

**CONTRACT**  
**BETWEEN THE**  
**EAST WINDSOR BOARD OF EDUCATION**  
**AND THE**  
**EAST WINDSOR EDUCATION ASSOCIATION**  
**July 1, 2017 to June 30, 2020**



## TABLE OF CONTENTS

ARTICLE 1 – PREAMBLE .....	1
ARTICLE 2 – RECOGNITION .....	1
ARTICLE 3 – DURATION .....	2
ARTICLE 4 – BOARD POLICY REVISION .....	2
ARTICLE 5 – PROFESSIONAL NEGOTIATION.....	2
ARTICLE 6 – SEVERABILITY .....	3
ARTICLE 7 – HOLDOVER .....	3
ARTICLE 8 – NO STRIKE CLAUSE .....	3
ARTICLE 9 – PROTECTION OF TEACHERS .....	3
ARTICLE 10 – GRIEVANCE PROCEDURE .....	4
ARTICLE 11 – SCHOOL CALENDAR.....	8
ARTICLE 12 – TEACHERS’ SCHOOL DAY AND ADDITIONS TO.....	8
ARTICLE 13 – DUTY FREE LUNCH .....	11
ARTICLE 14 – TEACHING PERIODS AND ASSIGNMENTS.....	11
ARTICLE 15 – PREPARATION PERIODS.....	12
ARTICLE 16 – TEACHER TRANSFER .....	13
ARTICLE 17 – POSITIONS AND VACANCIES.....	13
ARTICLE 18 – TEACHER TERMINATION.....	14
ARTICLE 19 – TEACHER RECALL .....	15
ARTICLE 20 – JURY DUTY.....	16
ARTICLE 21 – PERSONAL BUSINESS AND RELIGIOUS LEAVE.....	16
ARTICLE 22 – EMERGENCY LEAVE.....	16
ARTICLE 23 – BEREAVEMENT LEAVE.....	17
ARTICLE 24 – SICK LEAVE .....	17
ARTICLE 25 – PARENTHOOD LEAVES .....	18
ARTICLE 26 – ACADEMIC LEAVE.....	19
ARTICLE 27 – PROFESSIONAL LEAVE.....	19
ARTICLE 28 – ASSOCIATION LEAVE .....	19
ARTICLE 29 – SABBATICAL LEAVE.....	20
ARTICLE 30 – LEAVES OF ABSENCE .....	21
ARTICLE 31 – SALARY GUIDES.....	21
ARTICLE 32 – STAFF SALARIES .....	22
ARTICLE 33 – PAY FOR EXTRA DUTY .....	23
ARTICLE 34 – RETIREMENT .....	24

<b>ARTICLE 35 – FRINGE BENEFITS .....</b>	<b>24</b>
<b>ARTICLE 36 – INSURANCE INCENTIVE .....</b>	<b>26</b>
<b>ARTICLE 37 – TAX SHELTERED ANNUITIES.....</b>	<b>26</b>
<b>ARTICLE 38 – DURATIONAL SHORTAGE AREA PERMIT.....</b>	<b>27</b>
<b>ARTICLE 39 – PROFESSIONAL DEVELOPMENT &amp; EVALUATION COMMITTEE.....</b>	<b>27</b>
<b>APPENDIX A – SALARY SCHEDULES.....</b>	<b>28</b>
<b>APPENDIX B – EXTRA STIPEND SCHEDULE .....</b>	<b>31</b>
<b>APPENDIX C – 2017-18 EXTRA STIPEND ATHLETIC SALARY SCHEDULES.....</b>	<b>34</b>
<b>APPENDIX D – 2018-19 EXTRA STIPEND ATHLETIC SALARY SCHEDULES.....</b>	<b>36</b>
<b>APPENDIX E – 2019-20 EXTRA STIPEND ATHLETIC SALARY SCHEDULES.....</b>	<b>38</b>
<b>APPENDIX F – GRIEVANCE PROCESS FORMS.....</b>	<b>40</b>
<b>APPENDIX G – SUMMARY OF BENEFITS – HIGH DEDUCTIBLE HEALTH PLAN / HSA.....</b>	<b>46</b>
<b>APPENDIX H –HEALTH REIMBURSEMENT ARRANGEMENT (HRA).....</b>	<b>63</b>
<b>APPENDIX I – SUMMARY OF BENEFITS – PREFERRED PROVIDER PLAN (PPO) .....</b>	<b>65</b>
<b>APPENDIX J – SUMMARY OF BENEFITS – DENTAL PLAN .....</b>	<b>81</b>
<b>SIGNATURE BLOCK.....</b>	<b>84</b>

ARTICLE 1  
PREAMBLE

1.1 Legal Reference. This Agreement is negotiated under Section 10-153b through 10-153f of the Connecticut General Statutes, as amended, in order to (a) fix for its term the salaries and all other conditions of employment provided herein, and (b) to encourage and abet effective and harmonious working relationships between the Board and the professional staff in order that the cause of public education may best be served.

1.2 Communication. The Board and the Association recognize the importance of responsible participation by the entire professional staff in the educational process, planning, development and growth. To this end, they agree to maintain communication to inform about programs, to guide in development and to assist in planning and growth either by committee, individual consultation or designated representatives.

1.3 Legal Power and Duties of Board of Education. It is recognized that except as such powers are specifically limited by an express provision of this Agreement, the Board has and will continue to retain, whether exercised or not, the sole and unquestioned right, responsibility and prerogative to direct the operation of the East Windsor Public Schools in all its aspects.

ARTICLE 2  
RECOGNITION

2.1 EWEA - Exclusive Representative. The Board hereby recognizes the East Windsor Education Association (EWEA) as the exclusive representative, as defined in Section 10-153b through 10-153f of the Connecticut General Statutes as amended, for the group of certified professional employees employed by the Board in positions requiring a teaching or other certificate, and/or a durational shortage area permit, excluding temporary substitutes and excluding employees in positions requiring an intermediate administrator or other supervisory certificate.

2.2 No teacher shall be disciplined (i.e., written reprimand, or suspended without pay) without just cause.

2.3 Unless otherwise indicated, the term "teacher" when used hereinafter in this agreement shall refer to all employees in the above unit.

2.4 All teachers employed by the East Windsor Board of Education shall join the Association or pay to the Association a service fee. Said service fee shall be equal to the proportion of Association dues uniformly required of members to underwrite the costs of collective bargaining, contract administration and grievance adjustment. Said service fee shall not exceed the amount of the membership dues of the East Windsor Education Association, the Connecticut Education Association and the National Education Association.

2.5 For those teachers who have not joined the East Windsor Education Association and turned in an authorized card by October 1<sup>st</sup> by the second year of this contract, the Board of Education agrees to deduct the annual service fee from their salaries through payroll deductions. The amount of the said service fee shall be certified by the Association to the Board prior to opening of school.

### ARTICLE 3 DURATION

3.1 The provision of this Agreement shall be effective on July 1, 2017 and shall continue and remain in full force and effect to and including June 30, 2020.

### ARTICLE 4 BOARD POLICY REVISION

4.1 The Board shall make available to the teachers the complete and up-to-date texts of its Policies and Administrative Regulations.

4.2 A copy of the complete text of the Board Policies and Administrative Regulations will be given to the President of the East Windsor Education Association.

4.3 The Superintendent shall notify the Association President when new or revised Board Policy that affects the welfare of the children and the teachers in the school system is approved by the Board.

4.4 No later than the day prior to the start of school, the Board shall ensure that each teacher has received a copy of the Board's policy concerning student discipline.

4.5 All notifications in this Article shall be provided electronically.

### ARTICLE 5 PROFESSIONAL NEGOTIATION

5.1 Negotiating in Good Faith Before Budget Deadline. The Board and Association agree to negotiate in good faith, pursuant to Section 10-153b through 10-153f of the General Statutes as amended.

5.2 Procedure for Negotiations. The Board and the Association shall negotiate with respect to salaries and any other conditions of employment which are negotiable. Either party may, if it so desires, utilize the services of outside consultants and may call upon professional and lay representatives to assist in the negotiations.

ARTICLE 6  
SEVERABILITY

6.1 In the event that any provision or portion of this Agreement is ultimately ruled invalid for any reason by an authority of established and competent legal jurisdiction, the balance and remainder of this Agreement shall remain in full force and effect.

ARTICLE 7  
HOLDOVER

7.1 In the event that the Board and the Association shall fail to secure a Successor Agreement, as hereinbefore provided in Article 1 prior to the termination of this Agreement, the Agreement will remain in effect until the execution of a Successor Agreement.

ARTICLE 8  
NO STRIKE CLAUSE

8.1 The Association agrees that it will not cause, condone, sanction, or take part in any strike, walk-out, slowdown, or work stoppage, picketing or other similar forms of interference with the operation of the school system.

ARTICLE 9  
PROTECTION OF TEACHERS

9.1 Teachers shall report immediately in writing to their principal and to the Central Office all cases of assault and/or battery suffered by them in connection with their employment. Teachers have the right to have any such report of physical assault or threat of physical violence be reported to police by the building principal or to make their own police report without interference.

9.2 Such report shall be forwarded unedited through the Superintendent to the Board, which shall furnish said teacher with any information in its possession not privileged under law which relates to the incident or persons involved.

9.3 The Board will inform the Association of their decision as soon as reasonable investigation and deliberation permit.

9.4 The Board shall protect and save harmless any teacher in accordance with Section 10-235 and Section 10-236a of the Connecticut General Statutes as amended.

9.5 Teachers shall not be required to transport students in their personal vehicles.

ARTICLE 10  
GRIEVANCE PROCEDURE

10.1 Purpose. The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise affecting the welfare or working conditions of teachers. Both parties agree that the proceedings shall be kept as confidential as is appropriate.

10.2 Definitions

A. "Grievance" shall mean a dispute between a teacher or teachers and/or the Association with the Board or Administration over the interpretation or application of a specific provision of this Agreement and/or a dispute based upon an event or condition which affects the welfare or conditions of employment of a teacher or group of teachers, except that the contents of an evaluation of a teacher's performance is not subject to grievance, and the procedures followed in the completion of an evaluation of a teacher's performance shall advance directly from Level Two to Level Four, and shall not be heard by the Board of Education.

B. "Teacher" shall mean any certified professional employee below the rank of administrator and may include a group of teachers similarly affected by the grievance.

C. "Party in interest" shall mean the aggrieved person or persons or their designated representative as provided herein.

D. "Days" shall mean days when school is in session, except for initiating a grievance during the last two (2) weeks of school, when "days" shall mean business days.

E. "Business Days" shall mean days when the Superintendent of Schools' office is open for regular business.

10.3 Time Limits

A. Since it is important that grievances be processed as rapidly as possible, the number of days indicated at each step shall be considered as a maximum. The time limit specified may, however, be extended by written agreement of the parties in interest, at which time new evidence may be introduced by written agreement of the parties.

B. If a teacher does not file a grievance in writing within fifteen (15) days after which he/she knew, or should have known, of the act or condition on which the grievance is based, then the grievance shall be considered to have been waived.

C. During the last two (2) weeks of school, if a teacher does not file a grievance in writing within fifteen (15) business days after which the grievance is based, then the grievance shall be considered to have been waived. A grievance filed during the last two (2) weeks of school shall be filed at formal Level Two (2) and all preceding levels of the grievance procedure shall be waived by the parties. When a grievance is filed under Section C, the grievance shall



not be processed until the start of the forthcoming school year, unless the parties involved mutually agree in writing to continue the grievance.

D. Failure by the Aggrieved Teacher at any level to appeal a grievance to the next level within the specified time limits shall be deemed to be acceptance of the decision rendered at that level.

E. Failure by the Administrator involved to render his/her decision within the specified time limits shall be deemed to be a denial of the grievance submitted.

#### 10.4 Informal Procedure

A. If a teacher feels that he/she may have a grievance, he/she will first discuss the matter with his/her principal in an effort to resolve the problem informally, with or without the assistance of the Association. The time utilized to pursue the informal procedure shall not toll the time limit for the filing of the formal grievance at Level One or Level Two, whichever is applicable, unless the parties have agreed to waive said timeline.

B. If a teacher is not satisfied with such disposition of the matter, he/she shall have the right to have the Association assist him/her in further efforts to resolve the problem informally with the principal.

#### 10.5 Formal Procedure

##### A. Level One - School Principal

(a) If the Aggrieved Teacher is not satisfied with the outcome of informal procedures, he/she shall submit his/her claim as a written grievance to his/her principal, with a copy to the Association. The written statement of the grievance shall contain a statement of the facts, the remedy requested and a reference to that provision of this Agreement which the teacher claims has been violated.

(b) The Principal shall, within five (5) days after receipt of the written grievance, render his/her decision and the reasons therefore in writing to the Aggrieved Teacher, with a copy to the Association.

##### B. Level Two - Superintendent of Schools

(a) If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level One, he/she shall, within three (3) days after the decision, or within eight (8) days after his/her formal presentation, file his/her written grievance with the Association for referral to the Superintendent of Schools.

(b) The Association shall, within five (5) days after receipt, refer the grievance to the Superintendent, but prior to so doing, the Association shall provide an opportunity for the Aggrieved Teacher to meet with the appropriate Association committee to review the grievance.

(c) The Superintendent, or his/her designee, shall, within ten (10) days after receipt of the referral, meet with the Aggrieved Teacher and with representatives of the Association (if the teacher so desires) for the purpose of resolving the grievance.

(d) The Superintendent shall, within five (5) days after the hearing, render his/her decision and the reasons therefore in writing to the Aggrieved Teacher with a copy to the Association.

#### C. Level Three - Board of Education

(a) If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level Two, he/she shall, within three (3) days after the decision, or within five (5) days after the final hearing, file the grievance again with the Association for appeal to the Board of Education.

(b) The Association may, within three (3) days after receipt, refer the appeal to the Board of Education.

(c) The Board of Education shall, within fifteen (15) days after receipt of the appeal, meet with the aggrieved and with representatives of the Association (if the teacher so desires) for the purpose of resolving the grievance.

