Vision plan. A completed CareFirst vision claim form and itemized bill will be required for processing.

These benefits are issued under policies: 13.800 (6/98) • 13.801 (R. 10/99) • 13.802 (R. 10/99) • 13.803 (R. 10/99) • 13.804 (R. 10/99) • 13.805 (R. 10/99) • 13.806 (R. 10/99) • 13.810 (R. 10/99) • 13.812 (R. 10/99) • BCBSMD-APPEAL (1/99) • Preferred Dental Amendment (10/00)

### Summary of Benefits

(12-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation	\$10
<b>FRAMES<sup>1</sup></b>	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
<b>SPECTACLE LENSES<sup>2</sup></b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Standard Progressive Lenses	\$75
<b>CONTACT LENSES<sup>1</sup></b>	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Program	Up to 40% off retail prices
<b>LASER VISION CORRECTION<sup>1</sup></b>	Up to 25% off allowed amount or 95% off any advertised special <sup>2</sup>

<sup>1</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product.

<sup>2</sup> Please note that some providers have flat fees that are equivalent to these discounts.

Please note: Not all services are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address            [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst BlueChoice, Inc., The Dental Network and First Care, Inc. are independent licensees of the Blue Cross and Blue Shield Association. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtélíléko: Àkiyèsí yìí ní iwífún nípa isẹ̀ adójútòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófècẹ̀. Àwọn omo-egbé gbòdò pe nòmbà fòdùn tò wà lèyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tíítí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*

## Notice of Nondiscrimination and Availability of Language Assistance Services

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Dùù Cáo! Bǎ̀ nǎ̀ kè bá nyo bě ké m̄ gbo kpá b́ó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě b́é m̄ kè dɛ wa ḿ m̄ kè nyuɛɛ nyu hwè b́é wé b́éa kè zi. ɔ̀ m̀ò nì kpé b́é m̄ kè bǎ̀ nǎ̀ kè gbo-kpá-kpá m̄ ḿɛɛ dyé dé nì bídí-wùdù mú b́é m̄ kè se wídí d̀ò péé. Kpoòd nyo b́é m̄ d́á fúùn-nòbà nǎ̀ dé waà I.D. káàò dɛín nyɛ. Nyo t̀òò séín m̄ d́á nòbà nǎ̀ kè: 855-258-6518, kè m̄ m̄ fò tee b́é wa kée m̄ gbo c̄é b́é m̄ kè nòbà m̀à 0 k̄ɛ dyi pàd̀àin hwè. ɔ̀ jù kè nyo d̀ò dyi m̄ gǎ̀ jǎ̀n, po wuɖu m̄ ḿ p̄ɛ dyiɛ, kè nyo d̀ò mu b́ó niìn b́é ɔ̀ kè nì wuɖuò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

## Notice of Nondiscrimination and Availability of Language Assistance Services

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i chorọ, a ga-ejikọ gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éedahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo iyisíí yoolkáálígíí dóó t'áadoo le'é ádadoolyíllígíí da yókeedgo t'áa doo bee e'e'aahí ájiil'íh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot' t'áa nínizaad bee t'áa jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóo náánáta' éi kóji' dahódoonih 855-258-6518 dóó yii diilts'íł yaltí'ígíí t'áa níléijí áádóo éi bikéé'dóo naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.



*Health benefits administered by:*



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# Dental and Vision Options 2023

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*Active Employees and Retirees*



ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

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# Dental Options

## Active Employees and Retirees

Benefits	CareFirst Traditional	CareFirst PPO		Concordia Plus DHMO MD/ DC2260*
	Plan Pays	In-Network	Out-of-Network	In-Network Plan Pays
		Plan Pays	Plan Pays	
Oral Examination	100% of AB	100% of AB	80% of AB	\$5 copay
Routine Cleaning	100% of AB	100% of AB	80% of AB	100%
Sealants (limited to permanent molars—until end of year in which a member turns 19)	100% of AB	100% of AB	80% of AB	100%
Bitewing X-ray	100% of AB	100% of AB	80% of AB	100%
Palliative Treatment	100% of AB	100% of AB	80% of AB	95%
Other X-rays as required	100% of AB	100% of AB	80% of AB	100%
Space Maintainers	100% of AB	100% of AB	80% of AB	95%
Fillings	100% of AB	80% of AB	60% of AB**	100%
Simple Extractions	100% of AB	80% of AB	60% of AB**	75%-85%
Pulpotomy	100% of AB	80% of AB	60% of AB**	75%-80%
Direct Pulp Caps	100% of AB	80% of AB	60% of AB**	75%-80%
Root Canals	100% of AB	80% of AB	60% of AB**	75%-80%
Apicoectomy	80% of AB**	80% of AB	60% of AB**	75%-80%
Oral Surgical Services	80% of AB**	80% of AB	60% of AB**	75%-85%
Surgical Extractions	80% of AB**	80% of AB	60% of AB**	75%-85%
Oral Surgery	80% of AB**	80% of AB	60% of AB**	75%-85%
General Anesthesia	80% of AB**	80% of AB	60% of AB**	See note 1
Periodontics	50% of AB**	80% of AB	60% of AB**	50%-65%
Crown	80% of AB**	80% of AB	60% of AB**	60%-80%
Prosthetic Appliances (including implants)	50% of AB	80% of AB	60% of AB**	60%-80% Implants not covered
Orthodontics Children and Adults	50% of AB	50% of AB	35% of AB	See note 3
Annual Deductible	\$25 Ind./\$50 Family	None	\$50 Ind./\$150 Family	None
Annual Benefit Maximum	\$1,500		\$1,500	None/See note 2
Ortho Lifetime Maximum	\$1,500		\$1,500	See note 3

(AB Allowed Benefit)

Under the Concordia Plus DHMO (MD/DC 2260\*) Plan, out-of-network services are reimbursed up to a maximum amount, based on the fee schedule provided by United Concordia.

\* The above DHMO Plan percentages are approximate and used for comparison purposes only. Please refer to the United Concordia (UCCI) Schedule of Benefits for actual copayment amounts. All coverage is subject to the Plan's exclusions and limitations.

\*\* After Deductible

Note 1—General Anesthesia is considered integral to other procedures under this plan and is not covered separately.

Note 2—No annual maximum for in-network services. United Concordia will reimburse up to a maximum of \$1,000 per family member per contract year for out-of-network services.

Note 3—After \$2,900 member copayment satisfied, benefits applicable to in-network services; provider should submit pre-treatment estimate. United Concordia will not reimburse covered members for any orthodontic services performed out-of-network.

This is to be used as a guide. Actual benefits will be governed by the terms and conditions of the contract between CareFirst BlueCross BlueShield and Anne Arundel County Public Schools. Some limitations may apply.

# Vision Options

Active Employees and Retirees

## Summary of Benefits: Select Vision/BlueVision Plus

	Select Vision (includes in- & out-of-network benefits) Plan Pays	BlueVision Plus You Pay
Network	Select Vision	Davis Vision*
Routine Eye Exam	100% of Allowed Benefit	No Copay
Frames	\$45.00	Plan pays up to \$45 or up to \$95 at Visionworks (plus 20% discount on balance with all Davis Vision Providers)
Single Vision Lenses	\$52.00	No Copay
Bifocal Lenses	\$82.00	No Copay for lined bifocals
Trifocal Lenses	\$101.00	No Copay for lined trifocals
Contact Lenses (Instead of Glasses—Cosmetic)	\$97.00	Plan pays up to \$97
Contact Lenses (Medically Indicated**)	\$352.00	Plan pays up to \$352
<b>ADDITIONAL LENS OPTIONS<sup>1</sup></b>		
Tinting of Plastic Lenses (Solid/Gradient)	N/A	\$15
Scratch-Resistant Coating (Children***/Adults)	N/A	Covered \$0/\$35
Polycarbonate Lenses (Children***/Adults)	N/A	Covered \$0/\$35
Ultraviolet Coating	N/A	\$15
Blue Light Filtering	N/A	\$15
Anti-Reflective Coating (Standard/Premium/Ultra/ Ultimate)	N/A	\$40/\$55/\$69/\$85
Progressive Lenses (Standard/Premium/Ultra/ Ultimate)	N/A	\$65/\$105/\$140/\$175
High-Index Lenses (1.67/1.74)	N/A	\$60/\$120
Polarized Lenses	N/A	\$75
Plastic Photochromic Lenses	N/A	\$70
Scratch Protection Plan (Single Vision, Multifocal Lenses)	N/A	\$20   \$40
Blended Segment Lenses	N/A	\$20
Photochromic Lenses	N/A	\$20
Oversized Lenses	N/A	Covered

