

AGREEMENT

BETWEEN THE

CENTRAL BUCKS SCHOOL DISTRICT

AND THE

CENTRAL BUCKS EDUCATION ASSOCIATION, PSEA-NEA

2022-2028

July 1, 2022

TABLE OF CONTENTS

	<b>Page</b>
ARTICLE I RECOGNITION .....	1
ARTICLE II NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE .....	2
ARTICLE III GRIEVANCE PROCEDURE.....	2
ARTICLE IV ARBITRATION .....	4
ARTICLE V STATUTORY SAVINGS CLAUSE .....	5
ARTICLE VI PROFESSIONAL COMPENSATION.....	5
ARTICLE VII LEAVES OF ABSENCE .....	9
ARTICLE VIII PAID LEAVES OF ABSENCE.....	11
ARTICLE IX EMPLOYEE RIGHTS.....	13
ARTICLE X ASSOCIATION RIGHTS.....	16
ARTICLE XI CONDITIONS OF EMPLOYMENT .....	19
ARTICLE XII EMPLOYEE BENEFITS PROGRAM .....	24
ARTICLE XIII MODIFICATION OF AGREEMENT.....	29
ARTICLE XIV SEPARABILITY .....	29
ARTICLE XV WAIVERS.....	30
ARTICLE XVI PROBATIONARY PERIOD.....	30
ARTICLE XVII UNSATISFACTORY EVALUATION.....	30
ARTICLE XVIII DURATION OF AGREEMENT .....	32
APPENDIX A.....	33
APPENDIX B .....	38
APPENDIX C .....	42

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## PREAMBLE

This Agreement entered into effective this 1st day of July 2022 by and between the Board of Education of the School District of Central Bucks, Doylestown, Pennsylvania, hereinafter called the "Board" and the Central Bucks Education Association, hereinafter called the "Association."

## WITNESSETH:

1. WHEREAS, the parties have reached certain understandings which they desire to confirm in this Agreement. In consideration of the following mutual covenants, it is hereby agreed as follows:

## ARTICLE I RECOGNITION

### A. UNIT

The Board of Education of the Central Bucks School District, Doylestown, PA, hereinafter called the "Board," recognizes the Central Bucks Education Association, PSEA/NEA, hereinafter called the Association, as the sole and exclusive representative for collective bargaining for all non-supervisor employees employed pursuant to a temporary professional or professional contract in any of the following positions: Teacher; School Nurse; Librarian; Guidance Counselor; Staff Development Facilitator; School Psychologist, Behavior Analyst, Social Worker, and Long Term Substitute as defined below and excluding Long Term Per Diem Substitutes as defined below and excluding all other employees.

Covered employees who work less than five-tenths (.5) FTE (Full Time Equivalent) or who are scheduled for less than a minimum of one-half ( $1/2$ ) the annual number of student days shall not be covered by the benefits herein unless otherwise required by law.

Long Term Per Diem Substitutes, which are not covered by the contract, are substitutes employed in the same assignment for more than ten (10) consecutive work days. When the assignment extends continuously beyond one-half ( $1/2$ ) the number of student days in a year, ninety-two consecutive work days as set forth in this agreement. They shall be converted to Long Term Substitutes and covered by this Recognition clause. Such Long-Term Substitutes shall be placed onto the Teacher salary schedule retroactive to the beginning of that assignment and shall be covered prospectively under Article XII, Section A, B, C, D, E, F, H, and I. The remaining provisions of the Agreement shall not apply to Long Term Substitutes unless required by law.

1. To qualify as a Long-Term Substitute (LTS) as opposed to a Per Diem Substitute, the person must be placed into one assignment which spans an entire semester. LTS status would then continue until the end of the assignment.

2. A substitute hired after a semester has begun cannot be a Long-Term Substitute for that semester.

3. If a Long-Term Substitute completes a semester and is thereafter hired as a substitute for a different assignment, the employee must fulfill the requirement for being a long-term substitute anew for the subsequent semester

Notwithstanding the above provisions, an employee on layoff who is recalled to fill a temporary vacancy will be covered by this Agreement, except as follows:

4. During the first thirty (30) consecutive work days such employee will be paid in accordance with the regular substitute rate paid by the District.

5. Upon completion of thirty (30) consecutive workdays, the employee will be paid at the per diem rate for the salary step and educational level the employee would have been placed at if the employee were not furloughed, retroactive to the first day worked. Insurance benefits as provided under Article XII will become effective after completion of thirty (30) consecutive days of work.

## ARTICLE II NONDISCRIMINATION/SEXUAL HARASSMENT CLAUSE

Central Bucks School District agrees that:

1. In the hiring of any employee(s) for the performance of work, the district shall not, by reason of gender, race, creed, color, sexual orientation, or any other basis prohibited by applicable law, discriminate against any employee who is qualified and available to perform the work to which the employment relates.

2. In no manner will the district discriminate against or intimidate any employee on account of gender, race, creed, color, sexual orientation, or any other basis prohibited by applicable law.

3. The district shall not discriminate by reason of gender, race, creed, color, sexual orientation, or any other basis prohibited by applicable law, against any employee who is qualified to perform the work to which the employment relates.

## ARTICLE III GRIEVANCE PROCEDURE

### A. DEFINITIONS

1. Grievance

A "grievance" is a complaint by an employee or a group of employees, that there has been a violation, misinterpretation, or misapplication of the terms of this Agreement.

2. Aggrieved Person

An "aggrieved person" is the person or persons making the claim.

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**B. PURPOSE**

1. The purpose of this procedure is to secure, at the lowest possible level, equitable solutions to the problems that may arise affecting the welfare or working conditions of employees covered by this agreement. Both parties agree that these proceedings shall be kept informal and confidential.

2. Nothing contained herein shall be construed as limiting the right of any employee having a problem to discuss the matter informally with any appropriate member of the administration or with any appropriate member of the Association at any time.

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**C. PROCEDURE**

Time Limits

Since it is important that grievances be processed as rapidly as possible, 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 be extended by mutual agreement between the parties to this Agreement.

1. Level One - Principal

The District, the Association, and/or the employee(s) are encouraged to resolve alleged grievances through oral discussion with the appropriate supervisor prior to filing a written grievance. An employee(s) with a grievance shall file said grievance in writing with employee's principal, within thirty (30) school days of the act upon which the grievance is based. The principal shall schedule a hearing to take place within ten (10) school days after receiving the grievance and shall answer the grievance in writing within five (5) school days following the hearing. If the aggrieved person is not satisfied with the decision on employee's grievance or a solution is not forthcoming within ten (10) school days, the aggrieved may proceed to Level Two.

2. Level Two - Superintendent

The aggrieved may file the grievance in writing with the Superintendent within ten (10) school days after the decision at Level One. The Superintendent or the Superintendent's designee shall schedule a hearing to take place within ten (10) school days after receiving the grievance and shall answer the grievance in writing within five (5) school days following the hearing. If the aggrieved is not satisfied with the decision on employee's grievance at Level Two or no decision is forthcoming within ten (10) school days, the aggrieved may proceed to Level Three.

3. Level Three - Board

The aggrieved may file the grievance in writing with the Board within ten (10) school days of the decision at Level Two. The Board shall schedule a meeting to take place within twenty-five (25) school days after receiving the grievance. The Board shall designate two or more of its members to attend such meeting and shall answer the grievance within five (5) school days following the meeting. If the aggrieved is not satisfied with the decision of employee's grievance

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at Level Three or no decision is forthcoming within twenty-five (25) school days, the grievance may be considered for arbitration in accordance with the procedure hereinafter set forth.

#### **D. MISCELLANEOUS**

##### **1. Group Grievance**

If in the judgment of the Association a grievance affects a group or class of teachers, the Association may submit such grievance in writing to the Superintendent directly, and the processing of such grievance shall be commenced at Level Two.

##### **2. Written Decisions**

Decisions rendered at each of the first three levels of the grievance procedure shall be in writing, setting forth the decision and the reasons therefore, and shall be transmitted promptly to all parties in interest and to the Association.

##### **3. Separate Grievance File**

All documents, communications and records dealing with the processing of a grievance shall be filed in a separate grievance file in the Superintendent's office and shall not be kept in the employee file of any of the participants.

Forms for filing grievances, serving notices, taking appeals, making reports and recommendations, and other necessary documents shall be prepared jointly by the Superintendent and the Association and given appropriate distribution so as to facilitate operation of the procedure.

##### **4. Meetings and Hearings**

A meeting shall be held at all levels of this procedure. All meetings and hearings under this procedure shall not be conducted in public and shall include only such parties in interest and their designated or selected representative, and persons who could give relevant testimony, heretofore referred to in this Article.

5. At each step of the grievance procedure an Association representative shall have the right to be present and the aggrieved shall be entitled to have representation of employee's own choice.

### **ARTICLE IV ARBITRATION**

A. In the event a grievance cannot be resolved with the three-step grievance procedure described in this Agreement within twenty (20) school days of the previous decision, the Association may refer such grievance to arbitration pursuant to Section 903 of the Public Employee Relations Act, Act 195.

ASSOCIATION B. The District and the Association shall mutually agree upon a list of three (3) arbitrators. The list shall be revised at the beginning of each school year or whenever an arbitrator on the list is no longer available. Whenever the Association moves a grievance to arbitration, the arbitrator shall be selected from the mutually agreed-upon list. Each party may remove arbitrators from the list to be replaced by a mutually agreed upon arbitrator. The arbitrator so selected shall confer with the representative of the Board and the Association and hold hearings unless such hearing is waived by the parties. The arbitrator's decision shall be in writing and shall set forth the findings of fact, reasoning and conclusions on the issues submitted. The decision of the arbitrator shall be submitted to the Board and the Association and shall be final and binding on the parties. The arbitrator shall be without power or authority to make any decision which requires the commission of an act prohibited by law or which is violative of the terms of this Agreement.

C. The costs for the services of the arbitrator, including per diem expenses, if any, and actual and necessary travel, subsistence expense and the cost of the hearing room and court reporter, if so incurred, shall be borne equally by the Board and the Association. Any other expenses incurred shall be paid by the party incurring same.

#### **ARTICLE V STATUTORY SAVINGS CLAUSE**

Nothing contained herein shall be construed to deny or restrict to any party to this Agreement such rights as the employee may have under the Public-School Code of 1949 as amended, or the Public Employee Relations Act, or other applicable laws and regulations.

#### **ARTICLE VI PROFESSIONAL COMPENSATION**

A. The base annual salary rates for employees for the period covered by this Agreement are set forth in APPENDIX A.

B. SALARY SCHEDULE FOOTNOTES (See APPENDIX A)

C. ADDITIONAL COMPENSATION

1. Extra Duty Responsibility (EDR) (See APPENDIX B): EDR's shall only include duties performed on a regular basis beyond the normal work day for non-classroom related extra-curricular activities for students. All EDR's must be preapproved.

a. The value of a unit for Extra Duty Responsibility (EDR) shall be \$320.00 and increased to \$325 effective July 1, 2025.

b. Other EDR units for student activities such as intramurals, clubs, publications, etc., at elementary and/or secondary schools shall be paid on the basis of one unit for each twenty (20) hours beyond the normal work day in a program preapproved by the Superintendent. Forms requesting approval of EDR units shall be made available by the principal in each school.

c. Seniority in EDR Positions - Seniority will not accrue for employees hired in an EDR position after June 28, 2011. Incumbents employed in an EDR position prior to June 28, 2011, shall continue to be eligible for seniority units as indicated:

<u>Number Years Completed</u>	<u>Total Additional Units</u>
5	2
10	4
15	6
20	8
25	10
30	12

For the purpose of implementation of this section the number of years completed shall be computed beginning July 1, 1984. Service prior to July 1, 1984 will not be included in the computation of number of years completed.

d.

Saturday Suspension:	\$130/day
IEP Writing:	\$50/hour
Due Process and Prep Work:	\$50/hour
Interpreting:	Hourly/Per diem
Translating:	Hourly/Per diem
Cyber Academy Digital Designer:	\$5,000 per 18-week course/ \$2,500 per 9-week course
Digital Course Designer:	\$5,000 per 18-week course/ \$2,500 per 9-week course

d. A bargaining unit member employed in a pupil services capacity may volunteer to work hours during the summer, or, during the school year outside the contractual workday. Such days will be paid to the employees at their per diem rate.

