

**WATERFORD BOARD OF EDUCATION  
SALARY AND BENEFITS NOTIFICATION FOR 2017-2018**

REC'D HUMAN RESOURCES  
JUL 5 2017 AM 7:58

**NAME OF EMPLOYEE: Katherine S. Main**

**POSITION: Food Services Director**

This Salary and Benefits Notification sets forth the salary and related terms and conditions of employment, anticipated to be for the period July 1, 2017 through June 30, 2018. This Salary and Benefits Notification is not a contract of employment. You are employed on an at-will basis, meaning that you and the Waterford Board of Education (the "Board"), acting through the Superintendent, are free to end the employment relationship at any time and for any reason. In the event that you choose to resign, the Board requests that you provide at least thirty (30) days written advance notice.

As an employee of the Board of Education, you are subject to Federal and State laws, the policies and regulations of the Board, and the requirements of the job description for your position, as they may be revised and amended from time to time.

**Salary**

Your annual salary for the period of July 1, 2017 through June 30, 2018 will be **\$58,759**.

**Work Year/Work Day/Holidays**

The work year is 207 days. The workday is seven (7) hours per day, thirty-five (35) hours per week.

Holidays are as follows:

Labor Day	New Year's Day
Columbus Day	Martin Luther King Day
Veterans' Day	President's Day
Thanksgiving Day	Good Friday
Day Immediately After Thanksgiving	Memorial Day
Christmas Day	

**Sick Days**

Fifteen (15) days of sick leave with full pay per year are granted. Unused sick days will accumulate without limit during the total period of employment.

**Compensation For Unused Sick Days/Death Benefit**

Upon retirement and subsequent to ten (10) years of continuous service, a Retirement Benefit payment will be made, at prevailing per diem rate of compensation, for up to forty (40) unused sick days, assuming unused sick days exist at the effective date of retirement (Number of days to use in computing per diem is 261). In case of death, payment will be made to employee's estate.

**Personal Leave**

A maximum of four (4) days' leave with full pay per year, non-cumulative, will be granted for death in the immediate family, religious holiday or legitimate personal business that cannot be transacted outside the work day. Personal leave shall not be used to extend holidays or vacation periods. Reasons for personal absences shall be discussed with the supervisor, at least twenty-four (24) hour in advance of the leave, whenever possible. Unused personal days will not accumulate to any succeeding contract year.

**Longevity**

The Board currently provides a longevity payment program for eligible employees, but the Board reserves the right to eliminate or modify the longevity payment program. Should your employment with the Board continue for a sufficient period, the Board may provide longevity compensation. This longevity payment will be made on or about your employment anniversary date. Longevity compensation in addition to wages will be paid in accordance with the following schedule

Continuous years of service:

7 years but less than 10 years .....	\$200.00
10 years but less than 15 years .....	\$350.00
15 years but less than 20 years .....	\$500.00
20 years or more .....	\$650.00

**Retirement**

You are a member of the Connecticut Municipal Employee Retirement System ("MERS") and subject to all terms and conditions of MERS, as may be amended from time to time. Your contributions to MERS, as determined in accordance with MERS, shall be deducted from your salary payments.

Upon retirement under MERS after at least five (5) years of continuous service with the Board, you may continue group health insurance coverage at your own expense, under the health insurance plan provided to active Central Office employees of the Board, as such plan may be amended from time to time until age sixty-five (65), provided such coverage is allowed by the insurance carrier and/or plan administrator.

**Insurance**

The master certificates and/or policies are the governing documents when it comes to the Board's insurance plans; the information contained herein is intended as a summary focused on employee cost-sharing of benefits.

You and your eligible dependents may participate in the insurance plan currently offered, subject to any and all applicable eligibility requirements imposed by the carriers and/or plan administrators, and subject to the Board's right to modify the insurance plan, carriers and/or plan administrators at any time.

For the 2017-2018 fiscal year, the Board will pay eighty six percent (86%) of the fully insured premium of a high deductible health care plan with a health savings account feature (the "HDHP Plan") for medical and dental coverages and you will be required to pay the remaining fourteen percent (14%) of the premium costs for such coverages through payroll deduction.) The HDHP Plan Design is described in summary form in Appendix A. The Board will NOT provide any funding of the annual deductible (\$2,000 Individual, \$4,000 family). However, your annual premium, as described above, will be reduced by half of the annual deductible (\$1,000 Individual, \$2,000 family.)

The Board shall provide a \$50,000 life insurance policy.

**Section 125 Plan**

The Board shall maintain a Section 125 plan in order to permit employees to make their premium contributions on a pre-tax basis. Subject to all applicable legal provisions, including satisfaction of non-discrimination testing requirements, under the Section 125 plan, employees may also make pre-tax contributions, in the amount of: (1) at least \$100 and no greater than \$2,500 (or such lower amount as required by law) per plan year, for qualified unreimbursed health expenses; and (2) at least \$500 and no greater than \$5,000 per plan year, for qualified dependent care expenses. Under no circumstances will the Board be required to contribute any monies to the Section 125 plan on behalf of or for the benefit of any employee other than such salary reduction amounts. The Board makes no representations or guarantees

as to the initial or continued viability of any portion of the Section 125 plan, and shall incur no obligation in the event that a change in law requires modification or elimination of any portion of such plan.

