

Negotiated Agreement

between the

Association of Educational Leaders

and the

**Board of Education of
Anne Arundel County**



AEL

July 1, 2021 through June 30, 2024

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PREAMBLE

The Board of Education recognizes the Bill of Respect adopted by AEL as follows:

The Bill of Respect

The Association of Educational Leaders holds these tenets to be true and self-evident. We believe that:

1. Our Negotiated Agreement is critical to the professional stature of our membership.
2. We should be adequately and equitably compensated for the duties and responsibilities to which we are assigned in accordance with the salary guidelines and work schedules.
3. The membership shall have optimal options for fringe benefits.
4. The personal and professional leave time shall be respected according to individual needs.
5. Professional improvement is essential for continued excellence in leadership performance.
6. Fair, consistent, and equitable practices should be adhered to when dealing with promotions, assignments, and discipline.
7. There should be mutual support when resolving school and community conflicts.

The Bill of Respect shall not be subject to grievance.

ARTICLE 1
GENERAL PROVISIONS OF THE AGREEMENT

A. Parties to the Agreement

This Agreement is made and entered into by and between the Board of Education of Anne Arundel County and the Association of Educational Leaders.

B. Definition of "Items"

The portions of this Agreement designated by capital letters shall be referred to as "items."

C. Definition of "Board" and "AEL"

The Board of Education of Anne Arundel County is hereinafter referred to as the "Board" and the Association of Educational Leaders is hereinafter referred to as "AEL."

D. Definition of "Unit II Employee"

As used in the Unit II Negotiated Agreement, the term "Unit II Employee" refers to any professional employee of the Board included in the Unit for which AEL is designated the representative.

The composition of Unit II shall be determined by the following criteria:

Certificated professional employee shall be represented in negotiations by Unit II if they spend less than 50% of their time in required working hours in any of the following:

- instructing pupils
- preparing, processing and distributing learning materials for pupils
- planning activities for pupils
- guiding and counseling pupils
- supervising the discipline of the student population or providing other assigned administrative tasks
- diagnosing and helping to solve adjustment and learning problems of pupils provided they also:
 - have the responsibility for a segment or area of overall operation of the school system or its programs or
 - have the responsibility to plan, organize, direct, coordinate or control the work of other certificated professional employees, and their relationships to other certificated professional employees is characterized by one or more of the following:
 - have responsibility for the development of instructional programs to be implemented by them
 - have the responsibility to direct or supervise their work and to evaluate their performance
 - have the authority to hire, transfer, suspend, promote, discharge, assign, or discipline them, or effectively recommend such action.

As new positions are created involving certificated personnel who meet the above criteria these professional employees will be included in Unit II.

Existing positions as specified by the job groups in Article 4 or added thereto by agreement of both parties shall be maintained as Unit II employees during the length of this Agreement. The following exceptions shall be made: The Superintendent, Executive Staff, Assistant Superintendents, Directors, and other positions assigned to the Executive Salary scales, shall be excluded from representation in negotiations and are not subject to this agreement.

E. Authority of the Board

AEL recognizes that the Board is the legally responsible agency charged with the successful operation of the Anne Arundel County Public Schools (AACPS). 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, subject only to its Negotiated Agreements and state and federal laws.

The Board recognizes that Unit II employees are responsible to the Board for the administration of school policy, the operation and management of schools, and the direction of subordinate employees subject to its Negotiated Agreements, state and federal laws.

Nothing in this Agreement shall be construed as an abrogation of the legal responsibilities, powers and duties of the Board.

F. Recognition of AEL

The Board recognizes AEL as the exclusive representative to serve as the negotiating agent for Unit II employees for salaries, hours and working conditions in accordance with the provisions of Maryland Law, Education Article 6-404.

G. Non-Discrimination by AEL

AEL agrees to continue its policy of admitting eligible Unit II employees to membership without discrimination and to represent all such persons without regard to membership.

H. Effect of Agreement on Other Policies

This Agreement shall affect existing and future policy of the Board only to the extent that the provisions hereof are inconsistent with such policy in which case the provisions hereof shall take precedence to the extent of such inconsistency.

I. Effective Dates of Items and Agreement: Renegotiations

Each item of this Agreement shall be valid and binding upon ratification of the Agreement by AEL and the Board. Unless another effective date is indicated, each item shall become effective on July 1, 2021. The terms and conditions of this Agreement shall remain in effect through June 30, 2024.

If categories which contain requests for funds to support the items of this Agreement are reduced by the County Council, and the Board feels that it cannot implement the provisions of one or more of the items as negotiated, further negotiations between the Board and AEL on such items shall be instituted within five (5) duty days after enactment of the budget by the Council. Agreements reached shall be submitted promptly to the parties for ratification, after which the Board shall take final action on the allocation of funds.

Renegotiations

If a fiscal item is not funded, preference of renegotiations shall be: salary scale adjustment, COLA, and then performance pay reserve.

Reopeners

In FY2023, FY2024, and FY2025, each party shall be entitled to one (1) economic reopener (compensation / healthcare) and two (2) wild cards per year. Either party may waive its reopener.

J. Severability

The Board and AEL agree that if any of the provisions of this Agreement or the application thereof to any person or circumstance shall be held legally invalid such invalidity shall not affect the other provisions or any other application of this Agreement which can be given effect without the invalid provision or application, and to that end all provisions of the Agreement are hereby agreed and declared to be severable.

K. Printing and Distributing Agreement

The Board agrees to print and make available this Agreement to all current Unit II employees promptly after its ratification and to newly employed Unit II employees as soon as practicable after their appointment.

L. Temporary Suspension of Agreement During Emergency

In circumstances resulting from civil disorder, national emergency, fire, flood, or other natural catastrophe beyond the control of the Board, AEL and the Board agree that any provisions of this Agreement which restrict the Board from taking emergency action for the safety and welfare of all citizens may be suspended for the duration of the emergency.

ARTICLE 2
AEL RIGHTS, PRIVILEGES, AND RESPONSIBILITIES

A. Payroll Deduction

The Board agrees to make payroll deductions for AEL members who submits the appropriate AACPS form.

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

B. Leave for President

The president of AEL shall, upon request, be granted a leave of absence without pay but with experience credit for service to AEL for the tenure of the presidency. This leave shall begin on July 1 and continue until June 30 for each president whose term of office shall have begun the preceding May. AEL shall reimburse the Board for the total cost of continuing benefits to the President during this leave.

C. Exchange of Communications

The Board shall provide AEL designee with copies of all communications concerning salaries, wages, hours and other working conditions of Unit II employees which are given general distribution. Similarly, decisions made by the Board affecting groups of Unit II employees shall be provided to AEL. AEL shall provide the Board with copies of each flyer, newsletter, or other communication which is given general distribution to its employees. Distribution to the Board and AEL shall be made concurrently with other distribution.

When an AEL-Board joint study committee mutually engages a consultant, a copy of the consultant's report and credentials shall be provided by the Board for each employee of the committee. Copies shall also be provided for AEL.

D. Use of Mailboxes

AEL shall be granted the privilege of placing in the mailboxes of Unit II employees at their worksites its official publications and other materials bearing the signature of the Executive Director, Administrator or President of AEL.

E. Payroll Deduction - Insurance Programs

The Board shall provide payroll deduction of premiums for Unit II employees for their share of any partially funded insurance programs mutually agreed upon in Article 5 of this Agreement.

F. Board Data

The Board shall provide AEL with reasonable data necessary for the formulation of its negotiations proposals, except that no confidential information shall be released.

G. Use of School Facilities

Use of school facilities, school buildings, equipment, and other facilities shall be available to AEL in accordance with Board policy. Officers of AEL and Unit II employees shall not use school materials or duty time in the transaction of AEL business.

H. Roster of Unit II Employees

By September 15, the Board shall provide AEL with the names and duty stations of all Unit II employees.

I. Agenda and Minutes of Board Meetings

The agenda and Board minutes of all public meetings shall be posted on the Board's website with full access to AEL.

J. Recognition During Board Meetings

A representative for AEL, who may be the president or the president's designee, may attend any board meeting to offer comments on items on the agenda which affect salaries, hours, and/or working conditions for Unit II employees.

AEL may present a proposal to the Board by requesting that the Superintendent include their presentation on the agenda for a Board meeting.

K. AEL's Obligation Regarding Performance of Duties

AEL recognizes the obligation of Unit II employees to perform all duties required by the rules and regulations of the State and the Board.

L. Non-Restraint of Employees' Rights

AEL and the Board agree not to interfere with, restrain, or coerce Unit II employees in their individual exercise of any right granted them by this Agreement.

M. Calendar Committee

Representatives shall be named by AEL to serve on the Board's annual school calendar committee. The representatives shall participate in the deliberations of the committee, present the position of AEL on calendar items, and assist in drafting the proposed calendar to be presented to the Board.

N. Advice of Unit II Employees on Facilities Planning

In the design of new structures and the renovation of old, the advice of appropriate Unit II employees shall be sought and acted upon.

O. Direct Deposit

The Board shall make payroll deduction of membership dues from those Unit II members who have completed a membership contract. The Board shall transmit all such dues to AEL.