(d) The Board shall, within five (5) days after such meeting, render its decision and the reasons therefore in writing to the Aggrieved Teacher, with a copy to the Association.

#### D. Level Four – Arbitration

(a) If the Aggrieved Teacher is not satisfied with the disposition of his/her grievance at Level Three and the grievance is based upon a dispute arising from the interpretation of the specific language of this Agreement, he/she shall, within three (3) days after the decision, or within six (6) days after the Board meeting, request in writing to the President of the Association that his/her grievance be submitted to arbitration. The decision of the Board shall be final and binding on all other matters.

(b) The Board and the Association or their designated representatives shall, within five (5) days after such written notice, jointly select a single arbitrator who is an experienced and impartial person of recognized competence. If the parties are unable to agree upon an arbitrator within five (5) days, the American Arbitration Association shall immediately be called upon to select the single arbitrator.

(c) The arbitrator selected shall confer promptly with representatives of the Board and the Association, shall review the records of prior hearings, and shall hold such further hearings with the Aggrieved Teacher and other parties in interest as he/she shall deem appropriate. The Arbitrator shall hear and decide only one grievance in each case. He/she shall

be bound by and must comply with all of the terms of this Agreement. He/she shall have no power to add to, delete from, or modify in any way any of the provisions of this Agreement.

(d) The Arbitrator shall render his/her decision in writing to all parties in interest in accordance with AAA rules, setting forth his/her findings of fact, reasoning and conclusions on the issues submitted. The decision of the Arbitrator shall be final and binding upon any parties in interest.

(e) The cost of the service of the arbitration shall be borne equally by the Board and the Association.

#### 10.6 Rights of Teachers to Representation

A. No reprisals of any kind shall be taken by either party or any member of the administration or teachers association against any participant in the grievance procedure by reason of such participation.

B. The Association may, if it so declares, call upon the professional services of the Connecticut Education Association for consultation and assistance at any stage of the procedure.

#### 10.7 Miscellaneous

A. All documents, communications and records dealing with the processing of a grievance shall be filed separately from the personnel file of the participants.

B. Forms for filing and processing grievances are found in the Appendix attached hereto and are made part of this Agreement. The Superintendent shall have a supply of the forms as needed for the filing of a grievance.

C. When it is necessary, pursuant to the Grievance Procedure, for a School Representative, a member of the Committee on Professional Rights and Responsibilities, or other representative designated by the Association to attend a grievance meeting or hearing during a school day, he/she shall, upon advance notice to his/her building principal and to the Superintendent by the President of the Association, be released without loss of pay, as necessary, in order to permit participation in the foregoing activities. Any teacher whose presence in such meetings or hearings as a witness is necessary shall be accorded the same right. At no time shall more than two (2) members of the Association, in addition to any witnesses, be released from his or her duties pursuant to this section.

ARTICLE 11  
SCHOOL CALENDAR

11.1 To the extent required by law, the Board and Association will negotiate mandatory items, as such items affect the calendar.

11.2 The work year for certified personnel shall be 185 days. The total work days in the year shall include a minimum of four (4) in-service days for professional development, plus one (1) full day on which orientation will occur, all of which shall be scheduled prior to the last student day. If the Board schedules additional school days beyond the scheduled days, such days shall not include Saturdays, Sundays or legal holidays on which state statute prohibits the Board from scheduling school or work days. If the Board schedules additional work days other than school days beyond the scheduled days, such days shall not include Saturdays, Sundays or scheduled vacation periods or legal holidays. Teacher work days shall not be scheduled between July 1 and no earlier than five (5) weekdays (Monday-Friday) prior to the start of the student school year, except for new teacher orientation, which may occur outside these guidelines.

Guidance Counselors may be scheduled up to an additional ten (10) days beyond the normal work year. The Guidance Counselor/Guidance PLC Leader (5-12) shall be scheduled an additional five (5) work days beyond the guidance work year.

A. For every full work day beyond the scheduled number of work days, certified personnel shall be paid 1/n of his/her annual rate of pay:

B. For any additional workday of two (2) hours and fifteen (15) minutes or less beyond the scheduled number of workdays, certified personnel shall be paid 1/3 of 1/n of his/her annual rate of pay.

C. For any additional workday that exceeds two (2) hours and fifteen (15) minutes beyond the scheduled number of work days certified personnel shall be paid a full day's pay (1/n) of his/her annual rate of pay.

11.3 If April vacation or any part thereof is to be used to make up lost days, teachers must be notified no later than March 20 of the year the vacation is to be used, unless the decision to use some or all of April vacation is made due to circumstances arising on or after March 20.

ARTICLE 12  
TEACHERS' SCHOOL DAY AND ADDITIONS TO

12.1 The teacher workday shall be seven hours (7) and five (5) minutes. Up to six (6) hours and thirty-five (35) minutes of the teacher work day may be used for the student school day. If the Board exercises its unilateral right to increase the student school day at one or more of its schools, the Board and the Association shall bargain over the impact of such increase, if any.

12.2 Teachers are not required to remain after the teacher workday, or to arrive before the teacher workday for longer than one (1) hour to attend the following staff meetings:

- General faculty meetings or other staff meetings called by the Superintendent of Schools.
  - Building meetings called upon specific days of each month.
  - Committee meetings, grade level meetings, department meetings, or special groups authorized by the Superintendent of Schools.
- A. A schedule for faculty meetings, department meetings, and other administrative meetings shall be given out in September, for the first quarter. All other schedules shall be given out five days prior to the start of the new quarter. Specific content for meetings shall be given out the month prior to the start of each month, where practicable. This schedule is subject to change, and where practical, a twenty-four hour notice will be provided.
- B. In any event, teachers shall not be required to remain for more than four (4) meetings per month, except in months when parent teacher conferences occur. In those months, teachers shall not be required to remain for more than three (3) meetings, none of which shall be scheduled during conference week.
- C. One of the four meetings per month shall be used for teaming, collaboration, and other efforts to enhance uniformity of instruction. This meeting shall not be used for a general faculty meeting or a building meeting, and shall not be administrator dominated.

12.3 In the event that special or unusual circumstances such as weather cause the school day to be terminated early, teachers will be allowed to leave after the students are dismissed and supervision has been transferred.

12.4 Teachers shall continue to attend Open House except under unusual circumstances, which must be approved by the principal or his or her designee.

12.5 Teachers shall be available for evening conferences with parents on two dates in the fall and two dates in the spring. If there are more than two evening conferences scheduled in any school year, the third and fourth conferences shall be in lieu of conferences that occur during the day. The Superintendent shall designate the evenings on which each school shall be open for this purpose.

12.6 At least every other year, each teacher shall serve on a committee of his/her choice (which may include, for example: Curriculum, Early Intervention, Leadership, Professional Development, Strategic Planning), which shall meet monthly. If in the event that certain committees do not have a membership, the Administration can make necessary recommendations to the Board of Education for its consideration and implementation. If the committee mandates staff representation, the Administration reserves the right to select staff.

12.7 Each teacher in grades Pre-K through 4 shall remain before or after school for two (2) one-half hour sessions per month or one (1) hour session per month, and grades 5 through 12 shall remain before or after school for either four (4) one-half hour sessions per month or two (2) one hour sessions per month. These sessions shall be at the teacher's discretion and scheduling, to assist students with academic work or to implement teacher-directed consequences. The teacher shall not be permitted to schedule the sessions at times that will discourage student attendance. There shall be no lesson plans required. Teachers who perform after school work for stipends, including but not limited to coaches, shall remain before or after school for a total of twenty (20) hours over the course of the school year.

12.8 Emergency Procedures. Should an emergency occur which affects the safety of the students and/or the employees of the East Windsor Public Schools, the following guidelines are set forth to govern an orderly resolution to the emergency:

A. The Board delegates all responsibility for development and implementation of emergency procedures to the Superintendent of Schools.

B. The Superintendent has the responsibility to determine and implement the emergency procedures that may result in a shortened day for students and employees.

C. Should the emergency situation result in an adjustment to the regularly scheduled and published school day schedule, the Superintendent or his/her designee will authorize teachers to be dismissed from their assignments after the last student has safely departed from the school.

D. The principal of the school, as authorized by the superintendent or his/her designee will determine when the last student has safely departed and that all of the staff responsibilities have been met in order to safeguard the welfare of the students. The principal will then dismiss teachers from the school site.

E. Should students not be able to leave the school, the principal may designate staff remain with their students to provide appropriate supervision until the emergency situation has passed or parents have assumed the responsibility for their children. In such situations, the Superintendent or his/her designee shall notify the Association President.

F. In the event of an extreme emergency situation, the Superintendent or his/her designee may deviate from the aforementioned procedure when in the best interest of the safety of the students and/or staff. He/She will attempt to notify the President of the Association as soon as possible after the emergency situation has passed to apprise the Association of the circumstances surrounding the deviation from the procedure.

12.9 The Board reserves the right to change the workday set forth above. Should the Board change the length of the workday, **Appendix A** shall be subject to reopening for the year in which such change is effective, and the Board shall negotiate with the Association over the impact of such change, if any, on the members of the bargaining unit.

ARTICLE 13  
DUTY-FREE LUNCH

13.1 All teachers shall have an uninterrupted duty-free lunch period of at least the same duration as that of the students and within the school lunch period, currently twenty-five minutes.

13.2 It is understood that teachers are free to leave the school during their scheduled lunch period provided the school office is notified prior to departure and at the end of the duty-free lunch that they have returned.

ARTICLE 14  
TEACHING PERIODS AND ASSIGNMENTS

14.1 All teachers at the middle and high school levels shall be scheduled for no more than five (5) teaching periods per day. All high school teachers will be assigned no more than fifty (50) minutes of duty per day, over seven (7) school days. At the elementary and middle school levels, teachers will be assigned no more than forty-five (45) minutes of duties per day, which will be averaged over twenty (20) school days. Teachers who volunteer to teach a sixth class shall do so in lieu of a preparation period, not a duty. The parties recognize the Board's unilateral right to alter the scheduling of the student day and or create new programs, including block scheduling. If the Board exercises such rights, the parties will bargain over any impact for which impact bargaining is required under C.G.S. 10-153f.

A. A duty shall be defined as both administrative and supervisory duties before, during or after the student day. Duties may include, but are not limited to, general supervision, homeroom, playground duty, bus duty, recess, lunch duty, hall/corridor monitoring a.m./p.m. or during class time, achievement centers, and study hall.

14.2 Teachers initially employed by the Board shall receive their building, grade and/or subject assignments from the Superintendent's office.

14.3 Teachers already in the system shall receive notification of their assignment for the ensuing year, as soon as practical, but prior to the last day of school, if the town budget is adopted before June 1. In the absence of a budget, assignments will be sent to teachers by the last Friday in July.

14.4 Teachers shall be notified in writing of any changes in their programs and schedules for the ensuing school year, including the schools to which they will be assigned, the grades and/or subjects that they will teach, and any special or unusual classes or assignments that they will have. In the event of a change in circumstances or conditions during the months of June, July or August (resignation, death, promotion, termination and leave of absence, for example) such assignments may be changed only after consultation with the teacher; if the teacher is not available for consultation, he/she shall be notified by mail. This can only be done after a letter to consult has been mailed and seven (7) calendar days have passed.

14.5 In the determination of assignments, certification, seniority and then the convenience and wishes of the teacher shall be considered to the extent that these considerations do not conflict with the instructional requirements.

14.6 In arranging schedules for teachers who are assigned to more than one (1) school, every effort shall be made to limit the amount of inter-school travel. Such teachers shall be reimbursed at the Standard Mileage Rate currently allowed by the Internal Revenue Service, for travel between schools during any given school day. At no time should the travel time be considered part of a teacher's preparation time or duty-free lunch period.

14.7 Upon the request of his/her physician subject to consultation with the school medical advisor, an expectant teacher or the spouse may be excused from his /her duties when there exists a risk of contagion of a disease potentially harmful to the fetus (including but not limited to Fifth's Disease.) Said teacher shall be reassigned to another building or be assigned to an out of school task supplied by the Superintendent of schools provided one is available. If none is available then the teacher shall be allowed to pay the substitute and retain their sick days for every other day, e.g., out for 12 days pays substitute for 6.

#### ARTICLE 15 PREPARATION PERIODS

15.1 Teachers shall have, in addition to their lunch period, one (1) preparation period per day within the student school day. In the secondary schools, the length of the preparation period shall be the same as the length of a regular class period. In the elementary schools, teachers shall receive at least forty (40) consecutive minutes per day of preparation time during the student day. Pre-Kindergarten preparation time may be scheduled in non-consecutive blocks.

15.2 With regard to the assignment of duty periods at the high school, when making the duty schedule, administration will make every effort to limit splitting of preparation periods. Preparation periods may only be split once every seven days and on days when there are two seventy (70) minute preparation periods scheduled for that same day. Duty schedules will be "flipped" after one semester so that high school teachers will only have a split preparation period for one semester. The Association will have input into the duty schedule before it is implemented.

15.3 The Building Principal, or his/her designee, may cancel teacher preparation periods in the event of an emergency. Such emergency includes late openings, late arrival by teachers during inclement weather, early dismissals, unexpected illness, injury or emergencies which require that a teacher leave school after the start of the school day, or other similar emergencies.

15.4 When a preparation period is lost under the condition enumerated in Pay for Extra Duty Article, a teacher shall be compensated as stated in that Article.



ARTICLE 16  
TEACHER TRANSFER

16.1 The major factor in deciding any question related to transfers shall be in the best interests of the educational system.

16.2 When a reduction in the number of teachers in a school is necessary, qualified volunteers shall be transferred first.

16.3 When involuntary transfers are necessary, considerations shall include certification, experience, ability, qualifications, and all things being equal, such transfers shall be determined by length of service with teachers who hold the least seniority being involuntarily transferred first.

16.4 An involuntary transfer shall be made only after a meeting between the teacher involved and, if the teacher so desires, an EWEA Representative, the Superintendent or his/her designees, at which time the teacher shall be notified of the reason(s) for the transfer. If the Teacher believes that he/she has been aggrieved by the transfer, he/she may initiate a formal grievance at Level Three.