The number of days shall not be less than:

- High School Counselors: 8
- Middle School Counselors: 5
- Elementary Counselors: 3
- Certified School Nurse: 2

If additional days are needed, it will require Principal and Director of Pupil Services' approval.

For the 2022-2023 and 2023-2024 school years only, school counselor may opt to receive one compensatory day in lieu of per diem.

#### Compensation Days

- Must be approved by the Principal
- May be denied if multiple employees in the same building request the same date;
- The compensation day may not be used on a professional development day, a Friday, or adjacent to a school holiday.

Services

The District recognizes that certain situations arise outside of the regular school year which may require utilizing Speech Professionals, School Social Workers, and other Student Services employees in their professional capacities. When such work arises, the professionals may submit a request to their supervisor for approval or their supervisor may ask for volunteers to perform the work. Such work will be compensated per diem.

School Psychologists with evaluations or re-evaluations that are due after the beginning of the school year but before September 30th, may, with permission of their supervisor and the Director of Pupil Services, complete work on those documents outside of the regular school year. Such work will be compensated per diem.

Services

School Counselors and available personnel may be involved in assisting with the PSAA/Keystone testing but will not serve as School Assessment Coordinators.

#### 2. Salary for Additional Days of Work for Bargaining Unit Members:

Salary for additional days of work for bargaining unit members, excluding those covered for 12 month or summer school contracts, performing full or part-day professional duties beyond the employee's regular work year shall be reimbursed at the hourly rate determined in accordance with the following formula:

$$\text{Hourly rate} = \frac{\text{Base Annual Salary} *}{195 \times 7\text{-}1/2 \text{ hours}}$$

SERVICES

School \*The employee's actual salary rate on the last day of the preceding student school year.

#### 3. Mileage Reimbursement

Subject to the following, employees required in the course of their work to drive personal automobiles shall receive reimbursement in accordance with the Internal Revenue Service's

standard mileage rate for the first 15,000 miles of business use. The reimbursement rate for each fiscal year shall be established at the Internal Revenue Service's rate in effect on the April 1 immediately preceding the start of the fiscal year.

Applications for reimbursement may not be submitted if the total mileage for reimbursement is less than 25 miles except at the end of the second and fourth marking periods of a school year.

4. Induction

A Mentor for a novice bargaining unit member will receive an annual stipend for each novice mentored as follows:

2022-2023	\$500
2023-2024	\$500
2024-2025	\$600
2025-2026	\$600
2026-2027	\$700
2027-2028	\$700

5. Act 48

Act 48 Committee Members: Bargaining unit members elected to represent entities of the district on the Act 48 Committee shall be paid at their pro rata hourly rate for Act 48 Committee work beyond the contracted work week or work year.

Act 48 Participants: All fees for required workshop and/or conference attendance by "new era" employees will be paid by the district.

6. National Board Certification

A professional employee who earns national certification through the National Board of Professional Teaching Standards shall be compensated with an annual stipend as indicated below: The employee must provide a copy of the certificate and or any renewal certificate to the Office of Human Resources before reimbursement can be made.

2022-2023	\$2,000
2023-2024	\$2,000
2024-2025	\$2,000
2025-2026	\$2,100
2026-2027	\$2,200
2027-2028	\$2,300

Teachers with less than 1.0 FTE designation shall receive the full stipend. Teachers on an approved unpaid leave of absence shall receive a pro rata amount subject to the following:

45 days worked or less = \$250
More than 45 days worked but less than 90 = \$500

More than 90 days worked but less than 135 = \$1,500  
More than 135 days worked full stipend = \$2,000

A professional employee, specifically Certified School Nurses, Certified School Psychologists and Speech Pathologists who earn national certification through their National Board of Professional Standards shall be compensated with an annual stipend of \$1,500. The employee must provide a copy of the certificate and or any renewal certificate to the Office of Human Resources before reimbursement can be made.

Certified School Nurses, Certified School Psychologists and Speech Pathologists with less than 1.0 FTE designation shall receive the full stipend. Certified School Nurses, Certified School Psychologists and Speech Pathologists on an approved unpaid leave of absence shall receive a pro rata amount subject to the following:

45 days worked or less = \$250  
More than 45 days worked but less than 90 = \$500  
More than 90 days worked but less than 135 = \$1,000  
More than 135 days worked full stipend = \$1,500

7. CERT Team

Bargaining unit employees serving as CERT team members seeking CPR certification or recertification will be paid ½ day per diem for each course completed.

8. SAP Team

Bargaining unit members on an SAP Team will receive per diem pay for two days (one each semester) for such activities.

9. District Subject Area Coordinators and District Staff Development

Bargaining unit members serving as department or district Coordinators and District Staff Development shall be paid per diem for days worked outside of the regular contractual school year provided the days have been pre-approved by the Principal, or supervisor. For the 2022-23 and 2023-24 school years only, the employee may choose one (1) comp day in lieu of per diem.

10. Should a bargaining unit member be required to be trained in the use of restraints employee will be paid applicable per diem if training cannot occur during the normal work day.

## ARTICLE VII LEAVES OF ABSENCE

### A. UNPAID LEAVE

To be eligible to request an unpaid leave of absence which runs concurrently with an FMLA period, an employee must have completed one (1) year of full-time professional employment and/or have been back to work from a previous leave for at least one full year before the employee may apply for another unpaid leave. All paid and unpaid leaves of absence run concurrently with FMLA, if applicable.

For child-rearing purposes, an eligible secondary employee shall be entitled to request an unpaid leave of absence for a period not to exceed three (3) semesters. For child-rearing purposes, an eligible elementary employee shall be entitled to request an unpaid leave for a period not to exceed five (5) trimesters as long as the fifth (5<sup>th</sup>) trimester does not return the employee to work in the last trimester of the year. Except for extenuating circumstances such requests must be made to the Board at least ninety (90) days in advance of the effective date of leave and the Board shall not unreasonably deny any such request. The semester during which the unpaid leave begins will be counted as the first full semester/trimester toward the maximum amount of leave.

Where an employee exhausts FMLA but the reason necessitating FMLA remains, Employee may request unpaid leave for less than an entire year. The request must, at a minimum, be for the remainder of, or for an entire semester/trimester. The employee shall be offered COBRA, at the employer's cost, for health benefits.

1. An employee may request of the Board of Education, for a good and sufficient reason unrelated to FMLA, a leave of absence for one entire school year. To be eligible for consideration, the leave must encompass one entire school year. If granted, the employee will be offered COBRA, at employee cost for health benefits. The leave year shall count as a null year and will not count towards step movement, seniority, pension, or any other benefit. The Board shall have discretion to grant or deny the leave.

2. Unpaid leaves of absence shall normally commence and terminate effective with the beginning of the school year in September, except for unique and/or extenuating circumstances. Requests for an unpaid leave of absence must be submitted by April 1st for consideration for the following school year.

3. Employees on authorized leave of absence without pay shall not be considered to be active employees of the school district and shall not be entitled to any benefits granted active employees.

4. Employees granted leave under this section shall be allowed to remain a member of the District Group Health, Dental and Life Insurance Plan on condition that they prepay (normally three months) to the District, the entire premium for their participation in the Plan.

5. Upon return to active employment immediately upon the expiration of the authorized leave of absence, seniority, accumulated sick leave, and full participation in all of the benefits of employment shall be restored to said employee and such employee shall be assigned to a position in the same building for which the employee is certified, subject to the District's right to transfer employees under Article XI, Section-G of this contract.

6. An employee who does not return from an authorized leave of absence upon the expiration of said leave shall be determined to have resigned as of the date such authorized

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leave commenced. However, the Board may waive the provision of this subsection - the Board's decision shall not be subject to the grievance procedure.

7. An employee on FMLA may hold up to five (5) illness days in their bank for illnesses that may arise upon return from leave. If applicable, this will extend the short-term disability elimination period by the same number of workdays. Employees who qualify for disability due to maternity/childbirth may exclude up to ten sick days from the elimination period to qualify for short term disability.

8. Effective 2019-2020 school year employees shall be limited to no more than three (3) consecutive years of job sharing.

9. The District will provide one overlap day between a long-term sub and a member when the member takes a planned leave during the school year of longer than 10 days. In extenuating cases, with administrative approval, a second overlap day may be provided.

## ARTICLE VIII PAID LEAVES OF ABSENCE

disability  
disability

### A. LEAVE FOR ILLNESS/LEGAL REASON

1. Bargaining unit employees who are scheduled to work the entire year will annually earn ten (10) days of paid leave which may be used for personal illness, or legal reasons as defined below. Personal illness occurs when an employee is sick and unable to work. Personal illness may be used for an employee's personal illness, well-care, medical and/or dental appointments. Employees may use up to five (5) of said days in a year to care for the illness or well-care of an immediate family member. Immediate family member is defined as mother, father, spouse, child, and/or any person with whom the employee shares a home.

2. An employee who has a personal illness absence in excess of three (3) consecutive work days must present medical documentation regarding the reason for absence, signed by the treating physician immediately upon return.

3. Legal reasons are limited to legal actions that require a court appearance with a subpoena, or to appear as a party in a custody dispute in Family Court.

4. Where an employee uses a sick day, adjacent to a personal day, a doctor's note, which may be provided through Tele-Doc or other similar vehicle, will be required.

consecutive  
signature

### B. JURY DUTY

For satisfying the legal requirements of serving on jury duty the District will pay to employees the difference between compensation gained as a juror and the regular straight time pay for the time actually lost from regularly scheduled work.

~~shall not be scheduled~~ **C. PERSONAL BUSINESS DAYS**

Effective at the start of each school year, each employee scheduled to work each day in the work year shall be granted personal business day(s) in accordance with the following. Except as noted below, such personal business day(s) may be used at the sole discretion of the employee.

1. Each eligible employee shall receive three (3) personal business days per year.

2. The use of personal business days shall be requested by the employee through the online system utilized by the District (agreed to by the parties) which must be submitted a minimum of five (5) work days in advance of the date(s) of absence. A late request shall not be unreasonably denied. However, a request less twenty-four (24) hours in advance will not be approved except in extenuating circumstances. Personal days may be taken in increments of three (3) days consecutive days. If an employee wishes to utilize four (4) or five (5) consecutive personal days prior approval must be obtained by Superintendent and/or designee at least ninety (90) days in advance of the requested personal days.

3. If a full-time bargaining unit member (excluding long term per diem substitutes) is in active status after the school year begins for the full school year, but before January 1, the employee will receive two (2) personal days for that year. If active status commences after January 1, the full-time employee will receive one (1) personal day for that year.

4. The use of personal business days may be denied for the following reasons:

~~shall not be scheduled~~ a. If requested for use on a basis that is less than the employee's regular scheduled work day.

b. Personal days may not be used, except in an emergency, on specified Professional Development Days which shall be designated by the district annually. The district will limit the number of Professional Development Days where personal day requests will not be honored to a maximum of four (4) in the annual Act 48 calendar. The Act 48 calendar will be disseminated prior to the end of the current school year for the next school year to allow bargaining unit members to plan accordingly.

c. If requested for use on the day before or after a student holiday (including the first and last student day of the year).

~~shall not be scheduled~~ d. If requested for use on any day on which 10% or more of a school's staff is scheduled to be absent.

5. The Superintendent or employee designee's denial of a request for use of a personal business day for reasons indicated above shall not be subject to the grievance procedure but may be a subject for Meet and Discuss.

6. Personal business days may be accumulated to a total of five (5). If an employee earns personal leave which would bring employee accumulated total to above five (5), all such days in excess of five (5) shall be converted to a cash payment at the current rate paid to

per diem substitute teachers for each such day. Such payment shall be made within 30 days of the start of the student school year.

7. Employees terminating their employment and who notify the District prior to May 1st shall receive a cash payment equal to the current rate paid to per diem substitute teachers for all unused personal business days. Such payment shall be made within 30 days following the last day of school.

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#### **D. RELIGIOUS HOLIDAY**

Requests for such leave must be made on a district form agreed to by the parties and must be submitted at the earliest possible date.