ARTICLE 3
PROFESSIONAL RIGHTS, PRIVILEGES, AND RESPONSIBILITIES

A. AEL Membership

No Unit II employee shall be constrained from joining or coerced to join AEL by either the Board or AEL or any of their representatives.

B. Non-Discrimination

The provisions of this Agreement shall not be applied in a manner arbitrary, capricious, or discriminatory in regard to race, creed, religion, color, national origin, age, sex, marital status, sexual orientation, disability or membership or non-membership in AEL.

C. Controversial Issues

Unit II employees shall have the freedom in classroom presentations and discussions to introduce fairly all sides of reasonably controversial issues which are relevant to the basic content of the course. The basic content of a course and provision for its implementation and supervision shall be the responsibility of the Board.

D. Personnel File

All items entered in the personnel files of Unit II employees after March 5, 1969, except confidential references pertaining to original employment or promotion, shall be open to employees by appointment and available to no one else without the employee's written permission except their superiors and those responsible for keeping the files. No unfavorable entry shall be made in Unit II employees' files without their knowledge and Unit II employees shall have the right to attach a rebuttal to said entry. They shall affix their signatures to each entry to indicate only that they are aware of the entry.

If Unit II employees refuse to sign an entry for their file, the writer shall have a witness sign the statement that the employee was shown the item but refused to sign. If Unit II employees are unavailable to sign an entry, a copy shall be sent to the Unit II employee by certified mail and the mail receipt shall be attached to the item in the personnel file of the Unit II employee.

If a Unit II position is abolished an explanation shall be placed in the personnel file of any Unit II employees affected. If an agency requests references concerning a Unit II employee, this explanation shall be included.

E. Removal of Counseling Letters

Unit II employees may submit a written request to the Superintendent's designee requesting the removal of a counseling letter from the Official Personnel File provided that no similar infractions have occurred and/or subsequently resulted in additional counseling letters and/or disciplinary action within the past three (3) consecutive years from the date the counseling letter issued.

F. AEL Representation on Study Committees

Any committee established to study and/or recommend changes in salary, hours and working conditions of Unit II employees shall have at least one (1) Unit II employee appointed by the executive director, administrator or the president of AEL.

G. Citizenship Rights

1. Political Rights

The Board and AEL recognize the right of Unit II employees to participate in political governmental affairs in a manner afforded any other citizen, including the right of vote; the right to be an active employee of a political party of their choice; the right to campaign for candidates for election to public office; and the right to seek, campaign for, and serve in public office.

2. Prohibited Political Activities

Political activities of any Unit II employee seeking or holding office or campaigning for a candidate shall be conducted outside the duty premises and outside the working hours.

The following activities upon property under the jurisdiction of the Board are specifically prohibited:

- a. Posting of political circulars or petitions on bulletin boards.
- b. The distribution to employees, whether by placing in their school mailboxes or otherwise, of political circulars or petitions, United States mail being excepted.
- c. The collection of and/or solicitation for campaign funds.
- d. Solicitation for campaign workers.
- e. The use of pupils for writing or addressing political materials, or the distribution of such material to pupils.

Unit II employees shall refrain from using the privilege of their professional position or title for political purposes. Neither shall they exploit pupils in any way for political purposes for themselves or for any party or candidate.

3. Protection Against Jeopardy of Position

The position of a Unit II employee will at no time be in jeopardy due to the employee's political activities as long as the terms of this Agreement are adhered to.

4. Political Leave

Unit II employees shall be granted leave of absence without pay for the purpose of running for or serving in a public office if such participation interferes with the employee's assigned duties.

5. Use of School Facilities Denied

Unit II employees engaged in political activities such as seeking or holding public office shall not use the school's administrative help, duplication, website, email, mailing service, or telephones for this purpose.

Unit II employees who are seeking or holding public office shall refrain from seeking advice, counsel, and assistance from other employees during working hours.

6. Privileges Not Denied

Nothing in this Agreement shall prevent:

- a. The dissemination of information concerning tax and/or school bonds.
- b. The use of "bumper stickers" or other expressions of individual preferences upon automobiles which the Unit II employees normally park on school grounds.

H. Right to Other Gainful Employment

It shall be the right of Unit II employees to engage in other gainful employment as long as it does not interfere with the performance of the duties of their position.

I. Retirement Information

Upon request to the personnel department, Unit II employees eligible to retire shall be provided with literature

explaining the various options available to them upon retirement. A conference will be held for the Unit II employee who wishes it.

J. Personal Property Damages

Subject to a recommendation of the immediate superior and approval by the Superintendent's Council, the Board shall pay an amount not to exceed \$500.00 for damage to a Unit II employee's personal property which may be incurred by the employee as a result of a personal assault or student-initiated altercation while on duty. Payment by the Board shall not be construed as an admission of responsibility or liability by the Board, its agents, servants or employees.

K. Participation in Curriculum Development

Committees appointed to develop or revise curriculum guides and courses of study shall include Unit II employees.

L. Requests for Identical Data

Unit II employees who are requested by staff officials to provide data which are identical to data that has previously been reported to the central office, may refer the staff employees to the source of data previously reported to ascertain whether the previous report will satisfy the current request.

ARTICLE 4
SALARIES

A. Salary Plan

1. Salary Job Groups

Job Group I

Job Group II

Administrative Trainee

Job Group III

Assistant Principal Level I

Job Group IV

Assistant Principal Level II – up to 750 students

Assistant Program Manager – Infant and Toddler Program Volunteer Services Administrator

Job Group V

Assistant Principal II - 751-1,500 students

Job Group VI

Assistant Principal II - over 1,500 students

Special Assistant for Student Discipline

Job Group VII

Personnel Specialist

Principal - up to 350 students

Program Coordinator

Coordinator of Title I

Coordinator of Outdoor Education

Coordinator – Career and Continuing Education

Job Group VIII

Coordinator of Special Education: Pre-School, Elementary, Speech and Language

Coordinator of Psychological Services

Coordinator of Pupil Personnel Services

Coordinator of Special Education: Secondary, Intensity V, Vision and Hearing

Principal - 351-750 students
Special Education Legal Issues Officer

Job Group IX
Principal - 751-1,500 students

Job Group X
Principal - over 1,500 students

The Board and AEL recognize that the Board maintains exclusive authority in the area of job classification and that exclusive action on job classification is within the sole province of the Board.

2. Salary Scale

The current salary scale as set forth herein shall remain in effect, however effective July 1, 2021, Unit II employees shall receive the following:

- One (1) full step increase to all eligible Unit II employees.
- A 1% COLA will be granted to all Unit II employees.
- One (1) Back Step/Catchup Step will be provided to eligible Unit II employees who did not receive a step in the 2011-2012 academic year as called for in their applicable Negotiated Agreement based on the following criteria:
 1. Back Step/"Catchup Step" is defined as an employee who was an employee as of June 30, 2011 and missed a step in FY2012 due to negotiated step freezes.
 2. The employee is still with the District and has not changed units or has changed units without an appropriate placement on the salary scale per a bargaining unit agreement.
 3. Employees who have reached the top of the salary scale for their unit are not eligible for the "Back Step/"Catchup Step."
 4. Employees who left employment during this time and came back at a later date are not eligible for this "Back Step/"Catchup Step."
- One (1) Back Step/Catchup Step will be provided to eligible Unit II employees who did not receive a step in the 2012-2013 academic year as called for in their applicable Negotiated Agreement based on the following criteria:
 1. Back Step/"Catchup Step" is defined as an employee who was an employee as of June 30, 2012 and missed a step in FY2013 due to negotiated step freezes.
 2. The employee is still with the District and has not changed units or has changed units without an appropriate placement on the salary scale per a bargaining unit agreement.
 3. Employees who have reached the top of the salary scale for their unit are not eligible for the "Back Step/"Catchup Step."
 4. Employees who left employment during this time and came back at a later date are not eligible for this "Back Step/"Catchup Step."

The Board and AEL will continue efforts to restructure the current salary scale.

Salary Scale Design/Criteria

The Board and AEL shall continue the work of the Workload and Compensation Committee. Priority items include but are not limited to: (1) A comprehensive review of the existing Unit II salary scale compensation practices and comparisons with LEAs and a national survey of school administrator compensation packages and methodologies and (2) whether to increase workshop presentation pay.

The Board and AEL also agree to review the design/structure of the current AEL salary scale in comparison to that of other surrounding school systems to include the factors/criteria used for the placement of positions within those school systems at the various levels within such salary scales.

Performance Pay

Create a performance pay reserve. Funds will be used to pay bonuses and incentive pay to administrators based on their individual performance, school performance, and the achievements of AACPS instructional goals and objectives.

Continue assignment/performance pay for challenged schools [as is currently provided for under ARTICLE 4, A. 2]. Assignment pay shall be given to \$6000 annually for those principals assigned to designated “challenged” schools. If the school makes Annual Measurable Objectives (AMO), an additional \$9000 will be paid to the principal. Increase assignment pay for Assistant Principals to \$3000, and AMO pay to \$5000.

Schools selected for participation in the challenged schools program will be determined at the sole discretion of the Board and the Superintendent. Criteria to be used in the selection process may include AMO status, MSA/HSA assessment data, FARMS, Title I status, staff and student turnover, and other cogent indicators.

