

**AGREEMENT BETWEEN THE  
FARMINGTON BOARD OF EDUCATION  
AND FARMINGTON PUBLIC SCHOOLS EMPLOYEES UNITED, LOCAL 6584, AFT-CT**

**JULY 1, 2018 – JUNE 30, 2021**

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**FARMINGTON BOARD OF EDUCATION  
SECRETARIAL, PARAPROFESSIONAL, TUTOR, JOB COACH, DRIVERS AND  
CUSTODIAL CONTRACT**

**AGREEMENT**

This agreement has been entered into by virtue of negotiations between the Farmington Board of Education (hereinafter the "Board" or "Employer") and Farmington Public Schools Employees United, Local 6584, AFT-CT ("hereinafter the "Union") under the Municipal Employees Relations Act., Conn. Gen. Statue. Sec. 7-467 to 7-477, inclusive (the "Act") as amended from time to time, in order to fix for its term the wages, hours and conditions of employment provided herein.

**PREAMBLE**

The Board and the Union recognize the importance of sustaining a high level of morale, maintaining harmonious relationships between the Board and the bargaining unit employees and assuring positive communication between the Board and the employees. The Board recognizes the value of the work performed by the employees and the employees recognize the need to provide effective and quality service to the Farmington Board of Education.

In consideration of these promises and other good consideration, the Board and the Union enter into this Agreement:

**ARTICLE 1**

**RECOGNITION**

Section 1. The Board recognizes the Union under the provisions of the Municipal Employees Relations Act (the "Act") as the sole and exclusive bargaining agent for the purpose of collective bargaining on matters of wages, hours and other conditions of employment for all secretaries, clerks, bookkeepers, cleaners, custodial and maintenance employees, drivers, and special education and instructional paraprofessionals, tutors and job coaches, provided such employees work twenty (20) or more hours per week, excluding the Administrative Assistant to the Superintendent, the Administrative Assistant to the Business Administrator, the Human Resources Coordinator, the Payroll Supervisor, Director of Facilities, Coordinator of Student Data, seasonal employees (such as summer help), temporary employees, supervisors and all other employees excluded under the Act.

## ARTICLE 2

### RIGHTS OF THE BOARD OF EDUCATION

Section 1. The Board has and will continue to retain, whether exercised or not, all of the powers specified in Conn. Gen. Statue. 10-220, which is incorporated herein by reference, and has and will continue to retain, exclusively, whether exercised or not, all of the rights, powers and authority not specifically relinquished, abridged, or limited by the provisions of this agreement, it shall have the sole right, responsibility and prerogative of management of all of the affairs of the schools and the direction of the working forces including, but not limited to the following:

- a. To determine the care, maintenance and operation of its facilities and equipment used for and on behalf of the purposes of the Board of Education;
- b. To establish or continue policies, practices and procedures for the conduct of school business and from time to time, to change or abolish such policies, practices, or procedures;
- c. To employ, transfer, or promote employees, to demote employees for just cause, or to lay off, terminate, or otherwise relieve employees from duty for lack of work, budgetary cut, or other legitimate reasons when it shall be in the best interests of the Board of Education;
- d. To prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the school;
- e. To establish job descriptions and job classifications and from time to time change such job descriptions and job classifications, subject to the provisions of Article 21, Section 2, and to insure that incidental duties connected with departmental operations, whether enumerated in job descriptions or not, shall be performed by the employees;
- f. To establish contracts or subcontracts for school operations, provided that this right shall not be used for the purposes or intention of undermining the Union or of discriminating against its members. All work customarily performed by the employees of the bargaining unit shall be continued to be so performed unless in the sole judgment of the Board it can be done more economically and expeditiously;
- g. The above rights, responsibilities and prerogatives are inherent in the Farmington Board of Education and the Superintendent of Schools and are not subject to delegation in whole or in part. Such rights may not be subject to review or determinations in any grievance or arbitration proceeding. It is understood that the Union continues to have the right to file charges in accordance with Conn. Gen. Statue. §7-468 through 7-471, inclusive.

**ARTICLE 3**  
**NO STRIKE**

Section 1. The Union recognizes that strikes and other forms of work stoppages by employees are contrary to law and public policy. The Union and the Board subscribes to the principle that differences shall be resolved by peaceful and appropriate means without interruption of the operation of the public schools. The Union agrees that it will not call or support any strike, work stoppage, work slowdown or any other concerted efforts by employees to hamper operation of the Board of Education.

**ARTICLE 4**  
**UNION SECURITY, DUES DEDUCTIONS**

Section 1. The Board agrees to deduct from the salary of all employees covered herein who authorize in writing on a form approved by the State Labor Department as specified in Connecticut General Statutes Sec. 31-71e, such deductions from their wages or salary for periodic dues and initiation and other fees, uniformly required, as may be fixed and certified to the Board by the Union and allowed by law. The Board must remit to the Union, on or before the last day of the month in which such deductions are made the aggregate of amounts collected, together with an alphabetical list of employees from whose wages or salaries such sums have been deducted. The Union agrees to indemnify and to hold the Board harmless against any and all claims for damages, demands, suits or other forms of liability that shall, or may arise out of or by reason of carrying out of the provisions of this Agreement concerning the deductions from wages or salary of such periodic dues and initiation and other fees, as hereinbefore mentioned.

Section 2. Authorized deductions will be made on each payday of each employee who is a member of the bargaining unit.

Section 3. In the event an employee receives no pay on the payday on which Union dues are deducted, deduction shall be made from the next regular paycheck.

Section 4. All bargaining unit employees shall, as a condition of continued employment join the Union or authorize in writing that an agency service fee be deducted from their salary using the procedures provided above for voluntary dues deductions within thirty (30) days after execution of this agreement. The agency service fee shall represent the cost of collective bargaining, contract administration and grievance adjustment and shall be equal to the amount allowable by law. Newly hired employees shall authorize such agency fee deductions within thirty (30) days after their first day of work for the Board. If an employee resigns, retires, is terminated, or receives a leave, any unused portion of the agency fee will be returned upon written request to the Union.

Section 5. The Union shall protect and save harmless the Board of Education from financial loss or expense, including legal fees and costs, if any, arising out of any and all claims, demands, liabilities, suits or judgment by reason of the implementation of this

Article, Sections 1-4, inclusive, whether such financial loss or expense results from judicial, administrative, arbitral, settlement or other proceedings.

Section 6. School year employees will not be responsible for union dues during the summer vacation.

**ARTICLE 5**  
**GRIEVANCE PROCEDURE**

Section 1. The purpose of the grievance procedure shall be to settle employee grievances at as low an administrative level as possible and practicable, so as to ensure efficiency and employee morale.

Section 2. Definitions

- a. A “grievance” for the purpose of this procedure shall be an employee or union complaint that:
  - (i) there has been discharge, suspension or other disciplinary action without just cause, or,
  - (ii) that there has been a violation, misinterpretation or misapplication of specific and explicit provisions of this agreement.
- b. “Days” shall mean working days, unless otherwise specified.
- c. Grievances must be processed on the forms provided. A sample of the form is included in the contract as Appendix E.
  - (i) Time Limits – Since it is important that a grievance be processed as rapidly as possible, the number of days indicated at each level should be considered as maximum and every effort should be made to expedite the process. The time limits specified may, however, be extended by mutual agreement or extenuating circumstances.
  - (ii) If an employee does not file a grievance in writing within ten (10) working days after he/she first became aware of the act or conditions on which the grievance is based, then the grievance shall be considered to be waived. The date of awareness shall be defined as the date any reasonable person knows or should have known about the condition(s) causing the grievance.
  - (iii) Failure by the employee at any level to appeal a grievance to the next level within the specified time limit shall forfeit the grievance. Failure by the Administration to respond to the grievance within the specified time limit shall be deemed denial and the employee may proceed to the next step.
- d. Informal Procedure

Any employee who feels that they may have a grievance may first discuss the matter with the immediate supervisor within three (3) working days of the incident, in an effort to resolve the problem informally. The immediate supervisor will respond to the employee within one (1) working day of the informal meeting.

e. Meetings at the Formal Procedure Level

The employee and a union representative shall meet with a designated representative of the Board for the purpose of oral discussion at each level of the grievance procedure. Such meetings shall not exceed the time limitation indicated at each level except if both parties agree to an extension in writing.