16.5 Positions/vacancies shall be posted for five business days within the district first, then the district shall open the position to the public except during the month of August, during which the position shall be posted simultaneously. Teachers who desire to transfer to another building shall file a written statement of such desire with the Superintendent not later than March 1st. Such statement shall include the grade and/or subject to which the Teacher desires to be assigned and the school or schools to which the Teacher desires to be transferred.

16.6 Notification of involuntary transfer shall be given to the teacher as soon as practical and under normal circumstances not later than June 1st.

16.7 Transfers shall not be made in an arbitrary or capricious manner.

16.8 Prior to any involuntary transfer taking place, the President of the East Windsor Education Association will be notified in writing of such transfer within the teaching unit.

ARTICLE 17  
POSITIONS AND VACANCIES

17.1 The Superintendent shall post a list of all vacancies and new positions within five (5) days of their occurrence on the district's website and emailed to the Association President, Secretary and all teachers during the school year and summer. Qualifications for the vacancy or new position shall be listed in the posting.

17.2 Teachers wishing consideration for vacancies occurring during the summer shall

leave notice with the Superintendent, and stamped, self-addressed envelopes by the last day of school in June.

17.3 Any bargaining unit position newly created shall be posted in all the schools. The EWEA President shall be notified in writing of the creation of said position.

## ARTICLE 18 TEACHER TERMINATION

18.1 Recognizing that it may become necessary, in certain circumstances, to eliminate certified staff positions, this Article provides a fair and orderly process, should such eliminations become necessary.

18.2 As used herein, the term "Teacher" shall apply to any employee of the Board of Education who holds a regular certificate issued by the Connecticut State Board of Education, and is within the Teachers' Bargaining Unit.

18.3 The Board of Education may exercise its right and power to reduce the number of staff positions without determining which teacher contracts will be terminated.

18.4 Prior to commencing action to terminate teacher contracts as outlined in this Article, the Board of Education will give due consideration to eliminate positions and/or reduce staff by:

- A. Voluntary resignations
- B. Voluntary retirements
- C. Voluntary leaves of absence
- D. Transfer of existing staff members

18.5 If a teacher has attained tenure status, his/her contract of employment may be terminated if his/her position is eliminated, but only if there is no other teacher position available in the school system for which the teacher is certified. Therefore, teachers who have acquired tenure will have first preference for retention in positions for which they are certified. This shall include first preference with regard to positions which are held by non-tenure teachers in addition to positions which are open and available. Determination of those to be released shall be in the following order:

- A. Non-tenure teachers
- B. Tenure teachers holding Provisional Certification
- C. Tenure teachers holding Professional Certification

18.6 Within the separate categories established under 18.5, the following criteria will be applied when selecting those non-tenure teachers who are to be considered for termination. But within the separate categories of tenure teachers, the following criteria shall be applied in sequential order to select those teachers who are to be considered for termination:

- A. Areas of certification;
- B. Total years of teaching in the East Windsor System;
- C. Over-all performance and ability, as determined by the evaluation process;
- D. Total years of teaching experience;
- E. Degree status;
- F. Teaching experience in other positions which may be available.

18.7 An employee who has been laid off pursuant to this Article may continue to participate in any group insurance program in which he/she was a member for a period of two (2) years, provided he/she pays the full cost for the premium for such coverage and that the provisions of the appropriate group policy permit such continuation.

18.8 All terminations to teachers, under this Article, shall take place in accordance with the provisions of Section 10-151 of the Connecticut General Statutes and shall not be subject to any grievance procedure or arbitrations, except in cases where the Board violates the Contract. Instead, any hearings necessary, in cases of reduction in staff, shall be conducted in accordance with the provisions of Section 10-151 of the Connecticut General Statutes.

## ARTICLE 19 TEACHER RECALL

19.1 Any teacher laid off pursuant to Article 18 shall have recall rights for a period of fifteen (15) months from June 30 of the year in which he/she was laid off, to any teacher position in the school system which becomes vacant, or open, for which he/she is certified.

A. If a teacher position becomes open during such a period, and a teacher on the reappointment list is certified to hold that position, then the teacher will be notified, in writing, by registered mail, sent to the teacher's last known address with a copy to the Association President, at least twenty (20) calendar days prior to the anticipated date of re-employment where possible.

B. Any teacher so notified shall accept or reject the appointment, in writing, to the Superintendent's office within ten (10) calendar days after receipt of such notification. If the teacher rejects the appointment, or fails to respond according to this procedure: The teacher's name shall be removed from the reappointment list, and he/she shall forfeit all such recall rights. Teachers shall be recalled in their inverse order of layoff, to positions for which they are certified.

C. In the event of recall, the teacher shall be placed on the salary schedule at the level he/she had attained when terminated unless the recalled teacher position filled specifically pays a lesser compensation.

D. A laid-off teacher who is recalled shall be granted any sick leave entitlement he/she has accrued, up to the point of lay-off, for which he/she was not compensated.

ARTICLE 20  
JURY DUTY

20.1 Any teacher who is called for jury duty shall receive the necessary leave to fulfill this legal obligation. This leave shall not be deducted from sick leave or from personal days. The amount of compensation received for duty, excluding traveling expenses, shall be deducted from the staff member's salary.

ARTICLE 21  
PERSONAL BUSINESS AND RELIGIOUS LEAVE

21.1 In the event a certified employee has personal or legal business which cannot be transacted other than during the school day, an annual maximum of three (3) days of leave will be granted at full pay. Such days may be taken on a half-day basis.

21.2 Such leave is not cumulative from year to year.

21.3 The teacher shall submit a request in writing to the Superintendent for approval at least three days prior to taking the leave.

21.4 In the event a teacher needs leave for the observance of a religious holy day, the Superintendent shall grant the teacher up to two and one half (2 ½) additional personal days, provided that the request for approval is submitted at least five (5) school days prior to the date of the leave.

21.5 Personal leave cannot be used to extend vacation periods or holidays, unless approved by the Superintendent.

ARTICLE 22  
EMERGENCY LEAVE

22.1 In cases of emergency which must be attended to during the school day, an annual maximum of one (1) day of leave will be granted at full pay.

22.2 Such leave is not cumulative.

22.3 Prior notification to the Building Administrator is required where applicable.

22.4 After-the-fact approval by the Superintendent is required.

ARTICLE 23  
BEREAVEMENT LEAVE

23.1 In case of death in the immediate family, a professional employee will be allowed a maximum of three (3) days of absence for each occurrence at full pay.

23.2 Immediate family is defined as follows:

- A. Husband and Wife
- B. Children
- C. Father and Mother, Father-in-law and Mother-in-law
- D. Brother and Sister, Brother-in-law and Sister-in-law
- E. Grandfather and Grandmother
- F. Any person who is domiciled in such teacher's house

23.3 Special requests, other than immediate family, may be granted at the Superintendent's discretion.

ARTICLE 24  
SICK LEAVE

24.1 Fifteen (15) days. Teachers shall be entitled to sick leave with full pay up to fifteen (15) working days per year accumulative to one hundred eighty-seven (187) days. Such accumulated leave shall be calculated in June and added to the fifteen (15) days for the following year. Teachers shall be allowed to use three (3) days per year for illness in the immediate family.

24.2 When a teacher has accumulated one hundred eighty-seven (187) sick days as of June and receives his/her additional fifteen (15) days at the beginning of the next school year, such teacher shall be eligible to receive twenty five dollars (\$25.00) per unused sick days for all days above 187 provided the teacher has not used more than three (3) sick days in the respective school year. Payment will be made to the teacher within fifteen (15) calendar days of the close of the school year.

24.3 In exceptional circumstances, the Board of Education may grant additional sick leave beyond accumulated sick leave at a rate of pay equal to the difference between their substitute's pay and the teacher's regular rate of pay.

24.4 Teachers who are on workers' compensation leave shall be entitled to use one (1) sick day for every three (3) days of workers' compensation leave for the purpose of supplementing their workers' compensation reimbursement. Partial sick days cannot be used to supplement workers' compensation reimbursement.

ARTICLE 25  
PARENTHOOD LEAVES

25.1 Child Bearing Leave shall be granted in cases of maternity-related disability in accordance with the Connecticut General Statutes.

25.2 Child Rearing Leave may be available to teachers on tenure according to the following provisions.

A. Child rearing leave shall be in addition to any leave granted for child bearing purposes, under Section 25.1 above.

B. Application for child rearing leave must be submitted to the Superintendent, in writing, on forms provided by the Superintendent, no less than thirty (30) days prior to the anticipated date of the commencement of either child bearing or child rearing leave, whichever is sooner.

C. Child rearing schedule: Any teacher who commences child rearing leave during any one of the following segmented periods will select either option #1 or #2 which designates the month and school year that the teacher will return:

SEGMENTED  
PERIODS

	<u>Option #1</u>	<u>Option #2</u>
Sept./Dec.	January of the same school year	September of the next school year
Jan./June	September of the next school year	January of the next school year

D. The commencement and return dates of such leave shall be mutually determined by the Teacher and the Superintendent.

E. During child rearing leave, all insurances and other fringe benefits, and payment to the State Teacher's Retirement System shall be borne by the Teacher.

F. A teacher on leave under the Article shall be assigned to his/her original position or to another professional position consistent with the teacher's certification and qualifications subject to Article 25.2D and/or Article 18.

ARTICLE 26  
ACADEMIC LEAVE

26.1 Graduate Program Requirements During the School Year. A teacher may, upon recommendation of the Superintendent and approval of the Board, be allowed leave, without loss of pay or fringe benefits, to participate in graduate study which necessitates personal presence in advance of the close of the school year. The teacher will commit to pay for substitute costs during the leave, and remain in the district the entire ensuing school year (August/September through June) following the school year in which the leave was completed, or the teacher must refund the fringe benefits received while on leave.

26.2 The Superintendent shall accept or deny requests within six (6) school days of their receipt and in the case of denial, the Superintendent shall within three (3) days meet with the Teacher to discuss the reasons for denial.

ARTICLE 27  
PROFESSIONAL LEAVE

27.1 Professional leave days may take the form of observation of an activity in another school system, attendance at conventions, workshops, or other such activities that will contribute to the effectiveness of the instructional program.

27.2 All requests for professional days shall be forwarded through the Building Principal for approval by the Superintendent. The Superintendent shall have the discretion to permit or deny professional leave.

27.3 Such leave shall not be charged to the individual teacher's personal days.

ARTICLE 28  
ASSOCIATION LEAVE

28.1 If negotiation meetings between the Board and the Association are scheduled during normal working hours of a school day, not more than six (6) representatives of the Association shall be relieved from all regular duties without loss of pay, as necessary, in order to permit their attendance at such meetings.

ARTICLE 29  
SABBATICAL LEAVE

29.1 The number of sabbaticals granted each year is within the Board of Education's discretion. However, that discretion shall not be abused by arbitrarily denying all sabbaticals.

29.2 The Superintendent of Schools shall review applications for sabbatical leave and may recommend worthwhile programs or independent work to the Board for final action subject to the following conditions:

A. Professional employees seeking sabbatical leave may appeal to the Board if their application is not recommended by the Superintendent.

B. No more than two (2) of the total staff shall be absent on sabbatical leave at one time.

C. Requests for sabbatical leave must be received by the Board of Education in writing in such form as may be required no later than January 15th of the year preceding the school year in which the sabbatical is requested. It is understood that the deadline of January 15th shall be waived at the discretion of the Board of Education when fellowships, grants or scholarships awarded later in the year make such a deadline unreasonable.

D. The teacher shall be eligible to be considered for a sabbatical leave after at least seven (7) consecutive, full years of active service in the East Windsor School System.

E. Sabbatical leave shall be for up to a full academic year and the professional staff member shall receive no salary.

F. The Board of Education shall pay the professional staff members fringe benefits as stated in the Fringe Benefit Article of this Agreement.

G. The teacher, as a condition to the acceptance of the sabbatical leave, shall agree to return to employment in the system for one (1) full year. In the event the teacher shall not so return, the teacher shall reimburse the Board fully for health insurance payments made by the Board.

H. The teacher returning from sabbatical leave shall be placed on the appropriate step on the salary schedule as though he/she had been in active service in the system for the year of the sabbatical leave. The sabbatical shall not affect continuity of service nor accrual of years of service toward longevity benefits.

I. The Board of Education maintains the right to reject requests for sabbatical leave.



ARTICLE 30  
LEAVES OF ABSENCE

30.1 Upon the recommendation of the Superintendent and the Board's approval, leave of absence without pay may be granted to a teacher for up to one (1) year.

ARTICLE 31  
SALARY GUIDES

31.1 The Board shall reimburse teachers according to basic salary schedules and other salary conditions. The salary schedules in **Appendix A** attached hereto are hereby made part of this Agreement.

31.2 Teachers shall be given a written statement at the start of the school year that includes salary, appropriate salary schedule, step, number of years of teaching or equivalent experience salary is based on and number of years employed in the East Windsor school system.

31.3 In order to be eligible for a change in degree status at the start of school in September, the teacher must notify the Superintendent of Schools of anticipated changes in degree status by April 1st of the previous school year on forms provided by the Superintendent. The teacher must submit official transcripts and/or notice of completion of degree program on the letterhead of the degree granting institution by October 15th in order to receive a degree change to a higher salary classification in that school year.

31.4 For work beyond the Bachelor's Degree, the Superintendent must be consulted prior to starting the work, unless it is part of a planned graduate program approved by the college or university, as the Superintendent is authorized to make the final decision on courses for which non-program credit will be allowed. All such courses must be approved by the Superintendent prior to the start of the course.

31.5 For work beyond the Bachelor's Degree, a grade average of "B" or better must be earned by the teacher.

31.6 Loss of pay shall occur for any unauthorized absences based on the rate of the teacher's annual pay. The denominator will be equal to the number of teacher work days in the school calendar. The numerator will be equal to the number of days of pay to be lost.