If a fiscal item is not funded, preference of renegotiations shall be: salary scale adjustment, COLA, and then performance pay reserve.

Doctoral Degree Stipend

A \$1,000 stipend shall be given to AEL employees who receive a doctoral degree applicable to their area of certification and/or related to their professional work assignment annually.

National Board Certification Stipend

Upon approval by the Executive Director of Human Resources, a \$2,000 stipend shall be given to Unit II employees annually that hold a National Board Certification which directly relates to the employee’s current position.

Procedures

- a. If an employee is appointed to a position for which certification is required and the employee does not obtain the required certification, an advance of one (1) increment step shall be allowed, but further increment steps shall be withheld until the required certification is obtained.
- b. Certificated employees who fail to meet certification renewal requirements shall not be eligible to continue as contractual employees. Should AACPS, at its sole discretion, choose to re-employ said employee on a conditional certificate, said employee’s annual salary shall be reduced by \$5000.00. These employees shall not be eligible for any salary or pay increases so long as they remain in a conditional status.
- c. In determining the placement on the salary scale for someone who is employed with previous experience in another school system, credit shall be given in the appropriate job group for experience in another school system at the same or comparable position.
- d. During the period of time a school is on double sessions, a principal’s salary shall be determined by increasing the current salary by 10%, and then placement on the step that is nearest to but exceeds the computed amount. This action shall be taken even though it may exceed the maximum salary step indicated in the salary plan. This exception shall be determined upon the discontinuance of double sessions.
- e. During the period of time when a principal or assistant principal is responsible for two (2) or more separate schools, their salary shall be determined by increasing the current salary by 10%, and then placement on the step that is nearest to but exceeds the computed amount. This action shall be taken even though it may exceed the maximum salary step indicated in the salary plan. This exception shall be terminated when the principal or the assistant principal is no longer responsible for more than one school.
- f. An annual increment shall be paid to each employee who has received an overall annual performance rating of satisfactory for the previous year and has not reached maximum.
- g. Upon promotion or reassignment, Unit II employees shall be placed in the designated Job Group for the new position, and on the commensurate step for the employees’ years of creditable experience as determined by the Executive Director of Human Resources.
- h. The job group of a principal or an assistant principal, who is on the Unit II salary scale shall be subject to adjustment on October 1 based on pupil enrollment as of September 30. If the enrollment of a school as of September 30 would place a principal or assistant principal in a lower job group than the one in which the principal or assistant principal is currently placed, the salary rate in that position shall not be reduced for a period of twelve (12) months.

- i. Enrollment in Special Education Schools, including orthopedically handicapped centers, diagnostic centers, special education pre-school classes in a regular school, and Level V outreach programs and seriously emotionally disturbed programs in a regular school shall be multiplied by a factor of three to determine the enrollment factor for establishing the job group of principal and assistant principal.
- j. The job group of principals of the vocational-technical centers and night high school shall be established by the Superintendent and the Board.

B. Position Changes

A Unit II employee with a satisfactory rating in the employee's present position who accepts a transfer to another position to accommodate the needs of the school system shall not do so at a reduction in salary if the employee did not initiate the transfer.

If a job classification is abolished, the persons serving in the capacity or serving as administrative trainees for the job shall be formally notified in writing at least thirty (30) days prior to the abolishment. Alternative jobs shall be formally offered to them and there shall be no reduction in salary for a period of 12 months.

C. Involuntary Reassignment

Any Unit II employee who is involuntarily reassigned shall be paid the salary for the position to which the employee is reassigned, beginning with the effective date of reassignment, except that the salary shall not be reduced for a period of twenty-four (24) months. This provision shall not apply to an assistant principal level I returned to a Unit I position nor to other employees who have agreed in writing to accept a position on a temporary basis. It shall not apply to reassignments that occur as a result of poor performance issues.

D. Rate of Deduction for Lost Time

For all absences without pay, the per diem rate of deduction for Unit II employees shall be as follows:

- 1/190 of the annual salary for employees whose work year is the same as that of classroom teachers.
- 1/200 of the annual salary for employees whose work year is 200 duty days.
- 1/260 of the annual salary for employees whose work year is 12 months.

E. Bank Deposit of Payroll Checks

Unit II employees shall have their payroll checks deposited in their bank.

F. Report of Accumulated Leave

Unit II employees shall have provided on their payroll stub each pay period the number of unused sick leave days accumulated and the number of unused annual leave days accumulated through the end of the previous month.

G. "Acting" Status

Any Unit II employee appointed by the Board to a position in an acting capacity may hold the title "acting" for no longer than one (1) year, after which the employee shall be given a regular appointment to the position if the employee continues in it.

H. Workshops

A Unit II employee shall be paid \$30.00 per hour for each hour of actual instructional time devoted to workshops sponsored by the Board.

ARTICLE 5
EMPLOYEE BENEFITS

A. Healthcare

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 C.

B. Term Life Insurance

A term life insurance policy for \$200,000, with full cost paid by the Board, shall be provided for each Unit II employee.

Optional term life insurance in \$5,000 increments up to \$200,000 is available at employee cost. New employees opting to purchase more than \$100,000 will be required to submit Evidence of Insurability. During open enrollment or thirty (30) days of a lifestyle change, employees may purchase optional life insurance in any amount and will be required to submit Evidence of Insurability

All life insurance benefits and programs granted to Unit II employees shall be no less than that which has been granted to Unit I.

C. Severance Pay on Retirement

Effective July 1, 2013, a Unit II employee who retires from service with the AACPS in accordance with the provisions of the Maryland State Teachers Retirement System shall be paid \$85.00 per day for all unused accumulated sick leave earned in AACPS. In FY2015, Unit II employees will be paid \$90.00. This provision shall also be applicable to any Unit II employee who elects the vested retirement plan after having rendered fifteen (15) or more years of creditable service as an employee of the retirement system. If a Unit II employee dies while in service, the beneficiary designated with the retirement system shall receive that employee's severance pay.

D. Early Notice of Retirement

Eligible Unit II employees who submit an irrevocable retirement application no later than January 2 to take effect on June 30 of the same year, shall receive a one (1) step increase on the salary scale or the equivalent of one (1) step on the salary scale should no further steps be available during their last year of service subject to parameters established by the Board.

The number of eligible employees in the following categories shall be determined by the Board:

- a. High School Principals
- b. Middle School Principals
- c. Elementary School Principals
- d. Coordinators/Special Assistants
- e. High School Assistant Principals
- f. Middle School Assistant Principals
- g. Elementary School Assistant Principals

AEL will establish the selection criteria to identify eligible members to be selected by the Board.

E. Special Pay Plan

When a Unit II 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:

1. If the total dollar amount of the 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 the separation pay is \$1,000 or more, the full amount of separation pay (qualifying sick leave and annual 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 will become taxable income only upon the Unit II employee withdrawing it from the plan. Withdrawals from the Special Pay Plan are not subject to Employment tax (Social Security or Medicare).
3. The Unit II employee will then have the following options concerning their separation pay detailed in number 2 above. They may:
 - 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 the 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.

F. Savings Bonds

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

G. Liability Insurance

The Board will provide liability insurance as required by Maryland law and per the Board's self-insurance agreement with Anne Arundel County, to protect Unit II employee(s) from damages that they may become legally obligated to pay arising out of their activities as employees of the Board.

The Board shall provide insurance coverage of \$200,000 for accidental death and up to \$200,000 for dismemberment and/or injury for any Unit II employee while on an authorized trip in the performance of the employee's duties as a Board employee. The Unit II employee may designate his/her beneficiary of said policy.

ARTICLE 6
SICK LEAVE

A. Rate of Earning

Unit II employees shall be credited with .5 days of sick leave for each pay period they are employed, including the time they are on annual leave or vacation.

B. Transfer of Sick Leave

For any Unit II employee coming to AACPS from another local school system of Maryland, the Board will accept by transfer all unused sick leave accumulated after September 1, 1966, in accordance with the provisions of Bylaw 13.06.03.02 B of the Maryland State Board of Education. The Board will be responsible for effecting the transfer of this sick leave and will notify the Unit II employee of the number of days credited to him/her.

C. Unlimited Accumulation

Unused sick leave shall be cumulative without limit.

D. Use for Illness in Immediate Family

During the year in which it is earned, annual sick leave may be used for illness of employees of the immediate family (parent, parent-in-law, spouse, sibling, or child) or for illness of a person who is a permanent resident of the household. Once this leave is exhausted, Family Medical Leave may be requested under the provisions of Article 9.K, The Family Medical Leave Act (FMLA) and related Board policies and procedures.

E. Sick Leave Bank

1. All Unit II employees on active duty are eligible to contribute to a sick leave bank. Contributors will be permitted to apply for use of the bank for salary payment for personal illness during regularly scheduled duty days after regular sick leave has been exhausted.
2. The contribution on the appropriate form will be authorized by the employee and continued from year to year until canceled in writing by the employee. Cancellation, on the proper form, may be elected at any time and the employee shall not be eligible to use the bank as of the effective cancellation date. Sick leave properly authorized to the bank for contribution will not be returned if the employee effects cancellation.
3. Contributions shall be made between July 1 and September 30. Employees returning from extended leave will be permitted to contribute to the bank on the approval of the committee. New Unit II employees may contribute within the first thirty (30) days after appointment to a Unit II position.
4. The annual rate of contribution may be one (1) day per year and must be in whole day increments.
5. The bank can be used on the first duty day after sick leave is exhausted for the employee who contributed. The maximum number of sick leave days that can be granted in anyone (1) fiscal year will be the remaining number of duty days an employee is scheduled to work. In no case will the granting of leave from the bank cause an employee to receive more than the employee's annual salary.