Section 3. Formal Grievance Procedure

- a. Step One. Any employee who has a grievance shall reduce the grievance to writing and submit it within ten (10) days from the date of awareness to the Director of Facilities for the Custodial Unit or the Business Administrator for the Secretarial/Clerical/Paraprofessional/Tutors/Job Coaches/Driver Unit who shall use his/her best efforts to settle the dispute. The decision of the Director of Facilities/Business Administrator shall be submitted in writing to the grievant and his/her Union representative within ten (10) days of receipt of the grievance.
- b. Step Two. If no agreement is reached with the decision rendered at Step One, the employee and his/her Union representative shall submit the grievance in writing to the Superintendent within ten (10) days after the date of the decision at step one. Within ten (10) days after receiving such grievance, the Superintendent or his/her designee shall render his/her decision in writing to the grievant and his/her Union representative.
- c. Step Three. If no agreement is reached with the decision rendered by the Superintendent or his/her designee, the employee and his/her Union representative may submit the grievance in writing to the Board of Education, through the Superintendent's office, within ten (10) days after the date of decision at Step Two. Within ten (10) days after the scheduled Board hearing the Board of Education shall render its decision in writing to the grievant and his/her Union representative.
- d. Step Four. If the Union is not satisfied with the disposition of the grievance at Step Three, it may, within thirty (30) calendar days after the date of the Board's decision, submit the grievance to mediation/arbitration to the Connecticut State Board of Mediation and Arbitration. Arbitration hearings shall be conducted in accordance with the rules of the Connecticut State Board of Mediation and Arbitration, provided that the Union and Board of Education may mutually agree to submit the grievance to the American Arbitration Association, in which case, cost for arbitration through AAA will be shared equally by the Board and the Union. Furthermore, the Board of Education may notify the Union that it elects to submit the grievance to the AAA without the Union's consent, in which case the Board will be responsible for the full cost of arbitration.

- (i) The arbitrator(s) shall hear and decide only one grievance in each case. The arbitrator(s) shall have no power to add to, delete from or modify in any way the provisions of the Agreement, and shall be bound by and must comply with all of the terms of this Agreement. The arbitrator's fee will be shared equally by the Board of Education and the Union, provided that if the Board shall elect to submit the matter to the American Arbitration Association, it shall pay the full cost of the arbitrator's fee.
  - (ii) The decision of the arbitrator(s) shall be final and binding on all parties, and shall be the exclusive remedy for breach of this agreement, except, parties do not waive their legal right to appeal the arbitrator's award if said appeal is permitted by law.
- e. Representation. The Union or the Board shall have the right, at its own expense, to choose a representative whenever representation is desired.

## **ARTICLE 6**

### **UNION RIGHTS AND SERVICES**

Section 1. The five (5) members of the Union negotiations committee shall be granted leave from duty with full pay for all meetings between the Board and the Union for the purpose of negotiating the terms of the agreement when such meetings take place at a time which such members are scheduled to be on duty.

Section 2. Negotiators for the Local shall be entitled to leave without loss of pay to negotiate the pension.

Section 3. One (1) member of the Union grievance committee and the grievant shall be granted leave from duty with full pay for all meetings between the Board and the Union for purposes of processing grievances through arbitration when such meetings take place at a time during which such members are scheduled to be on duty.

Section 4. The Union shall be granted six (6) days leave annually with pay to attend to Union business. The President of the Union shall designate members to be excused.

#### Section 5. Bulletin Board

The Board of Education shall provide bulletin board space for the Union located in the designated area for the posting of notices concerning Union business and activity.

Section 6. Subcontracted Work The Board of Education will not subcontract work which is being performed by members of the bargaining unit with the intent of reducing the number of bargaining unit employees without first negotiating with the Union over the effects of such a decision on the bargaining unit employees.

#### Section 7. Copy of Agreement

The Board shall provide a copy of this agreement to each employee presently employed and to each new employee upon employment.

### Section 8. List of Employees

The Board shall furnish the Union with an up-to-date list of employees no later than October 15 of each calendar year. When a unit employee is hired, the Board shall notify the Union and furnish the Union with the name, date of employment, classification, and rate of pay.

## **ARTICLE 7** **DISCIPLINE**

Section 1. No employee shall be disciplined without just cause, and progressive discipline shall be applied in appropriate cases. All bargaining unit members shall have the right to Union representation at any and all steps in the disciplinary procedure, if requested by a member. All suspensions and discharges must be given in writing with reasons stated. A copy of such notice must be given to the employee at the time of the suspension or discharge. The Board shall notify the Union in writing of the suspension or discharge and the reason(s) for such action, no later than two (2) working days after the action. Disciplinary action shall normally follow in this order:

- a. Verbal warning;
- b. Written warning;
- c. Suspension without pay;
- d. Discharge.

Any of the above steps may be omitted depending upon the severity of the discipline required. All disciplinary actions shall be applied in a fair and equitable manner and shall be consistent with the infraction for which disciplinary action is being applied.

Section 2. Each employee has the right to see and review his/her personnel file no more than twice a year by appointment with the business office. If, upon inspection of his/her personnel file, an employee disagrees with any information contained in such file, the employee may request a correction or removal of said information. If an agreement cannot be reached, the employee has the right to submit a written statement explaining his/her position and such statement shall be maintained as part of the file.

Section 3. Each employee will be given copies of any evaluation reports placed in the employee's file.

## **ARTICLE 8** **SICK LEAVE**

Section 1. Employees working 1820 hours to 2080 hours annually, and are covered by this agreement, shall be entitled to one and one-quarter days (1-1/4) per month sick leave, totaling fifteen (15) days per year, which may be accumulated to a maximum of one hundred and ninety-five (195) working days.

Section 2. Employees working 1080 hours but less than 1820 hours annually and are covered by this agreement shall be entitled to one and one-fifth (1-1/5) days per month sick leave for ten months, totaling twelve (12) days per year, which may be accumulated to a maximum of one hundred and twenty (120) working days.

Section 3. Employees working 720 hours but less than 1080 annually and are covered by this agreement shall accumulate sick leave at the rate of five-twelfths (5/12ths) of a day for each month worked, for a total of five (5) days per year which may be accumulated to a maximum of forty-five (45) working days. Employees who are absent on sick leave under this provision shall be paid in an amount prorated on the basis of the average number of daily hours assigned during the preceding four (4) workweeks.

Section 4. An employee may be absent from work with pay during such periods as actual illness or if injury prevents him/her from performing his/her duties (within his/her accrued sick leave) and, if eligible, for such reasons as provided in Conn. Gen. Stat. § 31-57s. A physician's certificate may be required by the Business Administrator after five (5) consecutive days or after prior written warning of potential sick leave abuse.

Section 5. To have an absence counted as a day of sick leave, an employee shall notify the supervisor as designated by the Board of his/her illness as soon as possible, or at least one-half (1/2) hour before his/her normal time for reporting to work.

Section 6. In the event of a serious health condition in the immediate family which requires the attendance or aid of the employee, as many as five (5) working days with pay may be granted by the Superintendent or his/her designee within the fiscal year, and the employee may choose to have such leave charged to the employee's regular sick leave, vacation leave or other accrued paid leave benefit. A serious health condition and immediate family member shall be defined according to the Family Medical Leave Act of 1993.

Section 7. When an employee has depleted his/her accumulated sick leave allowance, the Superintendent, after consultation with the immediate supervisor, may authorize a loan of sick leave to be repaid when the employee's sick leave accrues beyond five (5) working days.

Section 8. The employer shall maintain an accurate and up-to-date record of each employee's sick leave and vacation.