#### **E. SABBATICAL LEAVE**

Sabbatical leaves of absence will be granted in accordance with Sections 1166 through 1171 of the Public-School Code of 1949, as amended.

#### **F. BEREAVEMENT LEAVE**

1. Death of an immediate family member — Up to five (5) days of paid leave. An immediate family member is defined as father, stepfather, mother, stepmother, brother, sister, son, daughter, husband, wife, parent-in-law or near relative who resides in the same household, or any person with whom the employee shares a home.

2. Death of a near relative - Paid leave on the day of the funeral. A near relative is defined as a first cousin, grandfather, grandmother, grandchild, aunt, uncle, niece, nephew, son-in-law, daughter-in-law, brother-in-law, or sister-in-law. In the case of a near relative, the employee may request an additional day to attend the funeral if the travel required is in excess of 150 miles.

#### **G. PROFESSIONAL DEVELOPMENT**

It is the expectation of the District and the Association that bargaining unit members participate in all district professional development programs. These professionals are accountable for any work product required and for implementation of any expectations related to the professional development program.

Failure to do so may result in a negative impact on an employee's evaluation in the professionalism domain.

### **ARTICLE IX EMPLOYEE RIGHTS**

#### **A. JUST CAUSE**

Actions taken by the Board with respect to a bargaining unit member shall be for just cause.

## **B. SENIORITY**

1. Every year in the month of February, the Board shall promulgate and present to the Association a seniority list. An employee who appears on the seniority list for the first time shall have thirty (30) calendar days in which to appeal employee seniority date to the Seniority Date Appeals Committee.

Each employee's seniority shall be determined by employee seniority date which shall be defined as the first day of an employee's latest period of continuous employment as a temporary professional or professional employee. The first day of such employment shall mean the effective date as approved by the Board in its official minutes.

In the event two or more employees have the same seniority date, their relative seniority shall be determined in accordance with the tiebreaking procedures indicated in #3 below.

2. The Seniority Date Appeals Committee shall be comprised of three (3) representatives to be named by the Association and three (3) representatives to be named by the Board. The Committee shall meet between thirty and forty-five (30-45) days after the seniority list has been promulgated and shall rule on all appeals. The decision of the Committee shall be final.

Between 30-45 days after the seniority list has been promulgated, the Committee shall also rank for seniority purposes, employees with the same seniority date. An employee's tie breaking rank, once established, shall continue from year-to-year except as modified by the termination of employment, of employee(s) with the same seniority date who had a more senior tie breaking rank, if any. The rank among persons still tied after this first consideration shall be determined by lottery. The Committee shall conduct such lottery at a time and place that must be announced at least one week in advance and, the Committee shall invite all members of the Bargaining Unit to be present.

The Committee shall have the sole discretion to determine the method to be used in conducting the tie breaking lottery and an employee's tie breaking rank, once determined, shall be final.

3. An employee shall lose employee seniority rights if the employee resigns or is discharged in accordance with the School Code. However, seniority shall not be lost if:

a. Seniority is otherwise preserved by the provisions of the Federal or State statutes; or

b. The employee is on an approved leave.

## **C. LAYOFF**

1. In the event that it becomes necessary to reduce the number of present staff members by layoff, non-tenured employees shall be laid off first in inverse order of seniority.

2. In the event the District is unable to sufficiently reduce the present staff by attrition or layoff of non-tenured employees, the District shall use a modified checkerboard realignment to ensure that more senior employees are provided an opportunity to fill positions for which they are certified, and which are being filled by less senior employees upon the following terms and conditions:

Any employee who is reassigned to a position requiring a different certification than the certification needed for the employee's current teaching duties, must have been assigned under that certificate within the last ten (10) years of the date of the realignment or the certification was obtained within the last five (5) years.

3. No checkerboarding will be undertaken which is educationally unsound.

4. Any employee transferred as a result of this Article shall have no rights under the Transfer Article of this Contract.

5. Affected employees will be notified of a layoff as far in advance as possible, but in no event, later than June 15.

#### **D. RECALL**

Suspended temporary professional employees and professional employees shall be recalled on the basis of seniority. No new appointment shall be made while there is a suspended employee available who is properly certified to fill such vacancy. For the purpose of this subsection, positions from which employees are on approved leaves of absence shall be considered temporary vacancies.

To be considered available, a suspended professional employee must annually report to the District employee intent to accept the same or similar position when offered.

An employee offered reinstatement to a temporary or part-time vacancy may decline such offer and remain on the eligibility list for reinstatement to a permanent position. An employee who declines an offer of reinstatement to a permanent position will be removed from the eligibility list.

#### **E. EMPLOYEE FILES**

Professional employee files shall be maintained in accordance with the following:

1. The only official file for the purpose of any action by the Central Administration or Board against any employee shall be in the District central office.

2. No material adverse to a bargaining unit employee's conduct, service, character, or personality shall be placed in the employee's official file unless the professional employee has had an opportunity to acknowledge the employee has read such material by signing or initialing the actual copy to be filed. Such initialing, or signature does not necessarily indicate agreement with its content. If the employee refuses to sign or initial the material, it may be placed in the employee's official file indicating such refusal.

3. The employee shall have the right to answer any material filed in employee official file and the employee's answers shall be attached to the file copy.

4. Upon request by the employee, permission to examine the individual personnel file shall be granted within a reasonable time. The employee shall be entitled to have a representative accompany the employee during such review.

5. The employee shall be permitted to make copies of ten (10) pages of any material in the employee's official file in a school year without cost. Additional pages will be at a reasonable cost determined by the district.

6. Any material related to such occurrence or incident must be placed in an employee's official file no more than thirty (30) school days after the occurrence or incident.

#### **F. DISCIPLINARY CONFERENCES**

In the event, it becomes necessary to hold a disciplinary conference, the employee shall be notified of the nature of the conference and shall be entitled to be accompanied by and receive advice from an Association representative or such person the employee may select, if requested. Should a conference called for another purpose become disciplinary in nature, the employee shall have the right to leave such conference and seek counsel as indicated above.

#### **G. STUDENT REFERRALS**

When an employee refers a student to Administration for the purposes of discipline, the employee shall be notified in writing by Administration of the action taken within five (5) school days of the referral.

### **ARTICLE X ASSOCIATION RIGHTS**

#### **A. VACANCIES**

1. Bargaining Unit vacancies will be posted on the school district website for five (5) calendar days beginning the day of posting. The Association President will be advised when new vacancies are posted. For vacancies, which occur during the school year, the District reserves the right, for reasons of educational continuity, to fill a vacant position with a new employee for the remainder of the school year and post the position during the spring when vacancies for the following school year are normally posted. Each applicant shall be notified as to whether the employee has been accepted for the position.

2. In March of each year an employee who wishes to be considered for a different assignment including EDR positions, shall so inform the Office of Human Resources on a Request for Transfer form to be provided. Each employee so requesting consideration for a different assignment shall be notified as to whether the employee has been accepted for such other assignment.

3. Prior to the last student day of the school year, special education teachers/case managers shall receive notification from their supervisors of the tentative

subject/levels of instruction for the upcoming year. Special education teachers/case managers at the secondary level shall receive notification of tentative caseloads for the upcoming year.

4. Coordinator and summer school positions shall be posted in the same manner as vacancies in the bargaining unit.

5. If the District seeks to propose a vendor contract that involves bargaining unit work, it will so advise the Union President before submission to a CBSD Board Committee and will meet to discuss upon request.

#### **B. RELEASED TIME FOR MEETINGS**

Whenever any representative of the Association or any employee participates during working hours in negotiation, grievance proceedings, conferences or meetings related to the administration of this Agreement the employee shall suffer no loss in pay when such meetings are scheduled by the employer.

#### **C. TIME FOR PRESIDENT**

The Board and the Association recognize the need for the President of the Association, for the good of the Association and the District, to have time to spend on Association/District business. The President of the Association shall be assigned to the schedule fifty percent (50%) of the basic work week.

#### **D. MEET AND DISCUSS**

The Board and the Association recognize the importance of mutual communication among the teaching profession, the Administration, and the Board in making provision for the education of the youth of the community and agree that each will conform to the "meet and discuss" provisions of the Public Employee Relations Act. To this end it is mutually agreed that a "meet and discuss" committee will be appointed.

1. The Meet and Discuss Committee will consist of:

- a. The Superintendent of Schools
- b. Not more than five representatives of the School Board which will include building principals, central office staff personnel, and at least one school board member
- c. Not more than five representatives of the Association chosen from the bargaining unit by the Association

2. The "meet and discuss" committee shall meet monthly at mutually agreeable times for the purpose of conferring on items deemed important by both parties to assure mutual communication between the Association, Board and Administration.

a. The Board and Association each will submit two items for consideration. Other items will not be considered until each of the original items are dispensed with, except by mutual agreement.

b. When decisions are rendered by the Board of School Directors, a statement explaining the decision will be delivered to the "meet and discuss" committee with the understanding that the statement is made without attribution and without prejudice.

3. Whenever it is the consensus of at least five (5) members of the "meet and discuss" committee, a joint meeting between the Board of School Directors and the "meet and discuss" committee will be held to review the effect and results of the "meet and discuss" sessions. At least thirty (30) days' notice should be given prior to this meeting.

#### **E. DUES DEDUCTION**

The Board agrees to deduct dues in the amount indicated by the Association from the salaries of members for the local association, the Pennsylvania State Education Association, and the N.E.A. as said members authorize the Board to deduct and transmit such monies by check promptly to the Central Bucks Education Association.

#### **F. CYBER ACADEMY**

Central Bucks Cyber Academy shall be staffed by bargaining unit employees.

Homebound instruction at the elementary level shall be staffed by bargaining unit members and contracted out only when there are insufficient staff available.

Secondary Homebound instruction will be offered in C.B. Cyber Academy courses if available. If the course is not available in C.B. Cyber Academy, instruction will be provided by third party providers.

In cases of credit recovery, where the curriculum and staff are available, it will be offered to bargaining unit employees.

In cases of Exhausting Curriculum, the function shall be contracted out.

#### **G. ACT 112 OF 1992 LEAVE OF ABSENCE**

An employee elected as an officer of the National Education Association, or the Pennsylvania State Education Association shall be granted a leave of absence in accordance with the provisions of Act 112 of 1992. During the leave of absence, the employee will be paid employee regular salary, benefits, seniority credit, and all other rights on the same basis as if the employee were in regular employment. The District shall be reimbursed by the Association for all costs related to salary, benefits, retirement contributions and any other employer-related costs.

**ARTICLE XI  
CONDITIONS OF EMPLOYMENT**

**A. WORK YEAR**

For the term of this Agreement the work year shall be 195 days. This includes 184 student days. The equivalent of one (1) calendar day will be used within the building by each teacher at employee discretion for professional responsibilities, including but not limited to, team meetings, department or grade level meetings, parent conferences, etc. Two (2) days will be non-calendar days credited as recognition of some of the additional time professional employees already provide as listed in Article XI, Section B Work Week.

New employees, in their first year of employment only, and as a part of the induction program and staff development, shall work an additional five (5) days without additional compensation.

Where the Board forgives student days in excess of 180 in a given year, the Superintendent or designee will determine staff activities for such days which may include recognition of time spent completing Safe Schools, PSSA, or Keystone training; or additional asynchronous electronic courses/activities, etc. Where course work is required, it must be completed within the time so specified.

The above are examples only and are not to be construed as limiting the discretion of the Superintendent or designee.

**B. WORK WEEK**

The basic work week shall be thirty-eight (38) hours, including provisions for lunch periods. Employees have additional professional responsibilities outside the normal work week. Such professional responsibilities typically include, but are not limited to the following:

1. Except in an emergency, faculty meetings called by the Principal; secondary and elementary department and/or curriculum meetings and/or building committee meetings may total five hours per month but in no event will faculty meetings be more than two hours per month.

An individual meeting will be for one hour unless announced in advance by the Principal or Committee Chair that it will be of longer duration. Employees may leave the meeting at the end of an hour (or of the pre-announced length of the meeting).

2. Parent, teacher, and student requested conferences at mutually agreeable times. Kindergarten teachers shall be provided equivalent parent conference time per class as all other elementary grade level teachers.