6. Employees must use all accumulated sick leave before applying for leave from the bank. Application for use of the bank shall be made on the required form and submitted to the approval committee.
7. The three-employee approval committee, selected by AEL, shall have the responsibility of receiving requests, verifying the validity of requests, approving or denying requests and communicating its decision to the employee and the Executive Director of Human Resources. The committee shall have reasonable discretion in requiring a doctor's certification of disability and in establishing special limits or provision for certain disabilities such as, but not limited to, maternity, injury covered by worker's compensation and mental illness. The committee shall develop its rules of procedure and general criteria for approval. Upon approval of the rules and criteria by the Executive Board of AEL and the Superintendent's Council, the committee shall give them wide distribution.
8. The Executive Director of Human Resources shall authorize payment of approved bank grants.
9. All bank grants will end on the last scheduled duty day of the fiscal year for which the applicant is eligible to use sick leave. A new application must be submitted to the approval committee for a succeeding fiscal year.
10. If an employee does not use all of the days granted from the bank, the unused sick leave bank days will be returned to the bank.
11. Any unused days remaining in the sick leave bank on June 30 will be carried into the next fiscal year.
12. AEL and the Board shall agree on a feasible actuarial advised limit on the number of days to be carried in the bank.

ARTICLE 7 **SABBATICAL LEAVE**

A. Full-Time Study Grant

Upon recommendation by the Superintendent, sabbatical leave will be granted to Unit II employees for full-time study subject to the following conditions.

B. Number Available

Sabbatical leave shall be available for three (3) employees.

C. Application and Notification

Request for sabbatical leave must be received by the Executive Director of Human Resources in writing no later than October 1, and action shall be taken on all such requests no later than January 15th prior to the school year for which sabbatical leave is requested.

D. Eligibility

The Unit II employee must have completed at least five (5) full school years of service in AACPS prior to the leave and have performance evaluations of least "Effective" in the two (2) years preceding the request.

E. Compensation

Unit II employees on sabbatical leave, for either a full year or a half year, shall be paid by the Board at fifty (50%) percent of the rate of salary which they would have received had they remained on active duty. To ensure that employees return to employment with AACPS, the Unit II employee shall enter into a separate, written contract, including a confessed judgment, whereby he/she agrees to return to service in AACPS for no less than two (2) times the length of the sabbatical leave. If the employee fails to return and remain an employee for said time, he/she shall refund any monies paid (salary and the Board's share for healthcare benefits) in accordance with a repayment plan paid to the Board of Education.

F. Experience Credit

Upon return from sabbatical leave, the Unit II employee shall be placed on the salary schedule at the level which would have been achieved had the employee remained actively employed in the system during the period of absence.

G. Benefits During Sabbatical Leave

Employees of Unit II on sabbatical leave will continue to receive the full benefit of healthcare coverage, hospital medical insurance, major medical insurance, and term life insurance for which they would have been eligible as full-time employees of the Board.

H. Obligation of the Board

In granting a sabbatical leave the Board obligates itself to offer to the Unit II employee, on the expiration of the leave, employment in as near a comparable status as possible at the time without creating a new position or transferring another employee.

ARTICLE 8
LEAVES OF ABSENCE

A. Obligation of the Board

In granting a leave of absence the Board obligates itself to offer to the Unit II employee, on the expiration of leave, employment of as near comparable status as possible at the time without creating a new position or transferring another employee.

B. Obligation of Unit II Employee

The Unit II employee is obligated to notify the Board immediately in writing of any change in the conditions upon which the leave was granted and to make himself/herself available for reassignment at the Board's convenience. Failure to accept reassignment to a position of comparable status, failure to notify the Board of a change in the conditions upon which the leave was granted, or falsification of information in the request for leave will result in cancellation of the leave and termination of the individual contract.

C. Types

A Unit II employee who has achieved tenure shall normally be granted leave of absence without pay and

1. Without Experience Credit For
 - a. Personal illness*
 - b. Maternity**
 - c. Adoption of a child
 - d. Full-time study at a college or university
 - e. Severe illness of an employee of the employee's household*

2. With Experience Credit For
 - a. Military service (tenure not required)
 - b. Peace Corps
 - c. VISTA
 - d. National Teacher Corps
 - e. Exchange teaching
 - f. Overseas teaching
 - g. Full-time university program of study, approved by the superintendent, specifically designed to improve proficiency in the employee's position

*Recommended by a physician
**Verified by a physician

3. May qualify for FMLA under provisions of Article 9.K.
 - a. Personal illness
 - b. Maternity leave
 - c. Adoption of a child
 - d. Severe illness of an employee of the employee's household

D. Period of Leave

The leave shall be for the entire school year or for the remainder of the school year in which it becomes effective. The Board shall consider a request for an extension of the leave for the second year by any Unit II employee who requests it in writing by June 1. The decision shall be given in writing.

A Unit II employee on leave may request reinstatement by giving written notification to the Executive Director of Human Resources sixty (60) days prior to the date on which the employee wishes to return to service.

E. Termination

The contract of a Unit II employee on leave of absence shall be terminated by the Board on September 1 following the expiration date of the leave if the Unit II employee has not returned to work or has not been granted an extension of leave. In the event of an emergency such as an accident or illness the Unit II employee may request that the Superintendent grant an extension.

ARTICLE 9
OTHER LEAVES

A. Annual Leave

Unit II employees shall earn annual leave at the rate of one (1) day per pay period of employment.

1. Normal Use, with Exceptions

A Unit II employee on 12-month employment shall normally take annual leave during the summer following the year in which it is earned, especially an employee who is school based or is otherwise closely connected with an instructional program. Exceptions to this policy for any Unit II employee may be made by the immediate supervisor who shall approve all leave dates, if the needs of the school system and/or the Unit II employee can best be served by distributing part of the leave throughout the following year.

Each Unit II employee on 12-month duty shall be entitled to use one day of annual leave per year for personal business. The leave shall normally be approved at least twenty-four (24) hours in advance by the immediate superior, who shall not require the employee to state a reason for the leave. If, however, an unforeseen emergency requires absence that could not have been approved twenty-four (24) hours in advance, the reason for the absence shall be stated and at the discretion of the immediate superior may be approved as a day of personal business.

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; nor at the beginning or the end of the school year.

The beginning of the school year shall mean the first five (5) duty days; the end of the school year shall mean the last five (5) duty days. A holiday period may not be extended by taking personal business leave at the beginning of the following week when a holiday falls on Friday or at the end of the preceding week when the holiday falls on Monday.

Exceptions to the foregoing restrictions on days to be used for personal business may be made by the immediate superior for emergencies that require the Unit II employee's absence on these days.

2. Use for Summer School

A Unit II employee may use annual leave to attend summer school with the approval of the immediate superior provided that authorization of the Superintendent shall also be required for summer school attendance for the second of two (2) consecutive summers. Two-thirds of a day shall be charged against annual leave for each day in summer school, except that an employee who attends a six (6) week summer school shall have no less than five (5) days of vacation with pay. Attendance at the Maryland Professional Development Academy shall not be considered as summer school and shall not require use of annual leave.

3. Carry-Over of Unused Days

If at the end of any fiscal year (June 30), 12-month Unit II employees have any unused annual leave from the previous fiscal year they may carry over a maximum of twenty-four (24) days of such unused leave giving them a maximum of fifty (50) days of annual leave at the beginning of any fiscal year. Not more than fifty (50) consecutive days of annual leave may be taken during any 12-month period. Notwithstanding any provision to the contrary, commencing July 1, 2013, annual leave days eligible for redemption and pay out shall be seventy-five (75) days during the last year of service. Unused annual leave which would be lost because of this limitation on carry-over shall be converted to accumulated sick leave.

Exception: In the last year of employment prior to retirement, in accordance with the provisions of the Maryland State Teachers Retirement System, Unit II employees may carry over thirty-four (34) days of unused annual leave giving them a maximum of sixty (60) days at the end of the last full fiscal year of employment.

B. Special Leave for Injury on the Job

A Unit II employee who is injured in the line of duty and qualifies for disability under the Worker's Compensation law shall be granted Special Leave with full pay, less salary payment made by Worker's Compensation, for a period of time not to exceed sixty (60) duty days, provided the injury of the Unit II employee is reported to the immediate superior within three (3) days.

If the employee is unable to return to work at the end of sixty (60) duty days, the employee may elect to receive only Worker's Compensation or be placed on sick leave and/or annual leave (if applicable) and continue to receive full salary less Worker's Compensation for the period covered by these leaves. If the employee 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 any annual leave (if applicable) until he/she returns to work or until all available leave is exhausted. The employee may continue to receive the full benefits of hospital-medical insurance, major medical insurance and term life insurance provided the Unit II employee pays the employee's share of these premiums.