## **ARTICLE 9** **WORKER'S COMPENSATION**

Section 1. All Employees Covered By This Agreement

If an employee is absent from work because of an injury sustained in the course of his/her employment for which he/she is entitled to compensation under the Worker's Compensation Act, the Board of Education shall pay to the employee for a period of such disability not to exceed six (6) months, an amount equal to the difference between the amount of the employee's regular take-home after-tax salary and the amount of the worker's compensation received by the employee. For the next six (6) month period of such disability, the Board of Education shall pay to the employee an amount equal to the

difference between the amount of seventy-five percent (75%) of the employee's regular take-home, after tax salary and the amount of worker's compensation received by the employee. To the extent the Board of Education may have paid the employee an amount greater than provided above, the employee shall pay over and assign to the board of Education the appropriate amount of worker's compensation payments received by the employee.

Section 2. Lump sum Worker's Compensation payments for indemnification to the employee for permanent injuries received by him/her shall not be paid over or assigned to the Board of Education. Worker's compensation injuries sustained in the course of his/her employment with the Board of Education causing lost time will not be charged against employee's sick leave, personal time, or vacation time.

## **ARTICLE 10** **SENIORITY**

Section 1. Seniority shall be defined as the length of continuous employment within the Farmington School System. Full-time employees shall be given credit for prior part-time service on a pro-rated basis, provided that full-time service immediately follows the part-time service.

Section 2. No employee shall attain seniority rights until he/she has been employed continuously by the Board of Education for a probationary period of ninety (90) actual workdays (excluding any authorized leave). During the probationary period, the employee may be discharged at will. In such event, the employee shall not have recourse to the grievance procedure. Upon the completion of any employee's probationary period, his/her seniority shall date back to the date of his/her original employment.

Section 3. An employee's seniority shall be broken and he/she shall forfeit all rights and benefits if he/she:

- (a) voluntarily resigns and quits;
- (b) is discharged for just cause;
- (c) takes a leave of absence for the purpose of working at another occupation, or;
- (d) takes a leave of absence for more than ninety (90) days unless the leave is for military service or educational programs.

Section 4. An employee's seniority shall not be lost because of absence due to illness, worker's compensation, vacation, military leave, layoff, suspension, or any other authorized leave. In the event of a layoff, such employee shall not continue to accrue additional seniority.

Section 5. No later than October 15 of each year, the Board shall prepare a list of employees showing their seniority in length of service with the Board and deliver same to an authorized representative of the Union. The Board shall also notify the Union of any additions to or deletions from the list when they occur.

Section 6. For the purpose of layoff and recall, job titles shall be grouped into nine (9) seniority categories:

- (a) Custodial employees
- (b) Maintenance employees
- (c) Secretarial employees
- (d) Instructional paraprofessional employees
- (e) Special Education paraprofessional employees
- (f) Tutors
- (g) Job coaches
- (h) Drivers
- (i) Bookkeepers/Account Supervisors

Section 7.

- a. Within each above category, except Section 6. (d), employees will be identified for layoff by seniority within job titles. The order of layoff within job titles shall be as follows:
  - i. Temporary and seasonal employees;
  - ii. Probationary employees, part-time before full-time;
  - iii. Regular part-time employees before regular full-time;
  - iv. Full-time employees with the least seniority first.
- b. Within the categories of Special Education and Instructional Paraprofessionals, the order of layoff shall be within job assignments as follows:
  - i. Probationary employees;
  - ii. Remaining employees by seniority.

Section 8. In the event that a layoff within a job title is pending or proposed, the Board shall notify the Union President as soon as practical, but, in no event, less than fourteen (14) days prior to the time at which the layoff is to be effective. The Board shall notify the least senior employee within the affected job title at least fourteen (14) calendar days before the effective date of the layoff.

An employee who receives such notice may elect within seven (7) calendar days thereafter, if qualified (he/she must be able to perform the tasks of the job to which he/she is reassigned), to bump into a lower job title within the same seniority category provided that the employee has more seniority than the least senior employee in the lower job title. In the event of such a bump, the least senior employee in the affected job title shall receive a notice as provided above.

Section 9. Employees who are laid off or bumped to a lower job title under this article shall have recall rights as follows:

- a. The affected employee shall notify the Superintendent in writing at the time of layoff that he/she requests placement on a recall list. The employee shall be informed of this requirement when notified of layoff.
- b. Employees who are bumped to a lower job title shall have recall rights to return to his/her former job title. When an employee is bumped to a lower

job title, he/she shall be placed on the appropriate pay scale and step that represents the least reduction in pay to the employee.

- c. For a period of two (2) years, the affected employee shall have the right to be recalled to the job title from which he/she was laid off, if the position should become vacant or be reinstated to a position in a lower job title within the same seniority category, if qualified.

Section 10. Employees whose names are on the recall list shall be notified of opportunities for temporary, part-time or seasonal employment. No new employee will be hired for a temporary, part-time or seasonal position until all employees on the recall list have had an opportunity to decline such employment. Such employment shall not constitute recall and refusal of such employment shall not affect recall rights.

Section 11. In the event of a layoff where two or more employees have the same hiring date, names will be placed in a container and drawn to determine the order of seniority. The first person whose name is drawn will be will be the more senior for that date of hire and so forth down the line. The drawing will be witnessed by a member of the Executive Board of the Union.

#### **ARTICLE 11** **NONDISCRIMINATION CLAUSE**

The Farmington Board of Education shall not exclude employees from participation in, deny the benefits of, or otherwise discriminate against under any program, including employment, on any basis prohibited by law, including race, color, ancestry, marital status, sexual orientation, union activity, past/present history of mental disorder, learning disability, gender identity, genetic information, and/or physical disability. Claims of such discrimination are subject to review in accordance with law, and any grievance related to this provision shall terminate at Step Three of the Grievance Procedure.

#### **ARTICLE 12** **HOURS OF WORK**

Section 1. Employees in the Secretarial, Paraprofessional, Job Coach and Tutor unit working 1260 hours to 1820 hours annually, shall work seven (7) hours a day for five (5) days a week, totaling thirty-five (35) hours a week, Monday through Friday.

Employees working 720 hours but less than 1260 hours shall have his/her hours assigned as determined by the Board.

Section 2. For employees of the Custodial/Maintenance unit, the hours of work shall be:

- a. The regularly scheduled workday shall be eight (8) hours a day, including a half-hour paid lunch period. Starting and finishing hours shall be determined by the particular needs of each individual school as determined by the Head Custodian and Director of Facilities. The regular workweek shall be forty (40) hours, Monday through Friday; however, employees hired on or after July 1, 2019 may work a different schedule, or employees on a volunteer basis with the agreement of the Union, may work a different schedule.

- b. The summer scheduled work hours shall be eight (8) working hours per day. Starting and finishing times in the various schools shall be determined by the Head Custodian and the Director of Facilities.
- c. The regular working hours of individual employees shall not be changed without two (2) weeks advance notice except for emergencies. Employees called to work prior to his/her regularly assigned work shift shall be allowed to work out his/her regular shift at their option, provided he/she has worked at least eight (8) hours.

Section 3. For employees of the Driver unit, the hours of work shall be:

- a. The regularly scheduled work day shall be determined by the school schedule of students requiring transportation services. The workday categories shall consist of: 1) eight-hour day with no paid lunch or 2) part-time day with no paid lunch. Starting and finishing hours shall be determined by the particular needs and school schedules of the students requiring transportation services. The regular workweek shall be forty (40) hours, Monday through Friday.
- b. Drivers assigned to work 2080 hours annually will be assigned duties by the Business Administrator when school is not in session for students requiring transportation services. If Drivers are assigned to perform custodial duties, they will qualify under provisions of the contract for that unit of employee. The workday shall be eight (8) hours a day, including a half-hour paid lunch period.

Section 4. Lunch

- a. Employees in the Secretarial unit are scheduled to work-related assignments for the number of hours indicated on his/her job assignment. Lunch periods are not included in scheduled work hours. Employees required to supervise an office area who cannot be relieved with a substitute for a lunch period shall be allowed to include lunch periods in the scheduled work hours.
- b. Employees working 1080 hours to 1330 hours annually shall receive an unpaid one-half (1/2) hour lunch period.
- c. The Farmington Board of Education agrees that existing drivers employed prior to July 1, 2002 shall maintain current work schedules pertaining to receiving paid lunch periods.

