

NEGOTIATED AGREEMENT

between

**THE BOARD OF EDUCATION
OF HARFORD COUNTY**

and

**THE ASSOCIATION OF HARFORD COUNTY
ADMINISTRATIVE, TECHNICAL AND SUPERVISORY
PROFESSIONALS**

July 1, 2026 – June 30, 2028

(Revised: July 1, 2026)

The Board of Education of Harford County does not discriminate on the basis of sex and prohibits sex discrimination in any education program or activity that it operates, as required by Title IX and its regulations, including in admission and employment. HCPS' non-discrimination policy can be located at [NON-DISCRIMINATION POLICY: \(hcps.org\)](https://www.hcps.org/non-discrimination-policy) on the HCPS website under Board of Education Policies and Procedures.

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NOTE: All items in this Negotiated Agreement requiring fiscal support will be subject to the decisions of the Fiscal Authorities and the Board of Education's final actions on the operating budgets for the school system. Errors in the publication of this agreement do not supersede the contents of the Negotiated Agreement between the Board of Education of Harford County and the Association of Harford County Administrative, Technical and Supervisory Professionals.

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ARTICLE I

General Provisions

- 1.1 **Recognition.** In view of the certification by the Board of Education of Harford County, Maryland, hereinafter referred to as the “Board,” the Association of Harford County Administrative, Technical and Supervisory Professionals, hereinafter referred to as the “Association,” is recognized as the exclusive representative of the non-certified supervisor’s unit of the school system in accordance with Education Article, Title 6, Subtitle 5, of the Annotated Code of Maryland.
- 1.2 **Definition of Terms.**
- (a) The term “Member,” as it appears in this agreement, shall include all members of the unit represented by the Association.
- (b) The term “Superintendent,” as it appears in this agreement, shall refer to the Superintendent of Schools for the Board of Education of Harford County, Maryland.
- 1.3 **Fiscal Support.** The items of this agreement not requiring fiscal support, when duly ratified by the Association and the Board, will be valid and binding on July 1, 2007. The items which require fiscal support shall be valid and binding to the extent that sufficient funds are guaranteed and/or made available by the Harford County fiscal authorities to fully implement said items.
- 1.4 If categories which contain requests for funds to support items in this agreement are reduced by the County government or funding authority, further negotiations on these items shall begin after the action by the county government or funding authority and conclude June 15.
- 1.5 If any provision of this agreement or any application of the agreement to any party to this agreement shall be found 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 applications shall continue in full force and effect.
- 1.6 Negotiations for a succeeding year shall begin no later than the week following the Thanksgiving holiday and conclude by January 15th unless mutually agreed by both parties.
- 1.7 **Impasse Procedure.** If, at the designated time for the conclusion of formal negotiations, agreement has not been reached, or at the request of either party, the provisions for handling an impasse as provided by Education Article, Title 6, Subtitle 5, of the Annotated Code of Maryland, shall apply. The impasse procedure shall be postponed upon mutual consent of both parties.
- 1.8 This agreement shall take effect on July 1, 2025, and shall remain in full force and effect through June 30, 2028, with a reopener for Cost of Living adjustment and one limited language item for 2026-2027 and 2027-2028 fiscal years. This agreement incorporates the entire understanding of the parties on all matters which were the subject of negotiations. During the term of this agreement, neither party will be required to negotiate with respect to any matter whether or not covered by this agreement, and whether or not within the knowledge or contemplation of either or both of the parties at the time they negotiated or executed this agreement.

ARTICLE II

Board’s Rights

Subject to the terms and conditions of this agreement and to the authority of the State Board of Education under Education Article, of the Annotated Code of Maryland, it shall be the exclusive function of the Superintendent of Schools and the Board to determine the mission of the county public education system;

set the standards of service to be offered; maintain the efficiency of operations; determine the methods, means and personnel by which such operations are to be conducted; and to take whatever action and issue rules, policies, and regulations necessary to carry out the mission of the county public education system for which they are responsible and which is entrusted to them.

ARTICLE III **Association – Board Relations**

- 3.1 Upon ratification, the negotiated agreement shall be posted to the HCPS website for all members.
- 3.2 The Association may use school facilities for meetings at reasonable times when such facilities are not otherwise in use. The Association will contact the appropriate administrator to schedule the use of school facilities.
- 3.3 The Association may use the interschool courier, central office mailboxes and electronic communication devices for the distribution of its newsletter and for membership material. Other materials which have been approved by the Superintendent and/or designee may also be distributed.
- 3.4 **Payroll Deduction of Dues.** The Association will submit an authorization form for each employee who wishes to participate in payroll deduction for the Association of Harford County Administrative, Technical and Supervisory Professionals dues. Each form must bear the original signature of the employee who authorizes this deduction. These forms will be submitted to the Director of Finance prior to November 1 of each year.

During the month of November, the Board will supply the Association with a list of employees on payroll deduction as of October 31.

The Board agrees to deduct from the pay of each unit member all Association dues that the employee voluntarily authorizes through the appropriate authorization form supplied by the Association. These deductions shall continue for each subsequent school year. The Association will notify the Board of those unit members who cancel their payroll deduction of Association dues no later than September 30 of each year.

Payroll deduction shall be withdrawn the first two pays in November and the first two pays in December. In the case of resignation within a school year, the balance due that year will be deducted from the final check.

All new eligible bargaining unit members will be provided with Association membership information created and produced by the Association.

- 3.5 The Board recognizes the rights of the employees covered by this agreement to organize, join and actively support the Association for the purposes of engaging in negotiations of wages, hours and other working conditions. The Board further recognizes the right of administrative and supervisory personnel to represent members in grievance procedures and other disputes and agrees not to discriminate against such employees with regard to terms and conditions of employment. Active participation in the Association shall neither be encouraged or discouraged by the Board.
- 3.6 **Bulletin Boards.** Where available, bulletin board space in each department shall be reserved for the display of Association materials.
- 3.7 **Exclusivity.** The provisions of Sections 3.3 (Association Communication) and 3.4 (Payroll Deduction of Dues) shall not be made available to any other organization seeking to represent unit

members.

- 3.8 **Employee Lists.** Monthly, the Association will be provided the name and work location of each employee eligible for representation by the Association.
- 3.9 **Visitation.** Association representatives who are not employees of the Harford County Public Schools may enter facilities for such things as the delivery of items or short conferences. They will first report to the appropriate Department Head, and, if in his or her judgment their continued presence will not be contrary to the best interest of the school / department, they may remain.
- 3.10 **Notices and Information.** The Board shall provide the Association, upon request, with pertinent information, including public Board of Education documents, and other information developed by the school system, which is reasonably necessary to represent employees in negotiations and grievances. Board policies and vacancies which affect the Bargaining Unit will be placed on the HCPS website.
- 3.11 **Association Leave.** Upon written request by the President to the Assistant Superintendent of Human Resources, administrative leave with pay shall be granted to members. Leave under this provision shall not exceed twenty-two (22) days in any one (1) fiscal year, and shall not be unreasonably denied. Upon written request of the President to the Director of Staff and Labor Relations, additional days shall be granted for members to attend special events.

ARTICLE IV Grievance Procedure

- 4.1 **Grievance.** A grievance is an alleged violation, misinterpretation, or misapplication of the terms of the negotiated agreement between the Board and the Association.
- 4.2 **Settlement of Employee Grievances.** The Association and the Board recognize their responsibility for the prompt and orderly disposition of grievances that arise out of the interpretation, application, or alleged breach of any of the provisions of this agreement. To this end, the parties agree that the provisions of this article shall provide the means of settlement of all such grievances provided, however, that nothing herein will be construed as limiting the right of any employee to have a complaint adjusted without the intervention of the Association so long as the adjustment is not inconsistent with the terms of this agreement.
- 4.3 **Procedural Steps.** Any grievance that a member has not resolved informally shall be presented in the following steps:
 - Step 1 – Between the grievant, a representative of his or her choice, and the appropriate supervisor and/or designated representative(s). A supervisor is a person who directs and oversees the employee's work.
 - Step 2 – Between the grievant, and his or her Association representative, and the appropriate executive level employee and/or designated representative(s).
 - Step 3 – Between the grievant and his or her Association representative(s), and the Superintendent and/or designated representative(s).
- 4.4 **Grievance Presentation.** All grievances shall be presented in writing at Step I within ten (10) work days from the date of the occurrence, signed by the grievant. The Supervisor's answer at each Step shall be given in writing within ten (10) work days after the Step meeting, which shall be held within ten (10) work days following receipt of the appeal. Unless a grievance is appealed

to the next Step within five (5) work days after the Supervisor's answer, which shall be considered acceptable to the grievant and the Association.