**Insurance Coverage While on Leave**

The employee will have the option of continuing, at employee cost, any or all insurance coverage as set forth in this Salary and Benefits Notification during a period of Board approved leave of absence. The employee will declare his/her intention to continue/not continue such coverage in writing at least thirty (30) days prior to the initiation of approved leave, except as otherwise provided by law. A leave of absence may be granted upon approval of the Board and may extend up to a maximum of one (1) year. Board policy regarding insurance continuation shall apply, as well as applicable provisions of the Family and Medical Leave Act (FMLA).

**Mileage Reimbursement**

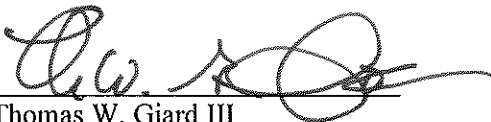
The employee will be reimbursed at the prevailing rate for use of personal vehicle related to job duties and directed by the employee's supervisor.

**Tuition Reimbursement**

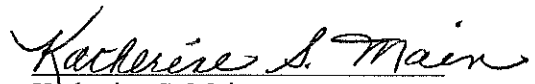
Course reimbursement may be granted for coursework intended to enhance professional growth and contribute to a more effective performance of duties, provided that enrollment in such courses is approved in advance by the Assistant Superintendent of Schools, and a grade of "B" or better is earned. Courses and programs must be approved at least fifteen days prior to the start of the course. Course(s) taken between fiscal year dates of July 1 to June 30 will be reimbursed in the first pay period of August of the next fiscal year. Request for reimbursement must be submitted by June 30 of the fiscal year in which the course was taken.

The Board of Education will provide one annual account of \$5,000 for all individually contracted employees and prorate the amount reimbursed per semester hour in the event that more courses are completed than dollars are budgeted.

SIGNED:



Thomas W. Giard III  
Superintendent of Schools



Katherine S. Main  
Food Services Director

DATE:

6/6/17

DATE:

7/3/17

## APPENDIX A HDHP PLAN DESIGN

The Board offers a HDHP plan, or a high deductible health care plan with a health savings account feature, including the following components:

COST SHARES	BENEFIT
	<p><b>In-Network services and Out-of-Network services and Out-of-Network services subject to deductible and coinsurance.</b>  <b>No Referrals Required</b>  Deductible: \$2,000 Individual, \$4,000 Two or More  In Network Coinsurance 100%  Out-of-pocket Maximum \$3,000 Individual, \$6,000 Two or More  Lifetime Maximum In-Network - Unlimited</p> <p><b>Out-of-Network Benefits</b>  Coinsurance 80% / 20%  Out-of-pocket Maximum \$5,000 Individual, \$10,000 Two or More  Lifetime Maximum Out-of-Network - Unlimited</p> <p><b>Only In-Network Benefits Illustrated Below</b></p>
<b>PREVENTIVE CARE</b>	<b>Annual</b>
Pediatric	Covered 100% - Not Subject to Deductible
Adult	Covered 100% - Not subject to Deductible
Vision Exam	Covered 100% - Not Subject to Deductible
Hearing	Covered 100% - Not Subject to Deductible
Routine Gynecological	Covered 100% - Not Subject to Deductible
<b>MEDICAL SERVICES</b>	
Medical Office Visit	100% after deductible
Outpatient - PT/OT	100% after deductible
Chiropractic	50 visits per calendar year Add'l coverage after 50 visits subject to OON deductible/coinsurance
Allergy Services	100% after deductible
Diagnostic Lab & X-ray	100% after deductible
Surgery Fees	100% after deductible
Office Surgery	100% after deductible
Outpatient MH/SA	100% after deductible

COST SHARES	BENEFIT
<b>EMERGENCY SERVICES</b>	
Emergency Room	100% after deductible
Urgent Care Facility	100% after deductible
Ambulance	100% after deductible
<b>INPATIENT HOSPITAL</b>	
Note: All hospital admissions require pre-cert	
General/Medical & Surgical	100% after deductible
Ancillary Services (Medication, Supplies)	100% after deductible
Psychiatric	100% after deductible
Substance Abuse/Detox	Covered 100%
Rehabilitative	100% after deductible Covered up to 100 days per calendar year. Add'l coverage after 100 days subject to OON deductible/coinsurance
Skilled Nursing Facility	100% after deductible 120 days per calendar year
Hospice	100% after deductible
<b>OUTPATIENT HOSPITAL</b>	
Outpatient Surgery Facility Charges	100% after deductible
Diagnostic Lab & X-ray	100% after deductible
Pre-Admission Testing	100% after deductible
<b>OTHER SERVICES</b>	
Durable Medical Equipment	100% after deductible
Prosthetics	100% after deductible
Home Health Care	100% after deductible 200 visits per calendar year.
Infertility Services	100% after deductible No Age or Cycle Limits GIFT & ZIFT are covered
Prescription Drugs	After the deductible prescriptions will be subject to copays of: \$0 Generic/\$25 Listed Brand/\$40 Non-Listed Brand with 2x Mail Order Copay