31.7 Teachers shall receive Step 1 of the BA + 30 hourly rate of the current teachers' salary schedule in **Appendix A** for summer school teaching, at-home tutoring, curriculum writing, preparing for and presenting workshops for the district, or for services performed by a board certified behavioral analyst outside their normal workday, based upon a mutually agreed upon timeframe between the teacher and the administrator.

ARTICLE 32  
STAFF SALARIES

32.1 During the duration of this Agreement no newly hired teacher shall be placed at a salary level (step) higher than any teacher currently in the system with the same teaching and/or equivalent experience in the subject and/or related area. The Superintendent shall have the right to offer a signing bonus of \$1,000 to any teacher new to the District who is certified in and hired into a position in a shortage area recognized by the State of Connecticut Department of Education.

32.2 The salaries of all teachers covered by this Agreement are set forth in **Appendix A** which is attached hereto and made part of this Agreement.

32.3 All teachers shall be paid on a ten (10) month basis, via biweekly direct deposit, with either twenty-two (22) equal paychecks per year, or twenty-two paychecks including one balloon check (equivalent to the 22<sup>nd</sup> check plus four (4) paychecks) at the end of the school year.

- a. If a teacher wants to elect the balloon check option, the Board must receive said election by June 1;
- b. Elections for balloon checks shall remain in place unless changed by the teacher by June 1;
- c. New hires may not elect balloon checks for the first year of their employment;
- d. Balloon check elections cannot be changed in the middle of the year;
- e. If no election is made by a teacher, the teacher will receive twenty-two equal pays.

32.4 A first paycheck shall be issued on the first scheduled payday of the districts normal pay schedule once the work year begins. Thereafter, paydays will occur biweekly in accordance with said schedule.

32.5 A schedule of paydays shall be issued to all teachers before September 1st.

32.6 The Board of Education shall make payroll deductions for any teacher who lives in Massachusetts and wants Massachusetts state taxes deducted from his/her pay.

32.7 The employee will authorize the deduction in writing within the first ten (10) school days of each school year.

32.8 The Board shall provide direct deposit of employee paychecks to the bank or credit union of their choice. Employees shall provide the Board of Education with the proper forms by August 1.

32.9 Inasmuch as no future increment is offered beyond the last step of the salary schedule, for the school year 2002-2003, the Board shall grant a longevity payment of \$750 to

teachers with twenty-five (25) years of experience in East Windsor, and \$1,500 to teachers with thirty (30) years of experience in East Windsor. For the remainder of this contract, for those teachers hired before September 1, 2002, the Board shall grant a longevity payment of \$750 to teachers with twenty-five (25) years total teaching experience, and \$1,500 to teachers with thirty (30) years total teaching experience. For those hired after September 1, 2002, the longevity payments of \$750 and \$1,500 will be paid for in-district teaching only.

### ARTICLE 33 PAY FOR EXTRA DUTY

33.1 Duty for which extra compensation shall be paid and the amounts of such compensation are set forth in **Appendix B through E** (the Extra Stipend Schedule).

33.2 Individual supplementary one (1) year contracts shall be issued for positions listed in **Appendix B through E** (the Extra Stipend Schedule). Qualified internal candidates shall be given preference over external candidates, when a position becomes vacant.

33.3 Involuntary assignments shall not be made in an arbitrary and capricious manner.

33.4 Any teacher who loses his/her preparation period(s) because they are covering class(es) for another teacher(s) shall be compensated at the rate of Step 1 of the BA + 30 hourly rate in the teachers' current salary schedule in **Appendix A** for each period/hour lost. Written notification signed by the Building Administrator shall be given to the teacher prior to fulfillment of the duty. A teacher who has more than the contractual number of preparation periods shall be compensated under this Article only for loss of preparation periods below that contractual number. For example, a teacher with an average of six (6) preparation periods per week who loses one (1) shall not receive compensation, but if the teacher loses two (2) he/she shall be compensated for one (1).

33.5 In the event a substitute is unattainable and the teacher covers a period/hour, the teacher shall be compensated at the rate of Step 1 of the BA + 30 hourly rate in the teachers' current salary schedule in **Appendix A** per period/hour covered.

33.6 Any teacher who serves as a Mentor or a TEAM Advocate shall receive \$500 above his/her salary and two discretionary compensatory days in accordance with Article 21.3. The TEAM mentor will attend one (1) new teacher orientation day, to be determined by the Superintendent, in accordance with Article 11.2.

33.7 Any teacher who has attained certification from the National Standards Board of Teacher Certification shall receive \$1,000 added to his/her salary annually.

33.8 Any teacher who holds certification as a board certified behavioral analyst (BCBA) and is providing services to students under that certification shall receive a stipend of \$2,000 per year.

ARTICLE 34  
RETIREMENT

34.1 Upon the retirement of any teacher who has served in the school system for at least ten (10) consecutive years, and who does not meet the requirements under Article 32.9, the Board will pay one hundred dollars (\$100.00) per year in the system. All leaves of absence shall not count when determining the years of consecutive service, nor shall they be considered as an interruption in employment.

ARTICLE 35  
FRINGE BENEFITS

35.1 In each year of the contract, the Board shall offer employees covered by this contract two (2) options for health insurance, which are:

1. A High Deductible Health Plan (HDHP), including a vision plan, with \$2,000 single/\$4,000 two-person and/or family annual deductibles, the summary of which is attached in **Appendix G**, detailing a comprehensive listing of benefits guaranteed to teachers (including dependent coverage to age 26). The Board shall make a Health Savings Account (HSA) available to teachers to fund the deductible on a pretax basis via payroll deduction.
  - a. The HDHP/HSA plan shall be the primary plan. The Board shall pay 80% of the cost of the HDHP/HSA plan for full time employees, their spouses and dependent children.
  - b. In each year of the agreement, the Board shall contribute 50% of the applicable annual deductible for each teacher who selects the HDHP/HSA in one (1) installment on or before the second paycheck in September.
  - c. The Board shall offer a High Deductible Health Plan (HDHP) with a Health Reimbursement Account (HRA) option as the base health insurance plan for teachers who are not eligible to participate in an HSA, the summary of which is attached in **Appendix H**. The plan itself will have the same benefits and deductible as the HDHP/HSA. However, it will feature an HRA that will reimburse eligible claims that are applied to the medical plan deductible up to the same total dollar coverage amount as would otherwise have been contributed to a participant in the HSA at the same enrollment coverage.
  - d. The Board will pay the pro rata portion of the above amounts for health insurance for part-time employees, their spouses and dependent children.
2. A Preferred Provider Plan (PPO), the summary of which is attached in **Appendix I**, detailing a comprehensive listing of benefits guaranteed to teachers enrolled in the HDHP/HSA (including dependent coverage to age 26), which shall include, but not be limited to, the following plan design differences from the HDHP plan:
  - a. Out-of-Network Deductible: \$200/\$400/\$500

- b. Prescription Drug Benefits Co-Pay: \$10/\$25/\$40 formulary drug rider with unlimited maximum, 2x retail co-pay for mail order
- c. Home and Office Visit Co-Pay: \$20

Teachers who elect the PPO as their plan will pay the difference between the Board's share of the HDHP/HSA including the Board's contribution towards the deductible amount, and the total cost of the applicable premium for the PPO. Board will pay the pro rata portion of the above amounts for health insurance for part-time employees, their spouses and dependent children.

35.2 The Board of Education shall offer a dental plan to all employees, regardless of the health insurance program they select. A summary with a comprehensive listing of benefits guaranteed to teachers is attached in **Appendix J**. The Board shall pay 75% of the cost of the dental plan for full time employees, their spouses and dependent children. The Board will pay the pro rata portion of the above amounts for dental insurance for part-time employees, their spouses and dependent children.

35.3 Employees shall notify the East Windsor School Business Office, in writing, of their choice for health insurance by the first day of June of each year.

35.4 The Board will pay 100% of the cost of \$20,000 term life insurance for each employee.

35.5 During the life of this Agreement, the Board may elect to change the insurance carrier(s) or third party administrator(s) for any of the benefits specified in this article. Prior to changing carriers (or third party administrator) under this section, the Board shall notify the President of the Association at least sixty (60) days in advance of the nature of the change and the reasons for the change, and no less than thirty (30) days in advance if agreement with the carrier has not been reached before. Any changes in carrier (or third party administrator) must provide comparable benefits, administration and network to the members of the bargaining unit and their dependents, considering the plan as a whole. If during the thirty day period set forth above, the parties cannot agree that this is the case, either the Board or the Association may invoke arbitration as provided under this Agreement for the purpose of determining whether the proposed change or changes will result in comparable benefits, administration and network considering the plan as a whole. Any arbitration under this clause will be final and binding as provided by the contract, preferably before an arbitrator experienced in insurance matters.

35.6 The Board and the Association agree to maintain the I.R.S. Section 125 for premium costs.

35.7 All teachers who retire during the term of this Agreement may participate at their own expense in a package of insurance to the extent permitted by law.

35.8 The Board of Education shall offer a full flex benefits plan Section 125 pre-tax premium conversion account to all teachers for the purpose of allowing teachers to meet their insurance premium share contribution and to cover medical expenses and dependent care, on a tax-free basis to the extent permitted by law. The Board shall pay the set-up fee for such account and teachers shall pay the monthly service fee.

#### ARTICLE 36 INSURANCE INCENTIVE

36.1 Any teacher in the school system, hired prior to July 1, 2005, may elect to waive the HDHP/HSA or PPO health insurance coverage in Section 35.1 above and in lieu thereof receive a yearly sum of fifteen hundred dollars (\$1,500). Teachers who elect to make such waiver shall notify the Board in writing by July 1 of any year of this Agreement that he/she is canceling his/her participation and coverage and the participation and coverage of his/her dependent(s) in the insurance plans

36.2 The Board shall make payment to all teachers eligible in accordance with Section 36.1 in the following manner:

\$750 in the first pay period in December  
\$750 in the last pay period in June

36.3 Any teacher who has notified the Board in accordance with Section 36.1 of this Article and whose insurance coverage and participation has been cancelled or any teacher not now participating in the insurance plan(s) who had a change of circumstances may apply in writing to the Board to be included in the insurance plan(s). Upon such request and subject to any regulations, restrictions, or waiting periods which may be in effect by the insurance carrier, the teacher shall be reinstated.

36.4 Any teacher who enrolls in the insurance plan(s) in accordance with Section 36.3 above shall receive pro-rata payment for those months during which he/she was not participating in or covered by the insurance plan(s) at no expense to the teacher.

#### ARTICLE 37 TAX SHELTERED ANNUITIES

37.1 The Board shall make payroll deductions for any teacher who participates in tax sheltered annuities provided the following conditions are met:

A. The employee authorizes the deduction in writing by September 15th of each school year;

B. Deductions in the same amount will be taken from two (2) paychecks per month from September through June. Deductions will not be taken from the third paycheck received in the same month.

37.2 The Association shall provide the Superintendent, by September 15th of each school year, with a list of no more than seven (7) companies who are authorized to receive payroll deduction payments for tax sheltered annuities. Deductions shall be limited to the seven (7) such companies on the list.

### ARTICLE 38 DURATIONAL SHORTAGE AREA PERMIT

38.1 In accordance with the provisions of Public Act 03-174, employees working in a teaching position solely on the basis of a Durational Shortage Area Permit (DSAP) shall be included in the bargaining unit. Such individuals shall be covered by all terms and conditions of the collective bargaining agreement, except as follows:

- A. A DSAP holder shall not accrue seniority or length of service for any purpose of this Agreement. Notwithstanding the foregoing, if a DSAP holder becomes certified as a teacher and is retained continuously by the Board as an employee after receiving such certification, with no break in service, then the individual shall be credited with seniority and length of service for all purposes under this Agreement, retroactive to the first date of employment by the Board.
- B. The Board shall have the right, in its sole discretion, not to renew and/or terminate the employment of a DSAP holder, and the DSAP holder shall have no right to file and/or pursue a grievance under this Agreement with respect to such action.
- C. DSAP holders shall have no rights under Article 18 or Article 19 of this agreement.

### ARTICLE 39 PROFESSIONAL DEVELOPMENT & EVALUATION COMMITTEE

39.1 Professional development and evaluation is under the purview of the district's Professional Development and Evaluation Committee. Each year, the Association President shall appoint one teacher from each school to serve on this committee, including a co-chair. Meetings shall be held immediately after school to the extent possible.

APPENDIX A  
SALARY SCHEDULES

2017-2018

2.0% GWI

		Schedule A	Schedule B	Schedule C
Step		BA	BA+ 30	BA+60
1		45,928	50,446	54,963
2		47,208	51,953	56,468
3		48,488	53,457	57,974
4		49,767	54,963	59,480
5		51,499	56,468	60,986
6		53,306	57,523	63,997
7		54,812	59,178	67,011
8		56,318	60,534	70,022
9		57,596	62,191	73,033
10		59,329	64,450	76,043
11		60,609	65,955	78,301
12		62,340	68,966	80,563
13		64,148	71,979	82,821
14		65,351	76,497	85,079
15		66,559	79,809	87,338
16		68,478	88,421	93,692

Each teacher not on step 16 shall move one step at the start of the year.



**2018-2019**

**2.0% GWI**

		<b>Schedule A</b>	<b>Schedule B</b>	<b>Schedule C</b>
<b>Step</b>		<b>BA</b>	<b>BA+ 30</b>	<b>BA+60</b>
1		46,846	51,455	56,062
2		48,152	52,992	57,598
3		49,457	54,526	59,133
4		50,762	56,062	60,670
5		52,529	57,598	62,206
6		54,372	58,673	65,277
7		55,908	60,362	68,351
8		57,445	61,745	71,422
9		58,748	63,435	74,494
10		60,516	65,739	77,564
11		61,822	67,274	79,867
12		63,587	70,346	82,174
13		65,431	73,419	84,477
14		66,658	78,027	86,781
15		67,890	81,405	89,084
16		69,847	90,189	95,566

Each teacher not on step 16 shall move one step at the start of the year.