- 4.5 If the Association claims a class grievance, defined as a general violation, misapplication, or misinterpretation of the agreement that directly affects three (3) or more unit members, the grievance may then be submitted directly to the Superintendent and/or designated representative(s) within ten (10) days from the date of its occurrence. The processing of such grievances shall begin at Step 3.
- 4.6 By mutual agreement of the grievant and the Supervisor, the time limits stated herein may be revised to allow the collection of pertinent information and in the interest of prudent resolution of the grievance.
- 4.7 No reprisals of any kind will be taken by the Board, the school administration, or Association against any member or official because of his or her participation in this grievance procedure.
- 4.8 Should the investigation or processing of a grievance require that a member or an Association representative be released from his or her regular assignment, he or she shall be released without loss of pay or benefits.

ARTICLE V

Employment Conditions

- 5.1 Each member shall be given written notification of his or her salary status, position, and assignment for the forthcoming school year by November 15th.
- 5.2 **Reduction in Force.** When a member is transferred or reassigned to another position due to a reduction in force, the member will begin receiving the salary of the new assignment on the effective date of the transfer or reassignment.

A reduction in force will be conducted in accordance with the Reduction in Force Procedures for Administrative and Supervisory Personnel which are published in the Administrative Handbook.

- 5.3 **Administrative Reassignment.** An administrative reassignment is a reassignment for reason(s) other than those specified in Section 5.2. When a member is administratively reassigned to a position with a lower salary, the member will begin receiving the salary of the new assignment on the effective date of the transfer.
- 5.4 **Employee Evaluation.** Members will receive a formal evaluation each year. The direct supervisor of a member shall hold the formal evaluation conference. Within a reasonable time after the conference, a written statement of evaluation will be prepared for review by the member. Any material presented at the conference which was not previously known to the member shall be reviewed with the member by the supervisor before it may be entered into the written evaluation.

In the event that the member feels his/her evaluation is incomplete or unjust, he/she may provide an addendum giving his/her point of view. The evaluation is, however, to be signed by the member. This signature does not indicate approval. A copy of this evaluation and addendum shall be placed in the evaluation file in the Human Resources Department and a copy shall be given to the member.

Complaints of a serious nature which shall be included in the personnel file of the member, shall be brought to the attention of the member, so that he/she may respond to them. Following the completion of an investigation, complaints of a serious nature which will be maintained by the direct supervisor in his/her file shall be brought to the attention of the member so that he/she may respond to them.

When a meeting with a member is being called for the purpose of suspension, or dismissal, the member shall be advised of his/her right to representation prior to the beginning of any such conference or meeting and be given no more than 10 business days to arrange for representation. In all other discipline matters a member may bring a representative.

No member shall be disciplined without due process.

- 5.5 **Probationary Periods.** All new employees are on probation for the first six months of employment. During the probationary period, an employee may be released at any time. During the sixth month of service of the probationary employee, the department head, under whom the employee works, will recommend that the employee be granted permanent status or that the probationary period be extended for a period of up to sixty (60) work days, or that the employee be terminated.

- 5.6 **Voluntary Transfer.** Non-probationary Food Service Managers may submit a written request for voluntary transfer to the Supervisor of Food and Nutrition by April 1 each year.

The request for voluntary transfer must state up to three high school feeder areas to which the employee desires to be assigned.

- 5.7 **Safety and Security.** Employees are obligated to report conditions they observe that may be adversely affect the health, safety or security of the students or employees of HCPS to the appropriate supervisor so that necessary actions may be taken. Unless an emergency exists, support employees will not be required to perform duties that would otherwise be performed by an HCPS safety and security staff member or a public safety official. However, employees are required to assist administrators, safety and security staff and public safety officials when their specific job knowledge or expertise is essential to the situation.

ARTICLE VI

Promotions

- 6.1 **Announcement of Vacancies.** Vacancies to be filled will be advertised.
- 6.2 **Application.** Candidates are to complete and submit a formal application form with a transcript of all college studies and all other required materials to the Office of Human Resources within the timeline on the posting.

ARTICLE VII

Holidays

- 7.1 **Customary Holidays.**
- Independence Day
 - Labor Day
 - Primary Election Day
 - General Election Day
 - Thanksgiving Day
 - Thanksgiving Friday
 - Christmas Eve
 - Christmas Day
 - New Year's Day
 - Martin Luther King, Jr.'s Birthday
 - President's Day

- Good Friday
- Memorial Day
- Juneteenth

When any of the aforementioned holidays, excluding Christmas Eve, Memorial Day, and Independence Day, occur on a Saturday, the day off shall be granted on Friday before the holiday. When any of the aforementioned holidays, excluding Christmas Eve, Memorial Day, and Independence Day, occur on a Sunday, the holiday shall be observed on the following Monday.

The Christmas Eve holiday shall be granted as indicated in the approved HCPS calendars.

Employees receive two days of holiday at Christmas and two days of holiday at Easter in addition to the customary holidays of the season. When employees cannot use authorized holiday(s) because of duty requirements, they will be permitted with prior approval, the use of said day(s) at another time during the year or accumulate these day(s) as annual leave.

ARTICLE VIII

- 8.1 **APSASHC Grandfather Clause.** Employees hired before June 30, 2007 who receive the benefits established in the 2005-2009 negotiated agreement between the Board and the Association of Public School Administrators and Supervisors of Harford County will continue to receive such benefits until the employee vacates his/her position.

The Board will provide the Association a written list of unit personnel who are entitled to receive grandfathered benefits. The written list will include the specific benefits each grandfathered unit employee is entitled to receive. In addition, each grandfathered unit employee will receive a written communication that details specific grandfathered benefits that they are entitled to receive.

- 8.2 **Annual Leave.** Annual leave with pay is granted to employees who are employed on a 12-month basis.

Persons entering employment and persons leaving employment shall receive annual leave on a "pro-rata" basis if they are on an active status ten (10) days prior to the middle of the month or ten (10) days prior to the end of the month.

An employee who qualifies for annual leave with five (5) years or less of continuous service, earns annual leave at the rate of one and one-quarter (1.25) days per qualifying month (15 days). An employee who qualifies for annual leave with six (6) or more years of continuous service earns annual leave at the rate of one and two-thirds (1.67) days per qualifying month (20 days).

Annual leave time is calculated on the basis of the fiscal year. Those situations not covered by the above annual leave policies will be given consideration on an individual basis by the Superintendent and/or designated representative(s).

Annual leave must be planned to give the best practical continuous coverage to the schools or department. Unit employees will send their requests to their supervisor through the appropriate process for approval.

Unit members shall be given a written notice of available annual leave days as of July 1, no later than August 15 of each year.

- 8.3 **Annual Leave Death Benefit.** Payment for current and accumulated days of annual leave will be made to the beneficiary of any member whose death occurs during active service or while on an

approved leave of absence.

- 8.4 **Accumulated Annual Leave.** A maximum of thirty (30) days of accrued annual leave may be carried over to the next fiscal year. All employees who enter regular retirement from Harford County Public Schools shall receive payment for earned and accumulated days of annual leave at their current daily salary rate.

Employees subject to Article 8.1 of this agreement with less than ten years in an administrative position are entitled to this provision.

Accumulated annual leave in excess of the maximum permitted must be used as of July 1 of each year. When a unit member, due to unusual circumstances, is unable to reduce accumulated annual leave to the maximum permitted by July 1, they may request to accumulate more than the maximum not to extend beyond one year from the Superintendent and/or designated representative(s). Approval is at the sole discretion of the Superintendent and/or designated representative(s).

When a unit member is unable to reduce accumulated annual leave to the maximum permitted by July 1, the employee may convert up to ten (10) annual leave days to sick leave days per year. A lifetime maximum of annual leave days may be converted to sick leave based on the following tiered structure based on years of service in Harford County Public Schools.

10-15 Years of Service – 50 days
16-25 Years of Service – 75 days
26 or More Years of Service – 100 days

- 8.5 **Personal Business.** Employees shall receive a total of three (3) work days per year with no loss in salary that may be used for personal business. Employees employed on or after February 1 shall receive one (1) work day of personal business leave. Unused personal business leave days may be accumulated up to no greater than five (5) days. On July 1 of each year any personal business days in excess of five (5) will be converted to sick leave days.

Personal business leave may be requested, with at least three (3) work days advance notice, through the appropriate department head who shall not require a reason for the leave. If, however, an unforeseen circumstance requires the employee's absence which could not be requested three days in advance, the reason for the absence shall be stated and the department head may, at his/her discretion, approve the absence as a day of personal business leave. Personal business leave may be denied when, in the judgment of the department head, the employee's absence would impair the educational process.

Personal business leave shall not be taken immediately before or immediately after a holiday or weekday when school is closed, or on an in-service day for teachers or at the beginning (first five scheduled workdays) or the end of the school year (last five scheduled workdays). Exceptions to the foregoing restrictions on days to be used for personal business leave may be made by the Assistant Superintendent for Human Resources for circumstances which require the member's absence on these days. Personal business leave may be denied when, in the judgment of the Superintendent or designee, the member's absence would impair the educational process.

- 8.6 **Sick Leave.** Sick leave shall be defined as personal illness of the unit member. Unit members shall be granted sick leave at a rate of one and a quarter (1.25) days per month (15 days) of regular employment, the annual total of which shall be available at the beginning of the school year.