In absences involving compensation under the State of Maryland Worker's Compensation Law, charges to sick leave and/or annual leave allowances, are made only after the sixty (60) duty days of special leave are exhausted.

C. Religious Observances

Upon request, Unit II employees shall be granted up to two 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 observance is not otherwise provided in the school calendar and verified by the proper religious authorities.

D. Jury Duty

While on jury duty, Unit II employees shall continue to receive their regular salary and all applicable benefits.

E. Court Summons

A Unit II employee may be absent without loss of salary and benefits when subpoenaed to appear in a state or federal court, provided the subpoena or summons is not issued (1) in connection with an offense for which the employee is found guilty or (2) in connection with a civil case in which the employee is a party to the action except a case in which the employee was performing his/her assigned duties as an employee of the school system.

F. Bereavement

Each Unit II employee shall be granted five (5) calendar days of absence without loss of salary on the death of a child, parent, spouse, sibling, aunt, uncle, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, niece, nephew, grandparent, grandchild, or one who has lived regularly in the household of the Unit II employee. Upon written request from the Unit II employee stating the circumstances which make additional time necessary, the Superintendent may authorize additional days. This leave shall not be charged against annual leave or sick leave.

G. Awarding of Degree

A Unit II employee shall be granted one (1) day of leave with pay to receive an advanced degree awarded on a school day.

H. Personal Business Leave

Each Unit II employee on 10-month duty shall be entitled to one (1) day of personal business leave per year with pay. The leave shall normally be approved at least twenty-four (24) hours in advance by the immediate superior, who shall not require the employee to state a reason for the leave. If, however, an unforeseen emergency requires absence which could not have been approved twenty-four (24) hours in advance, the reason for the absence shall be stated and at the discretion of the immediate superior the absence may be approved as a day of personal business.

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; nor at the beginning or the end of the school year.

The beginning of the school year shall mean the first five (5) duty days; the end of the school year shall mean the last five (5) duty days. A holiday period may not be extended by taking personal business leave at the beginning of the following week when a holiday falls on Friday or at the end of the preceding week when the holiday falls on Monday.

Exceptions to the foregoing restrictions on days to be used for personal business may be made by the immediate superior for emergencies which require the Unit II employee's absence on these days.

Unused personal business leave shall be converted to cumulative sick leave at the end of the year.

I. Assault Leave

A Unit II employee who is absent due to physical disability/injury that results from an assault while in the scope of Board employment shall be kept on full pay and benefits status instead of sick leave during such period of absence.

J. Adoption Leave

Upon request to the Executive Director of Human Resources, Unit II employees may take a temporary leave of absence without pay for up to twelve (12) weeks for the adoption of a child by requesting FMLA Leave under the provisions of Article 11, The FMLA and related Board policies and procedures. As soon as it has been determined that a Unit II employee wishes to use adoption leave, the Unit II employee must request this leave, in writing, to the Executive Director of Human Resources normally within thirty (30) days in advance and provide appropriate documentation. Unit II employees may elect to have continued participation in health benefits by assuming full cost of the premium. If, however, the employee uses FMLA leave, the Board will continue making its contribution to the appropriate health benefits for the duration of the FMLA leave.

K. Family Medical Leave Act (FMLA) Leave

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

1. All Unit II employees must meet the eligibility criteria set forth in the FMLA statute.
2. 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, as defined by the U.S. Department of Labor.
3. FMLA shall run concurrently with other paid leave types.
4. FMLA leave may be used for serious health conditions of those persons covered by "illness in immediate family" as long as the current year's available sick leave (15) has been used.
5. Continuation with employee healthcare benefits will be administered in accordance with the provisions of the FMLA. An employee can elect to pay their share of healthcare premiums during the period of leave or defer payments until FMLA has ended
6. Leave taken intermittently or on a reduced leave schedule is not permitted for care of/bonding with a newborn child.
7. Employees who have accrued paid leave remaining at the conclusion of FMLA will be permitted to use that leave in accordance with federal, state, and local law, and AACPS leave policies.

L. Leave (JPAL) Job Protected Alternative Leave

1. Unit II employees whose FTE does not permit them to meet the hours of service requirement under FMLA, may be eligible for Job Protected Alternative Leave ("JPAL") if they work **87%** of their total duty hours in the 12 months prior to the commencement of their leave.
2. 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.
3. JPAL shall run concurrently with other leave types.

4. JPAL may be used for serious health conditions of those persons covered by "illness in immediate family" as defined by this agreement.
5. 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.
6. Intermittent leave can only be taken for a medically necessary scheduled treatment regimen.
7. Except in unusual circumstances when JPAL is taken near the end of an academic term, the Board will not mandate JPAL extensions.
8. 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.

ARTICLE 10
RESIGNATION AND CONTRACT RENEWAL

A. Provisions for Resigning

1. Regular Certificate

a. Probationary

Unless otherwise provided for in COMAR, for a Unit II employee who is completing the first or second year of continuous employment by the Board and holds a regular certificate, the deadline date for termination of employment at the end of the year by either the Board or the Unit II employee shall be May 1, except that for a Unit II employee employed on or after February 1, this notification date shall be no later than July 1 of the first year or July 1 of the second year.

b. Tenured

For a Unit II employee who has completed the third year of continuous employment by the Board and holds a regular certificate, this notification date shall be no later than July 31.

2. Provisional Certificate

For a Unit II employee employed on a provisional certificate, the deadline date for notification of termination of employment at the end of the year, by either the Board or the Unit II employee, shall be June 30.

After the deadline date for termination provided above, the contract shall be binding upon both parties until the end of the next school year except that an employee may resign by giving thirty (30) days' notice in writing.

B. Supplying References

References shall not be supplied to prospective employers if a Unit II employee resigns on less than thirty (30) days' notice in writing except for an emergency which shall be determined by the Executive Director of Human Resources.

ARTICLE 11
WORK SCHEDULE

A. Duty Days

All weekdays when the central office is open shall be duty days for Unit II employees employed on a 12-month basis except for annual leave and the non-chargeable annual /personal business leave day.

Twelve-Month Employees

All principals, assistant principals and Unit II Central Office personnel shall be on 12-month duty. Administrative Interns shall have a work year of 200 duty days unless otherwise negotiated by AEL and the Board. All 210-day assistant principals shall be converted to 12-month employees effective July 1, 2015.

Except in case of emergency, Unit II employees will not be required to work on the following designated government holidays, when the central office will be closed:

Independence Day	Christmas Day
Labor Day	New Year's Eve
Primary Election Day	New Year's Day
General Election Day	Martin Luther King, Jr., Day
Thanksgiving Day	Good Friday
Friday after Thanksgiving	Easter Monday
Christmas Eve	Memorial Day

The Board may designate additional days as holidays when the school Calendar is adopted.

When Independence Day falls on Saturday, Unit II employees shall not be required to work on the preceding Friday; when the holiday falls on Sunday, Unit II employees shall not be required to work on the following Monday.

When Christmas Day falls on Sunday, Unit II employees shall not be required to work on the following Monday.

B. Required Work Hours

Regular daily work hours totaling forty (40) hours per week, exclusive of time for lunch, shall be established for Unit II employees by their immediate superiors. It is recognized, however, that the job requirements of professionals are of such a nature that they cannot be adequately met within a specified time frame.

The normal workload for professional personnel in Unit II includes such activities as:

- Job-related late afternoon and evening meetings with other staff employees, students, parents, community representatives and Board employees
- Supervision of student-oriented activities
- Independent planning and work sessions beyond regular work hours as required to promote efficient execution of one's duties
- Emergencies

When the amount of time a Unit II employee spends in the performance of the employee's duties is excessive, the staff employee to whom the Unit II employee reports may grant compensatory time during regular work hours. The parties entered into a Memorandum of Understanding on November 18, 2015, regarding a pilot professional leave and telecommuting program.

The amount of time a Unit II employee spends in the performance of the employee's duties shall be considered during the annual evaluation and rating process.

ARTICLE 12
PROFESSIONAL IMPROVEMENT

A. Reimbursement for College Credit

Unit II employees shall be reimbursed for a maximum of twelve (12) semester hours of college credit per year completed while employed by the Board. The following conditions shall apply to reimbursement:

1. Approval of Courses
Credits, subject to approval of the Executive Director of Human Resources, must be applicable to some clearly defined objective, such as a planned program leading to an advanced degree or the enhancement of expertise in the job.
2. Grade Requirement
The Unit II employee must earn a grade of "B" or better, except that one (1) course with a grade of "C" in an approved program of study may be reimbursed.
3. Limitations
The Unit II employee shall be reimbursed for only one (1) course per semester during the academic year, except by advance approval of the Superintendent.

4. Schedule of Payments

Unit II employees shall be reimbursed in the fall for courses completed while on active duty as employees of the Board during the previous spring or summer, and in the spring for courses completed during the previous fall. Employees failing to return to AACPS for the year following the one in which spring or summer courses were taken shall not be eligible for payment; however, if such employees are reemployed within five (5) years they become eligible for the full amount they would have received had they had uninterrupted service.

5. Duplication of Payment

Payment shall not be reduced because of funds the employee may receive from another source, except that payment by the Board shall not duplicate tuition payment from other tax sources.