**2019-2020****2.0% GWI**

		<b>Schedule A</b>	<b>Schedule B</b>	<b>Schedule C</b>
<b>Step</b>		<b>BA</b>	<b>BA+ 30</b>	<b>BA+60</b>
1		47,783	52,484	57,183
2		49,115	54,052	58,750
3		50,447	55,617	60,316
4		51,777	57,183	61,883
5		53,579	58,750	63,450
6		55,460	59,847	66,582
7		57,026	61,569	69,718
8		58,594	62,980	72,851
9		59,923	64,704	75,984
10		61,726	67,053	79,115
11		63,058	68,620	81,465
12		64,859	71,753	83,817
13		66,739	74,887	86,167
14		67,992	79,587	88,516
15		69,248	83,033	90,866
16		71,244	91,993	97,477

Each teacher not on step 16 shall move one step at the start of the year.

## APPENDIX B

### EXTRA STIPEND SCHEDULE

#### Group 1: 15%

Athletic Director  
Academic Leader  
Academic Liaison (K-4, 5-8, and H.S. Academic subjects)  
High School Activity Director  
Safe School Climate Coordinator  
Community Resource Liaison

#### Group 2: 9%

Assistant Athletic Director  
Director – Band 9-12 (Special events, instrumental ensembles meeting outside of school day, travel with performance groups, adjudicated performances)  
Director – Vocal 9-12 (Special events, instrumental ensembles meeting outside of school day, travel with performance groups, adjudicated performances)  
Coordinator – Media and library  
PLC Leaders:

Broad Brook:	PK-4 Special Education
Middle School:	5-8 Unified Arts Special Education
High School:	World Languages Math English Guidance (5-12) Physical Ed/Health Career Tech Ed Social Studies Science Fine Arts Discovery Programs Special Education

#### Group 3: 7%

Advisor – Senior class  
Director – Drama  
Director – Musical  
Director – Pit band

Group 4: 6 %

Advisor – Junior class  
Advisor – Student council 9-12  
Advisor – Newspaper 9-12  
Advisor – National Honor Society  
Advisor – Yearbook 9-12  
Team Leaders K-8  
Coordinator – Community Day  
High School Newsletter Coordinator

Group 5: 5%

Director – Technical (theatrical)  
Advisor – Color guard  
Director – Band 5-8  
Director – Drama 5-8  
Director – Dance Club  
Director – Renaissance 5-8  
Advisor – Student Council 5-8  
Advisor – Newspaper 5-8  
Advisor – High School Newsletter  
Advisor – Robotics Club

Group 6: 4%

Advisor – Yearbook 7-8  
Advisor – Sophomore class  
Advisor – Visual Coordinator K-4  
Advisor – Visual Coordinator 5-8  
Advisor – Visual Coordinator 9-12  
Advisor – Academic Club High School  
Special education building liaisons

Group 7: 3%

Advisor – French Club  
Advisor – Spanish Club  
Advisor – SPIRIT  
Advisor – Leo Club  
Advisor – Future Problem solvers  
Advisor – Freshman Class  
Advisor – Panther TV  
Advisor – Interact Club  
Advisor – Kids and Critters  
Advisor – Gasoline Alley  
Service Team Facilitator

Vertical Team Leader Middle School  
Advisor – Family, Career and Community Leaders of America

The amount of payment for each group is based on the given percent for each group times the Step 1 of the Bachelor's+ 30 Schedule as listed in current Teachers' Contract.

# APPENDIX C

## 2017-2018 Extra-Stipend Athletic Salary Schedules

2.0% GWI

<u>High School</u>	1-2 years	3-4 years	5-10 years	11+ years
Varsity Boys' Soccer	3,957	4,387	4,816	4,958
J.V. Boys' Soccer	2,689	3,117	3,547	3,689
Varsity Girls' Soccer	3,957	4,387	4,816	4,958
J.V. Girls' Soccer	2,689	3,117	3,547	3,689
Assistant Varsity Football	3,957	4,387	4,816	4,958
Var Coed X-Country	3,957	4,387	4,816	4,958
Asst. Coed X-Country	2,689	3,117	3,547	3,689
Var Boys' Basketball	5,375	5,805	6,236	6,376
JV Boys' Basketball	3,957	4,387	4,816	4,958
Freshman Basketball	2,213	2,642	3,070	3,215
Var Girls' Basketball	5,375	5,805	6,235	6,376
JV Girls' Basketball	3,957	4,387	4,816	4,958
Wrestling	4,739	5,171	5,601	5,745
Var Cheerleading	2,689	3,117	3,547	3,689
JV Cheerleading	1,267	2,669	2,123	2,270
Var Baseball	4,270	4,696	5,129	5,271
JV Baseball	2,848	3,277	3,707	3,849

Var Softball	4,270	4,696	5,129	5,271
JV Softball	2,848	3,277	3,707	3,849
<b><u>High School</u></b>				
Var Coed Track	5,375	5,805	6,235	6,378
Asst Track	2,848	3,277	3,707	3,849
Asst Track	2,848	3,277	3,707	3,849
Var Boys' Track	4,269	4,696	5,129	5,341
Var Girls Track	4,269	4,696	5,129	5,341
Indoor Track	5,375	5,805	6,235	6,376
<b><u>Middle School Positions</u></b>				
Boys' Soccer	1,757	2,186	2,616	2,760
Girls' Soccer	1,757	2,186	2,616	2,760
Boys' Basketball	1,757	2,186	2,616	2,760
Girls' Basketball	1,757	2,186	2,616	2,760
Cheerleading	951	1,381	1,811	1,953
Baseball	1,757	2,186	2,616	2,760
Softball	1,757	2,186	2,616	2,760
Asst. Wrestling	1,757	2,186	2,616	2,760

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.

# APPENDIX D

**2018-2019**

Extra-Stipend Athletic Salary Schedules

**2.0% GWI**

<b><u>High School</u></b>	<b>1-2 years</b>	<b>3-4 years</b>	<b>5-10 years</b>	<b>11+ years</b>
Varsity Boys' Soccer	4,036	4,475	4,913	5,057
J.V. Boys' Soccer	2,742	3,179	3,617	3,763
Varsity Girls' Soccer	4,036	4,475	4,913	5,057
J.V. Girls' Soccer	2,742	3,179	3,617	3,763
Assistant Varsity Football	4,036	4,475	4,913	5,057
Var Coed X-Country	4,036	4,475	4,913	5,057
Asst. Coed X-Country	2,742	3,179	3,617	3,763
Var Boys' Basketball	5,483	5,921	6,361	6,504
JV Boys' Basketball	4,036	4,475	4,913	5,057
Freshman Basketball	2,258	2,695	3,132	3,279
Var Girls' Basketball	5,483	5,921	6,360	6,504
JV Girls' Basketball	4,036	4,475	4,913	5,057
Wrestling	4,834	5,275	5,713	5,860
Var Cheerleading	2,742	3,179	3,617	3,763
JV Cheerleading	1,292	2,723	2,165	2,315
Var Baseball	4,355	4,790	5,231	5,377
JV Baseball	2,905	3,343	3,781	3,926



Var Softball	4,355	4,790	5,231	5,377
JV Softball	2,905	3,343	3,781	3,926
<b><u>High School</u></b>				
Var Coed Track	5,483	5,921	6,360	6,506
Asst Track	2,905	3,343	3,781	3,926
Asst Track	2,905	3,343	3,781	3,926
Var Boys' Track	4,354	4,790	5,231	5,448
Var Girls' Track	4,354	4,790	5,231	5,448
Indoor Track	5,483	5,921	6,360	6,504
<b><u>Middle school Positions</u></b>				
Boys' Soccer	1,793	2,230	2,669	2,815
Girls' Soccer	1,793	2,230	2,669	2,815
Boys' Basketball	1,793	2,230	2,669	2,815
Girls Basketball	1,793	2,230	2,669	2,815
Cheerleading	970	1,409	1,847	1,992
Baseball	1,793	2,230	2,669	2,815
Softball	1,793	2,230	2,669	2,815
Asst. Wrestling	1,793	2,230	2,669	2,815

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.

APPENDIX E

**2019-2020**  
Extra-Stipend Athletic Salary Schedules

**2.0% GWI**

<u>High School</u>	1-2 years	3-4 years	5-10 years	11+ years
Varsity Boys' Soccer,	4,116	4,564	5,011	5,159
J.V. Boys Soccer	2,797	3,243	3,690	3,838
Varsity Girls' Soccer	4,116	4,564	5,011	5,159
J.V. Girls' Soccer	2,797	3,243	3,690	3,838
Assistant Varsity Football	4,116	4,564	5,011	5,159
Var Coed X-Country	4,116	4,564	5,011	5,159
Asst. Coed X-Country	2,797	3,243	3,690	3,838
Var Boys' Basketball	5,593	6,039	6,488	6,634
JV Boys' Basketball	4,116	4,564	5,011	5,159
Freshman Basketball	2,303	2,749	3,194	3,345
Var Girls' Basketball	5,593	6,039	6,487	6,634
JV Girls' Basketball	4,116	4,564	5,011	5,159
Wrestling	4,930	5,380	5,827	5,977
Var Cheerleading	2,797	3,243	3,690	3,838
JV Cheerleading	1,318	2,777	2,208	2,361
Var Baseball	4,442	4,886	5,336	5,484
JV Baseball	2,963	3,410	3,856	4,005

Var Softball	4,442	4,886	5,336	5,484
JV Softball	2,963	3,410	3,856	4,005
<b><u>High School</u></b>				
Var Coed Track	5,593	6,039	6,487	6,636
Asst Track	2,963	3,410	3,856	4,005
Asst Track	2,963	3,410	3,856	4,005
Var Boys' Track	4,441	4,886	5,336	5,556
Var Girls' Track	4,441	4,886	5,336	5,556
Indoor Track	5,593	6,039	6,487	6,634
<b><u>Middle school Positions</u></b>				
Boys' Soccer	1,828	2,274	2,722	2,872
Girls' Soccer	1,828	2,274	2,722	2,872
Boys' Basketball	1,828	2,274	2,722	2,872
Girls' Basketball	1,828	2,274	2,722	2,872
Cheerleading	989	1,437	1,884	2,032
Baseball	1,828	2,274	2,722	2,872
Softball	1,828	2,274	2,722	2,872
Asst. Wrestling	1,828	2,274	2,722	2,872

Teachers who hold these positions as of June 20, 2017 shall be paid in accordance with this schedule. Any teacher hired for any of these positions on or after July 1, 2017 shall be eligible to be paid only up to Step 2 of the schedule.



APPENDIX F  
GRIEVANCE PROCESS FORMS

PRINT OR TYPE

GRIEVANCE FORM A

FORMAL GRIEVANCE PRESENTATION

(To be completed by aggrieved person)

AGGRIEVED PERSON \_\_\_\_\_ DATE OF FORMAL PRESENTATION \_\_\_\_\_

HOME ADDRESS OF AGGRIEVED PERSON \_\_\_\_\_

SCHOOL \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

YEARS IN SCHOOL SYSTEM \_\_\_\_\_ SUBJECT AREA OR GRADE \_\_\_\_\_

NAME OF ASSOCIATION SCHOOL REPRESENTATIVE \_\_\_\_\_

STATEMENT OF GRIEVANCE:

ACTION REQUESTED:

\_\_\_\_\_  
(Signature of Aggrieved)



PRINT OR TYPE

GRIEVANCE FORM B

DECISION OF PRINCIPAL

(To be completed by principal, or other appropriate administrator, within 5 days of formal grievance presentation)

AGGRIEVED  
PERSON \_\_\_\_\_

DATE OF FORMAL  
GRIEVANCE PRESENTATION \_\_\_\_\_

SCHOOL \_\_\_\_\_

PRINCIPAL (OR OTHER  
ADMINISTRATOR) \_\_\_\_\_

DECISION OF PRINCIPAL (OR OTHER ADMINISTRATOR) AND REASONS THEREFOR:

DATE OF DECISION \_\_\_\_\_  
(Signature of Principal)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of decision)

\_\_\_\_\_ I accept the above decision of principal (or other administrator)

\_\_\_\_\_ I hereby refer the above decision to the Association's Professional Rights and responsibilities Committee for appeal to the Superintendent of Schools.

DATE OF RESPONSE \_\_\_\_\_  
(Signature of Aggrieved)





PRINT OR TYPE

GRIEVANCE FORM C

REFERRAL BY PR&R COMMITTEE

(To be completed by Association PR&R Committee Chairman within 5 days of referral)

AGGRIEVED  
PERSON \_\_\_\_\_

DATE OF FORMAL  
GRIEVANCE PRESENTATION \_\_\_\_\_

CHAIRMAN OF  
PR&R COMMITTEE \_\_\_\_\_

DATE REFERRAL  
RECEIVED BY PR&R \_\_\_\_\_

OPINION OF ASSOCIATION PR&R COMMITTEE AND REASONS THEREFORE:  
(OPTIONAL)

\_\_\_\_\_ The attached grievance is hereby referred to the Superintendent of Schools for a hearing.

DATE OF REFERRAL \_\_\_\_\_  
(Signature of PR&R Chairman)



PRINT OR TYPE

GRIEVANCE FORM D

DECISION BY SUPERINTENDENT

(To be completed by Superintendent of Schools within 5 days of hearing with aggrieved and Association PR&R Committee representatives; hearing to be held within 10 days after receipt of appeal)

AGGRIEVED PERSON \_\_\_\_\_ DATE OF FORMAL GRIEVANCE PRESENTATION \_\_\_\_\_

DATE APPEAL RECEIVED BY SUPERINTENDENT \_\_\_\_\_ DATE HEARING HELD BY SUPERINTENDENT \_\_\_\_\_

DECISIONS OF SUPERINTENDENT AND REASONS THEREFOR:

DATE OF DECISION \_\_\_\_\_  
(Signature of Superintendent)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of decision)

\_\_\_\_\_ I accept the above decision of the Superintendent of Schools.