\* The Davis Vision Network has 120,000+ providers nationwide including Retailers (Walmart, Sam's Club, Costco, Vision Works, Target, JC Penney, My Eye Dr., Pearle Vision and America's Best), 1-800-CONTACTS, glasses.com and Warby Parker.

\*\* Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.

\*\*\* Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

<sup>1</sup> These services or supplies are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

### BlueVision Plus Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

### Core Davis Vision

In addition to the CareFirst Vision plan, BlueChoice members also have the core BlueVision benefit through Davis Vision under the BlueChoice HMO Open Access and BlueChoice Triple Option Open Access medical plan. These benefits entitle members to an annual eye exam and discounts on glasses or contact lenses at participating Davis Vision providers. Members are responsible for a \$10 copay for the eye exam. To locate a participating Davis Vision provider, go to [carefirst.com/aacps](http://carefirst.com/aacps) and utilize the “Find a Doctor” feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

When seeing a Davis Vision provider, you may also use the discounted benefit in conjunction with your CareFirst Select Vision plan. The Davis Vision discount will be applied and you will pay the required Davis Vision copay and balance at the point of sale. Then you can submit the balance to CareFirst for any eligible reimbursement under the CareFirst Select Vision plan. A completed CareFirst vision claim form and itemized bill will be required for processing.

These benefits are issued under policies: 13.800 (6/98) • 13.801 (R. 10/99) • 13.802 (R. 10/99) • 13.803 (R. 10/99) • 13.804 (R. 10/99) • 13.805 (R. 10/99) • 13.806 (R. 10/99) • 13.810 (R. 10/99) • 13.812 (R. 10/99) • BCBSMD-APPEAL (1/99) • Preferred Dental Amendment (10/00)

### Summary of Benefits

(12-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b>	
Routine Eye Examination with dilation	\$10
<b>FRAMES<sup>1</sup></b>	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
<b>SPECTACLE LENSES<sup>2</sup></b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Standard Progressive Lenses	\$75
<b>CONTACT LENSES<sup>1</sup></b>	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Program	Up to 40% off retail prices
<b>LASER VISION CORRECTION<sup>1</sup></b>	Up to 25% off allowed amount or 95% off any advertised special <sup>2</sup>

<sup>1</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product.

<sup>2</sup> Please note that some providers have flat fees that are equivalent to these discounts.

Please note: Not all services are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan. All benefits are subject to the provisions stipulated in the CareFirst BlueCross BlueShield Vision contract. CareFirst BlueCross BlueShield does not warrant the quality of vision services or materials.