A kindergarten teacher shall be provided with two (2) days of conference time for each class taught per semester.

3. Back to school nights and/or open house. The District will discuss the feasibility of one High School open house program for both semesters for one evening of the school year.

4. Parent-teacher organization meetings

5. Student extra-curricular activities, excluding activities covered under EDR.

In the event coverage for extra-curricular student events is needed, such coverage shall first be arranged, insofar as practical, through volunteers. However, the maximum number of events to which an employee may be assigned without compensation during any school year shall be two (2). For each additional such event to which an employee is assigned such employee shall receive \$12.50 compensation. Volunteers shall not be paid.

6. No employee shall be assigned without employee consent, to an extra pay position for which compensation is not indicated in this Agreement.

### **C. PLANNING TIME - REGULAR SCHOOL YEAR**

#### **1. Elementary**

Full time elementary teachers and specialists, where there are five (5) specialist disciplines in the elementary program, shall receive a minimum of three hundred fifty (350) minutes of planning time (three hundred thirty (330) for Kindergarten), minus any supervisory duty time provided herein, per full school week. However, the parties recognize the practice that at times a specialist is needed to cover a regular class due to absence where substitutes are not available. In such cases, the amount of planning time will be impacted. Such planning time shall be in periods of not less than thirty (30) minutes daily, and except for specialists (e.g., music, physical education, art, library, etc.) and Special Ed teachers, such planning period shall be during the student day. Planning time for specialists with an assigned room may be scheduled at any time during the teacher work day. Specialists without an assigned room will receive a minimum of one (1) thirty (30) minute period of planning time daily during the student day.

Elementary teachers and specialists may be assigned up to a maximum of 120 minutes per month (up to 30 minutes per week) of unspecified supervisory duties. All but 60 minutes per month shall be used for recess supervision.

Should there be four (4) specialist disciplines in an elementary program, full-time elementary teachers shall receive a minimum of 280 minutes of planning time per full school week, minus any supervised duty time provided herein and duties shall be limited to sixty (60) minutes per month.

The district will attempt to minimize elementary teachers scheduled to teach eight (8) periods in a day.

## 2. Secondary

Full-time secondary teachers shall be entitled to have daily planning time during which they shall not be assigned to any other duties for a minimum of one class period per day in addition to their duty-free lunch period. Planning time shall be during the student day.

The purpose of the following provision is to maintain safe conditions for students and staff and to avoid situations disruptive to the learning environment. In furtherance of these shared objectives, the parties agree that sixty (60) minutes of planning time per month at the High School level and forty (40) minutes of planning time per month at the Middle School level may be used for unscheduled or unanticipated supervisory needs. Use of this time for any one instance may not be in excess of thirty (30) minutes at the High School level or twenty (20) minutes at the Middle School level.

Principals will provide information to the Assistant Superintendent for Secondary Schools as to the use of this time on a monthly basis, reasons for use and teachers affected. A copy of these reports will be provided to the Association on a monthly basis. Using this data, the parties, upon request, will meet to discuss safe conditions for students and staff, and/or disruptions to the learning environment.

3. A bargaining unit member who volunteers to forego planning minutes to cover the instructional time of another teacher will be paid their hourly rate for the lost planning minutes.

### D. WORKING CONDITIONS

1. For secondary schools, there shall be a half day scheduled at or near the end of each marking period for grading responsibilities, clerical duties, etc.

2. There shall be three (3) half-day (1/2) early dismissal days for students on the elementary level, with such days to be scheduled at the end or as close to the last day of each marking period/trimester as possible. These one-half (1/2) days are to be utilized by individual teachers in the building for planning purposes, clerical duties, etc.

### E. ONLINE STUDENT COURSEWORK

The District and Association agree to meet and discuss annually, upon the request of the Association, regarding the issue of students taking online courses from non-District professionals.

1. As of December 2014, the School District has nine students utilizing one online learning course and one student utilizing two online learning courses. These students attend four schools (two elementary and two middle schools) across the 23 schools in the District.

2. The School District does not anticipate and agrees that the use of online learning will not impact teacher positions within the School District.

3. In the event that the district does face this issue, the District and the Association will meet to discuss the situation and potential solutions.

4. Nothing in this agreement will be construed as placing any restrictions on the District's managerial rights.

5. The District and the Association agree that the Association has not waived its exclusive right to bargaining unit work by virtue of this agreement and agree that the District will not assert in any forum or circumstance that the Association has waived its exclusive right to bargaining unit work.

6. The District will continue in good faith to work with the Association to address ongoing and evolving issues regarding the use of cyber instruction on an as needed basis.

#### **F. SPECIAL EDUCATION**

Special education teachers, including speech therapists but excluding PEN teachers, shall be entitled to be relieved of teaching or other duties for up to four (4) days to complete IEP's.

Gifted support teachers with a caseload of 10-29 students shall receive one GIEP day. For caseloads 30 or greater, the teacher shall receive two GIEP days.

The affected teacher will have flexibility in scheduling the four (4) days or two (2) days to be in alignment with IEP obligations and may be housed, at the teacher's request, on those days in a different district building than their home school to minimize potential interruptions.

#### **G. INVOLUNTARY TRANSFERS**

##### **1. Definition**

Involuntary transfer is defined as administrative reassignment to a position in another building.

##### **2. Causes**

Involuntary transfers may be implemented for one or more of the following reasons in the best interests of the District:

- a. Enrollment changes
- b. Program alteration
- c. Program requirements
- d. Staff stability and composition
- e. Realignment under Article IX of this contract

3. Criteria

When it is necessary to consider the transfer of a certified teacher for one of the causes listed in (2) above, the District shall transfer by using a combination of vacancy requirements, prior professional experiences, staff composition and stability, and previous assignment. In the event these factors are relatively equal; District seniority shall prevail.

4. Process

When it becomes known that such transfer is necessary, the building principal will implement the following process:

- a. The principal will communicate the need with all staff members potentially affected
- b. Volunteers for the involuntary transfer will be sought
- c. Criteria listed in item 3 will be analyzed for each potentially affected staff member
- d. The principal will identify the involuntary transfer on the basis of the criteria
- e. The principal will communicate with the selected staff member explaining in writing to the employee the application of criteria listed in number 3 of this sub-section and the reasons why the staff member to be transferred was selected.
- f. Any employee who wishes to meet with the Superintendent or the Superintendent's designee to appeal a transfer shall be provided the opportunity to do so. The superintendent and/or the Superintendent's designee shall in writing give reasons to the employee as to the final determination relative to the employee's transfer.
- g. The decision of the Superintendent or the Superintendent's designee shall be subject to the grievance process only insofar that it is arbitrary and/or capricious.

**H. TRAVEL TIME**

Employees assigned to work in more than one (1) building will be provided with between twenty (20) and thirty (30) minutes of travel time between buildings. If an employee finds such time is insufficient, the employee will bring this matter to the attention of Administration. The District will attempt to minimize employees assigned to more than two (2) buildings.

Secondary classroom teachers who teach in more than one building will not teach more than three different courses (preps) per school day.

EMPLOYEE  
ISSUES

## ARTICLE XII EMPLOYEE BENEFITS PROGRAM

### A. HEALTH CARE

For the duration of this agreement, the District shall offer the Health care plans attached in APPENDIX D. Should the District choose to change Third Party Administrators or Providers (TPA), the coverage will be equivalent to the coverage in effect before the change.

The District agrees to meet with the designated representatives of the Association, upon their request, not to exceed four times per school year, to discuss healthcare and/or prescription coverage and costs. The purpose of the meetings is to review plan performance and to discuss issues regarding healthcare as well as activities and potential use of third-party vendors which have the potential of controlling/reducing costs without impacting levels of benefits or the quality of care. The District shall provide the Association with quarterly information and utilization reports received from the TPA (currently Trustmark with an Aetna platform) and/or the PBM (currently Capital Rx), except where it would violate law.

The Association may make recommendations to the District regarding cost reduction activities but the decision to implement or not shall reside with the District and is not subject to grievance.

Fifteen days prior to the beginning of the annual Open Enrollment period for benefits, the District Shall provide the Association with all information and calculations used to determine employee share costs.

Beginning July 1, 2022, the following schedule for premium share co-pays for medical and prescription shall be applicable for all employees covered herein:

Plan	7/2022	7/2023	7/2024	7/2025	7/2026	7/2027
Open Choice 1	24%					
Open Choice 2	19%	19%	19%	19%	19.5%	20%
Open Access	14%	14%	14%	14%	14.5%	15%
Open Choice 3	8%	8%				
CBSD Premier Plan (Powered by People One)	8%	8%	8%	8%	8.5%	9%

The district will provide payment for any expense which would have been paid under the insurance programs if each spouse had been provided full and separate coverage in the health care, prescription, and dental plans.

The District will continue to provide the existing Section 125 Flexible Spending Account Plan. An employee who discontinues coverage under the health and prescription plans will not be assessed co-pays listed above but the employee would be eligible to enroll in the dental plan.

## B. PRESCRIPTION DRUG CARD

The prescription drug insurance may be modified to restrict the number of participating pharmacies. All participants of the prescription plan will be reimbursed only for the cost of the generic drug, if a generic drug exists. The individual who chooses the brand name drug when a generic substitute exists will pay the difference between the generic cost and the brand cost.<sup>1</sup>

The prescription card co-pays are:

Retail - \$10.00 generic/\$25.00 brand (formulary)/\$45.00 brand (non-formulary) (30-day supply).

Mail order - employees will pay two co-pays for a ninety (90) day supply.

Specialty - \$100.00

## C. INCOME PROTECTION — SHORT-TERM DISABILITY COVERAGE

The Board shall provide income protection for an employee who is wholly and continually disabled, because of injury or sickness, from performing the duties of the employee's occupation in accordance with coverage currently in effect. Eligibility for benefits shall not be extended to absences resulting from injury or illness where the employee is not wholly and continually disabled (e.g., period during which a physician recommends a lightened schedule). The coverage to be provided under this program shall be determined, as in the past, on the basis of two-thirds (2/3) of an employee's per diem rate for lost work days, commencing fifteen (15) days after the expiration of such employee's sick leave.

1. During the first twenty-six (26) weeks, Health Care Benefits will be continued on the same basis as active employees.

2. Beyond twenty-six (26) weeks to fifty-two (52) weeks, the employer will pay fifty percent (50%) of the premium and the employee will pay the remainder.

## D. LIFE INSURANCE

(e.g., p The Board shall provide for life insurance benefits equal to one and one-half (1.5) times the employee's annual salary rate. Effective July 1, 2023, this will increase to two (2) times the employee's annual salary.

## E. DENTAL

All employees and their dependents shall be eligible to participate in a group dental benefit program with the same level of coverage in effect as of July 1, 2022. The annual allowance shall be \$2,000 available to employee and each covered dependent and a \$1,000 lifetime orthodontia benefit to the employee and such covered dependents.

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(e.g., p<sup>1</sup> The prescription drug plan will reimburse the employee/dependent for prescription drugs filled out of the area (e.g., out of state) where there is no network.

1. Enrolled employees will pay the following share of the monthly premium:
  - a. Single: \$8.00
  - b. Two Party<sup>22</sup>: \$16.00
  - c. Family: \$24.00

#### **F. TUITION REIMBURSEMENT AND SALARY COLUMN CHANGE**

Subject to the following, a full-time employee may be reimbursed for up to 50% of the employee's actual tuition cost(s) for satisfactory completion of graduate level coursework. The maximum tuition reimbursement shall be \$2,000 per year for employees working towards earning their master's degree. The maximum tuition reimbursement shall be \$1,550 per year for employees earning credits beyond a master's degree. If in a year, the total spent for tuition reimbursement is less than \$250,000, the difference will be provided to users for that year pro rata up to \$3,000 total towards a master's and \$2,000 total towards a master's plus 30. Where less than \$250,000 is spent in total, the difference will carry over to the next year.