Section 5. Coffee Breaks

- a. Employees working 720 hours but less than 1080 hours annually shall receive one (1) coffee break.
- b. Employees in the Secretarial, Paraprofessional, Job Coach and Tutor unit working 1080 to 1820 hours annually may have two (2) coffee breaks per day, one (1) in

the morning and one (1) in the afternoon. The morning break shall not exceed fifteen (15) minutes and the afternoon break shall not exceed ten (10) minutes.

Section 6. Delayed Opening/Early Closing Days

- a. Employees in the bargaining unit shall make every effort to begin their daily schedule as close to possible in the event of a delayed opening.
- b. Employees are expected to work their regular work schedule on early closing days. If emergency weather conditions exist and school is dismissed early, the Superintendent of Schools may dismiss all secretarial, clerical, paraprofessional, tutor and job coach employees at his/her discretion. Employees will be paid in full.

**ARTICLE 13**  
**OVERTIME**

Section 1. For employees in the Secretarial, Paraprofessional, Tutor, Job Coach, and Driver unit, for work performed in excess of thirty-five (35) hours but not in excess of forty (40) hours per week, employees shall be paid his/her regular hourly rate of pay. For work performed in excess of forty (40) hours per week, employees shall be paid one and one-half (1-1/2) times his/her hourly rate of pay. The Superintendent or his/her designee shall determine when overtime shall be worked. All overtime must be specifically approved in advance by the Superintendent or his/her designees and shall be distributed on a rotating basis.

Section 2. If an employee is called in to work overtime on a Saturday, he or she shall be paid at one and one-half times his or her regular hourly rate. All overtime must be approved in advance as provided above.

Section 3. If an employee is called to work after the completion of a workday at a time not contiguous with regular working hours, he/she will be paid a minimum of three (3) hours pay at his/her appropriate hourly rate.

Section 4. Sick leave and jury duty leave shall be considered time worked for purposes of determining the applicable overtime rate.

Section 5. For employees in the Custodial/Maintenance and Drivers units, all overtime work shall be distributed equitably in each school among off-duty qualified employees in a rotating manner. Employees shall be given as much advance notice as possible. In the event that overtime is available and the employees choose not to take the overtime, it shall be distributed to other off-duty qualified employees in the bargaining unit on a rotating basis, and an employee choosing not to work will be charged with the overtime opportunity for purposes of the rotating schedule.

Section 6. The Board shall pay two times the regular hourly rate for work performed on holidays and Sundays.

Section 7. For employees in the Custodial/Maintenance and Driver unit, when a paid holiday as hereinafter defined falls during the workweek, it shall be included as regular hours worked in determining the existence of overtime.

Section 8. For employees in the Custodial/Maintenance unit, the Board shall pay two times the regular hourly rate for building checks performed on Sundays and holidays. The Board shall pay time and one-half for building checks performed on Saturday.

Section 9. For employees in the Custodial/Maintenance unit, the rate of pay to all employees assigned to snow or ice removal shall be a time and one-half the regular rate of pay for the following condition:

- a. Outside of the person's regular shift hour.

Section 10. The head custodian shall maintain a list of employees who worked overtime and the amount of time worked for each six-month period.

Section 11. When employees are assigned duties outside their normally scheduled hours, they may elect compensatory time in lieu of overtime payment. Accrual and use of such time shall be in accordance with state and federal law. Permission to use compensatory time shall not be unreasonably withheld.

#### **HOLIDAYS**

#### **ARTICLE 14**

Section 1. Employees working 720 hours but less than 1080 hours annually, shall observe the following holidays:

1. Thanksgiving Day
2. Christmas Day
3. New Year's Day
4. Martin Luther King Day

Section 2. Employees working 1080 hours but less than 1820 hours annually, shall observe the following holidays:

1. New Year's Day
2. Good Friday
3. Memorial Day
4. Thanksgiving Day
5. Day following Thanksgiving Day
6. Christmas Day
7. President's Day
8. Martin Luther King Day

Section 3. Employees working 1820 hours to 2080 annually, shall observe the following holidays:

- |                     |                                |
|---------------------|--------------------------------|
| 1. New Year's Day   | 7. Columbus Day                |
| 2. President's Day  | 8. Veteran's Day               |
| 3. Good Friday      | 9. Thanksgiving Day            |
| 4. Memorial Day     | 10. Day following Thanksgiving |
| 5. Independence Day | 11. Christmas Day              |
| 6. Labor Day        | 12. Floating Day               |
|                     | 13. Martin Luther King Day     |

Section 4. Paid holidays occurring on Saturday shall be observed on the preceding Friday, provided school is not in session. Paid holidays occurring on Sunday shall be observed on the following Monday, provided school is not in session. In the event that school is in session on any of the above-listed holidays, employees shall be given another day off to compensate for the holiday at a time determined by the Superintendent.

Section 5. Whenever any holiday falls during the paid sick leave or paid vacation of an employee, that holiday shall not be charged against the employee's earned vacation time or sick leave.

Section 6. On the last scheduled working day prior to Thanksgiving, employees will be scheduled to work until all children have been dismissed from school and their immediate supervisor determines that their services are no longer required to carry out a safe and efficient closing procedure, without loss of pay.

**ARTICLE 15**  
**VACATIONS**

Section 1. Employees working 1820 hours to 2080 hours annually, shall receive the following annual vacation periods to be determined on the employee's anniversary date:

Length of Service Completed	Monthly Vacation Allotment	Annual Day Accrual
7 months through 12 months	0.84	5
13 <sup>th</sup> month through 48 months	0.84	10
49 <sup>th</sup> month through 108 months	1.25	15
109 <sup>th</sup> month through 180 months	1.67	20
181 <sup>st</sup> month through 192 months	1.75	21
193 <sup>rd</sup> month through 204 months	1.84	22
205 <sup>th</sup> month through 216 months	1.92	23
217 <sup>th</sup> month through 228 months	2.00	24
229 <sup>th</sup> month or more	2.09	25

Section 2. Employees working 52 weeks annually, 25 hours per week or more who have completed six months of service shall receive five (5) vacation days.

Section 3. Seniority shall prevail in the selection of vacations for twelve (12) month employees. Employees shall indicate his/her preference of vacation time no later than the last day of April of each year. An employee may request to take vacation while school is in session, but must obtain written approval from his/her immediate supervisor.

Employees must indicate his/her preference when selecting vacation schedules by April 30<sup>th</sup> of each year. If employees have not signed this list by the required time, he/she shall relinquish his/her right to seniority in selecting their vacation for that year. Vacation schedules must have prior approval of the immediate supervisor. Employees will receive his/her vacation schedules by June 1<sup>st</sup>.

Section 4. The vacation period shall be the one year period commencing on the anniversary date of the employment of the unit member. An employee is entitled to earn an appropriate amount of vacation based on Section 1 on a monthly accrual basis each year. An employee may take his/her entire vacation time (earned) any time during the year, but if he/she terminates employment he/she must reimburse the Town of Farmington through payroll deduction for vacation time taken but not earned. Each employee shall be required to take his/her vacation during the vacation period (as defined above) and may take five (5) days of vacation as individual days. The Board reserves the right to reset vacation entitlement to a fiscal year basis. The Board assures the Union that no unit member will suffer a detriment as a result of the transition to vacation entitlement being calculated on a fiscal year basis.

Section 5. The maximum amount of vacation time which an employee can carry over unless special arrangements are made in advance with the Superintendent of Schools is based on the following schedule:

Length of Service Completed – 7 to 108 months five (5) days

Length of Service Completed – 109 to 229 months or more ten (10) days

Section 6. Vacation time shall be taken in increments of no less than one-half (1/2) days.

Section 7. In the event of an employee's death, the employee's pro-rated accumulated vacation pay shall be paid to the employee's surviving spouse and/or minor children. In the event the employee has neither a spouse nor children, such payment shall be made to the estate.

## **ARTICLE 16** **OTHER LEAVE**

### Section 1. Jury Duty

Any employee called to jury duty shall receive his/her full pay for such period and shall turn over to the Business Administrator the fee (excluding travel reimbursements) received for serving as a juror for deposit with the Farmington Town Treasurer. An employee called to jury duty shall notify the Board the next working day after receiving notice to serve. The Superintendent or his/her designee

may seek to obtain release of the employee from jury duty in cases where the employee's absence would hinder the operation of the public schools. An employee called to jury duty shall furnish the Board with a notice to serve and evidence of attendance.