Accumulation of unused sick leave shall be unlimited with unused personal business leave as of June 30, added to accumulated sick leave as noted in section 8.5 of this article.

- 8.7 **Payment for Unused Days of Sick Leave.** Members who enter retirement from the Harford County Public Schools after ten (10) years of service in those schools shall receive payment for unused sick leave up to a maximum of 250 days (maximum of 300 days for members with thirty (30) or more years of service in Harford County Public Schools) at a rate of 25% of the daily rate of pay. All such days must have been accumulated while in service in Harford County. Sick leave shall be accumulated annually at the rate of the difference between sick leave provided and sick leave used.
- 8.8 **Unused Sick Leave: Death Benefit.** A death benefit based upon the number of unused days of sick leave will be paid to the beneficiary of any member if death occurs during active service or while on approved leave of absence. Such payment would be at the current daily rate of the salary of the person.
- 8.9 **Illness of a Family Member.** For an absence that does not qualify under the Family/Medical Leave Act (FMLA), a unit member is permitted to use up to seven (7) work days of earned sick leave per year for illness of a member's household or the member's parent. Such absence will be deducted from the member's sick leave.
- 8.10 **Bereavement.** All employees shall be granted seven (7) calendar days of leave for immediate family bereavement. The employee will be paid for any of the seven (7) calendar days of leave which are duty days. Immediate family shall include: spouse, child, stepchild, parent (natural, foster, or in-law), brother, sister, grandparents, grandchild, a person who reared the employee, or anyone who lives regularly in the household of the employee.

Leave shall begin the day after the death, except when the service, funeral, or other appropriate ceremony is scheduled beyond the seven (7) days following the death. In the latter circumstance, up to two (2) days of allowable bereavement leave may be saved to be used within six months of the relative's death to attend the service, funeral, or other ceremony.

All employees shall be granted two (2) calendar days of leave for non-immediate family bereavement. The employee will be paid for any of the two (2) calendar days of leave which are duty days. Non-immediate family shall include: step-parent, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, and daughter-in-law.

One of the days of absence must be the day of the funeral or interment.

- 8.11 **Jury Duty.** A member who serves on jury duty will continue to receive his or her regular salary.
- 8.12 **Legal Summons.** An employee who is not otherwise on leave may be absent in response to a summons to appear as a witness without loss of salary, provided the employee is not a party (e.g., plaintiff, defendant, third party defendant or third party plaintiff).
- 8.13 **Religious Holidays.** A member shall have three (3) days of leave for observance of recognized special holidays which he/she believes to be mandated by his/her religion provided that a positive recommendation be given by the proper religious authority. The Director or Assistant Superintendent may contact the proper religious authority for their recommendation. The three (3) days allowed for religious holidays shall be in addition to sick days and other emergency days and shall not be cumulative.

8.14 **Assault Leave - *§6-111.**

- a) An employee of a county board who is absent due to physical disability that results from an assault while in the scope of board employment shall be kept on full pay status instead of sick leave during the period of absence.
- b) Each county board shall establish rules and regulations for the entitlement and use of assault leave, including a requirement that an employee provide:
 - 1) A signed statement that justifies the use of assault leave; and
 - 2) If medical attention is required, a certificate from a licensed physician that states the nature and duration of the disability.

*This is informational reference only and is not subject to the grievance process.

**ARTICLE IX
Duty Year**

- 9.1 **Duty Year.** Twelve-month employees will work a standard duty year of 260 days including approved holidays. In fiscal years that have more than 260 days, twelve-month AHCATSP employees will not work on the day(s) beyond 260. The extra non-work day(s) will not count as a duty day or holiday. The extra non-work day(s) in the school calendar will be determined by the Superintendent of Schools.

The duty year for food service managers and school nurses shall consist of 195 days. The ten-month duty year includes approved leave days.

The duty year for eleven (11) month employees shall consist of 210 days. The eleven (11) month duty year includes approved leave days.

**ARTICLE X
Leaves of Absence**

- 10.1 **Extended Leaves of Absence.** The Board of Education may grant leaves of absence for 1) personal illness; 2) maternity/paternity (including adoption); 3) study; 4) military service; 5) childcare and 6) illness of a member of the immediate family. Leaves for the first four of these reasons protect the member's right to apply for a disability retirement, to continue to qualify for the death benefit in the retirement system, to be reassigned by the local school system in an appropriate position as soon as a vacancy occurs after the request for reinstatement, and to unused accumulated sick leave provided he or she applies for reappointment prior to the termination of his or her leave.

Deduction for absences for twelve-month members shall be made on the basis of 1/260th for each day of absence.

Leaves of absence are without pay and are generally granted for no more than one (1) year.

- 10.2 In Harford County, the requirement to be eligible for a leave of absence is that the member must have completed two (2) full years of service with the Board.
- 10.3 Since the Maryland Retirement Systems do not recognize a leave for illness in the immediate family, such a leave provides for reassignment by the local school system and to unused accumulated sick leave provided he or she applies for reappointment prior to the termination of his or her leave.

- 10.4 An eligible member finding it necessary to request a leave of absence should make written application to the Superintendent and/or designated representative(s) stating the reason, date he or she wishes it to become effective, and the number of months desired.
- 10.5 **Family/Medical Leave.** The Board's policy will govern the use of accrued sick, personal, and annual leave for a qualifying event under the federal Family/Medical Leave Act.
- 10.6 **Leave of Absence for Maternity.** A leave of absence for maternity or disability due to maternity is a qualifying absence under the federal Family / Medical Leave Act (FMLA). For an employee requesting leave for maternity or disability due to maternity, who qualifies under FMLA, the Board's procedures for FMLA shall apply. If the leave of absence due to disability extends beyond the FMLA period of twelve weeks, an employee may use additional accrued paid leave to cover the absence. An employee who does not qualify under FMLA may use any accrued paid leave for absence due to maternity or disability due to maternity.

Parental Leave Eligible employee may seek twelve (12) continuous work weeks of unpaid FMLA in a 12-month period for the birth of a son or daughter and bonding with the newborn child, or the placement of a son or daughter with the employee for adoption or foster care, and bonding with the newly placed child. Eligible spouses who work for HCPS are each entitled to twelve (12) work weeks of unpaid leave in a 12-month period for the aforementioned FMLA-qualifying reasons. Employees granted such leave shall return to their same position providing the employee returns by the end of the FMLA approved absence.

Family and Medical Leave Act procedures regarding adoption can be found in the HCPS Employee Handbook.

ARTICLE XI

Reimbursement for Tuition, Conferences, and Professional Dues

- 11.1 **Reimbursement for Job Related Courses.** The Board of Education will reimburse unit members for job-related courses or training programs. Reimbursement will be for cost of tuition not to exceed a rate of up to \$300 per graduate credit. The number of courses to be reimbursed will not exceed 12 credits per fiscal year or \$75 per undergraduate credit. The total number of credits to be reimbursed for any employee will not exceed 45 credits. Non-credit courses or training programs will be reimbursed using semester hour conversion. (i.e.– 15 hours= 1 credit)

In order to qualify for reimbursement, all courses must be approved by the immediate supervisor and the appropriate executive staff member prior to enrollment in the course. The employee must pass the course, with a "C" or better when letter grades are issued, in order to be reimbursed.

- 11.2 **Professional Dues.** Members will be reimbursed up to \$300.00 annually for professional dues paid to organizations for such professional affiliation as approved by the Superintendent.
- 11.3 **Reimbursement for Travel.** Harford County Public Schools will reimburse employees for approved transportation at the rate established by the Internal Revenue Service and in accordance with HCPS policies and procedures.

ARTICLE XII

Insurance

- 12.1 **Insurance Enrollment.** It is the responsibility of the member to complete all necessary forms to enroll or decline all benefit programs both at the initial employment, during lifestyle changes and during open enrollment periods.

12.2 **Insurance.** The Board will make available a plan for group life insurance and for group accidental death and dismemberment insurance in an amount that will match the individual's salary rounded to the nearest \$1,000 based upon the salary schedule. This amount will not be changed during the year. An individual may purchase a matching amount of insurance in both categories at full cost (100%) to the individual. Voluntary supplemental Life Insurance will be offered at full cost (100%) to the individual.

12.3 **Health Insurance Programs.** The Board will make available for the duration of the Agreement the following health insurance programs to eligible employees who enroll in the programs:

- The HMO plan at a **94/6%** premium split for FY27 and a **93/7%** premium split for FY28.
- The PPO plan (PPO Core) at an **89/11%** premium split for FY27 and an **88/12%** premium split for FY28.
- The Triple Health Option plan at an **83/17%** premium split for FY27 and an **81/19%** premium split for FY28.