1. Tuition reimbursement shall apply for credits earned up to the master's degree plus 30 credits.
2. Tuition reimbursement and salary column change guidelines shall be established in collaboration between the District and Association. These guidelines can be found on the District Intranet.
3. Tuition reimbursement shall be made no later than forty-five (45) days after receipt of all documents.
4. Denial of approval for tuition reimbursement by the Superintendent or employee designee shall be final.
5. Under special circumstances the Superintendent, or designee, at their discretion which may not be grieved, may approve undergraduate or continuing education courses in the world languages department of an institution of higher education which are not available on the graduate level.

#### **G. RETIREMENT INCENTIVE PLANS**

- a. A bargaining unit member who voluntarily retires and immediately becomes an annuitant under the provisions of the Pennsylvania School Employees Retirement System (PSERS) no later than the end of the school year in which the employee first becomes eligible for retirement without penalty (superannuation) shall be eligible for Option 1 of this provision. The retiree must have at least fifteen (15) years of service with the Central Bucks School District prior to retirement.

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<sup>2</sup> Two-party includes parent and one (1) child or couple.

Bargaining unit members who have taken a sabbatical leave during the year immediately preceding retirement or who are taking disability retirement are not eligible for this provision.

Any waiting period between separation of employment and effective date of retirement will nullify eligibility for this Option, *i.e.*, retiree must go immediately from employment to retirement, unless superannuation occurs during the summer months due to their birth date.

#### 1. BENEFITS — OPTION 1

The District will provide coverage for retiree, or retiree and spouse, under the health insurance plan, including dental, available to active professional staff, (except that there will be no HRA support), and subject to the same cost share percentage required of current professional staff, for a period of twelve (12) years from the date of retirement or up to the date the retiree is Medicare eligible, whichever occurs sooner. This shall continue to include the Retiree 80/20 Prescription Plan as in previous years. Retiree and spouse will be terminated from coverage upon retiree's Medicare eligibility.

This coverage will be modified in the event coverage is modified for current professional staff. The retiree will be required to make a minimum contribution to the plan of one hundred dollars (\$100) per month or the current premium assistance amount payable by PSERS to retirees, whichever is greater, plus the percentage of premium set forth in Section XII (A). Spousal coverage shall terminate on the date of termination of retiree coverage, or on the date the spouse is Medicare eligible whichever occurs sooner, provided that if the retiree predeceases the spouse, coverage will continue until the date the retiree would have reached 12 years' coverage or is Medicare eligible except that coverage will terminate if the spouse remarries or has access to medical coverage through employment.

An employee must exercise the option to enroll in the healthcare plan on or before the actual date of retirement. Once enrolled in the healthcare plan, a retiree who terminates employee coverage shall not have the option of renewing it at a later date.

#### 2. ELIGIBILITY - OPTION 2

An employee who retires and immediately becomes an annuitant under the provisions of the Pennsylvania School Employees Retirement System (PSERS) and has at least fifteen (15) years of service in the Central Bucks School District, and who is not eligible for Option 1, may continue the enrollment of the employee and employee eligible dependents, if any, in the District's group medical plan, including dental, (but excluding HRA support). This shall continue to include the Retiree 80/20 Prescription Plan as in previous years.

Any waiting period between separation of employment and effective date of retirement will nullify eligibility for this Option, *i.e.*, retiree must go immediately from employment to retirement.

#### 3. BENEFITS — OPTION 2

a. For the first five (5) years after retirement the retiree must pay to the District, in advance, quarterly payments of 75% of the actual premium rates charged to the District by the insurance carrier or, in case the health plan is in whole or in part self-insured, 75% of the

equivalent rates determined by the plan administrator. Thereafter, the retiree must pay 100% of the actual or equivalent rates until they are Medicare eligible, at which time retiree and spouse will be terminated from coverage.

b. This coverage will be modified in the event coverage is modified for current professional staff.

c. Eligible dependents will be defined in the same manner as eligible dependents are defined for active employees.

d. The rights to coverage shall be limited to the healthcare plans in effect during this contract or any successor contract.

e. An employee must exercise the option to enroll in the healthcare plan on or before the actual date of retirement. Once enrolled in the health care plan, a retiree who decides to terminate employee coverage shall not have the option of renewing it at a later date.

f. The district shall establish the procedure for payment of premiums due.

#### 4. NOTIFICATION

In order to be eligible for Option 1 or Option 2 individuals must submit a letter of retirement to the District on or before March 31st of the year of retirement, or not later than sixty (60) days prior to the effective date of retirement if the retirement will be at a time other than the end of the school year.

#### 5. GENERAL PROVISIONS:

While this Plan contains specific requirements and deadlines, the Superintendent, with the concurrence of the Board, may waive strict enforcement of any provision of the Plan on a case-by-case basis in the interest of the District without creating a precedent or establishing a practice governing any future case.

#### H. EMPLOYEE ASSISTANCE PROGRAM

The Board will provide each employee and employee dependents with coverage under an employee assistance program. Benefit levels will be comparable with those currently in effect under the Penn Behavioral Health Employee Assistance Program.

#### I. WORK-RELATED INJURIES

1. The Board agrees to maintain in force during the term of this Agreement workers' compensation insurance as required by law.

2. Employees suffering injuries during the course of their employment shall immediately report such injury to the Office of Human Resources.

3. The workers' compensation insurance benefits as provided in this Article shall be coordinated with the sick leave and other paid leave and insurance benefit provisions of this Agreement and with other disability benefits provided by law, including Social Security disability benefits, such that no employee shall receive compensation in excess of the amount of the employee's regular base salary.

a. An employee receiving workers' compensation may, where applicable, use sick leave limited to the difference between workers' compensation and regular sick pay.

b. The employee shall have the option to receive full sick leave and return all workers' compensation insurance payments to the employer.

c. In either event, sick leave utilized shall be deducted from accumulated sick leave on a pro rata basis.

4. Employees shall notify the employer of payments received pursuant to workers' compensation insurance and/or disability insurance benefits within a reasonable time after receipt thereof.

5. The employer shall have the right to post panels of medical practitioners in accordance with current law.

6. In the event a bargaining unit member sustains a workplace injury caused by the actions of a student or students that is less than the seven (7) day elimination period in duration and that workplace injury caused by the actions of a student or students is covered pursuant to workers' compensation, if the employee has no sick leave to cover the elimination period, the employee may request reimbursement for the elimination period.

### **ARTICLE XIII MODIFICATION OF AGREEMENT**

This Agreement shall not be modified except by written amendment duly ratified and signed by both parties which shall be physically attached to the official copies hereof.

### **ARTICLE XIV SEPARABILITY**

If any provision of this Agreement or any application of this Agreement to any employee or group of employees is held to be contrary to law, then such provisions or application shall not be deemed valid and subsisting except to the extent permitted by law, but all other provisions or application shall continue in full force and effect.

**ARTICLE XV  
WAIVERS**

The parties agree that all negotiable items have been discussed during the negotiations leading to this Agreement, and that no additional negotiation on this Agreement will be conducted on any item whether contained herein or not, during the life of this Agreement, unless by mutual consent of both parties, and this Agreement contains the entire contract between the parties.

**ARTICLE XVI  
PROBATIONARY PERIOD**

A professional employee hired at the beginning of a school year, but not given a Temporary Professional Employee (TPE) contract, shall be hired as a long-term substitute and shall serve a three (3) month probationary period. At the end of the three (3) month probationary period, the District shall advise each affected employee as to whether the employee (1) is converted to TPE; (2) shall be retained as a long-term substitute to cover a temporary vacancy created by teachers on leave, or (3) shall be terminated. At that time, the District shall also advise the Association of the status of each teacher so hired.

**ARTICLE XVII  
UNSATISFACTORY EVALUATION**

If an employee is evaluated as unsatisfactory, the employee's salary will be frozen for the following year, but the District agrees in such cases that the employee may grieve to arbitration the substance of said unsatisfactory evaluation.

**ARTICLE XVIII  
MISCELLANEOUS**

a) Licensing

The District shall reimburse for licensing costs for nurses and speech and language professionals. In addition, the District will reimburse for PDE certification for the three school social workers employed during the 2021-22 school year,

b) Professional Development

Normally, the District will offer professional development opportunities for each student services department at times when professional development is offered for the rest of the members of the bargaining unit.

c) Certified School Nurses

One-half of the CPR class instructor opportunities shall be offered to Certified School Nurses. The list of CPR dates for the upcoming semester shall be circulated throughout the department in an equitable manner prior to the end of the preceding semester, allowing each CSN an equitable opportunity to teach classes if they choose to do so. Compensation for each course taught will be paid one-half per diem or \$50 per hour, whichever is greater.

School P  
made available to CSNs for a period of five (5) days. If the jobs remain unfilled, the District may utilize labor outside the bargaining unit. No CSN shall be awarded multiple assignments until all CSNs have had an opportunity to apply. The rate of compensation shall be set at \$50 per hour rounded up to the nearest whole hour. Travel time shall be included for activities outside the District.

For student trips outside of the school year, the CSN would be paid per diem.

d) PASA

Teachers of students taking the PASA will be given up to two (2) days of substitute coverage to administer the assessment to their students.

School P  
made e) During the term of the Agreement, the District and Association will discuss the feasibility of creating a career ladder structure.

f) GIEP Professionals

i) A teacher whose 1.0 FTE is dedicated to gifted instruction is, per PDE, able to case manage 65 students or as provided by law;

ii) Each .18 FTE dedicated to gifted instruction is equivalent to case management of 12 students or as provided by law.

iii) Both a GIEP writing and teaching a PEN class are examples of a partial FTE dedicated to gifted.

iv) Multiple gifted preps can be given to provide enough case management coverage for students with GIEPs.

v) Case management of GIEPs at the middle school level will be divided between teachers who teach PEN and available qualified staff.

FTE de

**ARTICLE XVIII  
DURATION OF AGREEMENT**

The Agreement shall be effective as of July 1, 2022, and shall continue in effect until June 30, 2028.

IN WITNESS, WHEREOF, the Association has caused this Agreement to be signed by its President and Secretary and the Board has caused this Agreement to be signed by its President, attested by its Secretary and its corporate seal to be placed hereon, all on the day and year first above written.

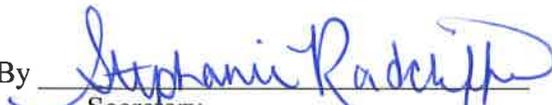
CENTRAL BUCKS EDUCATION ASSOCIATION

CENTRAL BUCKS SCHOOL BOARD

By   
President

By   
President

By   
Secretary

By   
Secretary

Date: 11.3.22

Date: 11/04/2022

## APPENDIX A

### Salary Schedule Footnotes

The salary scale changes are as follows:

**A. July 1, 2022 to June 30, 2023**

Effective the beginning of the 2022-2023 school year, there shall be NO step movement but one (1) column movement for eligible employees.

**B. July 1, 2023 to June 30, 2024**

Effective the beginning of the 2023-2024 school year, there shall be one (1) step movement but NO column movement for eligible employees.

**C. July 1, 2024 to June 30, 2025**

Effective the beginning of the 2024-2025 school year, there shall be one (1) step movement and/or one (1) column movement for eligible employees. In addition, employees moving from the Bachelor column shall be permitted to move two columns to the master's column.

**D. July 1, 2025 to June 30, 2026**

Effective the beginning of the 2025-2026 school year there shall be one (1) step movement and/or one (1) column movement for eligible employees.

**E. July 1, 2026 – June 30, 2027**

Effective the beginning of the 2026-2027 school year there shall be one (1) step movement but NO column movement for eligible employees.

**F. July 1, 2027, to June 20, 2028**

Effective July 1, 2027 – June 20, 2028, there shall be one (1) step movement and/or one (1) column movement for eligible employees. In addition, employees moving from Bachelor column shall be permitted to move two columns to master's column.

1. Effective July 1, 2012, and thereafter, there is no step increase for professional employees beyond Step 6 on the Bachelor and B+24 column. Professional employees on those columns who are on Step 7 or beyond as of July 1, 2012, will remain frozen on that step.

2. Effective June 30, 2013, the master's +15 column, was frozen, and no professional employee may move into the master's +15 column as of that date. Professional employees who attained master's +15 credits by June 30, 2013, will be placed onto the master's +15 column on January 1, 2014. Individuals who are on the master's +15 column during the term of this collective bargaining agreement will continue to receive step increases as provided herein.