## Section 2. Bereavement Leave

- a. An employee shall be allowed five (5) days off with pay following a death in the immediate family as indicated below, provided the employee is in attendance at the funeral or engaged in activities in connection with it. Such days shall not be charged to sick leave.

Spouse, Mother, Father, Child, Brother, Sister, Stepchild, Grandchild

- b. An employee shall be allowed three (3) days off with pay following a death in the immediate family as indicated below, provided the employee is in attendance at the funeral or engaged in activities in connection with it. Such days shall not be charged to sick leave.

Father-in-law, Mother-in-law, Stepparent, Stepsibling, Aunt, Uncle, Grandparent, Brother-in-law, Sister-in-law, Daughter-in-law, Son-in-law

## Section 3. Personal Leave

- a. The Superintendent or his/her designee shall grant three days of paid leave annually for personal business, which cannot be conducted outside of working hours. Employees must request such leave in TimeClock, stating the reasons for the leave at least 48 hours in advance, except in cases of emergency. In cases of emergency, the leave may be granted subject to completion of the appropriate request upon return.
- b. An employee shall have the right to have personal time off not to exceed eight (8) hours per year without loss of pay provided the employee has made arrangements with the employee's supervisor to make up the time lost within a ten (10) working day period following the day of such absence. The employee shall not be entitled to any additional compensation for making up such lost time.

## Section 4. Maternity Leave

Employees may take a maternity leave for up to six (6) weeks of actual physical disability following childbirth without pay and without losing permanent status of seniority. To the extent employees have sick leave time accrued, such time off shall be with pay and shall be charged against sick leave accrual.

**ARTICLE 17**  
**INSURANCE**

**Section 1. Health Insurance Benefits**

Employees working 1080 hours to 2080 hours annually, shall select the following insurance program provided in Section 1.a. and any employee who has insurance coverage which is equivalent to or better than coverage provided by the Board of Education shall not be eligible for coverage under this section:

- a. The CIGNA High Deductible Health Savings Account, as outlined in Appendix G. Employees shall contribute 16.5% premium cost in 2018-2019, 17.5% in 2019-2020, and 18% in 2020-2021. The Board contributions to the HSA are as follows:

i.	2018-19	\$1,200/\$2,400
	2019-20	\$1,100/\$2,200
	2020-21	\$1,000/\$2,000

Board contributions to the HD HSA will be funded 50% in September and 50% in December.

The Board shall provide a Health Reimbursement Account (HRA) to unit members who are not permitted by law to participate in a Health Savings Account (HSA) (e.g, those enrolled in Medicare or those receiving veterans' medical benefits). The Board will provide reimbursement to such unit members for medical expenses up to the amount of the Board's contribution to employee HSA accounts. Such available reimbursement, if unused in a given year, may roll over to subsequent years, not to exceed the plan deductibles."

- ii. Wellness incentives to earn additional employer HSA contributions:
  - o Online health risk assessment and physical examination for employee (and spouse if family plan) for an additional \$100/\$200, plus an additional incentive to make it possible to earn an additional \$100/\$200 employer contribution, such incentive to be determined through a committee of Administration/Union or through negotiations, if necessary.
- b. Full Service Dental Plan with Rider A and C (Periodontics) for individuals and their families (Appendix H)
- c. Prescription Drug Rider
- d. Vision Care Rider – Plan A (Appendix I)
- e. Employees working 720 hours but less than 1090 hours annually will receive reimbursement for visits to medical professionals (*i.e, doctors, physician assistants, advanced practice nurses*) (for themselves only) not

to exceed \$400 annually. To receive reimbursement, the employee must submit evidence of payment from their insurance carrier and the Board will pay the doctor's fee balance due up to \$400 annually. Payments are within the fiscal period of July 1<sup>st</sup> through June 30<sup>th</sup>.

- f. The Board provides a Section 125 Premium Conversion Plan by which employees can elect to make the insurance co-payments on a pre-tax basis. Employees participating in the plans provided in Section 1. Paragraphs a-d above shall contribute for the HD HSA coverage as stated in Section 1.a. of the applicable coverage through authorized payroll deductions.
- g. Dependents are defined as:
  - a lawful spouse;
  - a child of yours, less than 26 years of age

Section 2. Other Insurance

- a. Employees working 720 hours but less than 1080 hours annually shall receive the following insurance:
  - i. Life Insurance                 \$25,000
  - ii. AD &D Insurance  
    Principal Sum                 \$25,000
  - iii. Long Term Disability
- b. Employees working 1080 hours to 2080 hours annually shall receive the following insurance:
  - i. Life Insurance                 \$30,000
  - ii. AD &D Insurance  
    Principal Sum                 \$30,000
  - iii. Long Term Disability
- c. Employees working 720 to 2080 hours annually covered with term life insurance will have the option to buy an additional \$100,000 in multiples of \$10,000 at the Board's group rate at their own expense.

Section 3. Post-Retirement Insurance Plan

The Board will provide retirees a post-retirement medical and health insurance plan as provided by the Town of Farmington and as amended from time to time. Said Retiree Health Insurance Program is attached in Appendix D.

Section 4. The Board reserves the right to change insurance carriers for the coverage provided under this Article provided that the benefits are equivalent.

Section 5. The insurance administrator may establish a procedure whereby medical bills in excess of a stated amount will be subject to review for accuracy and

justification. Employees who find overcharges in their hospital bills, which result in the return of funds to the Board, will be entitled to receive 25% of the confirmed overcharge up to a maximum of \$500 for each hospital stay.

Section 6. For the purpose of tax-sheltered annuity plans employees may alter amounts or designations by submitting signed written authorization on appropriate forms approved by the Board of Education.

**ARTICLE 18**  
**LONGEVITY**

Section 1. Employees working 720 hours but less than 1080 hours annually shall receive longevity payments according to the following schedule:

10 years of service but less than 15	\$300
15 years of service but less than 20	\$363
20 years of service or more	\$425

Section 2. Employees working 1080 hours but less than 1820 hours annually shall receive longevity payments according to the following schedule:

10 years of service but less than 15	\$375
15 years of service but less than 20	\$450
20 years of service or more	\$525

Section 3. Employees working 1820 hours to 2080 hours annually shall receive longevity payments according to the following schedule:

10 years of service but less than 15	\$500
15 years of service but less than 20	\$575
20 years of service or more	\$650

Section 4. Eligibility for longevity shall be determined on the employee's anniversary date. Payment shall be made in July of each fiscal year.

Section 5. For employees hired on or after July 1, 2012, longevity is first payable after fifteen (15) years of service.

**ARTICLE 19**  
**PENSION – RETIREMENT**

Section 1. The provisions of this article, Pension-Retirement are subject to negotiation between the Union and the Town. Please go to Appendix J to view ratified agreement.

Section 2. The Board shall pay each employee who voluntarily leaves employment in good standing after ten (10) years of service to the Board \$150 for each year of service. The Board shall pay each employee who retires under the Town Pension Plan, and who leaves in good standing after ten (10) years of service at retirement age, \$200 for each year of service to the Board. Paraprofessionals who are not otherwise eligible to participate in the Town Pension Plan remain

entitled to the retirement benefit described in this section, provided he/she has accumulated a minimum of ten (10) years of service.

Section 3. An employee is required to select a pension benefit option six months prior to retirement.

Section 4. For school employees the Town will calculate the value of 35% of unpaid sick leave and determine the value of the Town sick leave benefit that the Town employees have and provide a calculation only as a credit for Board of Education employees toward their pension.

**ARTICLE 20**  
**WAGES AND ASSIGNMENTS**

Section 1. The three-year salary schedules are included in Appendix A and B and C of this agreement. Effective July 1, 2018 an increase of 2% will be included in Appendix A, effective July 1, 2019 an increase of 2% will be included in Appendix B and effective July 1, 2020 an increase of 2% will be included in Appendix C.