\_\_\_\_\_ I hereby refer the above decision to the Association's Professional Rights and Responsibilities Committee, to the Board of Education for a review of this grievance.

DATE OF RESPONSE \_\_\_\_\_  
(Signature of Aggrieved)



PRINT OR TYPE

GRIEVANCE FORM E

REVIEW BY BOARD OF EDUCATION

AGGRIEVED  
PERSON \_\_\_\_\_

DATE OF FORMAL  
GRIEVANCE PRESENTATION \_\_\_\_\_

PR&R COMMITTEE REFERRAL TO BOARD: (To be completed within 3 days of PR&R  
receipt of appeal from aggrieved)

DATE OF REFERRAL TO BOARD \_\_\_\_\_

\_\_\_\_\_  
(Signature of PR&R Chairman)

BOARD RESPONSE:

(To be completed by Board of Education Chairman within 5 days after Board hearing with  
aggrieved and Association PR&R Committee representatives; Board hearing to be held within 10  
days after receipt of appeal.)

DATE APPEAL RECEIVED BY  
BOARD OF EDUCATION \_\_\_\_\_

DATE HEARING HELD BY  
BOARD OF EDUCATION \_\_\_\_\_

DECISION OF SUPERINTENDENT AND REASONS THEREFOR:

DATE OF DECISION \_\_\_\_\_

\_\_\_\_\_  
(Signature of Board Chairman)

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved within 3 days of  
decision)

\_\_\_\_\_ I accept the above decision of the Board of Education.

\_\_\_\_\_ I hereby request that the Association submit this grievance to arbitration.

DATE OF RESPONSE \_\_\_\_\_

\_\_\_\_\_  
(Signature of Aggrieved)



PRINT OR TYPE

GRIEVANCE FORM F

DETERMINATION REGARDING ARBITRATION

(To be completed by Association President and PR&R Committee Chairman within 5 days of receipt of request from aggrieved that grievance be submitted to arbitration.)

AGGRIEVED  
PERSON \_\_\_\_\_

DATE OF FORMAL GRIEVANCE  
PRESENTATION \_\_\_\_\_

ASSOCIATION  
PRESIDENT \_\_\_\_\_

DATE REQUEST RECEIVED FOR  
ARBITRATION \_\_\_\_\_

DETERMINATION BY ASSOCIATION:

\_\_\_\_\_ The Association, through its PR&R Committee, has determined that this grievance is not meritorious and/or that submitting it to arbitration is not in the best interests of the school system. The grievance therefore is closed.

\_\_\_\_\_ The Association, through its PR&R Committee, has determined that this grievance is meritorious and that submitting it to arbitration is in the best interests of the school system. The grievance therefore is hereby submitted to arbitration.

DATE OF  
DETERMINATION \_\_\_\_\_

\_\_\_\_\_  
(Signature of PR&R Chairman)

\_\_\_\_\_  
(Signature of Association President)

DESIGNATION OF ARBITRATOR: (To be completed by Board Chairman and Association President within 5 days of submission to Board of Association determination to submit grievance to arbitration.)

The parties have agreed upon and selected \_\_\_\_\_  
(Name of Arbitrator)  
as the arbitrator to whom the appended grievance is hereby submitted.

DATE OF  
DESIGNATION \_\_\_\_\_

\_\_\_\_\_  
(Signature of Association President)

\_\_\_\_\_  
(Signature of Board Chairman)





## **APPENDIX G**

### **Summary of Benefits – High Deductible Health Plan (HSA)**



# SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.  
 For - East Windsor Board of Education  
 Choice Fund Open Access Plus HSA Plan

**Selection of a Primary Care Provider** - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists** - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

Your coverage includes a health savings account that you can use to pay for eligible out-of-pocket expenses.

**Employer Contribution**  
 Employee - \$1,000  
 Family - \$2,000

Plan Highlights		In-Network	Out-of-Network
Lifetime Maximum		Unlimited	Unlimited
Coinsurance		Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge		Not Applicable	200%
Contract Year Deductible		Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000
• The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles. • All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan. • This plan includes a combined Medical/Pharmacy plan deductible. • Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible. Note: Services where plan deductible applies are noted with a caret (^)			

7/1/2016  
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Plan Highlights		In-Network	Out-of-Network
<b>Contract Year Out-of-Pocket Maximum</b>		Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
<ul style="list-style-type: none"> <li>The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums.</li> <li>Plan deductible contributes towards your out-of-pocket maximum.</li> <li>Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.</li> <li>All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.</li> <li>This plan includes a combined Medical/Pharmacy out-of-pocket maximum.</li> <li>Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.</li> </ul>			
Benefit		In-Network	Out-of-Network
<b>Note: Services where plan deductible applies are noted with a caret (^)</b>			
<b>Physician Services</b>			
<b>Physician Office Visit</b>			
<ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Surgery Performed in Physician's Office</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Allergy Treatment/Injections</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Allergy Serum</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Dispensed by the physician in the office</b>			
<b>Preventive Care</b>			
<b>Preventive Care</b>		Your plan pays 100%	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.</li> </ul>		Your plan pays 100%	Your plan pays 80% ^
<b>Immunizations</b>		Your plan pays 100%	Your plan pays 80% ^
<b>Mammogram, PAP, and PSA Tests</b>		Your plan pays 100%	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Coverage includes the associated Preventive Outpatient Professional Services.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.</li> </ul>			
<b>Inpatient</b>			
<b>Inpatient Hospital Facility</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Semi-Private Room:</b> Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate			
<b>Private Room:</b> Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate			
<b>Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)):</b> In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate			
<b>Inpatient Hospital Physician's Visit/Consultation</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Inpatient Professional Services</b>			
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		Your plan pays 100% ^	Your plan pays 80% ^

7/1/2016

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)			
<b>Outpatient</b>			
<b>Outpatient Facility Services</b>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Outpatient Professional Services</b>			
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Short-Term Rehabilitation</b>		Your plan pays 100% ^	Your plan pays 80% ^
Calendar Year Maximums:			
<ul style="list-style-type: none"> <li>Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 50 days</li> <li>Cardiac Rehabilitation - Unlimited days</li> </ul>			
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.			
<b>Other Health Care Facilities/Services</b>			
<b>Home Health Care</b>			
(includes outpatient private duty nursing subject to medical necessity)			
<ul style="list-style-type: none"> <li>200 days maximum per Contract Year</li> <li>16 hour maximum per day</li> </ul>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b>		Your plan pays 100% ^	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>120 days maximum per Contract Year</li> </ul>			
<b>Durable Medical Equipment</b>		Your plan pays 100% ^	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>			
<b>Breast Feeding Equipment and Supplies</b>		Your plan pays 100%	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician.</li> <li>Includes related supplies</li> </ul>			
<b>External Prosthetic Appliances (EPA)</b>		Your plan pays 100% ^	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>			
<b>Routine Foot Disorders</b>		Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.			
<b>Hearing Aid</b>			
<ul style="list-style-type: none"> <li>Unlimited maximum In-Network</li> <li>\$1,000 maximum Out-of-Network per 24 months</li> <li>Includes testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level</li> </ul>		Your plan pays 100% ^	Your plan pays 80% ^
<b>Hearing Exams</b>		Your plan pays 100% ^	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>			

7/1/2016

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Benefit				In-Network		Out-of-Network		
Note: Services where plan deductible applies are noted with a caret (^)								
Wigs		Your plan pays 100% ^		Your plan pays 80% ^				
• Unlimited maximum per Contract Year for Wigs prescribed for hair loss due to chemotherapy.								
Place of Service - your plan pays based on where you receive services								
Note: Services where plan deductible applies are noted with a caret (^)								
Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^		Plan pays 100% ^	Plan pays 80% ^
Advanced Radiology Imaging	Plan pays 100% ^	Plan pays 80% ^	Not Applicable	Not Applicable	Plan pays 100% ^		Plan pays 100% ^	Plan pays 80% ^
Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc...								
Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit								
Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^			
Urgent Care	Plan pays 100% ^		Plan pays 100% ^		Not Applicable			
*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.								
Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^		Plan pays 80% ^			
Bereavement Counseling	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^		Plan pays 80% ^			
Note: Services provided as part of Hospice Care Program								
Note: Services where plan deductible applies are noted with a caret (^)								

7/1/2016  
CT

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Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)				Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)										
Abortion (Elective and non-elective procedures)	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>
Family Planning - Men's Services	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 100% <sup>^</sup>	Plan pays 80% <sup>^</sup>
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited lifetime maximum										

7/1/2016

CT

Choice Fund Health Savings Account (HSA) Open Access Plus - - BOE HSA - 4861932. Version# 7

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)										
Bariatric Surgery	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Surgeon Charges Lifetime Maximum: Unlimited										
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.										
The following are excluded:										
<ul style="list-style-type: none"><li>• medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.</li><li>• weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision</li></ul>										
Benefit	Inpatient Hospital Facility		Inpatient Professional Services							
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Organ Transplants	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
<ul style="list-style-type: none"><li>• Travel Maximum - Lifesource Facility: Unlimited</li></ul>										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient - All Other Services					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Substance Use Disorder	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Note: Services where plan deductible applies are noted with a caret (^)										
Note: Detox is covered under medical										
<ul style="list-style-type: none"><li>• Unlimited maximum per Contract Year</li><li>• Services are paid at 100% after you reach your out-of-pocket maximum.</li><li>• Inpatient includes Residential Treatment.</li><li>• Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy</li></ul>										

7/1/2016

CT

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**Mental Health and Substance Use Disorder Services****Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs**

Cigna Total Behavioral Health - Inpatient and Outpatient Management

- \* Inpatient utilization review and case management
- \* Outpatient utilization review and case management
- \* Partial Hospitalization
- \* Intensive outpatient programs
- \* Changing Lives by Integrating Mind and Body Program
- \* Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- \* Narcotic Therapy Management
- \* Complex Psychiatric Case Management

**Pharmacy****Cigna Pharmacy three-tier coinsurance plan**

- Retail drugs may be obtained at a wide range of pharmacies across the nation.
- Patient is responsible for the applicable coinsurance based upon the tier of the dispensed medication.
- Your pharmacy benefits have a combined annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- Self Administered injectable and optional injectable drugs are covered
- Oral contraceptives included
- Includes oral contraceptives - with specific products covered 100%
- Lifestyle drugs included - limited to sexual dysfunction
- Prescription and non-prescription smoking cessation drugs included when medically necessary
- Prescription vitamins included
- Oral Fertility drugs included
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included
- Specialty medications are limited to a 90-day supply for Home Delivery
- Specialty medications are limited to a 30-day supply at Retail

**In-Network**

Retail - 30 day supply

Generic: You pay 0%

Preferred Brand: You pay 0%

Non-Preferred Brand: You pay 0%

Home delivery - 90 day supply

Generic: You pay 0%

Preferred Brand: You pay 0%

Non-Preferred Brand: You pay 0%

**Out-of-Network**

You pay 20%

Your plan pays 80%

7/1/2016

CT

Choice Fund Health Savings Account (HSA) Open Access Plus - - BOE HSA - 4861932. Version# 7

<b>Pharmacy Program Information</b>	
<b>Pharmacy Clinical Management and Prior Authorization</b> <ul style="list-style-type: none"> <li>Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.</li> <li>Plan exclusion edits are always included.</li> <li>Additional clinical management - Enhanced package - a group of clinical medication management options that focus on various drug use management philosophies to help actively manage the pharmacy benefit include:</li> </ul>	
<b>Prescription Drug List:</b> <ul style="list-style-type: none"> <li>Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.</li> </ul>	
<b>Specialty Pharmacy Management:</b> <ul style="list-style-type: none"> <li>Clinical Programs           <ul style="list-style-type: none"> <li>Prior authorization is not required on specialty medications but quantity limits may apply.</li> <li>Theracare® Program</li> </ul> </li> <li>Medication Access Option           <ul style="list-style-type: none"> <li>Retail and/or Home Delivery</li> </ul> </li> </ul>	
<b>Clinical Outcome Programs:</b> <ul style="list-style-type: none"> <li>Includes complex psychiatric case management</li> <li>Includes narcotic therapy management</li> </ul>	
<b>Additional Information</b>	
<b>Case Management</b> Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.	
<b>Comprehensive Oncology Program</b> <ul style="list-style-type: none"> <li>Care Management outreach</li> <li>Case Management</li> </ul>	Included
<b>Health Advisor - A</b> Support for healthy and at-risk individuals to help them stay healthy	Included
<b>Healthy Pregnancies/Healthy Babies</b> <ul style="list-style-type: none"> <li>Health and Wellness Coaching</li> <li>Gaps in Care coaching for select conditions</li> <li>Preference Sensitive Care/Treatment Decision Support Coaching</li> </ul>	
<b>Healthy Pregnancies/Healthy Babies</b> <ul style="list-style-type: none"> <li>Care Management outreach</li> <li>Maternity Case Management</li> <li>Neo-natal Case Management</li> </ul>	\$250 (1st trimester) / \$125 (2nd trimester) - Option 2

7/1/2016

CT

Choice Fund Health Savings Account (HSA) Open Access Plus - - BOE HSA - 4861932. Version# 7

### Additional Information

#### Maximum Reimbursable Charge

Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

#### Multiple Surgical Reduction

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

#### Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions

In Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to pre-certify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

#### Pre-Existing Condition Limitation (PCL) does not apply.

#### Your Health First - 300

Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

#### Holistic health support for the following chronic health conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

7/1/2016

CT

Choice Fund Health Savings Account (HSA) Open Access Plus - - BOE HSA - 4861932. Version# 7

## Definitions

**Coinurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

**Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

**Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

**Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Transition of Care** - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

## Exclusions

### What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
  - o Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
  - o Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
  - o The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
  - o The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Roling; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or nonsurgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics,

7/1/2016

CT

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10 of 12

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**Exclusions**

casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.

- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays (other than neuropsychological testing ordered by a licensed physician to assess the extent of any cognitive or developmental delays in a Dependent child due to chemotherapy or radiation treatment), autism (other than coverage for services for the treatment of autism spectrum disorders as described in Covered Expenses) or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, and skin preparations, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs (other than as described in Covered Expenses).
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.