6. Rate of Payment

Tuition reimbursement for all Unit II employees as to credit hours permitted and the rate of reimbursement shall be no less than the credit hours permitted, and the rate of reimbursement provided for Unit I employees of AACPS and increase tuition reimbursement to match TAAAC. Additionally, employees who are enrolled in an approved career-related doctoral program as approved by the Executive Director of Human Resources will be reimbursed up to \$2,450 per year.

B. Assistance in Planning

Unit II employees who have questions concerning certification requirements or who need advice regarding courses they wish to take may get assistance from the Division of Human Resources by writing to the Personnel Specialist in Certification or by making an appointment for a conference.

C. Evaluation and Rating of Unit II

1. Purpose

The primary purpose of the evaluation rating process for Unit II employees is the improvement of instruction and the efficient operation of the school system. Evaluation is that phase of the process by which an administrator or supervisor formally or informally appraises an employee's performance primarily for the purpose of providing direction and bringing about improvement; rating is that phase of the process by which an administrator or supervisor formally assesses, according to a pre-determined schedule and instrument, the extent to which the employee has attained the goals or standards of the assignment.

The evaluation-rating process should:

- a. Enable a rater to establish performance goals for the ratee at least six (6) months prior to the formal rating.
- b. Encourage self-appraisal by the ratee.
- c. Provide supervisory assistance to the ratee in identifying strengths and weaknesses and in mutually developing courses of action to bring about desired change.
- d. Provide a measure of accountability by assessing the ratee's progress toward the accomplishment of goals.
- e. Provide a criterion for validating and improving the method of selection and placement.
- f. Provide one (1) source of data for making administrative decisions regarding promotion, retention in position, transfer, demotion, and release from employment.

The results of group standardized achievement tests of students shall not be used as the sole criterion for evaluation or rating of administrators.

2. Procedures

Written procedures for the evaluation and annual rating of Unit II employees shall include data concerning who shall make the evaluation, the form of notice of results to the individual, the consequences of a particular rating, the review of such ratings by a joint appeal committee, and the relationship between ratings and continued employment. When administratively practicable, electronic signatures will be used for ratings for Unit II employees.

3. Provision for Changes in Procedures

One-half of the membership of committees studying evaluation and rating procedures shall be Unit II employees appointed by AEL. Changes in procedures currently in effect shall not be made without the involvement of and due consideration by a study committee so constituted.

ARTICLE 13
**NOMINATION PROCEDURES FOR ADMINISTRATIVE
AND SUPERVISORY POSITIONS**

A. Positions to be Covered

These procedures shall apply to all Unit II positions.

B. Advertising the Vacancy

Available positions will be advertised on the online application system including the minimum requirements needed for the position and a job description including duties and responsibilities, qualifications and the applicable salary scale.

C. Application

Employees wishing to be considered for vacancies in administrative or supervisory positions shall apply in writing within the time limits established in the announcements.

D. Screening of Applicants

The applications shall be screened by The Division of Human Resources to ascertain the eligibility of each applicant for consideration for the position, after which each applicant shall be notified of the time and place of the interview or the reason for ineligibility.

E. References

Confidential references shall be requested from four persons of the applicant's choice who can evaluate the applicant's professional background and competence for the position sought. The Executive Director of Human Resources shall request any other references deemed appropriate. All such references shall be considered by the interview committee. References which have been obtained for this purpose in the last three (3) years may be used at the applicant's request.

F. Interview Committee

An interview committee shall be comprised of a minimum of three (3) individuals, one of which shall be an AEL representative. In the event the designated AEL representative is unavailable, the interview committee will proceed with scheduled interviews with a minimum of three (3) committee members.

G. Evaluation of Applicants by Committee

All eligible applicants shall be interviewed by the committee. Each committee member shall make an evaluation of the applicant's acceptability for the position based on:

- examination scores if applicable
- teaching and related experience
- oral and written interview

Each committee employee's evaluation shall be expressed as one of the following:

- recommended highly
- recommended
- not recommended

H. Notification of Applicants

Applicants not selected may select an explanation of the reasons shall upon request upon request.

I. Exception for Emergencies

Although under normal conditions these procedures shall be followed, under emergency conditions created by late

resignations, illness, or death, vacancies shall be filled from a list of candidates previously interviewed by an interview committee.

J. Selection of External Candidates

An applicant who is not an employee of the Board may be selected for a position covered by this policy only if:

1. The external candidate has met all other requirements of Article 13 of this Agreement.
2. Three (3) internal qualified candidates (provided there are three) are interviewed prior to offering the position to an external candidate.

K. Applicability of Other Policies to Unit II Employees

AEL recognizes that any other provisions of Board policy concerning selection procedures for administrative and supervisory positions will be applicable to Unit II employees.

ARTICLE 14

STUDENT CONTROL AND DISCIPLINE

A. Unit II Employees' Authority and Responsibility

Unit II employees shall have the authority and shall exercise the responsibility for the control of pupils throughout the school while on regular duty and also during the supervision of school-sponsored activities. They shall take reasonable action to deter acts of vandalism, willful waste of materials and utilities, and physical abuse of persons.

B. Use of Force

The Board will absolve a Unit II employee for using reasonable force in self-defense or in the restraint of a student to prevent harm to that student or to others. In case of legal claim brought by a student and/or the student's parents related to the action above, the Board shall provide legal representation for the Unit II employee and bear the cost of this service.

ARTICLE 15

OTHER PERSONNEL POLICIES

A. Travel Allowance

The mileage allowances for reimbursable travel shall be based on the prevailing U.S. Government (IRS) standard rate in effect at the time of travel.

Daily business travel for reimbursement purposes shall be the total miles traveled by private vehicle in the discharge of official duties less commuting mileage, which is the distance from residence to the Unit II employee's assigned principal working location. Although all business travel shall be reported, the employee shall qualify for reimbursement only when business mileage exceeds commuting mileage.

If the Unit II employee's duty requires a return to the employee's principal work location a second time during the day, the mileage of the second trip may be reported as business mileage for reimbursement. This provision shall not apply, however, when the employee goes home for lunch or other personal convenience.

When duty requires an employee to return to the employee's principal work location on weekends and on holidays which are not duty days, the trip may be reported as business mileage, with a zero deduction for commuting mileage.

B. Transporting Students

Unit II employees shall not be required to transport students in their private automobiles.

C. Notification of Assignment

All Unit II employees shall be notified of their assignments for the ensuing year by July 15. As a consequence of budget reductions an assignment may be changed after this date following a conference with the Unit II employee to explain the reasons; however, after July 15, an assignment may be changed only if the Unit II employee receives a promotion or if, following a conference in which the reasons are given, the employee agrees to a change.

D. Authority for Assignment

The authority for determining assignments rests properly with the Superintendent.

E. Emergency Closing of Schools

AEL agrees that when the school is open with students in attendance, the primary responsibility of school administrators is to operate the school as safely and effectively as possible. However, if mass teacher absenteeism, student demonstration, or other emergency situations occur which have the potential for disorder, disruption, property damage, or bodily injury, a prompt decision shall be made by the Superintendent or the Superintendent's designee concerning the closing of the school for students. Any day on which school is closed for this reason shall be added to the end of the regular school year.

F. Reduction In Force

A committee shall be established to develop procedures for Reduction in Force of Unit (RIF) II employees. The procedures for reduction in force shall be submitted to AEL and the Board no later than March 1, 2009.

This committee shall consist of five (5) employees appointed by AEL and five (5) employees appointed by the Board.

Any committee employee shall have the right to submit a minority report to the receiving official and to the Board of Education prior to the acceptance of any RIF plan.

ARTICLE 16
GRIEVANCE PROCEDURE

A. Definitions

The Board and AEL agree to the following definitions:

1. A "grievance" is a claim by a Unit II employee that the employee has been directly and adversely affected by a violation, misinterpretation, or misapplication of provisions of the Negotiated Agreement concerning the salaries, hours, or working conditions of Unit II employees.
2. An "aggrieved employee" is the person or persons making the claim.
3. A "party in interest" is the person or persons making claim and any person or persons who may be required to take action or against whom action may be taken in order to resolve the grievance.

B. Purpose

The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to the problems which may from time to time arise regarding personnel policy. Both parties agree that these proceedings will be kept as informal and confidential as may be appropriate at any level of the procedure.

Nothing contained herein will be construed as limiting the right of any Unit II employee having a grievance to discuss the matter informally with any appropriate employee of the administration, and having the grievance adjusted without the involvement of AEL.

C. Procedure

The following procedures shall be used in processing grievances:

Informal Level

A Unit II employee with a grievance shall first discuss the problem with the administrator who made the decision or the interpretation of policy which is alleged to be in error.

The aggrieved employee shall state that the discussion is the Informal Level of the grievance procedure.

Level One

If the aggrieved employee is not satisfied with the disposition of the grievance at the Informal Level, or if no decision has been rendered within five (5) duty days, the employee may file the grievance in writing with the same administrator

within five (5) duty days after the decision at the Informal Level or ten (10) duty days after the grievance was presented, whichever is sooner. The written statement shall identify the specific policy or policies which are alleged to have been violated and the remedy sought.