Section 2. Placement on Salary Schedules  
Custodial, Secretarial/Clerical, Instructional & Special Education  
Paraprofessional, Tutor, Job Coach and Driver units – New employees shall be assigned to a step on the salary schedule consistent with his/her past work experience, as determined by the Superintendent of Schools or his/her designee. Each employee shall advance on the salary schedule as follows:

Hire (unless credit given by	
Superintendent or his/her designee)	Step 1
After six (6) months	Step 2
After one (1) year	Step 3
After two (2) years	Step 4
After three (3) years	Step 5

Section 3. When an employee is assigned by the Superintendent or his/her designee to perform work in a higher classification for three or more consecutive workdays and the employee is qualified to perform such work, the employee shall be paid at the rate in the higher job classification at the employee's current salary step.

Section 4. During times when school is in session, employees in the Custodial unit on the evening shift shall be paid an additional \$.50 per hour as an evening shift differential; employees on the night shift shall be paid an additional \$.55 per hour as a night shift differential. Employees will continue to receive such differentials during school vacations.

Section 5. The Board shall pay employees by direct deposit. Upon request of an employee, the Board will provide a pay voucher showing the deposit.

Section 6. Bi-Weekly Paychecks

Except for circumstances beyond the control of the Board, employees in the bargaining unit shall continue to be paid bi-weekly on every other Thursday for the duration of this agreement.

Section 7. Work Assignment

Yearly, by October 15<sup>th</sup>, each employee shall be notified individually, in writing, regarding his/her salary group, step level, hourly rate of pay, working hours and general work assignment. The Union shall be given a summary report of said notices, in addition to the information required in Article 6, Section 8.

Section 8. Early Dismissal Days

If emergency weather conditions exist and school is dismissed early, the Superintendent of Schools may dismiss all clerical employees, paraprofessionals, tutors, and job coaches, at his/her discretion. Employees will be paid in full.

Section 9.

Bargaining unit members in positions other than Maintenance who possess a plumbing and/or electrical and/or HVAC license will be paid a stipend of \$600.

Section 10.

The Union and the Board agree that in setting the wage rate of the maintenance employee he/she should receive \$1,500 annually payable quarterly for his/her asbestos license. Payment for additional licenses mutually agreed upon between the maintenance employee and the Board will also be compensated.

**ARTICLE 21**

**VACANCIES, PROMOTIONS & JOB CLASSIFICATIONS**

Section 1. Vacancies and Promotions

When a vacancy in the bargaining unit exists or a new position is created, the Board shall post an announcement of the vacancy for a period of ten (10) working days and interested employees may make a written application within said posting period. The determination of qualifications for the job shall be made by the Superintendent and shall be posted together with the posted announcement of the vacancy. The Superintendent shall then prepare a written test and an oral test to be given to prospective applicants. Said test shall be the same for all applicants. The test shall be marked on a pass-fail basis, and a score of seventy-percent (70%) or higher on a test shall be considered a passing score. If an internal applicant fails a test for an open position and there is no other internal applicant, a second chance will be given to pass the test. To be considered for a position, an applicant shall have to pass both tests. If more than one applicant passes both tests, then the employee with the most seniority shall be appointed to the position. Vacancies shall be filled from within the bargaining unit whenever qualified personnel are available. Test results shall remain valid for a period of one and one-half (1-1/2) years.

This provision shall not apply to a position created as the result of an employee requesting and receiving a job classification upgrading as indicated in Section 2 below.

Section 2. Creating or Changing Job Classifications

Whenever the Superintendent or the Board creates a new job classification, or changes an existing job so as in effect to create a new classification, the Board shall notify the Union. Within ten (10) days following receipt of such notice, the Union may request to negotiate concerning the appropriate pay rate for such new or changed classification. If the parties are unable to reach an agreement, the matter will be submitted for mediation and arbitration in accordance with the regulations of the Municipal Employees Relations Act (MERA).

## **ARTICLE 22**

### **TRAVEL, EDUCATION, SAFETY, INCENTIVE PAY, AND SAFETY COUNCIL**

#### **Section 1. Training**

Any employee who is required by the Board of Education to attend a training session or conference will be reimbursed for reasonable expenses incurred, provided that the Board of Education has approved such expenses in advance. Time spent at required training or conferences shall be deemed working time.

#### **Section 2. Travel Expense**

When an employee is required to use his/her own motor vehicle to perform Board business he/she shall be reimbursed per mile on the basis of the current amount allowable by IRS for business mileage calculations.

#### **Section 3. Safety Shoes**

Each year, upon presentation of a receipt for the purchase of safety shoes to be worn only for work, the Board shall reimburse each member of the custodial/maintenance unit up to \$125.00 per fiscal year.

#### **Section 4. License Fees**

If the Board of Education requires that a maintenance employee maintain a valid license in a particular trade as a condition of employment, the employee shall submit the license to the Superintendent or his/her designee. The Board of Education will reimburse maintenance employees for the annual fee in such cases.

#### **Section 5. Incentive Pay Program**

The Board and Union agree to implement an employee suggestion program whereby employees can earn cash incentives for proposing savings in the operation of the school system. A committee shall be convened with equal representation from the Board and the Union such members to be designated by the respective parties, to review projects and verify proposed savings and reimbursement to the employee. Employees would receive one half of the amount of savings by the school system, to a maximum of \$1,000 per idea, to a maximum of \$2,000 per employee per year.

#### **Section 6. Health and Safety Council**

In consultation with the Board, the Union shall designate four representatives on the District Safety Council, assuring representation of custodians, paraprofessionals and secretaries on the Council. The Board shall distribute minutes to all participants after each meeting.

**ARTICLE 23**  
**DURATION**

Section 1. This agreement shall take effect upon signing by both parties and shall remain in effect through June 30, 2021. If there is any change in local, state or federal statute or regulation that causes a substantial increase in the cost of the plan during the term of this contract, the Board and the Union will, upon the request of the Board or the Union, engage in mid-term negotiations in accordance with the Municipal Employees Relations Act (MERA) regarding the impact of such excise tax or any substantial increase in costs. Such midterm negotiations may include proposals designed to address the increased costs of insurance coverage including but not limited to, proposals designed to: modify the plan(s) so as to reduce the costs of the plan(s), revise employee contributions to the costs of health insurance coverage, and/or allocate the responsibility for increased costs.

Section 2. This agreement contains the full and complete agreement between the Board and the Union on all bargainable issues.

Section 3. Invalid Section

If any article or section of this agreement is declared invalid by a court of competent jurisdiction said invalidity shall not affect the balance of this agreement.

**AUTHORIZED SIGNATURES**

FARMINGTON BOARD OF  
EDUCATION

FARMINGTON PUBLIC SCHOOLS  
EMPLOYEES UNITED, Local 6584  
AFT-CT, AFT, AFL-CIO

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
FPSEU Representative

\_\_\_\_\_  
Superintendent of Schools

\_\_\_\_\_  
FPSEU Negotiating Rep.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

SIDE LETTER OF AGREEMENT  
BETWEEN  
~~UE LOCAL 222~~ CILU LOCAL 60  
AND  
THE FARMINGTON BOARD OF EDUCATION

This side letter of agreement is a result of the 2008 collective bargaining that occurred between the above parties. It is in addition to the collective bargaining agreement dated July 1, 2008 thru June 30, 2011.

1. The Farmington Board of Education will provide training for employees as technology is introduced into the school system.
2. Both parties agree to continue to meet during the life of the current contract for the purposes of discussing health benefits for retirees.
3. The Board of Education agrees that it will not sub-contract any work performed by the following custodial positions:

(7) head custodians, (3) shift supervisors, (2) custodian/maintenance,  
(1) maintenance mechanic, (16) regular custodians.