7/1/2016

CT

Choice Fund Health Savings Account (HSA) Open Access Plus - - BOE HSA - 4861932. Version# 7

**Exclusions**

- Dental implants for any condition.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism and except as provided for in the Covered Expenses section.
- To the extent permitted by law, for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit. For Medical Benefits, this will not apply to any of the Policyholder's partners, proprietor's or corporate officers, however, if payment is made for expenses in the event that third-party liability is determined and satisfied (whether by settlement, judgment, arbitration or otherwise), Cigna shall be refunded the lesser of the amount of Cigna's payment for such expenses; or the amount actually received from the third party for such expenses. In the event that a workers' compensation claim is filed, Cigna shall have a lien on the proceeds of any award or settlement to the extent of its payment of benefits.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.

**These are only the highlights**

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

58

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7/1/2016

CT

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# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

## Cigna Vision East Windsor BOE HSA C1 - Standard PPO Comprehensive Plan



Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period **
Exam Copay	\$0	N/A	24 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to \$45	24 months
Materials Copay	\$25	N/A	24 months
Eyeglass Lenses Allowances: (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$40	24 months
Bifocal	Covered 100% after Copay	Up to \$65	24 months
Trifocal	Covered 100% after Copay	Up to \$75	24 months
Progressive	Covered 100% after Copay	Up to \$75	24 months
Lenticular	Covered 100% after Copay	Up to \$100	24 months
Contact Lenses Allowances: (one pair or single purchase per frequency period)			
Elective	\$130	Up to \$115	24 months
Therapeutic	Covered 100%	Up to \$210	24 months
Frame Retail Allowance (one per frequency period)	Up to \$130	Up to \$78	24 months
** Your Frequency Period begins on January 1 (Calendar year basis)			
<b>Definitions:</b> <b>Copay:</b> the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses). <b>Coinsurance:</b> the percentage of charges Cigna will pay. Customer is financially responsible for the balance. <b>Allowance:</b> the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance. <b>Materials:</b> eyeglass lenses, frames, and/or contact lenses.			
<ul style="list-style-type: none"> <li>To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.</li> <li>If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.</li> </ul>			
<b>In-Network Coverage Includes:</b> <ul style="list-style-type: none"> <li>One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;</li> <li>One pair of prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) <ul style="list-style-type: none"> <li>Polycarbonate lenses for children under 18 years of age</li> <li>Oversize lenses</li> <li>Rose #1 and #2 solid tints</li> <li>20% savings on additional lens services</li> </ul> </li> <li>One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;</li> </ul>			

East Windsor BOE HSA  
C1 - Standard PPO Comprehensive Plan



- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

**Vision Network Savings Program:**

- When you see a Cigna Vision Network Eye Care Professional\*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

\* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

**What's Not Covered:**

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service



East Windsor BOE HSA  
C1 - Standard PPO Comprehensive Plan



### How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

#### 1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com**, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

#### 2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

#### 3. Out-of-network plan reimbursement

##### How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.



# East Windsor Board of Education

July 1, 2017

Current/Renewal Plan Designs & Rates



## Current Teacher Plans - Comparison of HSA v. PPO \$20/\$20 Plan

Carrier		Cigna	
HMO/POS/PPO Model		PPO	PPO
Plan Name		Open Access HSA 2000/4000 Contract Year	Open Access \$20/\$20 Copay Plan Contract Year
Deductible/Maximum Accumulation Period			
In-Network:			
Deductible		\$2,000/\$4,000	N/A
Coinsurance		100%	100%
Co-Pay/Coinsurance Maximum		N/A	N/A
Out-of-Pocket Maximum		\$2,000/\$4,000	\$6,350/\$12,700
Office Visit		100% after Deductible	\$20 Copayment
Preventive Care Visit		Covered in Full	Covered in Full
Specialist		100% after Deductible	\$20 Copayment
Inpatient Admission		100% after Deductible	Covered in Full
Outpatient Surgery		100% after Deductible	\$100 Copayment
Emergency Room		100% after Deductible	\$25 Copayment
Urgent Care Facility		100% after Deductible	\$20 Copayment
Lab & X-Ray		100% after Deductible	Covered in Full
Radiological Services (MRI/CAT/PET)		100% after Deductible	Covered in Full
Out-Of-Network:			
Deductible		\$2,000/\$4,000	\$200/\$500
Coinsurance		80%	80%
Co-Pay/Coinsurance Maximum		\$2,000/\$4,000	\$800/\$2,000
Out-of-Pocket Maximum		\$4,000/\$8,000	\$1,000/\$2,500
In-Network Prescription Drugs		100% after Deductible	\$5/\$25/\$40
Mail Order Prescriptions			2 x copay

~These exhibits are for comparison purposes only and do not represent a binding offer to insure. Please consult the insurance carrier proposal for the terms and condition of their quotation.~



## **APPENDIX H**

### **Health Reimbursement Arrangement (HRA)**



## **Understanding a Health Reimbursement Arrangement (HRA)\***

The East Windsor Board of Education will offer a High Deductible Health Plan (HDHP) with a Health Reimbursement Arrangement (HRA) option as the base health insurance plan for teachers who are not eligible to participate in a Health Savings Account (HSA). The plan itself will have the same benefits and deductible (\$2,000/individual or \$4,000/family) as the HDHP/HSA. However, it will feature an HRA that will reimburse eligible claims that are applied to the medical plan deductible up to the same total dollar coverage amount as would otherwise have been contributed to a participant in the HSA at the same enrollment coverage (\$1,000/individual or \$2,000/family). The HRA differs from the HSA as explained below.

### **(a) Who is Eligible to Contribute to an HSA?\***

Certain employees enrolled in the HDHP may not be eligible to contribute to a HSA. By IRS rules, to qualify for contributing to a HSA, employees must meet the following requirements\*:

- The employee is covered under a HDHP on the first day of the month.
- The employee is not covered by another health plan for medical or pharmacy benefits, unless it is for hospital care or medical services (including TriCare and VA services) under any law administered by the Secretary of Veterans Affairs for a service-connected disability (per section 101(16) of title 38, U.S. Code).
- The employee is not enrolled in Medicare.
- The employee can't be claimed as a dependent on someone else's tax return

If you are unable to contribute to an HSA based on the above requirements, you are eligible for the HRA. It is important to note that HSA eligibility is based on the employee's status, not his or her spouse's status. (For ex., an employee is eligible to contribute to an HSA if he/she is not enrolled in Medicare even if his/her spouse is enrolled in Medicare.) Once an employee becomes ineligible to contribute to his/her HSA, any balance in the HSA still remains available to use for eligible expenses for the employee, spouse and dependents.

### **(b) The HRA Option and Funding**

A HRA is a tax-favored plan that reimburses eligible medical expenses similar to a HSA. Employees ineligible to contribute to a HSA are able to enroll in the HRA and still receive the employer contribution to their deductible via the HRA. The HRA is funded solely by the employer at the same dollar amount as if the employee were enrolled in the HSA. Available funds may be rolled over annually based on IRS rules and limitations. Unlike HSAs, any unused balance in an employee's HRA is returned to the employer upon termination of the HDHP and/or employment, and the employer contribution can't be added to through a voluntary salary reduction agreement (via payroll deduction) by an employee.

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\* The governing rules for tax-favored accounts is "IRS Publication 969, Health Savings Accounts and Other Tax-Favored Plans".





# **APPENDIX I**

## **Summary of Benefits – Preferred Provider Plan (PPO)**



## SUMMARY OF BENEFITS



**Cigna Health and Life Insurance Co.**  
**For - East Windsor Board of Education**  
**Open Access Plus Plan**

**Selection of a Primary Care Provider** - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists** - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

Plan Highlights		
	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Coinsurance</b>	Your plan pays 100%	Your plan pays 80%
<b>Maximum Reimbursable Charge</b>	Not Applicable	200%
<b>Contract Year Deductible</b>	Individual: None Family: None	Individual: \$200 Family: \$500
<ul style="list-style-type: none"> <li>Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles.</li> <li>After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.</li> </ul>		
Note: Services where plan deductible applies are noted with a caret (^)		

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Plan Highlights		In-Network	Out-of-Network
<b>Contract Year Out-of-Pocket Maximum</b>		Individual: \$6,350 Family: \$12,700	Individual: \$1,000 Family: \$2,500
<ul style="list-style-type: none"> <li>Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums.</li> <li>Plan deductible contributes towards your out-of-pocket maximum.</li> <li>All copays and benefit deductibles contribute towards your out-of-pocket maximum.</li> <li>Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.</li> <li>After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.</li> <li>This plan includes a combined Medical/Pharmacy out-of-pocket maximum.</li> <li>Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.</li> </ul>			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)			
<b>Physician Services</b>			
<b>Physician Office Visit</b>			
<ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> <li>Plan pays 100% after you pay copay</li> </ul>		\$20 Primary Care Physician (PCP) copay or \$20 Specialist copay	Your plan pays 80% ^
<b>Surgery Performed in Physician's Office</b>		\$20 PCP or \$20 Specialist copay	Your plan pays 80% ^
<b>Allergy Serum</b>		Your plan pays 100%	Your plan pays 80% ^
Dispensed by the physician in the office			
<b>Allergy Treatment/Injections</b>		\$20 PCP or \$20 Specialist copay or actual charge (if less)	Your plan pays 80% ^
<b>Preventive Care</b>			
<b>Preventive Care</b>		Your plan pays 100%	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.</li> </ul>			
<b>Immunizations</b>		Your plan pays 100%	Your plan pays 80% ^
<b>Mammogram, PAP, and PSA Tests</b>		Your plan pays 100%	Your plan pays 80% ^
<ul style="list-style-type: none"> <li>Coverage includes the associated Preventive Outpatient Professional Services.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.</li> </ul>			
<b>Inpatient</b>			
<b>Inpatient Hospital Facility</b>		Your plan pays 100%	Your plan pays 80% ^
<b>Semi-Private Room:</b> In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate			
<b>Private Room:</b> In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate			
<b>Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)):</b> In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate			
<b>Inpatient Hospital Physician's Visit/Consultation</b>		Your plan pays 100%	Your plan pays 80% ^

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Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^)			
<b>Inpatient Professional Services</b>			
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		Your plan pays 100%	Your plan pays 80% ^
<b>Outpatient</b>			
<b>Outpatient Facility Services</b>			
• Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible		\$100 per facility visit copay, then your plan pays 100%	Your plan pays 80% ^
<b>Outpatient Professional Services</b>			
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists		Your plan pays 100%	Your plan pays 80% ^
<b>Short-Term Rehabilitation</b>			
Contract Year Maximums:		\$0 PCP or \$0 Specialist copay	Your plan pays 80% ^
• Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 50 days			
• Cardiac Rehabilitation - Unlimited days			
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.			
<b>Other Health Care Facilities/Services</b>			
<b>Home Health Care</b>			
(includes outpatient private duty nursing subject to medical necessity)		Your plan pays 100%	Your plan pays 80% after Home Health Care Deductible is met. Home Health Care deductible is \$50 per individual
• 200 days maximum per Contract Year			
• 16 hour maximum per day			
• Home Health Care deductible is \$50 per individual			
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b>			
• 120 days maximum per Contract Year		Your plan pays 100%	Your plan pays 80% ^
<b>Durable Medical Equipment</b>			
• Unlimited maximum per Contract Year		Your plan pays 100%	Your plan pays 80% ^
<b>Breast Feeding Equipment and Supplies</b>			
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician.		Your plan pays 100%	Your plan pays 80% ^
• Includes related supplies			
<b>External Prosthetic Appliances (EPA)</b>			
• Unlimited maximum per Contract Year		Your plan pays 100%	Your plan pays 80% ^
<b>Routine Foot Disorders</b>			
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.		Not Covered	Not Covered
<b>Acupuncture</b>			
• 20 days maximum per Contract Year		\$20 Specialist copay	Your plan pays 80% ^

7/1/2016

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Benefit		In-Network				Out-of-Network	
Note: Services where plan deductible applies are noted with a caret (^)							
Hearing Aid		Your plan pays 100%				Your plan pays 80% ^	
• Unlimited maximum In-Network							
• \$1,000 maximum Out-of-Network per 24 months							
• Includes testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level							
Hearing Exams							
• Unlimited maximum per Contract Year		\$20 PCP or \$20 Specialist copay				Your plan pays 80% ^	
Wigs							
• Unlimited maximum per Contract Year for Wigs prescribed for hair loss due to chemotherapy.		Your plan pays 100%				Your plan pays 80% ^	
Place of Service - your plan pays based on where you receive services							
Note: Services where plan deductible applies are noted with a caret (^)							
Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Out-of-Network
Lab and X-ray	Plan pays 100% ^	Plan pays 80%	Plan pays 100%	Plan pays 80% ^	Plan pays 100%		Plan pays 100% ^ Plan pays 80%
Advanced Radiology Imaging	Plan pays 100% ^	Plan pays 80%	Not Applicable	Not Applicable	Plan pays 100%		Plan pays 100% ^ Plan pays 80%
Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc...							
Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit							
Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance		Out-of-Network
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Emergency Care	\$25 per visit (copay waived if admitted)	Plan pays 100%	Plan pays 100%		Plan pays 100%		
Urgent Care	\$20 per visit (copay waived if admitted)	Plan pays 100%	Plan pays 100%		Not Applicable		
*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.							
Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services		Outpatient Services		Out-of-Network
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Hospice	Plan pays 100%	Plan pays 80%	Plan pays 100%		Plan pays 80% ^		
Bereavement Counseling	Plan pays 100%	Plan pays 80% ^	Plan pays 100%		Plan pays 80% ^		
Note: Services provided as part of Hospice Care Program							
Note: Services where plan deductible applies are noted with a caret (^)							