The Board and AHCATSP agree to the following Plan Design Changes:

- **Increase the HMO plan specialist copay from \$20 to \$25.**
- **Increase the PPO plan specialist copay from \$25 to \$30.**
- **Increase the Triple Health Option plan specialist copay from \$20/\$25 to \$25/\$30 for Tiers 1 and 2.**
- **Increase the Triple Health Option plan deductible from \$50/\$50 Ind and \$100/\$100 Family to \$75/\$75 Ind and \$150/\$150 Family for Tiers 1 and 2.**

Effective July 1 through June 30, the Board will similarly make available for the duration of the Agreement to eligible employees who elect to enroll therein the choice of either standard dental insurance plan or a preferred provider dental plan. The benefit period maximum for dental services shall be \$1500. See Appendix for summary of benefits.

The Board will offer all unit members the option to enroll in a voluntary vision plan. The voluntary vision insurance benefit will be offered at full cost (100%) to the individual member.

Employees may not be covered by two Board provided insurance programs. Employees and eligible family members whose spouse or children are also employees of the school system may only select one insurance program for coverage. The employee and their spouse or children may select separate coverage, but they may not select duplicate coverage. (e.g., An employee and spouse, who is also an employee, may select family coverage, or they may select two individual plans, they may not select both.) If one employee's eligibility for participation is terminated for any reason, the other employee family member shall continue to be eligible for coverage through their own eligibility.

The Board will offer all unit members the ability to enroll in a voluntary pet insurance plan. The pet insurance benefit will be offered at full cost (100%) to the individual member.

12.4 **Flexible Spending Account Plan.** The Board will make available for the duration of the Agreement the opportunity for employees, who are eligible for health insurance, to participate in a Flexible Spending Account Plan. Employees enrolled in this Plan will be allowed to contribute up to the maximum allowable by law for the payment of non-covered medical expenses and the maximum allowable by law for dependent care costs on a pre-tax basis.

- 12.5 **Employee Assistance Plan.** The Board shall make available to eligible employees and their eligible family members, at no cost, an Employee Assistance Plan (EAP). Employee participation in and/or referral to the EAP shall be voluntary and confidential, except as to any disclosures required by applicable state law. All personal treatment records generated as a result of an eligible individual's utilization of the EAP shall be maintained by the service provider and shall not be shared with the Board unless otherwise authorized by the eligible employee or the covered dependent, or by operation of applicable law. The contact person for the EAP services to be made available under this Agreement shall not be employed by the Board of Education.
- 12.6 **Board's Rate of Contribution.** The Board's rate of contribution applicable to the coverage made available under 13.3 shall be 90% of the total premium for all provided dental and basic life insurance plans.

Effective July 1, 2013, Board contributions to all health and dental plans for employees hired or transferred into part-time positions of less than 25 hours a week will be 50% of the Board's contribution for full time employees identified in this article.

- 12.7 **Pet Insurance.** The Board will offer all unit members the ability to enroll in a voluntary pet insurance plan. The pet insurance benefit will be offered at full cost (100%) to the individual member.
- 12.8 **Workers' Compensation.** All benefits provided under Maryland law for employees injured during and as a result of their work, including death, injury, hospitalization, medical and weekly disability payments, and lump sum awards, are available through a standard Workers' Compensation policy.

Employees who are injured on the job and who qualify for weekly disability payments through Workers' Compensation will receive their regular salary, less the amount of the disability payments for up to twenty (20) duty days. Employees may then use their accumulated sick leave in order to maintain their full salaries. After the 20th day of absence, one-third day of sick leave will be deducted for each day compensated by Workers' Compensation to maintain an employee's full salary.

- 12.9 **Benefits Advisory Committee.** The Board agrees to establish a Benefits Advisory Committee to provide stakeholder input into maintaining quality and affordable benefits. The focus of this committee shall be to:
- a) Make recommendations on cost containment strategies
 - b) Study, discuss, and recommend possible plan design changes
 - c) Develop strategies to educate employees regarding benefit plans.

The Benefits Advisory Committee will meet at least six (6) times per year. The committee will report to the Board on its work in public session on an annual basis.

The composition of the committee will include up to three (3) representatives appointed by and representing the Board, one (1) representative from the Association appointed by President who is an active full-time employee, one (1) representative from each of the four (4) other employee groups appointed by their President who are active full-time employees, and one (1) person representing the retired employee's association.

The Association representative appointed to the committee shall be released from school duties for meetings of the committee without loss of salary whenever it is jointly decided to hold such meetings during the school day.

Operational ground rules for the Benefits Advisory Committee will be established by the members of the committee.

ARTICLE XIII SALARY

- 13.1 Cost of Living Allowance.** All AHCATSP employees will receive a **2.50%** ~~3.82%~~ cost-of-living adjustment **retroactive to July 1, 2026** for the **2026-2027** fiscal year. (*Refer to MOU signed 6/2026.*)
- 13.2 Classification.** The Board and Association agree that the legal authority to determine the staffing needs and classification/reclassification of positions in the school system lies exclusively with the Superintendent and the Board. Both parties agree that the factors that the Board and the Superintendent consider when classifying positions include, but are not limited to, background and experience, duties and responsibilities, and market value comparisons. These items are not subject to collective bargaining. However, the Board recognizes the need for input from and collaborative discussions with the Association on matters that affect employees beyond the collective bargaining process and is open to sharing information with the Association in these matters.
- The Association shall be provided with a copy of the position description for each job classification. The Association shall be apprised when new job classifications are assigned to the unit and provided with a copy of the position description. Unit members and the Association shall be notified of any substantive changes in the official position descriptions of unit members.
- 13.3** Administrators, technical and supervisory personnel who receive and meets expectations of a satisfactory rating on their performance evaluation will be eligible to receive a step increment on the salary schedule for the **2026-2027** fiscal year. If an administrator, technical or supervisory personnel does not receive a performance evaluation he/she will be deemed to be rated as meets expectations or satisfactory.
- 13.4** When an employee is promoted, he/she will be placed on the appropriate step and grade based on the current policy and practice of HCPS as of July 1, 2013. If this policy should change during the duration of this agreement the Association will be notified thirty (30) days in advance of such change. The Association will be provided with a copy of the current policy and practice.
- 13.5 Cardiopulmonary Resuscitation (CPR) Training:** Nurses who provide CPR training will be compensated \$150 per class for Adult/Child CPR (3.0 hour class) and \$200 per class for CPR for Adult/Child/Infant (4.0 hour class). The lead CPR instructor will be compensated \$2,000 per year to coordinate and oversee CPR training.
- 13.6 Payment for National Certification.** One \$1,000 stipend shall be paid to each full-time AHCATSP employee who presents evidence of having received a renewable national certification or trade's license in one annual lump payment upon receiving verification of the employee's eligibility or continued eligibility for such stipend.
- Determination of whether a certification or trade license equivalent meets this requirement shall be made by the Assistant Superintendent for Human Resources.
- 13.7 Payment for Master's Degree.** Each AHCATSP unit member who holds a Master's Degree will be paid a \$1,500 stipend each fiscal year. Each employee is responsible for submitting verification of the degree's conferral.

- 13.8 Payment for Food & Nutrition Managers.** Each Food & Nutrition Manager who supervises a program outside the normal school day will receive a stipend based on the number of meals.

Level 1	2000 – 6499 Meals	\$500.00
Level 2	6500 – 14,999 Meals	\$1,000.00
Level 3	>15,000 Meals	\$2,000.00

Signatures of the negotiators who confirm the agreement reached on the above items and who recommend this total agreement for ratification by the Board of Education and the Association of Harford County Administrative, Technical and Supervisory Professionals:

Representatives of the Association of Harford County Administrative, Technical and Supervisory Professionals:

/s/ Pamela Murphy – Chief Negotiator
/s/ Jason Evans
/s/ Kate Gingue
/s/ Tina Hockaday
/s/ Jennifer Horner
/s/ Brian McNutt
/s/ Baylie Michael
/s/ Christopher Morton
/s/ Karen Olsen

Representatives of the Board of Education of Harford County

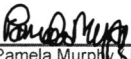
/s/ Dr. C. Mae Alfree, Chief Negotiator
/s/ Cathy Bendis
/s/ Colin Carr
/s/ Joseph Harbert
/s/ Benjamin Richardson

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE HARFORD COUNTY BOARD OF EDUCATION
AND
THE ASSOCIATION OF HARFORD COUNTY ADMINISTRATIVE, TECHNICAL AND SUPERVISORY
PROFESSIONALS**

This Memorandum of Understanding (MOU) constitutes an agreement between Harford County Board of Education (Board) and the Association of Harford County Administrative, Technical and Supervisory Professionals (AHCATSP).

Effective July 1, 2026, all AHCATSP employees will receive one (1) step on the applicable salary schedule, provided they are otherwise eligible for step movement and a cost-of-living adjustment for the 2026-2027 fiscal year not less than the highest COLA received by any entire other bargaining unit.