G. The Superintendent shall appoint a committee composed of administration and staff to approve credits for salary increment with representation of at least two members of the Association approved by the President. The committee shall meet every two years at mutually agreeable times.

H. Method of payment shall be on a semi-monthly basis. The final pay shall not be later than June 30. Pay periods shall begin on or about August 15 and will end with the five (5) pays on or about June 15.

I. The aforementioned salary schedule footnotes shall be applied when an employee has been in full pay status and/or on authorized paid leave for one-half or more of the scheduled work year.

J. A Master's Equivalency certificate will not be recognized for salary placement on the master's column or beyond.

K. Direct Deposit: Direct deposit is mandatory.

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work

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**APPENDIX A  
CENTRAL BUCKS SCHOOL DISTRICT SALARY GRID**

<b>2022-2023 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$49,730	\$50,787	\$52,697	\$52,590	\$56,080
2	\$50,476	\$52,971	\$55,332	\$54,538	\$58,884
3	\$51,485	\$55,248	\$58,099	\$57,460	\$61,828
4	\$52,515	\$57,625	\$61,004	\$60,381	\$64,919
5	\$53,566	\$60,102	\$64,054	\$63,304	\$68,165
6	\$54,636	\$62,686	\$67,256	\$66,225	\$71,574
7		\$62,216	\$70,619	\$69,147	\$75,153
8		\$64,986	\$74,150	\$73,042	\$78,910
9		\$67,879	\$77,858	\$75,964	\$82,855
10		\$70,902	\$81,750	\$81,750	\$86,999
11		\$74,057	\$85,838	\$85,838	\$91,348
12		\$77,355	\$90,130	\$90,130	\$95,915
13		\$80,798	\$94,636	\$94,636	\$100,711
14		\$84,395	\$99,367	\$99,367	\$105,747
15		\$88,153	\$104,336	\$104,336	\$111,034
16			\$109,553		\$116,586

<b>2023-2024 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$50,476	\$51,549	\$53,487	\$53,379	\$56,921
2	\$51,233	\$53,766	\$56,162	\$55,356	\$59,767
3	\$52,257	\$56,077	\$58,970	\$58,322	\$62,755
4	\$53,303	\$58,489	\$61,919	\$61,287	\$65,893
5	\$54,369	\$61,004	\$65,015	\$64,254	\$69,187
6	\$55,456	\$63,626	\$68,265	\$67,218	\$72,648
7		\$63,149	\$71,678	\$70,184	\$76,280
8		\$65,961	\$75,262	\$74,138	\$80,094
9		\$68,897	\$79,026	\$77,103	\$84,098
10		\$71,966	\$82,976	\$82,976	\$88,304
11		\$75,168	\$87,126	\$87,126	\$92,718
12		\$78,515	\$91,482	\$91,482	\$97,354
13		\$82,010	\$96,056	\$96,056	\$102,222
14		\$85,661	\$100,858	\$100,858	\$107,333
15		\$89,475	\$105,901	\$105,901	\$112,700
16			\$111,196		\$118,335

**APPENDIX A  
CENTRAL BUCKS SCHOOL DISTRICT SALARY GRID**

<b>2024-2025 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$51,233	\$52,322	\$54,289	\$54,180	\$57,775
2	\$52,001	\$54,572	\$57,004	\$56,186	\$60,664
3	\$53,041	\$56,918	\$59,855	\$59,197	\$63,696
4	\$54,103	\$59,366	\$62,848	\$62,206	\$66,881
5	\$55,185	\$61,919	\$65,990	\$65,218	\$70,225
6	\$56,288	\$64,580	\$69,289	\$68,226	\$73,738
7		\$64,096	\$72,753	\$71,237	\$77,424
8		\$66,950	\$76,391	\$75,250	\$81,295
9		\$69,930	\$80,211	\$78,260	\$85,359
10		\$73,045	\$84,221	\$84,221	\$89,629
11		\$76,296	\$88,433	\$88,433	\$94,109
12		\$79,693	\$92,854	\$92,854	\$98,814
13		\$83,240	\$97,497	\$97,497	\$103,755
14		\$86,946	\$102,371	\$102,371	\$108,943
15		\$90,817	\$107,490	\$107,490	\$114,391
16			\$112,864		\$120,110

<b>2025-2026 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$52,001	\$53,107	\$55,103	\$54,993	\$58,642
2	\$52,781	\$55,391	\$57,859	\$57,029	\$61,574
3	\$53,837	\$57,772	\$60,753	\$60,085	\$64,651
4	\$54,915	\$60,256	\$63,791	\$63,139	\$67,884
5	\$56,013	\$62,848	\$66,980	\$66,196	\$71,278
6	\$57,132	\$65,549	\$70,328	\$69,249	\$74,844
7		\$65,057	\$73,844	\$72,306	\$78,585
8		\$67,954	\$77,537	\$76,379	\$82,514
9		\$70,979	\$81,414	\$79,434	\$86,639
10		\$74,141	\$85,484	\$85,484	\$90,973
11		\$77,440	\$89,759	\$89,759	\$95,521
12		\$80,888	\$94,247	\$94,247	\$100,296
13		\$84,489	\$98,959	\$98,959	\$105,311
14		\$88,250	\$103,907	\$103,907	\$110,577
15		\$92,179	\$109,102	\$109,102	\$116,107
16			\$114,557		\$121,912

**APPENDIX A  
CENTRAL BUCKS SCHOOL DISTRICT SALARY GRID**

<b>2026-2027 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$53,041	\$54,169	\$56,205	\$56,093	\$59,815
2	\$53,837	\$56,499	\$59,016	\$58,170	\$62,805
3	\$54,914	\$58,927	\$61,968	\$61,287	\$65,944
4	\$56,013	\$61,461	\$65,067	\$64,402	\$69,242
5	\$57,133	\$64,105	\$68,320	\$67,520	\$72,704
6	\$58,275	\$66,860	\$71,735	\$70,634	\$76,341
7		\$66,358	\$75,321	\$73,752	\$80,157
8		\$69,313	\$79,088	\$77,907	\$84,164
9		\$72,399	\$83,042	\$81,023	\$88,372
10		\$75,624	\$87,194	\$87,194	\$92,792
11		\$78,989	\$91,554	\$91,554	\$97,431
12		\$82,506	\$96,132	\$96,132	\$102,302
13		\$86,179	\$100,938	\$100,938	\$107,417
14		\$90,015	\$105,985	\$105,985	\$112,789
15		\$94,023	\$111,284	\$111,284	\$118,429
16			\$116,848		\$124,350

<b>2027-2028 Salary Schedule</b>					
	<b>Bachelors</b>	<b>B+24</b>	<b>Masters</b>	<b>M+15</b>	<b>M+30</b>
1	\$54,102	\$55,252	\$57,329	\$57,215	\$61,011
2	\$54,914	\$57,629	\$60,196	\$59,333	\$64,061
3	\$56,012	\$60,106	\$63,207	\$62,513	\$67,263
4	\$57,133	\$62,690	\$66,368	\$65,690	\$70,627
5	\$58,276	\$65,387	\$69,686	\$68,870	\$74,158
6	\$59,441	\$68,197	\$73,170	\$72,047	\$77,868
7		\$67,685	\$76,827	\$75,227	\$81,760
8		\$70,699	\$80,670	\$79,465	\$85,847
9		\$73,847	\$84,703	\$82,643	\$90,139
10		\$77,136	\$88,938	\$88,938	\$94,648
11		\$80,569	\$93,385	\$93,385	\$99,380
12		\$84,156	\$98,055	\$98,055	\$104,348
13		\$87,903	\$102,957	\$102,957	\$109,565
14		\$91,815	\$108,105	\$108,105	\$115,045
15		\$95,903	\$113,510	\$113,510	\$120,798
16			\$119,185		\$126,837

## APPENDIX B

With the principal's approval, the number of EDR units may be assigned in a flexible manner to sponsors, providing the total number assigned does not exceed the maximum provided for any position nor the maximum for any activity.

Senior High School	Number of Schools	DRs	District Total
Senior HS Band Director	3	34	102
Band Assistant I	3	8	24
Band Assistant II	3	8	24
Band Assistant III	3	7	21
Band Assistant IV	3	7	21
Senior HS Orchestra Director	3	8	24
All-District Music Ensemble Director	n/a	3 allocated for the District upon recommendation of District Music Coordinator	3
Newspaper Advisor	3	6	18
Yearbook Sponsor	3	17	51
Yearbook—Assistant	3	3	9
Choral Director	3	14	42
Dramatics—Fall Director	3	12	36
Dramatics Fall—Assistant	3	4	12
Dramatics—Spring Director	3	14	42
Dramatics Spring—Assistant	3	8	24
Dramatics—Spring Assistant	3	4	12
Dramatics—Spring Assistant	3	4	12
Senior Class Advisor	3	7	21
Junior Class Advisor	3	7	21
Sophomore Class Advisor	3	7	21
Auditorium Technology Coordinator	3	7	21
Student Government	3	10	30
National Honor Society	3	4	12
English Department Coordinator	3	13	39
Social Studies Department Coordinator	3	13	39
Math Department Coordinator	3	13	39

**APPENDIX B**

Senior High School	Number of Schools	FDRs	District Total
Science Department Coordinator	3	13	39
Guidance Coordinator	3	13	39
World Languages Coordinator	3	13	39
Science Research Club Advisor	3	4	12
PA Junior Academy of Science Advisor	3	3	9
Scholar's Bowl Advisor	3	2	6
French Honors Society Advisor	3	1	3
Spanish Honors Society Advisor	3	1	3
World Affairs Club Advisor	3	2	6
Science Olympiad Advisor	3	3	9
Literary/Art Magazine Advisor	3	3	9
Future Business Leaders of America Advisor	3	2	6
Mock Trial Advisor	3	2	6
Reading Olympics Advisor	3	2	6
Webmaster	3	1	3
Technology Coach	3	5	15
Before/After School Test Make Ups	3	8	24
Discretionary EDRs	3	12	36
Master Schedule Coordinator/Catalog Manager	1	20	20

**APPENDIX B**

Middle School	Number of Schools	EDRs	District Total
National Junior Honor Society	5	4	20
Auditorium Technology Coordinator	5	7	35
Band Director	5	11	55
Choral Director	5	9	45
Orchestra Director	5	5	25
Team Leader	5	4 per Team Leader/Max 7 Team Leaders per MS	4 per Team Leader/Max 7 Team Leaders per MS
TV Studio	5	3	15
Student Council Advisor	5	6	30
English Department Coordinator	5	9	45
Social Studies Department Coordinator	5	9	45
Math Department Coordinator	5	9	45
Science Department Coordinator	5	9	45
Guidance Coordinator	5	7	35
Middle School Athletic Director	5	35	175
World Languages Coordinator	5	9	45
Yearbook Advisor	5	10	50
Webmaster	5	1	5
School Newspaper/Literary Magazine	5	1	5
Science Olympiad Advisor	5	2	10
History Day Advisor	5	2	10
Mock Trial Advisor	5	2	10
School Store Advisor	5	3	15
Reading Olympics Advisor	5	3	15
Technology Coach	5	5	25
Discretionary EDRs	5	20	100
Art Show Coordinator	5	1	5
Master Schedule Coordinator/Catalog Manager	1	20	20
District Nursing Coordinator	1	5	5

The District and Association will review how and in what amounts the middle school Dramatics Personnel Director and various Assistants are paid and will meet to discuss at the end of the 2022-23 school year as to whether these should be converted to EDRs. The Parties will also review the position of high school Indoor Color Guard Coordinator where not paid through EDRs.

Should the District propose EDRs for Career Readiness Coordinator, it will meet with Association leadership to discuss same.