7/1/2016

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Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)				Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Maternity</b>	\$20 PCP or \$20 Specialist copay	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	\$20 PCP or \$20 Specialist copay	Plan pays 80% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Plan pays 80% <sup>^</sup>	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Abortion</b> (Elective and non-elective procedures)	\$20 PCP or \$20 Specialist copay	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	\$100 per facility visit copay, then plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>
<b>Family Planning - Men's Services</b>	\$20 PCP or \$20 Specialist copay	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	\$100 per facility visit copay, then plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>
Includes surgical services, such as vasectomy (excludes reversals)										
<b>Family Planning - Women's Services</b>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
<b>Infertility</b>	\$20 PCP or \$20 Specialist copay	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	\$100 per facility visit copay, then plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>	Plan pays 100%	Plan pays 80% <sup>^</sup>
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited lifetime maximum										

7/1/2016

CT

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Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Bariatric Surgery	\$20 PCP or \$20 Specialist copay	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	\$100 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
<b>Surgeon Charges Lifetime Maximum: Unlimited</b>										
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:										
<ul style="list-style-type: none"> <li>• medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.</li> <li>• weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision</li> </ul>										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient Hospital Facility		Inpatient Professional Services							
	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Out-of-Network	Lifesource Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Out-of-Network
Organ Transplants	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% ^	Plan pays 80% ^
• Travel Maximum - Lifesource Facility: Unlimited										
Note: Services where plan deductible applies are noted with a caret (^)										
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient - All Other Services					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100%	Plan pays 80% ^	Plan pays 80% ^	\$20 copay	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^
Substance Use Disorder	Plan pays 100%	Plan pays 80% ^	Plan pays 80% ^	\$20 copay	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^
Note: Services where plan deductible applies are noted with a caret (^)										
Note: Detox is covered under medical										
<ul style="list-style-type: none"> <li>• Unlimited maximum per Contract Year</li> <li>• Services are paid at 100% after you reach your out-of-pocket maximum.</li> <li>• Inpatient includes Residential Treatment.</li> <li>• Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy.</li> </ul>										

7/1/2016

CT

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## Mental Health and Substance Use Disorder Services

### Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs

Cigna Total Behavioral Health - Inpatient and Outpatient Management

- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.
- Narcotic Therapy Management
- Complex Psychiatric Case Management

### Pharmacy

#### Cigna Pharmacy three-tier copay plan

- Retail drugs may be obtained at a wide range of pharmacies across the nation.
- Patient is responsible for the applicable copay based upon the tier of the dispensed medication.
- Your pharmacy benefits have a combined out-of-pocket maximum with the medical/behavioral benefits.
- Self Administered injectable and optional injectable drugs are covered
- Oral contraceptives included
- Includes oral contraceptives - with specific products covered 100%
- Lifestyle drugs included - limited to sexual dysfunction
- Prescription and non-prescription smoking cessation drugs included when medically necessary
- Prescription vitamins included
- Oral Fertility drugs included
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges included
- Specialty medications are limited to a 90-day supply for Home Delivery
- Specialty medications are limited to a 30-day supply at Retail

### Pharmacy Program Information

#### Pharmacy Clinical Management and Prior Authorization

- Your plan is subject to refill-too-soon and other clinical edits as well as prior authorization requirements.
- Plan exclusion edits are always included.
- Additional clinical management - Enhanced package - a group of clinical medication management options that focus on various drug use management philosophies to help actively manage the pharmacy benefit include:

7/1/2016

CT

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<b>Pharmacy Program Information</b>	
<b>Prescription Drug List:</b> <ul style="list-style-type: none"> <li>Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.</li> </ul>	
<b>Specialty Pharmacy Management:</b> <ul style="list-style-type: none"> <li>Clinical Programs <ul style="list-style-type: none"> <li>Prior authorization is not required on specialty medications but quantity limits may apply.</li> <li>Theracare® Program</li> <li>Medication Access Option</li> <li>Retail and/or Home Delivery</li> </ul> </li> </ul>	
<b>Clinical Outcome Programs:</b> <ul style="list-style-type: none"> <li>Includes complex psychiatric case management</li> <li>Includes narcotic therapy management</li> </ul>	
<b>Additional Information</b>	
<b>Case Management</b> Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.	
<b>Comprehensive Oncology Program</b> <ul style="list-style-type: none"> <li>Care Management outreach</li> <li>Case Management</li> </ul>	Included
<b>Healthy Pregnancies/Healthy Babies</b> <ul style="list-style-type: none"> <li>Care Management outreach</li> <li>Maternity Case Management</li> <li>Neo-natal Case Management</li> </ul>	\$250 (1st trimester) / \$125 (2nd trimester) - Option 2
<b>Maximum Reimbursable Charge</b> Out-of-Network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (200%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.	
<b>Multiple Surgical Reduction</b> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.	

7/1/2016

CT

Open Access Plus - Copay - BOE Teachers \$20 CP - 4861924. Version# 7

### Additional Information

#### Pre-Certification - Continued Stay Review - PHS Inpatient - required for all inpatient admissions

In Network: Coordinated by your physician

Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.

- The lesser of 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to pre-certify admission.
- Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are denied for any additional days not certified by Cigna Healthcare.

#### Pre-Existing Condition Limitation (PCL) does not apply

##### Your Health First - 300

Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:

- Condition Management
- Medication adherence
- Risk factor management
- Lifestyle issues
- Health & Wellness issues
- Pre/post-admission
- Treatment decision support
- Gaps in care

Holistic health support for the following chronic health conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1
- Diabetes Type 2
- Metabolic Syndrome/Weight Complications
- Osteoarthritis
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

### Definitions

**Coinsurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

**Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

**Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

**Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Transition of Care** - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

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**Exclusions****What's Not Covered (not all-inclusive):**

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug therapies or devices that are determined by the utilization review Physician to be:
  - o Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or sickness for which its use is proposed;
  - o Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
  - o The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
  - o The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy, Movement therapy; Applied kinesiology; Rolling; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or nonsurgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.

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**Exclusions**

- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays (other than neuropsychological testing ordered by a licensed physician to assess the extent of any cognitive or developmental delays in a Dependent child due to chemotherapy or radiation treatment), autism (other than coverage for services for the treatment of autism spectrum disorders as described in Covered Expenses) or mental retardation.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, and skin preparations, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs (other than as described in Covered Expenses).
- Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism and except as provided for in the Covered Expenses section.
- To the extent permitted by law, for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit. For Medical Benefits, this will not apply to any of the Policyholder's partners, proprietor's or corporate officers, however, if payment is made for expenses in the event that third-party liability is determined and satisfied (whether by settlement, judgment, arbitration or otherwise), Cigna shall be refunded the lesser of: the amount of Cigna's payment for such expenses; or the amount actually received from the third party for such expenses. In the event that a workers' compensation claim is filed, Cigna shall have a lien on the proceeds of any award or settlement to the extent of its payment of benefits.

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**Exclusions**

- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.

**These are only the highlights**

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

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EHB State: CT

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# SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.

## Cigna Vision East Windsor Town and BOE E2 - Standard Passive PPO Exam Only Plan



Welcome to Cigna Vision Schedule of Vision Coverage		
Coverage	Benefit	Frequency Period **
Exam Copay (once per frequency period)	\$0	24 months
** Your Frequency Period begins on January 1 (Calendar year basis)		
<b>Definitions:</b> <b>Copay:</b> the amount you pay towards your exam. <b>Coinsurance:</b> the percentage of charges Cigna will pay. Customer is financially responsible for the balance. <b>Allowance:</b> the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.		
<ul style="list-style-type: none"> <li>If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.</li> </ul>		
<b>In-Network Coverage Includes:</b> <ul style="list-style-type: none"> <li>One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.</li> </ul>		
<b>Vision Network Savings Program:</b> <ul style="list-style-type: none"> <li>When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.</li> </ul>		
* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.		
<b>What's Not Covered:</b> <ul style="list-style-type: none"> <li>Orthoptic or vision training and any associated supplemental testing</li> <li>Medical or surgical treatment of the eyes</li> <li>Any eye examination, or any corrective eyewear, required by an employer as a condition of employment</li> <li>Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related</li> <li>Charges in excess of the usual and customary charge for covered Services</li> <li>Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy</li> <li>Experimental or non-conventional treatment or device</li> <li>Claims submitted and received in-excess of twelve (12) months from the original Date of Service</li> </ul>		

**East Windsor Town and BOE  
E2 - Standard Passive PPO Exam Only Plan**



**How to use your Cigna Vision Benefits**

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

**1. Finding a doctor**

There are three ways to find a quality eye doctor in your area:

1. Log in to **myCigna.com**, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

**2. Schedule an appointment**

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

**3. Out-of-network plan reimbursement**

**How to use your Cigna Vision Benefits**

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 997561, Sacramento, CA 95899-7561.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Any benefit information displayed is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.



# East Windsor Board of Education

July 1, 2017

Current/Renewal Plan Designs & Rates



## Current Teacher Plans - Comparison of HSA v. PPO \$20/\$20 Plan

Carrier		Signa	
HMO/POS/PPO Model		PPO	PPO
Plan Name		Open Access	Open Access
Deductible/Maximum Accumulation Period		HSA 2000/4000 Contract Year	\$20/\$20 Copay Plan Contract Year
In-Network:			
Deductible		\$2,000/\$4,000	N/A
Coinsurance		100%	100%
Co-Pay/Coinsurance Maximum		N/A	N/A
Out-of-Pocket Maximum		\$2,000/\$4,000	\$6,350/\$12,700
Office Visit			
Preventive Care Visit		100% after Deductible Covered in Full	\$20 Copayment Covered in Full
Specialist		100% after Deductible	\$20 Copayment Covered in Full
Inpatient Admission		100% after Deductible	\$100 Copayment
Outpatient Surgery		100% after Deductible	\$25 Copayment
Emergency Room		100% after Deductible	\$20 Copayment Covered in Full
Urgent Care Facility		100% after Deductible	Covered in Full
Lab & X-Ray		100% after Deductible	Covered in Full
Radiological Services (MRI/CAT/PET)			
Out-Of-Network:			
Deductible		\$2,000/\$4,000	\$200/\$500
Coinsurance		80%	80%
Co-Pay/Coinsurance Maximum		\$2,000/\$4,000	\$800/\$2,000
Out-of-Pocket Maximum		\$4,000/\$8,000	\$1,000/\$2,500
In-Network Prescription Drugs			
Mail Order Prescriptions		100% after Deductible	\$5/\$25/\$40 2 x copay

~These exhibits are for comparison purposes only and do not represent a binding offer to insure. Please consult the insurance carrier proposal for the terms and condition of their quotation.~



## **APPENDIX J**

### **Summary of Benefits – Dental Plan**





## APPENDIX J

**East Windsor Board of Education – Group # 4231  
Delta Dental PPO plus Premier**

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	<i>Full A</i>
Calendar Year Deductible (Per Person)	None
	<b><u>Plan Pays:</u></b>
Preventive and Diagnostic	100%
Endodontics	100%
Simple Restorations	100%
Simple Extractions	100%
Repair of Dentures	100%
Major Oral Surgery	50%
Crowns and Gold Restorations	50%
Periodontics (\$500 Maximum Per Person Per Year)	Not Covered
Prosthodontics	Not Covered
Orthodontic Benefits (\$600 Lifetime Maximum Per Person)	Not Covered

Dependent children are covered to age 25 (25 if enrolled as a full time student in an accredited school or university.)

---

Delta Dental has two networks available under this plan. The Delta Dental Premier® network is the largest of the Delta Dental networks with over 186,000 participating offices nationally (75%+). Delta Dental PPO is a smaller, but more discounted network with over 108,000 participating offices nationwide. PPO fees are on average 20% less than Premier. **You may use any fully licensed dentist under this plan**, but it is to your advantage to use a network dentist, especially PPO, since they accept the Delta Dental allowance as their maximum charge and cannot bill Delta Dental patients for amounts above this level.

Participating dentists will be paid directly by Delta Dental for covered services. Non-participating dentists will bill you directly, and Delta Dental will make claim payment directly to you. You will maximize benefits and reduce paperwork by using a Delta Dental participating dentist.

If you do not have a dentist, you may obtain a current listing of participating dentists in any area, by calling 1-800 DELTA OK (1-800-335-8265). Provide your zip code to the representative and a directory for that area will be mailed to your home. If you have Internet access, you may also visit our website at [deltadentalnj.com](http://deltadentalnj.com) to locate participating dentists.

At the time of your first appointment, tell the dentist that you are covered under this program and provide your group number and ID number. Your dependents, if covered, should provide the employee's ID number.

Claim questions and other information needs should be directed to Delta Dental's website or customer service department at 1-800-452-9310.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of New Jersey, Inc. which governs the benefits and operation of your program. In NJ, Delta Dental Insurance Company writes dental coverage on an insured basis and Delta Dental of New Jersey administers self-funded dental benefit programs. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

## **Delta Dental PPO plus Premier Networks**

### **In Network**

#### Dentist

- Agrees to accept Delta Dental's approved fees
- Agrees to file claim directly with Delta Dental
- Receives claim payment directly from Delta Dental

#### Employee

- Cannot be balance billed (billed for charges above approved Delta Dental fees)
- Does not file claim
- No payment to dentist other than deductible/coinsurance

### **Out of Network**

#### Dentist

- Does not agree to Delta Dental fee levels
- Can charge any amount
- Is not required to file claim for patient
- Does not receive payment directly from Delta Dental

#### Employee

- Must pay difference between Dentist charge and Delta Dental's allowed fees
- May be required to submit claim
- Is responsible for payment to dentist

**Summary:** Any dentist may be used, however, benefits are maximized and paperwork is reduced if in network providers are utilized. Delta Dental PPO dentists have agreed to Delta Dental's lowest possible fees.

SIGNATURE BLOCK

IN WITNESS WHEREOF, the parties hereunto have caused these presents to be executed by their proper officers, hereunto duly authorized, and their seals affixed hereto as of the date and year written.

Superintendent, East Windsor Board of Education

Theresa M. Kane  
(Signed)

3-23-17  
(Date)

THERESA M. KANE  
(Printed)

President, East Windsor Education Association

Jonathan F. Jette  
(Signed)

3-23-17  
(Date)

Jonathan F. Jette  
(Printed)