Signed:



Pamela Murphy (Jun 17, 2026 13:30:37 EDT)
For AHCATSP
06/17/2026

Date



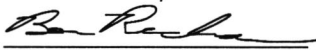
C. Mae Alfree, Ed.D. (Jun 22, 2026 12:43:54 EDT)
For the Board
06/22/2026

Date



Justin Lane
For AHCATSP
06/22/2026

Date



Ben Reichen
For the Board
06/22/2026

Date

**Harford County Public Schools
Salary Schedule for Food Service Managers
FY27 - Effective July 1, 2026**

STEP	MG1
1	\$41,541
2	\$42,372
3	\$43,219
4	\$44,084
5	\$44,966
6	\$45,866
7	\$46,783
8	\$47,719
9	\$48,673
10	\$49,647
11	\$50,639
12	\$51,652
13	\$52,685
14	\$53,739
15	\$54,813

Original

Harford County Public Schools Salary Schedule for Non-Certified Administrative, Technical and Supervisory Professionals FY27 - Effective July 1, 2026										
STEP	GRADE A	GRADE B	GRADE C	GRADE D	GRADE E	GRADE F	GRADE G	GRADE H	GRADE I	GRADE J
1	\$80,766	\$85,613	\$90,751	\$96,196	\$101,968	\$108,087	\$114,573	\$121,450	\$128,737	\$136,461
2	\$82,382	\$87,326	\$92,566	\$98,120	\$104,008	\$110,249	\$116,864	\$123,879	\$131,311	\$139,191
3	\$84,030	\$89,071	\$94,417	\$100,083	\$106,088	\$112,454	\$119,201	\$126,357	\$133,938	\$141,974
4	\$85,711	\$90,854	\$96,305	\$102,085	\$108,209	\$114,703	\$121,586	\$128,884	\$136,617	\$144,814
5	\$87,424	\$92,670	\$98,232	\$104,127	\$110,373	\$116,997	\$124,018	\$131,461	\$139,349	\$147,711
6	\$89,172	\$94,523	\$100,197	\$106,208	\$112,581	\$119,337	\$126,498	\$134,091	\$142,136	\$150,665
7	\$90,956	\$96,414	\$102,200	\$108,332	\$114,833	\$121,724	\$129,027	\$136,772	\$144,978	\$153,677
8	\$92,775	\$98,343	\$104,245	\$110,499	\$117,129	\$124,158	\$131,608	\$139,509	\$147,878	\$156,751
9	\$94,631	\$100,310	\$106,329	\$112,710	\$119,472	\$126,641	\$134,241	\$142,299	\$150,836	\$159,886
10	\$96,523	\$102,316	\$108,456	\$114,963	\$121,861	\$129,175	\$136,926	\$145,144	\$153,853	\$163,084
11	\$98,454	\$104,361	\$110,625	\$117,263	\$124,299	\$131,758	\$139,663	\$148,047	\$156,930	\$166,346
12	\$100,423	\$106,448	\$112,837	\$119,608	\$126,785	\$134,393	\$142,457	\$151,008	\$160,068	\$169,673
13	\$102,431	\$108,578	\$115,094	\$122,000	\$129,320	\$137,080	\$145,307	\$154,028	\$163,269	\$173,066
14	\$104,480	\$110,749	\$117,396	\$124,440	\$131,906	\$139,822	\$148,213	\$157,109	\$166,535	\$176,528
15	\$106,569	\$112,964	\$119,745	\$126,929	\$134,546	\$142,619	\$151,176	\$160,251	\$169,865	\$180,058

Original

**Harford County Public Schools
Salary Schedule for School Nurses
FY27 - Effective July 1, 2026**

STEP	NUB
1	\$60,574
2	\$61,786
3	\$63,022
4	\$64,282
5	\$65,567
6	\$66,879
7	\$68,217
8	\$69,581
9	\$70,973
10	\$72,392
11	\$73,840
12	\$75,317
13	\$76,823
14	\$78,360
15	\$79,926

Original



Harford County Board of Education Medical Benefits Options

Effective for Plan Year July 1, 2026 – June 30, 2027

Benefit Plan Resources

For the most current information, please consult the providers' websites or contact Member Services:

Important Resources	Member Services Telephone Number	Web or Claims Mailing Address	
CareFirst BlueCross BlueShield Medical Claims	866-263-9477	carefirst.com	Mailroom Administrator PO Box 14115 Lexington, KY 40512
Mental and Behavioral Health	800-245-7013	carefirst.com/mentalhealth	
CVS Caremark and Mail Order Pharmacy	800-241-3371	carefirst.com/rx	
CareFirst Dental and Vision	Vision: 800-783-5602 Dental: 866-891-2802	carefirst.com	Mailroom Administrator PO Box 14115 Lexington, KY 40512
Flexible Benefit Administrators, Inc. (FBA)	800-437-3539	flex-admin.com https://fba.wealthcareportal.com	
Acentra Health	866-795-5701	EAPHelplink.com ; company code-HCPS	
State Retirement Agency	800-492-5909	sra.maryland.gov	
Lincoln Financial Tax Deferred Compensation Plan (457b) (403b)	800-234-3500 Press "0"	hcps.org/departments/humanresources/benefits/retirement.aspx lincolffinancial.com	
Harford County Public Schools Benefits Office	410-588-5275	www.hcps.org/departments/HumanResources/benefits@hcps.org	
Employee Incentives		https://hcps365.sharepoint.com/sites/HumanResources/Staffing/RecruitmentandRetention/default.aspx	

Medical, Dental and Vision Deductions— Active Employees

Plan	Total Annual Premium	Employee Monthly Premium at 100%	BOE % of Annual Cost	Employee % of Annual Cost	Biweekly Payroll Deduction 22 Pay Deductions for ALL Employees Your Bi-Weekly Deduction
Medical Insurance Rates					
CareFirst BlueChoice HMO			94%	6%	
Individual	\$8,971.75	\$747.65	\$8,433.45	\$538.31	\$24.47
Parent & Child	\$17,719.17	\$1,476.60	\$16,656.02	\$1,063.15	\$48.33
Employee & Spouse	\$21,183.45	\$1,765.29	\$19,912.44	\$1,271.01	\$57.77
Family	\$26,094.94	\$2,174.58	\$24,529.25	\$1,565.70	\$71.17
Carefirst Preferred Provider Core Plan			89%	11%	
Individual	\$9,623.78	\$801.98	\$8,565.16	\$1,058.62	\$48.12
Parent & Child	\$20,924.41	\$1,743.70	\$18,622.72	\$2,301.68	\$104.62
Employee & Spouse	\$24,752.63	\$2,062.72	\$22,029.84	\$2,722.79	\$123.76
Family	\$26,843.55	\$2,236.96	\$23,890.76	\$2,952.79	\$134.22
CareFirst Triple Option			83%	17%	
Individual	\$11,869.08	\$989.09	\$9,851.34	\$2,017.74	\$91.72
Parent & Child	\$25,806.23	\$2,150.52	\$21,419.17	\$4,387.06	\$199.41
Employee & Spouse	\$30,527.99	\$2,544.00	\$25,338.23	\$5,189.76	\$235.90
Family	\$33,104.17	\$2,758.68	\$27,476.46	\$5,627.71	\$255.80
Dental Insurance Rates					
CareFirst Standard			90%	10%	
Individual	\$307.43	\$25.62	\$276.69	\$30.74	\$1.40
Parent & Child	\$505.43	\$42.12	\$454.89	\$50.54	\$2.30
Employee & Spouse	\$647.46	\$53.96	\$582.71	\$64.75	\$2.94
Family	\$944.33	\$78.69	\$849.90	\$94.43	\$4.29
CareFirst Comprehensive			90%	10%	
Individual	\$419.23	\$34.94	\$377.31	\$41.92	\$1.91
Parent & Child	\$688.25	\$57.35	\$619.42	\$68.82	\$3.13
Employee & Spouse	\$882.55	\$73.55	\$794.30	\$88.26	\$4.01
Family	\$1,286.60	\$107.22	\$1,157.94	\$128.66	\$5.85
Vision Insurance Rates					
CareFirst BlueVision Plus			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$2.31
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$4.27
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$5.31
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$7.01

Premium deductions will begin the first pay for all staff of the 2026-2027 school year, and coverage will be effective July 1, 2026. New hire's coverage will start on the first day of the month following the hire date and enrollment in the plan. Deductions will begin with the first pay of the month following the date of hire and enrollment in the plan.