The administrator shall render a written decision within five (5) duty days

Level Two

If the aggrieved employee is not satisfied with the decision rendered at Level One, or if no decision has been rendered within the allotted time, the employee may within five (5) duty days file the grievance with the grievance committee of AEL. If the grievance committee believes that the grievance is valid, the committee shall within five (5) additional duty days request a hearing before the head of the Department in which the Level I grievance was filed.

Within ten duty days the hearing shall be held, and a decision rendered.

(If the decision which is alleged to be in error was made by the Superintendent or one who reports directly to the Superintendent, Level Two shall be omitted and the grievance shall be presented to AEL for processing at Level Three.)

Level Three

If the grievance committee is not satisfied with the decision at Level Two, it may refer the grievance to the Superintendent within five (5) duty days. The Superintendent shall meet with the aggrieved person and the person's representative(s) and render the decision within ten (10) duty days after the referral.

Level Four

If AEL finds the Superintendent's decision not acceptable, it shall within ten (10) duty days notify the Board whether or not the grievance is to be submitted to advisory arbitration. If so, both parties shall promptly request the American Arbitration Association (AAA) to submit to each party a list of persons skilled in arbitration of educational matters. Within seven (7) days each party shall cross off any names to which it objects, number the remaining names in order of preference and return the list to the AAA. If a party does not return the list within the time specified, all persons named therein shall be deemed acceptable.

From among the persons who have been approved on both lists, and in accordance with the designated order of mutual preference, the AAA shall invite the acceptance of an arbitrator. If either of the parties fails to accept any of the persons named, or if those named decline or are unable to act, or if for any other reason an appointment cannot be made from such a list of names, a second list of seven (7) names shall be requested. The parties shall strike names alternately until only one (1) name remains. That person shall be designated the arbitrator.

The arbitrator will meet with the Superintendent or the Superintendent's designee and the aggrieved party and the party's representative(s) either separately or together. The format, dates and times of such meetings will be arranged by the arbitrator and will be conducted in closed sessions.

The arbitrator will set forth the findings of fact, reasoning and conclusions on the issues submitted. The conclusions of the arbitrator will be submitted to the Board as a recommendation.

The costs for the services of the arbitrator, including per diem expenses, if any, and actual and necessary travel expenses shall be shared equally by the Board and AEL.

D. Separate Filing of Grievance Records

All written and printed matter dealing with the processing of a grievance will be filed separately from the central office personnel files of the grievant.

E. Availability of Board Information

The Board agrees to make available to the aggrieved person and the person's representative(s) information in its possession or control which is relevant to the issues raised by the grievance and which is not privileged.

F. Release Time for Hearing

When it is necessary for any employee of the Board to attend a meeting or hearing called by the Superintendent or

the Superintendent's designee during the school day, the Superintendent's office shall so notify the principal of such employee and the employee shall be released without loss of pay to attend such meeting or hearing.

G. Time Limit for Initiating Grievance

No grievance shall be recognized by the Board or AEL unless it shall have been presented at the appropriate level within fifteen (15) duty days after the aggrieved person knew, or should have known, of the act or condition on which the grievance is based, and if not so presented, the grievance will be considered as waived.

H. Time Limit for Processing Grievances

The time limit for either party's responding in writing shall have been met if the reply was hand-delivered or postmarked by the last day of the period indicated.

The number of days indicated at each level should be considered as a maximum and every effort should be made to expedite the process. The time limits specified may, however, be extended by mutual agreement.

In the event a grievance is filed at such time that it cannot be processed through all the steps in this grievance procedure by the end of the school year, an attempt will be made to reduce the time limits set forth herein so that the grievance procedure may be concluded prior to the end of the school year or as soon thereafter as is practicable.

I. AEL Advice

Nothing herein shall deny any aggrieved employee the right to seek advice of AEL representatives at any level of these procedures.

J. Representation

Any aggrieved employee may be represented above Level One by not more than two (2) persons whom the employee may choose. The aggrieved employee must, however, be present at all hearings.

The hearing shall be rescheduled within five (5) days in the event the aggrieved employee is prevented from attending the scheduled hearing because of an emergency and has notified the person hearing the grievance no later than the hour of the scheduled hearing.

K. No Reprisals

Neither the Board nor any employee of the administration shall take reprisals affecting any party in interest by reason of participation in the grievance procedure.

L. Evaluation Appeals

The Board shall pre-schedule four (4) evaluation appeal hearings on an annual basis. An independent note-taker will be selected as a non-participating member of the Appeal Committee. The Board and AEL shall equally share the cost of the note-taker.

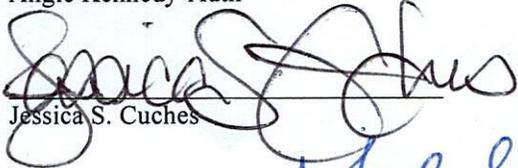
ARTICLE 17
DURATION OF THE AGREEMENT

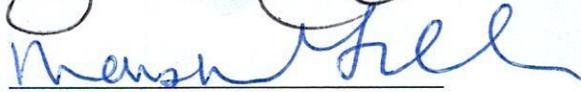
The foregoing Agreement was reached by the undersigned and submitted for ratification to AEL and the Board in accordance with procedures mutually agreed to by the Board and the Association of Educational Leaders and adopted by the Board on December 1, 2021.

FOR THE BOARD


Melisa D. Rawles, Esq. Chief Negotiator


Angie Kennedy-Auth


Jessica S. Cuches

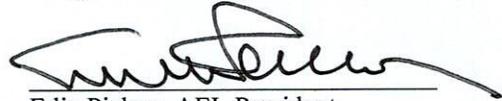

Maisha Gillins


Theresa St. Hillaire

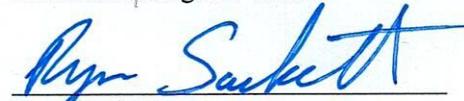

Dawn Lucarelli

FOR THE ASSOCIATION

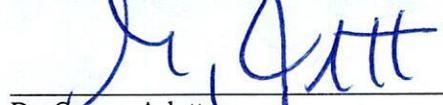

Richard Kovelant, Esq. Executive Director


Edie Picken, AEL President


Rebecca Blasingame-White


Ryan Sackett

Following mutual ratification, the parties hereunto set their hands and seals this 1st day of December 2021.
BOARD OF EDUCATION OF ANNE ARUNDEL COUNTY


Dr. George Arlotto
Superintendent of Schools


Melissa Ellis
Board President

ASSOCIATION OF EDUCATIONAL LEADERS


Richard Kovelant, Esq.
Executive Director


Edie Picken
AEL President

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Anne Arundel County Public Schools

Unit II Salary Scale

July 1, 2021 to June 30, 2022

Step	Group 1 Admin. Trainee 200 Day	Group 2 Admin. Trainee 200 Day	Group 3 Asst. Principal Level 1	Group 4 Asst. Principal Level 2 Up to 750 Students	Group 5 Asst. Principal Level 2 751-1500 Students
1	60,038	64,607	84,172	85,763	87,385
2	61,145	65,808	85,763	87,385	89,043
3	62,278	67,032	87,385	89,043	90,730
4	63,431	68,281	89,043	90,730	92,455
5	64,607	69,553	90,730	92,455	94,213
6	65,808	70,854	92,455	94,213	96,005
7	67,032	72,180	94,213	96,005	97,831
8	68,281	73,533	96,005	97,831	99,699
9	69,553	74,909	97,831	99,699	101,599
10	70,854	76,317	99,699	101,599	103,539
11	71,516	77,034	100,649	102,568	104,527
12	72,187	77,758	101,608	103,549	105,529
13	72,863	78,489	102,576	104,537	106,535
14	73,545	79,227	103,558	105,538	107,555
15	74,166	79,902	104,452	106,448	108,486
16	74,861	80,656	105,450	107,466	109,524
17	75,565	81,417	106,459	108,495	110,575
18	76,276	82,183	107,478	109,535	111,633
19	76,992	82,959	108,504	110,585	112,704
20	77,481	83,488	109,207	111,300	113,432
21	78,208	84,277	110,252	112,366	114,520
22	78,945	85,073	111,308	113,442	115,621
23	79,688	85,878	112,378	114,530	116,730
24	80,439	86,691	113,455	115,633	117,852
25	80,792	87,073	113,960	116,149	118,380
26	82,064	88,447	115,784	118,007	120,276
27	83,354	89,846	117,639	119,899	122,204
28	84,106	90,660	118,716	120,998	123,326
29	84,901	91,522	119,858	122,163	124,514
30	85,703	92,390	121,012	123,337	125,714
31	86,516	93,268	122,174	124,524	126,925
32	86,756	93,529	122,522	124,877	127,284
33	87,576	94,418	123,699	126,082	128,512
34	88,406	95,316	124,890	127,296	129,751
35	89,221	96,197	126,058	128,487	130,967
36	90,066	97,113	127,273	129,726	132,229
37	90,920	98,037	128,501	130,977	133,505
38	91,808	98,994	129,762	132,265	134,817
39	92,725	99,985	131,059	133,587	136,167
40	93,651	100,984	132,371	134,922	137,528

NOTE: Unit 2 employees will be paid a salary increased by \$1000 for holding a doctorate degree.