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address            P.O. Box 8894  
                                      Baltimore, Maryland 21224

Email Address             [civilrightscoordinator@carefirst.com](mailto:civilrightscoordinator@carefirst.com)

Telephone Number        410-528-7820

Fax Number                410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መደን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።*

*Èdè Yorùbá (Yoruba) Ìtẹ̀tílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójú tòfò rẹ̀. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ̀ ní àwọn ojú gbèdèké kan. O ni ètò láti gba iwífún yí àti irànlówó ní èdè rẹ̀ lófèḗ. Àwọn omo-egbé gbòdò pe nóm̀bà fòdùn tò wà léyìn káàdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọjú kan bá dáhùn, sọ èdè tí o fẹ̀ a ó sì so ọ̀ pò mò ògbufò kan.*

*Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.*

*Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.*

*Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.*

*Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.*



## Notice of Nondiscrimination and Availability of Language Assistance Services

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bàsɔ̀-wùdù (Bassa) Tò Ìdùù Cáo! Bǎ̀ nǎ̀ kè bá nyo bě kè m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě bē m̄ kè dɛ wa m̄ m̄ kè nyuɛɛ nyu hwè bē wé bēá kè zi. ɔ̀ m̄ nì kpé bē m̄ kè bǎ̀ nǎ̀ kè kè gbo-kpá-kpá m̄ m̄ dyé dé nì bídí-wùdù mú bē m̄ kè se wídí dò péé. Kpoòd nyo bē m̄ dá fúùn-nòbà nǎ̀ dé waa I.D. káàò dɛín nyɛ. Nyo tòò séín m̄ dá nòbà nǎ̀ kè: 855-258-6518, kè m̄ m̄ fò tee bē wa kée m̄ gbo cè bē m̄ kè nòbà m̄ à 0 kè dyi pàdàin hwè. ɔ̀ jù kè nyo dò dyi m̄ gǎ̀ jǎ̀n, po wuɖu m̄ m̄ pòe dyie, kè nyo dò mu bó niin bē ɔ̀ kè nì wuɖu mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو (Urdu) توجہ: یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518 پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

فارسی (Farsi) توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518 تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

اللغة العربية (Arabic) تنبيه: يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة. يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة. ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم. يمكن للأخريين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم 0. عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

## Notice of Nondiscrimination and Availability of Language Assistance Services

*Igbo (Igbo)* Nrubama: Okwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. O nwere ike inwe ubochi ndi di mkpa, i nwere ike ime ihe tupu ufodu ubochi njedebe. I nwere ikike inweta ozi na enyemaka a n'asusu gi na akwughị ugwo o bula. Ndi otu kwesiri ikpo akara ekwentị di n'azu nke kaadi njirimara ha. Ndi ozọ niile nwere ike ikpo 855-258-6518 wee chere ububo ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnochite anya zara, kwuo asusu i choro, a ga-ejikọ gi na onye okowa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

*Diné Bizaad (Navajo)* Ge': Díí bee íł hane'ígíí bii' dahólq bee éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq doo íiyisíí yoolkáálígíí dóó t'áádoó le'é ádadoolyííllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowot' t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éi koji' dahódoonih 855-258-6518 dóó yii diilts'ííł yatl'ígíí t'áá níléijí áádóó éi bikéé'dóó naasbaas bił adidiilchił. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.

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**PRE-DISCIPLINE CONFERENCE PROCEDURES**

Due process considerations require that pre-discipline conferences occur before disciplinary action is taken against an employee. At a minimum, an employee should be provided with the following:

1. A notice of time and place of meeting.
  - a. One postponement may occur at the discretion of management. The postponement should not exceed one (1) week from the date of the originally scheduled meeting. Extraordinary circumstances should be documented if an exception to this timeline is made.
2. A notice of the allegations in sufficient detail to enable the employee to present evidence relating to them.
3. A meeting where the employee may present evidence in his or her own defense; and
4. The right to have an attorney present or a representative from the appropriate collective bargaining unit.
  - a. If the pre-discipline conference is held at Central Office, the employee may bring a silent observer for support in addition to his/her representative. The observer's attendance at the meeting is at the discretion of the management representative holding the pre-discipline conference.
  - b. If the pre-discipline conference is held at the employee's school or work location, the employee may only bring his/her representative.







ANNE ARUNDEL  
COUNTY PUBLIC SCHOOLS

Anne Arundel County Public Schools  
Office of Employee Relations  
Annapolis, Maryland

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