Elementary	Number of Schools	EDRs	District Total
Elementary Building-Discretionary	15	15	<b>225</b> <i>Fitness &amp; After School Clubs, Sports, Event Leaders, Art Shows, Dance Team Leaders, Ecology/Garden/Science Club Leaders, Book Club Leaders, Yearbook Advisors, Peer Mentor Program Coordinators, Homework Club Leaders, Student Council Coordinators, Additional Musical/Play/Talent Show Assistant Directors, Additional Reading Olympic Assistants</i>
Choral	15	4	60
Band	15	4	60
Orchestra	15	4	60
Art Show Coordinator	15	3	45
Reading Olympics Advisor	15	3	45
Musical/Play Talent Show Director	15	4	60
Musical/Play Talent Show Assistant Director	15	1	15
School TV/News Network Advisor	15	3	45
Webmaster	15	1	15
Technology Coach			<i>Covered by reduced schedule</i>

Director  
Mus

Director  
Mus



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-893-4472 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	Network <a href="#">provider</a> : \$0 / individual or \$0 / family per plan year. Out-of-network <a href="#">provider</a> : \$600 / individual or \$1,200 / family per plan year.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> and categories with a <a href="#">copay</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Network <a href="#">provider</a> : \$6,600 / individual or \$13,200 / family per plan year. Out-of-network <a href="#">provider</a> : \$7,500 / individual or \$15,000 / family per plan year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.aetna.com/ASA">www.aetna.com/ASA</a> or call 1-866-893-4472 for a list of <a href="#">network providers</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or <a href="#">clinic</a>	Primary care visit to treat an injury or illness	\$10 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	General Medical telemedicine services via Teladoc are available. A consult fee applies.
	<a href="#">Specialist</a> visit	\$20 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	Spinal manipulation limited to 30 visits per plan year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	30% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray \$20 <a href="#">copay</a> /visit  Laboratory 0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Diagnostic x-ray and laboratory performed as part of an office visit subject to office <a href="#">copay</a> .
	Imaging (CT/PET scans, MRIs)	\$20 <a href="#">copay</a>	30% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.CapitalRx.com">www.CapitalRx.com</a> .	Generic drugs	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail: \$10 <a href="#">copay</a> / Mail Order: \$20 <a href="#">copay</a>		Retail: up to a 30 day supply. Mail order: up to 90 day supply.
	Preferred brand drugs	<b>Admin/Teachers/ Support/Maintenance Transportation</b> Retail: \$25 <a href="#">copay</a> / Mail Order: \$50 <a href="#">copay</a> Retail: \$20 <a href="#">copay</a> / Mail Order: \$40 <a href="#">copay</a>		If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.
	Non-preferred brand drugs	<b>Admin/Teachers Support/Maintenance Transportation</b> Retail: \$45 <a href="#">copay</a> / Mail Order: \$90 <a href="#">copay</a> Retail: \$40 <a href="#">copay</a> / Mail Order: \$80 <a href="#">copay</a> Retail: \$35 <a href="#">copay</a> / Mail Order: \$70 <a href="#">copay</a>		Certain <a href="#">preventive</a> medications (including certain contraceptives) are covered at No Charge.
	<a href="#">Specialty drugs</a>	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail \$100 <a href="#">copay</a> Retail \$35 <a href="#">copay</a>		<a href="#">Specialty drugs</a> must be purchased through specialty pharmacy

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$75 <a href="#">copay</a> /visit	30% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit	Preferred <a href="#">provider</a> benefit applies.	<a href="#">Copay</a> waived if admitted.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	Preferred <a href="#">provider</a> benefit applies.	Non-Emergency ambulance rendered by an out-of-network provider subject to <a href="#">deductible</a> and <a href="#">coinsurance</a> .
	<a href="#">Urgent care</a>	\$28 <a href="#">copay</a> /visit	30% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$75 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$10 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	Behavioral health telemedicine services via Teladoc are available. A consult fee applies.
	Inpatient services	\$75 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
If you are pregnant	Office visits	\$10 <a href="#">copay</a> /initial visit	30% <a href="#">coinsurance</a> /initial visit	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$75 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	None

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	\$15 <a href="#">copay</a> (visits 1-30) \$25 <a href="#">copay</a> (visits 31-60)	30% <a href="#">coinsurance</a>	60 visits/combined/plan year. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Habilitation services</a>	\$15 <a href="#">copay</a> (visits 1-30) \$25 <a href="#">copay</a> (visits 31-60)	30% <a href="#">coinsurance</a>	120 visits/plan year. <a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Durable medical equipment</a>	\$20 <a href="#">copay</a>	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Limited to exam and refraction biannually.
<b>If your child needs dental or eye care</b>	Children's eye exam	\$25 <a href="#">copay</a>	Not covered	No coverage.
	Children's glasses	Not covered	Not covered	No coverage.
	Children's dental check-up	Not covered	Not covered	No coverage.

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care (Limited to 30 visits/plan yr)
- Habilitation services
- Private-duty nursing (45-8 hr. shifts/plan yr)
- Routine eye care (Biannual exam/refraction)

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

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**Does this plan provide Minimum Essential Coverage? Yes.**

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Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-893-4472.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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## About these Coverage Examples:



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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$100
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$160</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,320</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$300</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-893-4472 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	Network <a href="#">provider</a> : \$0 / individual or \$0 / family per plan year. Out-of-network <a href="#">provider</a> : \$1,000 / individual or \$3,000 / family per plan year.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> and categories with a <a href="#">copay</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Network <a href="#">provider</a> : \$6,600 / individual or \$13,200 / family per plan year. Out-of-network <a href="#">provider</a> : \$7,500 / individual or \$15,000 / family per plan year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.aetna.com/ASA">www.aetna.com/ASA</a> or call 1-866-893-4472 for a list of <a href="#">network providers</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or <a href="#">clinic</a>	Primary care visit to treat an injury or illness	\$20 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	General Medical telemedicine services via Teladoc are available. A consult fee applies.
	<a href="#">Specialist</a> visit	\$40 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	Spinal manipulation limited to 30 visits per plan year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	30% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray \$40 <a href="#">copay</a> /visit  Laboratory 0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Diagnostic x-ray and laboratory performed as part of an office visit subject to office <a href="#">copay</a> .
	Imaging (CT/PET scans, MRIs)	\$40 <a href="#">copay</a>	30% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition  More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.CapitalRx.com">www.CapitalRx.com</a> .	Generic drugs	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail: \$10 <a href="#">copay</a> / Mail Order: \$20 <a href="#">copay</a>		Retail: up to a 30 day supply. Mail order: up to 90 day supply.
	Preferred brand drugs	<b>Admin/Teachers/ Support/Maintenance Transportation</b> Retail: \$25 <a href="#">copay</a> / Mail Order: \$50 <a href="#">copay</a> Retail: \$20 <a href="#">copay</a> / Mail Order: \$40 <a href="#">copay</a>		If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.
	Non-preferred brand drugs	<b>Admin/Teachers Support/Maintenance Transportation</b> Retail: \$45 <a href="#">copay</a> / Mail Order: \$90 <a href="#">copay</a> Retail: \$40 <a href="#">copay</a> / Mail Order: \$80 <a href="#">copay</a> Retail: \$35 <a href="#">copay</a> / Mail Order: \$70 <a href="#">copay</a>		Certain <a href="#">preventive</a> medications (including certain contraceptives) are covered at No Charge.
	<a href="#">Specialty drugs</a>	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail \$100 <a href="#">copay</a> Retail \$35 <a href="#">copay</a>		<a href="#">Specialty drugs</a> must be purchased through specialty pharmacy

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$200 <a href="#">copay</a> /visit	30% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit	Preferred <a href="#">provider</a> benefit applies.	<a href="#">Copay</a> waived if admitted.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	Preferred <a href="#">provider</a> benefit applies.	Non-Emergency ambulance rendered by an out-of-network provider subject to <a href="#">deductible</a> and <a href="#">coinsurance</a> .
	<a href="#">Urgent care</a>	\$28 <a href="#">copay</a> /visit	30% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$350 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 <a href="#">copay</a> /office visit	30% <a href="#">coinsurance</a>	Behavioral health telemedicine services via Teladoc are available. A consult fee applies.
	Inpatient services	\$350 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
If you are pregnant	Office visits	\$20 <a href="#">copay</a> /initial visit	30% <a href="#">coinsurance</a> /initial visit	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$350 <a href="#">copay</a> /admission	30% <a href="#">coinsurance</a>	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	\$20 <a href="#">copay</a> (visits 1-30) \$40 <a href="#">copay</a> (visits 31-60)	30% <a href="#">coinsurance</a>	60 visits/combined/plan year. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
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	<a href="#">Durable medical equipment</a>	\$40 <a href="#">copay</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
<b>If your child needs dental or eye care</b>	Children's eye exam	\$25 <a href="#">copay</a>	Not covered	Limited to exam and refraction biannually.
	Children's glasses	Not covered	Not covered	No coverage.
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## Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
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Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-893-4472.

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## About these Coverage Examples:



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### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$460</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,500
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,520</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$500
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$500</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-893-4472 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	Network <a href="#">provider</a> : \$1,100 / individual or \$2,200 / family per plan year. Out-of-network <a href="#">provider</a> : \$1,100 / individual or \$3,300 / family per plan year.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> and categories with a <a href="#">copay</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Network <a href="#">provider</a> : \$6,600 / individual or \$13,200 / family per plan year. Out-of-network <a href="#">provider</a> : \$10,000 / individual or \$30,000 / family per plan year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.aetna.com/ASA">www.aetna.com/ASA</a> or call 1-866-893-4472 for a list of <a href="#">network providers</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	General Medical telemedicine services via Teladoc are available. A consult fee applies.
	<a href="#">Specialist</a> visit	\$50 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	Spinal manipulation limited to 30 visits per plan year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	50% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Diagnostic x-ray and laboratory performed as part of an office visit subject to office <a href="#">copay</a> .
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.CapitalRx.com">www.CapitalRx.com</a> .	Generic drugs	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail: \$10 <a href="#">copay</a> / Mail Order: \$20 <a href="#">copay</a>		Retail: up to a 30 day supply. Mail order: up to 90 day supply.
	Preferred brand drugs	<b>Admin/Teachers/ Support/Maintenance Transportation</b> Retail: \$25 <a href="#">copay</a> / Mail Order: \$50 <a href="#">copay</a> Retail: \$20 <a href="#">copay</a> / Mail Order: \$40 <a href="#">copay</a>		If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.
	Non-preferred brand drugs	<b>Admin/Teachers Support/Maintenance Transportation</b> Retail: \$45 <a href="#">copay</a> / Mail Order: \$90 <a href="#">copay</a> Retail: \$40 <a href="#">copay</a> / Mail Order: \$80 <a href="#">copay</a> Retail: \$35 <a href="#">copay</a> / Mail Order: \$70 <a href="#">copay</a>		Certain <a href="#">preventive</a> medications (including certain contraceptives) are covered at No Charge.
	<a href="#">Specialty drugs</a>	<b>Admin/Teachers/Support/Maintenance/Transportation</b> Retail \$100 <a href="#">copay</a> Retail \$35 <a href="#">copay</a>		<a href="#">Specialty drugs</a> must be purchased through specialty pharmacy

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$200 <a href="#">copay</a> /visit	50% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit	Preferred <a href="#">provider</a> benefit applies.	<a href="#">Copay</a> waived if admitted.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	Preferred <a href="#">provider</a> benefit applies.	Non-Emergency ambulance rendered by an out-of-network provider subject to <a href="#">deductible</a> and <a href="#">coinsurance</a> .
	<a href="#">Urgent care</a>	\$50 <a href="#">copay</a> /visit	50% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	Behavioral health telemedicine services via Teladoc are available. A consult fee applies.
	Inpatient services	\$300 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
If you are pregnant	Office visits	\$25 <a href="#">copay</a> /initial visit	50% <a href="#">coinsurance</a> /initial visit	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	\$300 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	None

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Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	\$25 <a href="#">copay</a> (visits 1-30) \$50 <a href="#">copay</a> (visits 31-60)	50% <a href="#">coinsurance</a>	60 visits/combined/plan year. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Habilitation services</a>	\$25 <a href="#">copay</a> (visits 1-30) \$50 <a href="#">copay</a> (visits 31-60)	50% <a href="#">coinsurance</a>	120 visits/plan year. <a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Limited to exam and refraction biannually.
<b>If your child needs dental or eye care</b>	Children's eye exam	\$25 <a href="#">copay</a>	Not covered	No coverage.
	Children's glasses	Not covered	Not covered	No coverage.
	Children's dental check-up	Not covered	Not covered	No coverage.