Medical, Dental and Vision Deductions— Active Part Time

Hired or transferred to a PT position of less than 25 hours per week on or after 7/1/2013

Plan	Total Annual Premium	Employee Monthly Premium at 100%	BOE % of Annual Cost	Employee % of Annual Cost	Biweekly Payroll Deduction 22 Pay Deductions for ALL Employees Your Bi-Weekly Deduction
Medical Insurance Rates					
CareFirst BlueChoice HMO			47%	53%	
Individual	\$8,971.75	\$747.65	\$4,216.72	\$4,755.03	\$216.14
Parent & Child	\$17,719.17	\$1,476.60	\$8,328.01	\$9,391.16	\$426.87
Employee & Spouse	\$21,183.45	\$1,765.29	\$9,956.22	\$11,227.23	\$510.33
Family	\$26,094.94	\$2,174.58	\$12,264.62	\$13,830.32	\$628.65
Carefirst Preferred Provider Core Plan			44.5%	55.5%	
Individual	\$9,623.78	\$801.98	\$4,282.58	\$5,341.20	\$242.78
Parent & Child	\$20,924.41	\$1,743.70	\$9,311.36	\$11,613.05	\$527.87
Employee & Spouse	\$24,752.63	\$2,062.72	\$11,014.92	\$13,737.71	\$624.44
Family	\$26,843.55	\$2,236.96	\$11,945.38	\$14,898.17	\$677.19
CareFirst Triple Option			41.5%	58.5%	
Individual	\$11,869.08	\$989.09	\$4,925.67	\$6,943.41	\$315.61
Parent & Child	\$25,806.23	\$2,150.52	\$10,709.59	\$15,096.65	\$686.21
Employee & Spouse	\$30,527.99	\$2,544.00	\$12,669.12	\$17,858.87	\$811.77
Family	\$33,104.17	\$2,758.68	\$13,738.23	\$19,365.94	\$880.27
Dental Insurance Rates					
CareFirst Standard			45.0%	55.0%	
Individual	\$307.43	\$25.62	\$138.34	\$169.09	\$7.69
Parent & Child	\$505.43	\$42.12	\$227.44	\$277.99	\$12.64
Employee & Spouse	\$647.46	\$53.96	\$291.36	\$356.10	\$16.19
Family	\$944.33	\$78.69	\$424.95	\$519.38	\$23.61
CareFirst Comprehensive			45.0%	55.0%	
Individual	\$381.12	\$31.76	\$171.50	\$209.62	\$10.48
Parent & Child	\$625.68	\$52.14	\$281.56	\$344.12	\$17.21
Employee & Spouse	\$802.32	\$66.86	\$361.04	\$441.28	\$22.06
Family	\$1,169.64	\$97.47	\$526.34	\$643.30	\$32.17
Vision Insurance Rates					
CareFirst BlueVision Plus			0%	100%	
Individual	\$50.76	\$4.23	\$0.00	\$50.76	\$2.31
Parent & Child	\$93.96	\$7.83	\$0.00	\$93.96	\$4.27
Employee & Spouse	\$116.76	\$9.73	\$0.00	\$116.76	\$5.31
Family	\$154.32	\$12.86	\$0.00	\$154.32	\$7.01

Premium deductions will begin the first pay for all staff of the 2026-2027 school year, and coverage will be effective July 1, 2026. New hire's coverage will start on the first day of the month following the hire date and enrollment in the plan. Deductions will begin with the first pay of the month following the date of hire and enrollment in the plan.

Medical Benefits Comparison Chart

The Benefits	BlueChoice HMO Open Access BlueChoice Providers	CareFirst BlueCross BlueShield Preferred Provider Organization	
		In-network BlueCross BlueShield PPO Providers	Out-of-network Participating and Non-participating Providers
DEDUCTIBLE—CONTRACT YEAR JULY 1–JUNE 30	\$150 Individual / \$300 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)	\$150 Individual / \$300 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)	\$350 Individual / \$700 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)
MEDICAL OUT-OF-POCKET MAXIMUM	\$6,600 Individual/\$13,200 Family (integrated with Rx out-of-pocket maximum)	\$2,400 Individual / \$4,800 Family (combined in- and out-of-network)	
LIFETIME MAXIMUM	Unlimited	Unlimited	
HOSPITAL			
Hospital Room/Semi-Private*	100% AB	90% AB	70% AB
Skilled Nursing Facility*	100% AB (limited to 60 days/contract year)	90% AB	70% AB
Inpatient Rehabilitation*	100% AB (limited to 90 days/contract year)	90% AB	70% AB
Outpatient Surgery	100% AB	90% AB	70% AB
Emergency Care**	Emergency Room—\$75 copay (waived if admitted); Urgent Care Center—\$35 copay	Emergency Room—\$100 copay (no deductible—waived if admitted); Urgent Care Center—\$25 copay (no deductible)	Emergency Room—\$100 copay (no deductible—waived if admitted); Urgent Care Center—70% AB
PHYSICIAN SERVICES			
Surgeon	100% AB	90% AB	70% AB
Assistant Surgeon	100% AB	90% AB	Paid as in-network
Anesthesiologist	100% AB	90% AB	Paid as in-network
In-Hospital Medical	100% AB	90% AB	70% AB
MEDICAL SERVICES			
Office Visits	\$15 PCP/\$25 Specialist copay	\$20 PCP / \$30 Specialist copay (no deductible)	70% AB
Outpatient Facility	100% AB	100% AB	70% AB
Outpatient Physician	\$15 PCP/\$25 Specialist copay	\$30 copay	70% AB
Diagnostic X-rays	100% AB	90% AB	90% AB inpatient / 70% AB office
Radiation Therapy	\$25 Specialist copay	90% AB	70% AB
Chemotherapy	\$25 Specialist copay	90% AB	70% AB
Laboratory Tests	100% AB (LabCorp only)	90% AB	90% AB inpatient / 70% AB office
Allergy Testing	\$15 PCP/\$25 Specialist copay	90% AB	70% AB
Allergy Treatment/Injections	\$15 PCP/\$25 Specialist copay	90% AB	70% AB

* Precertification required or penalties may apply.

** Overnight stays for observation are not considered an inpatient admission.

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the

Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

Medical Benefits Comparison Chart

	Triple Option Open Access		
	Level 1 BlueChoice Providers	Level 2 BlueCross BlueShield PPO Providers	Level 3 Participating and Non-participating Providers
	\$75 Individual / \$150 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)	\$75 Individual / \$150 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)	\$250 Individual / \$500 Family aggregate (Deductible applies to all services unless otherwise noted; does not apply to Rx benefits)
	\$1,200 Individual /\$2,400 Family (combined in- and out-of-network)	\$1,200 Individual /\$2,400 Family (combined in- and out-of-network)	
	Unlimited		
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	Emergency Room—\$75 copay (waived if admitted); Urgent Care Center—\$20 copay	Emergency Room—\$75 copay (waived if admitted); Urgent Care Center—\$25 copay	Emergency Room—\$75 copay (waived if admitted); Urgent Care Center—80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	Paid as Level 2
	100% AB	100% AB	Paid as Level 2
	100% AB	100% AB	80% AB
	\$15 PCP/\$25 Specialist copay	\$20 PCP/\$30 Specialist copay	80% AB
	100% AB	100% AB	80% AB
	\$15 PCP/\$25 Specialist copay	\$30 copay	80% AB
	100% AB	100% AB	Inpatient—Paid as Level 2 Office & Outpatient—80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB (LabCorp only)	100% AB	Inpatient—Paid as Level 2 Office & Outpatient—80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB

Medical Benefits Comparison Chart

The Benefits	BlueChoice HMO Open Access BlueChoice Providers	CareFirst BlueCross BlueShield Preferred Provider Organization	
		In-network BlueCross BlueShield PPO Providers	Out-of-network Participating and Non-participating Providers
MEDICAL SERVICES (CONTINUED)			
Physical, Speech and Occupational Therapy (combined visits)	\$25 Specialist copay; 60 visit maximum per condition per contract year combined with speech and occupational therapy	\$30 Specialist office copay; \$30 OP Facility, \$30 OP Professional (no deductible); 100 visit maximum per contract year (occupational/speech combined in- and out-of-network)	70% AB; 100 visit maximum per contract year (occupational/speech combined in- and out-of-network)
Chiropractic Care (Spinal Manipulation)	\$25 Specialist copay; 60 visit maximum per condition per contract year	\$30 Specialist copay	70% AB
Acupuncture	Not covered	\$30 Specialist copay	70% AB
PREVENTIVE CARE			
Well Child Care/Immunization	100% AB (no deductible)	100% AB (no deductible)	70% AB
Routine Physical Exam	100% AB (no deductible)	100% AB (no deductible)	70% AB
Breast Cancer Screening/ Routine Mammography	100% AB (no deductible)	100% AB (no deductible)	100% AB (no deductible)
Prostate Cancer Screening	100% AB (no deductible)	100% AB (no deductible)	100% AB (no deductible)
Routine Gynecological Exam (one per contract year)	100% AB (no deductible)	100% AB (no deductible)	70% AB
Eye Exams	\$10 copay per annual visit no-referral (Davis Vision provider) (no deductible)	No Benefit	No Benefit
Eye Glasses/Lenses/Contact Lenses	Discounts available; See pages 39-41	No Benefit	No Benefit
SPECIAL SERVICES			
Durable Medical Equipment	100% AB	90% AB	70% AB
Home Health Care Visits*	100% AB	90% AB	70% AB
Hospice*	100% AB	90% AB	70% AB
Maternity Care (Pre/Post/ Delivery)	100% AB	100% AB	70% AB
Nursery Care (Must be enrolled within 30 days)	100% AB	90% AB	70% AB
Infertility Services	Pre-approval required Artificial Insemination—50% AB of charges (limited to 6 attempts per live birth); In Vitro Fertilization—50% AB of charges (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)	Artificial Insemination—90% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—90% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)	Artificial Insemination—70% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—70% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)
Lapband Benefits	100% AB	90% AB	70% AB
Surgical Treatment for Morbid Obesity (Gastric Bypass & Gastric Sleeve) (prior authorization required)	100% AB at a BlueDistinction center	90% AB at a BlueDistinction center	70% AB at a BlueDistinction center