*Mary Grace Peck*

Chair

FOR THE BOE

DATE 8/2/08

*Caroline M. Wilson*  
~~SECRET~~ - UP FIELD ORGANIZER

FOR THE UNION

DATE 7/29/08

## MEMORANDUM OF AGREEMENT

Whereas UE Local 222, Connecticut Independent Labor Union, Sublocal # 60 (the Union) and the Farmington Board of Education (the Board) have negotiated over the working conditions for tutors and job coaches, which positions were added to the bargaining unit, effective May 4, 2009 and

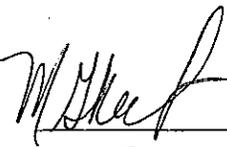
Whereas the board and the Union wish to describe the working conditions for these employees, and

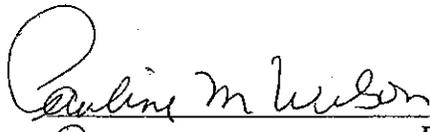
Whereas formal changes to the contract language will be made when the parties negotiate over a successor agreement,

Now therefore, the parties agree as follows:

1. Tutor and job coach positions shall be included in the bargaining unit, as will be reflected in Article 1, Recognition. Except as set forth below, all contract provisions will apply to such unit members.
2. The terms "instructional paraprofessional" and "special education paraprofessional" shall be used throughout the collective bargaining agreement in reference to the positions of "instructional aide" and "special education aide."
3. Tutor positions shall be eliminated effective July 1, 2010, except that through the budget process for the 2010-2011 school year, the Board may establish special subject tutor positions (e.g. mathematics, science, language arts at the middle school and/or high school level and E.L.L. at all levels). The Board shall assign tutors to such positions, effective at the beginning of the 2010-2011 school year based on their prior service in analogous positions in the current school year. Effective July 1, 2010, special subject tutors shall be included in the reduction in force procedure in Article 10, Section 6, in a new seniority category, "special subject tutors."
4. The Board shall place employees assigned to tutor positions during the 2009-2010 school year (other than those assigned to special subject tutor positions) in either the seniority category of "Instructional Aide employees" (Article 10, Section 6(d)) or the seniority category of "Special Education Aide employees" (Article 10, Sections 6(e)), based on their responsibilities in their tutor positions. Such placement shall be communicated to such employees and to the Union by the end of the 2009-2010 school year. The seniority of such employees within such categories shall be based on length of service in such tutor positions.
5. Job coaches shall be included in the reduction in force procedure in Article 10, Section 6, in a new seniority category, "Job coaches."
6. The 2009-2010 wage rate for employees in job coach and tutor positions shall be carried over from 2008-2009 without change.
7. For 2010-2011 and 2011-2012, job coaches will receive the same percentage increase granted generally to members of the bargaining unit.

8. For 2010-2011 and 2011-2012, special subject tutors shall be included in the same pay category as job coaches.
9. Tutors who are assigned to Instructional Aide positions or to Special Education Aide positions, effective with the 2010-2011 school year, will be paid the rate applicable to such positions.
10. For employees serving in job coach and tutor positions in 2009-2010, length of service for purposes of Sections 4 of Article 18, Longevity, shall be deemed to have commenced on May 4, 2009, the date when such employees became members of the bargaining unit.
11. For employees serving in job coach and tutor positions in 2009-2010, length of service for purposes of Article 19, Pension - Retirement, including Section 2, retirement stipend, shall be deemed to have commenced on May 4, 2009, the date when such employees became members of the bargaining unit.
12. For employees serving in job coach and tutor positions in 2009-2010, "continuous service" for the purposes of pension benefit calculation, including Appendix D, Sections A, B and D, shall be deemed to have commenced on May 4, 2009, the date when such employees became members of the bargaining unit.

  
 \_\_\_\_\_  
 Chair, Farmington B.O.E      Date 6/21/10

 6/22/10  
 \_\_\_\_\_  
 President, Local 60      Date

## MEMORANDUM OF AGREEMENT

The Farmington Board of Education (the “Board”) and the FPSUE (the “Union”) agree as follows:

1. The parties enter into this Agreement for the purpose of resolving a contractual dispute without incurring the time and expense of further proceedings. As such, the parties agree to the following resolution:
  - a. Effective upon execution of this agreement, the parties agree to amend Article 12, by adding the following new section:
  - b. **On inclement weather days when the Superintendent closes all school district offices for a full day and directs staff to stay home during first shift only, all first shift custodians, custodian mechanics, shift supervisor custodians, head custodians and HVAC mechanics (the “Custodians”), as essential personnel, shall be required to report to work to assist with snow removal. Custodians, as that term is defined in the preceding sentence, who report to work so that the schools can re-open as soon as possible will be paid time and one half (overtime rate).**

**In the event the school district needs more assistance during first shift, the Facilities Director, in consultation with the head custodians at each school, may call in second shift “Custodians” as the term “Custodians” is defined above. Such second shift Custodians will be paid time and one half (overtime rate) for each hour of work performed on the first shift. Thereafter, if such second shift custodians work part of their regular second shift assignment, they shall be paid time and one half (overtime rate) for all snow removal work performed during their second shift. For example, if a second shift custodian is called in and performs three (3) hours of work during the first shift and then works five (5) hours of his/her regular second shift assignment performing two (2) hours of snow removal work and three (3) hours performing non-snow removal work (for a total of an 8 hour day), he/she shall be paid time and one half (overtime rate) for the three (3) hours of first shift time and the two (2) hours of snow removal work during his/her regular second shift assignment. The remaining three (3) hours shall be paid at straight time.**

**When second shift Custodians are not called in on such days to assist on first shift, such Custodians shall be required to report to work and be paid time and one half (overtime rate) for all snow removal work performed during their second shift. For example, if a second shift custodian performs three hours of snow removal during his/her regular eight (8) hour shift, he/she shall be paid time and one half (overtime rate) for the three hours of snow removal work. The remaining five (5) hours shall be paid at straight time.**

2. The parties further agree to amend the existing custodian job description to include the following provision: **Able to work outdoors year round in all weather conditions as essential personnel. (Emphasis added).** This provision shall be inserted under the “Physical Abilities” section in the job description.

3. The parties agree that this Agreement does not apply to cleaners and that cleaners, as non-essential personnel, will not be required to report to work on inclement weather days when the Superintendent closes all school district offices for a full day and directs staff to stay home. The parties further agree that cleaners will not be eligible to use sick or personal time on such days, however, they will be allowed to make up the missed work hours provided the employee has made arrangements with the employee’s supervisor to make up the lost time within a ten (10) working day period from the day of closure. The employee shall not be entitled to any additional compensation for making up such lost time.

4. This Agreement will be incorporated into the parties’ successor collective bargaining agreement. Both parties shall be precluded from making substantive proposals on this matter during negotiations of a successor contract to the July 1, 2015 through June 30, 2018 collective bargaining agreement.

5. In consideration of the above, the Union agrees to withdraw, with prejudice, any pending grievances or claims associated with this matter

6. The Board and the Association agree that this Memorandum of Agreement shall apply only to the issues described in this Memorandum of Agreement, and the parties agree further that this Memorandum of Agreement shall not establish a practice or precedent in any respect.

FARMINGTON  
BOARD OF EDUCATION

FPSEU

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX A**

**SALARY SCHEDULE 2018-19**

	Step 1	Step 2	Step 3	Step 4	Step 5
Cleaner	13.16	13.68	14.20	14.71	15.22
Clerk I/Bookkeeper	20.43	21.12	21.78	22.46	23.16
Clerk II/Paraprofessional	20.82	21.41	22.46	23.63	24.33
Clerk II Special Education	21.39	21.97	23.02	24.20	24.88
Clerk III/Secretary I	24.26	24.99	25.79	26.61	27.42
Custodian/Driver	24.26	24.99	25.79	26.61	27.42
Secretary II/Bookkeeper	26.28	27.12	27.95	28.79	29.64
Shift Supervisor	26.28	27.12	27.95	28.79	29.64
Account Super. I/ Cust./Maintenance	29.23	30.07	30.94	31.35	32.33
Admin. Secretary I/Account Super II	31.76	32.72	33.73	34.77	35.82
Head Custodian I	31.76	32.72	33.73	34.77	35.82
Admin. Secretary II	33.66	34.60	35.77	36.79	37.91
Head Custodian II	33.66	34.60	35.77	36.79	37.91
Head Custodian III	35.41	36.58	37.74	38.92	40.07
Maintenance	36.86	37.94	39.08	40.18	41.44
Job Coach	23.57	24.31	25.01	25.63	26.31
ELL Tutors and Special Subject FHS & IAR					