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care (Limited to 30 visits/plan yr)
- Habilitation services
- Private-duty nursing (45-8 hr. shifts/plan yr)
- Routine eye care (Biannual exam/refraction)

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Contact Trustmark Health Benefits, Inc. at 1-866-893-4472 or visit us at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes.**

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

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-893-4472.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-893-4472.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-893-4472.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-893-4472.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,100
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,100
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,460</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,100
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,100
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,920</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,100
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,100
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,500</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



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Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	Network <a href="#">provider</a> : \$2,000 / individual or \$4,000 / family per plan year. Out-of-network <a href="#">provider</a> : \$4,000 / individual or \$8,000 / family per plan year.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> is covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Network <a href="#">provider</a> : \$4,000 / individual or \$8,000 / family per plan year. Out-of-network <a href="#">provider</a> : \$8,000 / individual or \$16,000 / family per plan year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.aetna.com/ASA">www.aetna.com/ASA</a> or call 1-866-893-4472 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a> / office visit	30% <a href="#">coinsurance</a>	General Medical telemedicine services via Teladoc are available. A consult fee applies.
	<a href="#">Specialist</a> visit	10% <a href="#">coinsurance</a> / office visit	30% <a href="#">coinsurance</a>	Spinal manipulation limited to 100 visits per plan year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	30% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None.
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.CapitalRx.com">www.CapitalRx.com</a> .	Generic drugs	Retail: 15% <a href="#">coinsurance</a> after <a href="#">deductible</a> not to exceed \$20 Mail Order: 15% <a href="#">coinsurance</a> not to exceed \$40 <a href="#">copayment</a>	Not covered	<a href="#">Deductible</a> applies to Retail: up to a 30 day supply. Mail order: up to 90 day supply.  If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.  Certain <a href="#">preventive</a> medications (including certain contraceptives) are covered at No Charge.  <a href="#">Specialty drugs</a> must be purchased through specialty pharmacy. Mail Order is not covered.
	Preferred brand drugs	Retail: 30% <a href="#">coinsurance</a> after <a href="#">deductible</a> not to exceed \$50 Mail Order: 30% <a href="#">coinsurance</a> not to exceed \$100 <a href="#">copayment</a>	Not covered	
	Non-preferred brand drugs	Retail: 30% <a href="#">coinsurance</a> after <a href="#">deductible</a> not to exceed \$75 Mail Order: 30% <a href="#">coinsurance</a> not to exceed \$200 <a href="#">copayment</a>	Not covered	
	<a href="#">Specialty drugs</a>	Retail: 30% <a href="#">coinsurance</a> after <a href="#">deductible</a> not to exceed \$100 <a href="#">copayment</a> Mail Order: Not Covered	Not covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None.
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None.

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a>	10% <a href="#">coinsurance</a> / visit	Preferred <a href="#">provider</a> benefit applies.	None.
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a>	Preferred <a href="#">provider</a> benefit applies.	Non-Emergency ambulance rendered by an out-of-network provider subject to <a href="#">deductible</a> and <a href="#">coinsurance</a> .
	<a href="#">Urgent care</a>	10% <a href="#">coinsurance</a> /visit	30% <a href="#">coinsurance</a>	None.
If you have a hospital stay	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a> / admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% <a href="#">coinsurance</a> / office visit	30% <a href="#">coinsurance</a>	Behavioral health telemedicine services via Teladoc are available. A consult fee applies.
	Inpatient services	10% <a href="#">coinsurance</a> / admission	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
If you are pregnant	Office visits	10% <a href="#">coinsurance</a> / office visit	30% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	10% <a href="#">coinsurance</a> / admission	30% <a href="#">coinsurance</a>	None

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	60 visits/per incident. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Habilitation services</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	60 visits/per incident. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Skilled nursing care</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	240 visits/plan year. <a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Durable medical equipment</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
<b>If your child needs dental or eye care</b>	Children's eye exam	Not covered	Not covered	No coverage.
	Children's glasses	Not covered	Not covered	No coverage.
	Children's dental check-up	Not covered	Not covered	No coverage.

## Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care (Limited to 100 visits/plan yr)
- Habilitation services
- Infertility treatment (Limitations apply)
- Routine eye care (Biannual exam/refraction)

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Contact Trustmark Health Benefits, Inc. at 1-866-893-4472 or visit us at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes.**

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

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-893-4472.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-893-4472.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-893-4472.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-893-4472.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

## About these Coverage Examples:



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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$1,100
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,170</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$2,920</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$80
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,080</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



**PEOPLEONE**  
HEALTH



## ENHANCE YOUR PLAN IMPROVE YOUR LIFE



Choose the **CBSD Premiere Plan** powered by PeopleOne Health during Open Enrollment and you and your family can experience dramatically better care, lower cost, and more convenience for your most common healthcare needs.

PeopleOne Health does not replace your medical insurance plan but enhances it by providing additional health care services and the support you need at no additional cost to you. Our goal is to help you live a better life. With PeopleOne Health, you get all the primary care you need, plus:

- General Physicals
- 200+ Generic Prescription Medications
- In-office Lab Tests for Rapid Results
- Flu Shots and Select Vaccinations
- Chronic Disease Management
- Basic Women's Health Services
- Joint Injections
- Wart/Mole Removal
- Blood Draws
- Allergy Injections
- **Physical Therapy**
- **Durable Medical Equipment:** Walking aids, Wheelchairs, Commode chairs, Beds
- **Respiratory Therapy:** CPAP machines, Nebulizers, Oxygen
- **Orthotics:** Braces, Boots, Splints
- **Behavioral and Mental Health Services**

PeopleOne delivers all this and more with **no copays, no coinsurance, and no deductibles when you utilize our offices and network.** The only time you have to pay out of pocket is if you utilize the insurance portion of your plan for issues like emergencies, surgeries, pregnancy, brand name medications, and other unexpected or unpredictable care.

## You get more healthcare conveniently in our office.

In addition to amazing primary care and advanced services, PeopleOne focuses on your total health. That's why we offer extras like coaching and in-office services to make care much more convenient for you. We believe that with coordination and direction from experts, you can live a healthier and more fulfilling life. **Plus it's all included in your plan!**

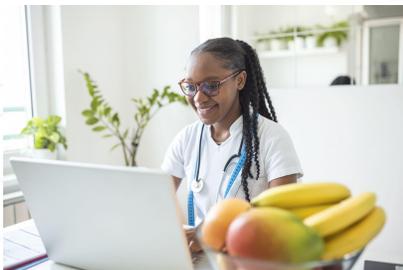
Mental & Behavioral Health



In-Office Lab Testing



Pharmacy Guidance



Registered Dietitian & Health Coach



Care Guidance & Navigation



In-office and Online Care Options

And with **no copays, no coinsurance, and no deductibles**, you can actually afford to use your healthcare. No need to decide if you can afford that doctor visit, medication, physical therapy, or ortho boot, it's included in you plan.



3 sick visits to a traditional doctor  
**Applies to Deductible**

OR

3 sick visits to a PeopleOne provider  
**\$0 Out of Pocket**



6 Physical Therapy visits in traditional plan  
**Applies to Deductible**

OR

6 Physical Therapy visits with a PeopleOne partner  
**\$0 Out of Pocket**

## Questions?

Visit <https://more.peopleonehealth.com/cbsd>

Email [cbsd@peopleonehealth.com](mailto:cbsd@peopleonehealth.com)

OR SCAN THE  
CODE FOR  
MORE INFO





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-893-4472 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	Network <a href="#">provider</a> : \$0 / individual or \$0 / family per plan year. Out-of-network <a href="#">provider</a> : \$1,000 / individual or \$3,000 / family per plan year.	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. <a href="#">Preventive care</a> and categories with a <a href="#">copay</a> are covered before you meet your <a href="#">deductible</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	Network <a href="#">provider</a> : \$6,600 / individual or \$13,200 / family per plan year. Out-of-network <a href="#">provider</a> : \$10,000 / individual or \$30,000 / family per plan year.	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes. See <a href="http://www.aetna.com/ASA">www.aetna.com/ASA</a> or call 1-866-893-4472 for a list of <a href="#">network providers</a>	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or <a href="#">clinic</a>	Primary care visit to treat an injury or illness	\$15 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	General Medical telemedicine services via Teladoc are available. A consult fee applies.
	<a href="#">Specialist</a> visit	\$25 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	In-network Chiropractic services not subject to office <a href="#">copay</a> . Spinal manipulation limited to 100 visits per plan year.
	<a href="#">Preventive care/screening/immunization</a>	No charge	50% <a href="#">coinsurance</a> <a href="#">deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Diagnostic x-ray and laboratory performed as part of an office visit subject to office <a href="#">copay</a> .
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.CapitalRx.com">www.CapitalRx.com</a> .	Generic drugs	<b>Support/Maintenance/Transportation</b> Retail: \$10 <a href="#">copay</a> / Mail Order: \$20 <a href="#">copay</a>		Retail: up to a 30 day supply. Mail order: up to 90 day supply.
	Preferred brand drugs	<b>Support/Maintenance</b> Retail: \$25 <a href="#">copay</a> / Mail Order: \$50 <a href="#">copay</a> <b>Transportation</b> Retail: \$20 <a href="#">copay</a> / Mail Order: \$40 <a href="#">copay</a>		If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount.
	Non-preferred brand drugs	<b>Support/Maintenance</b> Retail: \$40 <a href="#">copay</a> / Mail Order: \$80 <a href="#">copay</a> <b>Transportation</b> Retail: \$35 <a href="#">copay</a> / Mail Order: \$70 <a href="#">copay</a>		Certain <a href="#">preventive</a> medications (including certain contraceptives) are covered at No Charge.
	<a href="#">Specialty drugs</a>	<b>Support/Maintenance</b> Retail: \$100 <a href="#">copay</a> <b>Transportation</b> Retail \$35 <a href="#">copay</a>		<a href="#">Specialty drugs</a> must be purchased through specialty pharmacy

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100 <a href="#">copay</a> /visit	50% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit	Preferred <a href="#">provider</a> benefit applies.	<a href="#">Copay</a> waived if admitted.
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	Preferred <a href="#">provider</a> benefit applies.	Non-Emergency ambulance rendered by an out-of-network provider subject to <a href="#">deductible</a> and <a href="#">coinsurance</a> .
	<a href="#">Urgent care</a>	\$24 <a href="#">copay</a> /visit	50% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 <a href="#">copay</a> /office visit	50% <a href="#">coinsurance</a>	Behavioral health telemedicine services via Teladoc are available. A consult fee applies.
	Inpatient services	\$250 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
If you are pregnant	Office visits	\$15 <a href="#">copay</a> /initial visit	50% <a href="#">coinsurance</a> /initial visit	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, a <a href="#">copay</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery facility services	\$250 <a href="#">copay</a> /admission	50% <a href="#">coinsurance</a>	None

\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	60 visits/per incident. Includes physical therapy, speech therapy, and occupational therapy. <a href="#">Preauthorization</a> is required for out-of-network, inpatient Rehab admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Habilitation services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	240 visits/plan year. <a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> is required for out-of-network, inpatient admission. If you don't get <a href="#">preauthorization</a> , benefits could be reduced by \$500 of the total cost of the service.
<b>If your child needs dental or eye care</b>	Children's eye exam	\$25 <a href="#">copay</a>	Not covered	Limited to exam and refraction biannually.
	Children's glasses	Not covered	Not covered	No coverage.
	Children's dental check-up	Not covered	Not covered	No coverage.

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Cosmetic surgery
- Dental care
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture
- Bariatric surgery
- Chiropractic care (Limited to 100 visits/plan yr)
- Habilitation services
- Infertility treatment (Limitations apply)
- Routine eye care (Biannual exam/refraction)

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Contact Trustmark Health Benefits, Inc. at 1-866-893-4472 or visit us at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet the Minimum Value Standards? Yes.**

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

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-893-4472.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-893-4472.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-893-4472.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-893-4472.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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\* For more information about limitations and exceptions, see the [plan](#) or policy document at [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com).

## About these Coverage Examples:



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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$360</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$800
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$820</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$200</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.