Anne Arundel County Public Schools
Unit II Salary Scale
July 1, 2021 to June 30, 2022

Step	Group 6 Asst. Principal Level 2 Over 1500 Students Asst. Prog. Coord.	Group 7 Principal Up to 350 Students Program Coord.	Group 8 Principal 351 to 750 Students	Group 9 Principal 751 to 1500 Students	Group 10 Principal Over 1500 Students
1	89,043	94,213	96,005	97,831	101,599
2	90,730	96,005	97,831	99,699	103,539
3	92,455	97,831	99,699	101,599	105,519
4	94,213	99,699	101,599	103,539	107,536
5	96,005	101,599	103,539	105,519	109,594
6	97,831	103,539	105,519	107,536	111,694
7	99,699	105,519	107,536	109,594	113,836
8	101,599	107,536	109,594	111,694	116,021
9	103,539	109,594	111,694	113,836	118,251
10	105,519	111,694	113,836	116,021	120,524
11	106,527	112,765	114,928	117,136	121,682
12	107,545	113,846	116,033	118,261	122,852
13	108,575	114,939	117,145	119,397	124,036
14	109,615	116,043	118,271	120,545	125,229
15	110,563	117,048	119,298	121,592	126,319
16	111,624	118,174	120,446	122,762	127,537
17	112,694	119,308	121,604	123,943	128,766
18	113,775	120,458	122,776	125,138	130,007
19	114,866	121,614	123,956	126,342	131,262
20	115,609	122,403	124,759	127,165	132,116
21	116,719	123,583	125,961	128,390	133,392
22	117,842	124,772	127,176	129,628	134,680
23	118,974	125,974	128,402	130,877	135,980
24	120,118	127,186	129,641	132,138	137,291
25	120,656	127,760	130,222	132,735	137,911
26	122,589	129,811	132,316	134,870	140,134
27	124,557	131,900	134,445	137,043	142,394
28	125,702	133,114	135,683	138,306	143,709
29	126,913	134,398	136,996	139,645	145,100
30	128,135	135,697	138,318	140,993	146,505
31	129,371	137,009	139,659	142,358	147,923
32	129,738	137,398	140,054	142,764	148,345
33	130,990	138,726	141,409	144,146	149,783
34	132,253	140,067	142,777	145,539	151,234
35	133,492	141,383	144,119	146,908	152,658
36	134,782	142,750	145,514	148,332	154,138
37	136,083	144,133	146,922	149,769	155,633
38	137,422	145,550	148,368	151,244	157,167
39	138,796	147,006	149,853	152,756	158,740
40	140,183	148,474	151,352	154,284	160,327

NOTE: Unit 2 employees will be paid a salary increased by \$1000 for holding a doctorate degree.

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) <i>(includes diabetic supplies)</i>	RETAIL: \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1-4: 50% coinsurance up to a max of \$75 specialty*</i> <i>Units 5 & 6: \$75 specialty*</i> MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1-4: 50% coinsurance up to a max of \$150 specialty*</i> <i>Units 5 & 6: \$150 specialty*</i> <i>* Specialty may require pre-authorization</i>	RETAIL: \$500 deductible, then: \$15 generic/\$35 preferred brand/\$60 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$150 (30 days) MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$30 generic/\$70 preferred brand/\$120 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$300 (90 days) <i>* Specialty may require pre-authorization</i>
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)
RETAIL: \$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 & 6:</i> \$75 specialty (may require pre-authorization) MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$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 & 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)	RETAIL: \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$75 specialty* Units 5 & 6: \$75 specialty*</i> MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$150 specialty* Units 5 & 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)	RETAIL: \$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* MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$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	RETAIL: \$500 deductible, then: \$15 generic/\$35 preferred brand/\$60 non-preferred brand; specialty* – 50% coinsurance up to a max payment of \$150 (30 days) MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$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)
RETAIL: \$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 & 6:</i> \$75 specialty (may require pre-authorization) MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$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 & 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)	RETAIL: \$5 generic/\$20 preferred brand/\$35 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$75 specialty* Units 5 & 6: \$75 specialty*</i> MAIL ORDER or CVS RETAIL MAINTENANCE CHOICE: \$10 generic/\$40 preferred brand/\$70 non-preferred brand <i>Units 1–4: 50% coinsurance up to a max of \$150 specialty* Units 5 & 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



Dental and Vision Options 2021

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/DC2060*
	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 2060*) 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.

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
ADDITIONAL LENS OPTIONS¹		
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.

¹ 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 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
EYE EXAMINATIONS	
Routine Eye Examination with dilation	\$10
FRAMES¹	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES²	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Standard Progressive Lenses	\$75
CONTACT LENSES¹	
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
LASER VISION CORRECTION¹	Up to 25% off allowed amount or 95% off any advertised special ²

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

² 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

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) Ìtẹ́lílẹ̀kọ: Àkíyèsí yìí ní iwífún nípa isẹ̀ adójútòfò 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 kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tí tí a ó fí sọ̀ fún ọ̀ láti tẹ̀ 0. Nígbà tí a sọ̀jú kan bá dáhùn, sọ̀ 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.

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 ké m̄ gbo kpá bó nì fùà-fúá-tiǎ̀ nyɛɛ jè dyí. Bǎ̀ nǎ̀ kè bédé wé jéé bě b́ m̄ ké dɛ wa ḿ m̄ ké nyuɛɛ nyu hwè b́ wé b́a ké zi. ɔ̀ m̀ nì kpé b́ m̄ ké bǎ̀ nǎ̀ kè kè gbo-kpá-kpá m̄ ḿɛɛ dyé dé nì bídí-wùdù mú b́ m̄ ké se wídí d̀ ṕé. Kpoò nyo b́ m̄ d́ fúùn-nòbà nǎ̀ dé waa I.D. káàò d́ɛn nyɛ. Nyo t̀ò śɛn m̄ d́ nòbà nǎ̀ kè: 855-258-6518, ḱ m̄ m̄ f̀ tee b́ wa ḱ m̄ gbo c̄ b́ m̄ ḱ nòbà m̀à 0 k̄ɛ dyi pàd̀àn hwè. ɔ̀ jù ḱ nyo d̀ dyi m̄ gǎ̀ jǎ̀n, po wuɖu m̄ ḿ p̄ɛ dyiɛ, ḱ nyo d̀ mu bó n̄in b́ ɔ̀ ḱ 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。

Igbo (Igbo) Nrụbama: 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'íh. 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'íł yatí'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'.

Health benefits administered by:



Family of health care plans

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Dental and Vision Options 2022

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
ADDITIONAL LENS OPTIONS¹		
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.

¹ 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 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
EYE EXAMINATIONS	
Routine Eye Examination with dilation	\$10
FRAMES¹	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES²	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
Standard Progressive Lenses	\$75
CONTACT LENSES¹	
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
LASER VISION CORRECTION¹	Up to 25% off allowed amount or 95% off any advertised special ²

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

² 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

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 nóm̀bà fòdùn tò wà lèyìn kààdi idánimò wọn. Àwọn mírán le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò tíítí a ó fí sọ̀ fún ọ̀ láti tẹ̀ 0. Nígbàtí aṣojú kan bá dáhùn, sọ̀ 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 kɛ bá nyo bɛ́ kɛ̀ m̀ gbo kpá b́ó nì fùà-fúá-tiǎ̀ nyɛɛ̀ jè dyí. Bǎ̀ nǎ̀ kɛ bédé wé jéé bɛ́ bɛ́ m̀ kɛ́ dɛ́ wa ḿ m̀ kɛ́ nyuɛɛ̀ nyu hwè bɛ́ wé bɛ́a kɛ́ zi. ɔ̀ m̀ nì kpé bɛ́ m̀ kɛ́ bǎ̀ nǎ̀ kɛ́ kè gbo-kpá-kpá m̀ ḿɛɛ̀ dyé dɛ́ nì bídí-wùdù mú bɛ́ m̀ kɛ́ se wídí d̀ò pɛ́ɛ̀. Kpoò̀ nyo bɛ́ mɛ́ d́á fúùn-nòbà nǎ̀ dɛ́ waà I.D. káà̀ dɛ́n nyɛ̀. Nyo t̀ò̀ sɛ́n mɛ́ d́á nòbà nǎ̀ kɛ: 855-258-6518, kɛ́ m̀ mɛ́ fò tee bɛ́ wa kɛ́ m̀ gbo cɛ́ bɛ́ m̀ kɛ́ nòbà m̀à 0 kɛɛ̀ dyi pàd̀à̀n hwè. ɔ̀ jù kɛ́ nyo d̀ò dyi m̀ gǎ̀ jǎ̀n, po wuɖu m̀ ḿ pɛ̀ dyiɛ, kɛ́ nyo d̀ò mu b́ó nì̀n bɛ́ ɔ̀ kɛ́ 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। 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) Nruḅama: 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 bua. 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 éédahózin béeso ách'áq̄h naanil ník'ist'i'ígíí bá. Bii' dahólq̄q̄ doo íiyisíí yoolkáálígíí dóó t'áádoó le'é ádadoolyííllígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íh. 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 kójj' dahódoonih 855-258-6518 dóó yii diilts'íłt' yaltí'ígíí t'áá níléjij áádóó éi bikéé'dóó naasbaas bił adidiilchit. Áká'ánidaalwó'ígíí neidiitáq̄go, saad bee yánilt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowot'.

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