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

Medical Benefits Comparison Chart

	Triple Option Open Access		
	Level 1 BlueChoice Providers	Level 2 BlueCross BlueShield PPO Providers	Level 3 Participating and Non-participating Providers
	\$25 Specialist copay; 100 visit maximum per contract year combined with speech and occupational therapy	\$30 Specialist office; \$30 OP Facility; \$30 OP Professional; 100 visit maximum per contract year (occupational/speech combined in- and out-of-network)	80% AB; 100 visit maximum per contract year (occupational/speech combined in- and out-of-network)
	\$25 Specialist copay	\$30 Specialist copay	80% AB
	\$25 Specialist copay	\$30 Specialist copay	80% AB
	100% AB (no deductible)	100% AB (no deductible)	80% AB
	100% AB (no deductible)	100% AB (no deductible)	80% AB
	100% AB (no deductible)	100% AB (no deductible)	100% AB (no deductible)
	100% AB (no deductible)	100% AB (no deductible)	100% AB (no deductible)
	100% AB (no deductible)	100% AB (no deductible)	80% AB
	\$10 copay per annual visit no-referral (Davis Vision provider) (no deductible)	\$10 copay per annual visit no-referral (Davis Vision provider) (no deductible)	
	Discounts available; See pages 39-41	Discounts available; See pages 39-41	
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	Pre-approval required Artificial Insemination—100% AB of charges (limited to 6 attempts per live birth); In Vitro Fertilization—100% AB of charges (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)	Artificial Insemination—100% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—100% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)	Artificial Insemination—80% AB, pre-approval required (limited to 6 attempts per live birth); In Vitro Fertilization—80% AB, pre-approval required; (limited to 3 attempts per live birth not to exceed a maximum lifetime limit of \$100,000)
	100% AB	100% AB	80% AB
	100% AB at a BlueDistinction center	100% AB at a BlueDistinction center	80% AB at a BlueDistinction center

* Precertification required or penalties may apply.

** Mandatory generic substitution—see the CareFirst Drug Program section.

Medical Benefits Comparison Chart

The Benefits	BlueChoice HMO Open Access BlueChoice Providers	CareFirst BlueCross BlueShield Preferred Provider Organization	
		In-network BlueCross BlueShield PPO Providers	Out-of-network Participating and Non-participating Providers
SPECIAL SERVICES (CONTINUED)			
Ambulance When Medically Necessary (surface, air, private, and public)	100% AB	90% AB	Paid as in-network
Hearing Exam	\$25 copay	\$30 copay	70% AB
Hearing Aids (one per hearing impaired ear every 36 months)	100% AB	90% AB (no deductible)	70% AB
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES			
Inpatient Care*	100% AB	90% AB	70% AB
Outpatient Facility	100% AB	90% AB	70% AB
Office Visits	\$15 copay	\$20 copay (no deductible)	70% AB
PRESCRIPTION DRUGS USING FORMULARY 2			
Prescription Drug Out-of-Pocket Max.	\$6,600 Individual / \$13,200 Family (integrated with medical out-of-pocket maximum)	\$4,200 Individual / \$8,400 Family	
Retail Prescription Drug**	\$10 copay—Generic drug (Tier 1); \$20 copay—Preferred Brand (Tier 2); \$40 copay—Non-preferred Brand (Tier 3); Maintenance drugs: 90 day supply, 2 times retail copay at CVS only; \$20 copay—Generic drug (Tier 1); \$40 copay—Preferred Brand (Tier 2); \$80 copay—Non-preferred Brand (Tier 3)	\$30 copay Preferred Brand (Tier 2) \$45 copay Non-preferred Brand (Tier 3) Maintenance medication up to 90 day supply 1 times retail at CVS only; \$15 copay—Generic drug (Tier 1) \$30 copay—Preferred Brand (Tier 2) \$45 copay—Non-preferred Brand (Tier 3)	
Mail Order Drug**	CVS Caremark Mail Order—2 times retail copay—up to 90 day supply \$20 copay—Generic drug (Tier 1); \$40 copay—Preferred Brand (Tier 2); \$80 copay—Non-preferred Brand (Tier 3)	CVS Caremark Mail Order Prescription Program for maintenance medication 1 times copay—Up to 90 day supply \$15 copay—Generic drug (Tier 1) \$30 copay—Preferred Brand (Tier 2) \$45 copay—Non-preferred Brand (Tier 3)	
Oral Contraceptives**	100% AB	100% AB	
Diabetic Supplies	100% AB	100% AB	
VISION			
Routine Exam(limited to 1 visit/benefit period)	\$10 per visit at participating vision provider	n/a	
Eyeglasses and Contact Lenses	Discounts from participating vision centers	n/a	

AB = Allowed Benefit

This chart contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description, the Group Benefit Guide or the Group Service Agreement. AB—Allowed Benefit. AWP—Average Wholesale Price.

Medical Benefits Comparison Chart

	Triple Option Open Access		
	Level 1 BlueChoice Providers	Level 2 BlueCross BlueShield PPO Providers	Level 3 Participating and Non-participating Providers
	100% AB	100% AB	Paid as Level 2
	\$20 copay	\$25 copay	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	100% AB	100% AB	80% AB
	\$15 copay	\$20 copay	80% AB
	\$5,400 Individual / \$10,800 Family		
	\$15 copay Generic drug (Tier 1) \$30 copay Preferred Brand (Tier 2) \$45 copay Non-preferred Brand (Tier 3) Maintenance medication up to 90 day supply 1 times retail at CVS only: \$15 copay—Generic drug (Tier 1) \$30 copay—Preferred Brand (Tier 2) \$45 copay—Non-preferred Brand (Tier 3)		
	CVS Caremark Mail Order Prescription Program for maintenance medication 1 times copay—Up to 90 day supply \$15 copay—Generic drug (Tier 1) \$30 copay—Preferred Brand (Tier 2) \$45 copay—Non-preferred Brand (Tier 3)		
	100% AB		
	100% AB		
	\$10 per visit at participating vision provider		
	Discounts from participating vision centers		

CareFirst Drug Program Summary of Benefits

Formulary 2

Plan Feature	BlueChoice HMO Open Access	Triple Option Open Access	Preferred Provider Organization	Description
Deductible	None	None	None	Your benefit does not have a deductible.
Prescription Drug Out-of-Pocket Maximum	\$6,600 Individual/ \$13,200 Family	\$5,400 Individual/ \$10,800 Family	\$4,200 Individual/ \$8,400 Family	Your benefit does not have a family deductible maximum.
Preventive Drugs (up to a 34-day supply)	\$0 (not subject to deductible)	\$0 (not subject to deductible)	\$0 (not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*
Oral Chemotherapy & Diabetic Supplies (up to a 34-day supply)	\$0	\$0	\$0	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) (up to a 34-day supply)	\$10	\$15	\$15	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	\$20	\$30	\$30	All preferred brand drugs are covered at this copay level.
Non-Preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$40	\$45	\$45	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Maintenance Copays (up to a 90-day supply)				Maintenance medication must be purchased at a CVS pharmacy or through Mail Service for a 90-day supply.
Retail (CVS only):				
Generic	\$20	\$15	\$15	
Preferred	\$40	\$30	\$30	
Non-preferred	\$80	\$45	\$45	
Mail Order:				
Generic	\$20	\$15	\$15	
Preferred	\$40	\$30	\$30	
Non-preferred	\$80	\$45	\$45	
Prior Authorization	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug website at carefirst.com/rxgroup .			
Mandatory Generic Substitution	If you choose a Non-preferred Brand drug (Tier 3) instead of its Generic equivalent, you will pay the highest copay plus, the difference in cost between the Non-preferred Brand drug and the Generic. If a Generic version is not available, you will only pay the copay.			

BlueDental Plus—PPO Comprehensive Summary of Benefits

Includes access to a national provider network

		In-Network You Pay	Out-of-Network You Pay
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*		\$25 Individual/ \$50 Family	\$50 Individual/ \$150 Family
ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*		Plan pays \$1,500 maximum	
PREVENTIVE & DIAGNOSTIC SERVICES			
■ Oral Exams ■ Prophylaxis ■ X-rays ■ Sealants		No charge ¹	35% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
BASIC SERVICES			
■ Fillings—includes posterior composite restorations ■ Periodontics (gum treatment) ■ Endodontics (root canals) ■ Denture repair/relining ■ Stainless steel crowns ■ Bridges, bridge recementation/repair ■ Implants—covered only as an alternative to a fixed bridge ■ Oral surgery		20% of Allowed Benefit after deductible ¹	50% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges ¹
■ Surgical removal of impacted teeth		No charge after deductible ¹	35% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
MAJOR SERVICES			
■ Dentures ■ Crowns, inlays, onlays and cast restorations		50% of Allowed Benefit after deductible ¹	70% of Allowed Benefit after deductible; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
ORTHODONTIC SERVICES			
■ Benefits for orthodontic services are available for dependent children up to age 19		50% of Allowed Benefit ¹	50% of Allowed Benefit; Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
ORTHODONTIC LIFETIME MAXIMUM		Plan pays \$800 combined maximum	

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

CareFirst of Maryland, Inc.: CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (R.7/21); CFMI/BLUEDENTAL SOB (R.7/21); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments.

BlueDental Plus–PPO Standard

Summary of Benefits

Includes access to a national provider network

	In-Network You Pay	Out-of-Network You Pay
DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*	\$25 Individual/ \$50 Family	\$25 Individual/ \$50 Family
ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*	Plan pays \$1,500 maximum	
PREVENTIVE & DIAGNOSTIC SERVICES (Deductible and Annual Maximum do not apply)		
■ Oral Exams ■ Cleanings ■ X-rays ■ Sealants	No charge ¹	Deductible does not apply; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
BASIC SERVICES		
■ Fillings (includes posterior composite restorations) ■ Endodontics (root canals) ■ Oral surgery ■ Stainless steel crowns	No charge after deductible ¹	Deductible applies; Non-participating providers may bill for the difference between the allowed benefit and the provider's charges. ¹
MAJOR SERVICES (NOT COVERED UNDER PLAN)		
■ Periodontics ■ Crowns ■ Inlays ■ Onlays ■ Cast restorations ■ Bridges ■ Dentures	Not covered	Not covered

¹ CareFirst payments are based on the CareFirst Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

* Deductible and Annual Maximum Combined In-network/Out-of-network.

Summary of Exclusions: Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

CareFirst of Maryland, Inc.: CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (R.7/21); CFMI/BLUEDENTAL SOB (R.7/21); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments.

Core BlueVision Summary of Benefits

(Included with BlueChoice and Triple Option only)

12-month benefit period

In-Network	You Pay
EYE EXAMINATIONS¹	
Routine Eye Examination with dilation (per benefit period)	\$10
FRAMES^{1,2}	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
SPECTACLE LENSES²	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
LENS OPTIONS^{2,3} (add to spectacle lens prices above)	
Standard Progressive Lenses	\$75
Premium Progressive Lenses (Varilux®, etc.)	\$125
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30

In-Network	You Pay
LENS OPTIONS^{1,2} (add to spectacle lens prices above)	
Blended Invisible Bifocals	\$20
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$35
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
CONTACT LENSES¹	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
LASER VISION CORRECTION¹	
Up to 25% off allowed amount or 5% off any advertised special ³	

¹ At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

² CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

³ Special lens designs, materials, powers and frames may require additional cost.

⁴ Some providers have flat fees that are equivalent to these discounts.

Exclusions

The following services are excluded from coverage:

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

For BlueChoice Opt-Out Plus members, Vision Care benefits are not available under the Out-of-Network Evidence of Coverage.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply.

Benefits issued under policy form numbers: MD/BC-OOP/VISION (R. 6/04) • DC/BC-OOP/VISION (R. 6/04) • VA/BC-OOP/VISION (R. 6/04)

BlueVision Plus Summary of Benefits

12-month benefit period

Benefit	In-Network You Pay	Out-of-Network You Pay
EYE EXAMINATIONS (once per 12-month benefit period)		
Routine Eye Examination with dilation	No copay	Plan pays \$40, you pay balance
FRAMES (once per 12-month benefit period)		
Davis Vision Frame Collection ¹	No copay for over 200 frames	Not applicable
Non-Collection Frame	Plan pays up to \$200, you pay balance minus 20% discount ^{3,4}	Plan pays \$70, you pay balance
SPECTACLE LENSES (once per 12-month benefit period)		
Basic Single Vision	\$10 copay	Plan pays \$40, you pay balance
Basic Bifocal	\$10 copay	Plan pays \$60, you pay balance
Basic Trifocal	\$10 copay	Plan pays \$80, you pay balance
Progressive Lenses (stand/prem/ultra/ultimate)	\$0/\$0/\$140/\$175	Up to \$60 (in lieu of bifocal reimbursement)
CONTACT LENSES (initial supply; once per 12-month benefit period, in lieu of eyeglasses)		
Medically Necessary Contacts	No copay with prior approval	Plan pays \$250, you pay balance
Davis Vision Contact Lens Collection ¹	No copay	Not applicable
Other (Non-Collection) Contact Lenses	Plan pays up to \$200, you pay balance minus 15% discount ^{3,4}	Plan pays \$100, you pay balance
CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE (once per 12-month benefit period)		
Davis Vision Collection ¹ , Standard Contact Lenses & Medically Necessary Contact Lenses	Covered	Not applicable
Specialty Contact Lenses that are non-collection, including, but not limited to, toric, multi-focal and gas permeable lenses	\$40 Copay ^{3,4}	Not applicable

Value Add and Discounts^{3,4} (fixed fee)			
LENS OPTIONS^{3,4} (add to spectacle prices above)			
Tinting of Plastic Lenses (Solid/Gradient)	\$0	Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ulimate)	\$35/\$48/\$60/\$85
Scratch-Resistant Coating	\$0	High-Index Lenses (1.67/1.74)	\$55/\$120
Polycarbonate Lenses (Children/Adults) ²	\$0	Polarized Lenses	\$75
Ultraviolet Coating	\$12	Plastic Photochromic Lenses	\$65
Blue Light Coating	\$15	Scratch Protection Plan: Single Vision/ Multifocal Lenses	\$20/\$40
ADDITIONAL DISCOUNTED SERVICES^{3,4}			
Retinal Imaging—Member Charge	\$39		
Laser Vision Correction ³	Up to 25% off allowed amount or 5% off any advertised special ³		

¹ Collection is available at most participating independent provider offices. Collection is subject to change.

² Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

³ These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. Additional plan discounts may not be available at all provider locations in all states. Please confirm that discounts are accepted when making your appointment. Discounts are not insurance and subject to change without notice.

⁴ Available additional discounts not applicable at Glasses.com, 1-800 Contacts, Walmart locations, Sam's Club locations, or Costco locations or where limited by law or manufacturer restrictions.

⁵ Reena Mukamal, "20 Surprising Health Problems an Eye Exam Can Catch," American Academy of Ophthalmology, aao.org.

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- What optional preventive care covers
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¹ When combining discounts, restrictions apply. Must be eligible for applicable discounts. Each discount may not be available in all states.

Pet Insurance coverage issued by Metropolitan General Insurance Company, a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).

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L4621857[exp0727][All States and][All Territories]

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 Cancer
 Cruciate ligament

Sophisticated Care coverage

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 Holistic care
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 IVDD

Optional Preventive Care coverage

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 Spay and neuter
 Heartworm
 Behavioral training
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1. A multi-policy discount is not available with Family Plans.
2. Family plan policies are limited to dogs age 12 and under and cats age 14 and under. Multi-policy discount is not available with Family Plans.
3. When using multiple discounts, discounts cannot exceed 30%. Each discount may not be available in all states. Please contact MetLife Pet for further details.
4. Reimbursement options include: 50%, 70%, 80% and 90%. Pet age restrictions may apply.
5. Virtual veterinary services are available through the MetLife Pet app and are provided entirely by AskVet, a third-party partner; MetLife is not responsible for any pet guidance or advice provided or taken. Veterinarians providing virtual veterinary services cannot prescribe medication or answer questions about the pet policy.
6. Your pet's deductible automatically decreases by \$50 each policy year, so you don't receive a claim reimbursement.
7. If a policy's annual limit is at least \$5,000 and the policyholder has at least \$1,000 of unused benefits remaining at the end of the policy year, then upon renewal, MetLife will automatically increase the annual limit by \$500 for the renewal policy at no additional cost. The automatic annual limit increase will not apply if changes are made to the renewed policy. May not be available in all states.

Coverage issued by Metropolitan General Insurance Company, a Rhode Island insurance company headquartered at 700 Quaker Lane, Warwick, RI 02886. Availability is subject to regulatory approval. Coverage subject to restrictions, exclusions and limitations and application is subject to underwriting. See policy or contact MetLife Pet Insurance Solutions LLC ("MetLife Pet") for details. MetLife Pet is the policy administrator. It may operate under an alternate or fictitious name in certain jurisdictions, including MetLife Pet Insurance Services LLC (New York and Minnesota) and MetLife Pet Insurance Solutions Agency LLC (Illinois).