**APPENDIX B**

**SALARY SCHEDULE 2019-20**

	Step 1	Step 2	Step 3	Step 4	Step 5
Cleaner	13.42	13.95	14.48	15.00	15.52
Clerk I/Bookkeeper	20.84	21.54	22.22	22.91	23.62
Clerk II/Paraprofessional	21.24	21.84	22.91	24.10	24.82
Clerk II Special Education	21.82	22.41	23.48	24.68	25.38
Clerk III/Secretary I	24.75	25.49	26.31	27.14	27.97
Custodian/Driver	24.75	25.49	26.31	27.14	27.97
Secretary II/Bookkeeper	26.81	27.66	28.51	29.37	30.23
Shift Supervisor	26.81	27.66	28.51	29.37	30.23
Account Super. I/ Cust./Maintenance	29.81	30.67	31.56	31.98	32.98
Admin. Secretary I/Account Super II	32.40	33.37	34.40	35.47	36.54
Head Custodian I	32.40	33.37	34.40	35.47	36.54
Admin. Secretary II	34.33	35.29	36.49	37.53	38.67
Head Custodian II	34.33	35.29	36.49	37.53	38.67
Head Custodian III	36.12	37.31	38.49	39.70	40.87
Maintenance	37.60	38.70	39.86	40.98	42.27
Job Coach	24.04	24.80	25.51	26.14	26.84
ELL Tutors and Special Subject FHS & IAR					

**APPENDIX C**

**SALARY SCHEDULE 2020-21**

	Step 1	Step 2	Step 3	Step 4	Step 5
Cleaner	13.69	14.23	14.77	15.30	15.83
Clerk I/Bookkeeper	21.26	21.97	22.66	23.37	24.09
Clerk II/Paraprofessional	21.66	22.28	23.37	24.58	25.32
Clerk II Special Education	22.26	22.86	23.95	25.17	25.89
Clerk III/Secretary I	25.25	26.00	26.84	27.68	28.53
Custodian/Driver	25.25	26.00	26.84	27.68	28.53
Secretary II/Bookkeeper	27.35	28.21	29.08	29.96	30.83
Shift Supervisor	27.35	28.21	29.08	29.96	30.83
Account Super. I/ Cust./Maintenance	30.41	31.28	32.19	32.62	33.64
Admin. Secretary I/Account Super II	33.05	34.04	35.09	36.18	37.27
Head Custodian I	33.05	34.04	35.09	36.18	37.27
Admin. Secretary II	35.02	36.00	37.22	38.28	39.44
Head Custodian II	35.02	36.00	37.22	38.28	39.44
Head Custodian III	36.84	38.06	39.26	40.49	41.69
Maintenance	38.35	39.47	40.66	41.80	43.12
Job Coach	24.52	25.30	26.02	26.66	27.38
ELL Tutors and Special Subject FHS & IAR					

**APPENDIX D**  
**RETIREMENT INSURANCE**

- A. Employees who retire from the Town of Farmington's Pension Plan at Normal Retirement will be eligible for the Retiree Health Insurance Program, provided they have completed at least fifteen (15) years of continuous service with the Town.
- B. Employees who retire from the Town of Farmington's Pension Plan at Early Retirement or later shall be eligible for the program provided they have completed at least twenty (20) years of continuous service with the Town.
- C. Employees who retire from the Town of Farmington's Pension Plan with a Disability Retirement will be eligible for the active employee group insurance coverage (excluding dental) until they qualify for Medicare up to a maximum of 30 months. Once they qualify for Medicare, they will be eligible for the post-age 65 Retiree Health Insurance Program (Medicare Supplemental).
- D. Terminated vested employees who leave employment after qualifying for Early Retirement and who subsequently retire under the Town of Farmington's Pension Plan will be eligible for the program provided they have completed at least 20 years of continuous service with the Town.
- E. Employees who retire under the Town of Farmington Pension Plan may continue the life insurance policy provided by the Board of Education by paying 75% of the annual premium cost. Employees working 720 hours but less than 1080 hours may continue with \$15,000. Employees working 1080 or more hours may continue with \$20,000. All amounts reduce in half at age 70.
- F. All other terminated vested employees who leave employment and subsequently retire under the Town of Farmington's Pension Plan will not be eligible for the Retiree Health Insurance Program regardless of their length of continuous service with the Town.
- G. Cost of the program shall be shared equally by the employee and the Town.
- H. Employees who qualify for the Town of Farmington's Retiree Health Insurance Program will be eligible for the following coverage:
  - 1. Pre Age 65 Coverage: Employees eligible for the Retiree Health Insurance Program before age 65 will have the same Health coverage at retirement as the active employee excluding dental coverage.  
  
Post Age 65 Coverage: Employees eligible for the Retiree Health Insurance Program will have the following lifetime health coverage (or their equivalents) at age 65:
    - a. Blue Cross 65 High Option Plan
    - b. Blue Shield 65 Plan 81
    - c. Blue Cross Prescription Drug Rider
- I. Anyone retiring from the Farmington Board of Education may continue their health coverage at their own expense if they do not qualify for any of the above.

**APPENDIX E**  
**FARMINGTON PUBLIC SCHOOLS EMPLOYEES UNITED**  
**LOCAL 6584 FARMINGTON BOARD OF EDUCATION**  
**GRIEVANCE FORM**

No. \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Grievance Filed: \_\_\_\_\_

Date of Occurrence of Grievance if known: \_\_\_\_\_

Grievance is based on a violation of the following provision(s) of the agreement:

Article(s)#: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Section(s)#: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolution Desired: \_\_\_\_\_

\_\_\_\_\_

Signature of Employee (if applicable): \_\_\_\_\_

Signature of Steward/Union Official: \_\_\_\_\_

\_\_\_\_ Level 1: Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Level 2: Superintendent \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Level 3: Board of Education \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_ Level 4: Mediation/Arbitration \_\_\_\_\_ Date: \_\_\_\_\_

Response Attached (circle one):      Yes              No

## APPENDIX F

### HEALTH INSURANCE BENEFITS

Upon payment of the premium cost sharing amount as set forth in Article 17 Section 1a, eligible members of the bargaining unit shall be able to participate in a high- deductible - health savings account plan with the following features:

Plan deductible	\$2,000 Individual/\$4,000 Family
After the deductible, the plan pays	90% of covered In Network medical and drug expenses (70% Out of Network) until out-of-pocket limit (OOPL) is reached, then 100% of covered medical and drug expenses.
Maximum Out-of-Pocket limit (OOPL) including deductible and coinsurance.	2018-19, 2019-20 and 2020-21 In Network: \$2,375/\$4,750 Out of Network: \$4,000/\$8,000
Annual HSA Employer Contribution (for active employees)	2018-19 60% (\$1,200/\$2,400) 2019-20 55% (\$1,100/\$2,200) 2020-21 50% (\$1,000/\$2,000)
Timing of Employer HSA Contribution	2018-2021 50% September 1, 50% December 1
Plan for those ineligible for HSA Contributions	Mirror HRA program, accumulated HRA credit not to exceed plan deductibles.
HSA Administration fee and bank fees	Employer will fully fund HSA administrative fees; all other HSA related bank fees will be borne by employee

Healthcare FSA Enrollment	FSA plan will be a limited purpose FSA plan (LP-FSA) only dental/vision expenses shall be reimbursable by the LP-FSA
Vision Care Benefit	Vision benefits as provided for in Appendix I will be available to all employees covered by the HDHP. However, vision expenses do not accumulate to the deductible or to the OOP.
Prescription Drug Plan	Dispense As Written (DAW): When patient requests brand drug and a generic alternative is available, patient pays the generic cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written").

**SUMMARY OF BENEFITS**



**Cigna Health and Life Insurance Co.  
For - Board of Education of the Town of Farmington  
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.

Plan Highlights	In-Network	Out-of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Coinsurance</b>	Your plan pays 90%	Your plan pays 70%
<b>Maximum Reimbursable Charge</b>	Not Applicable	300%
<b>Contract Year Deductible</b>	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000
<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 deductibles.</li> <li>Plan deductible always applies before any copay or coinsurance.</li> <li>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.</li> <li>This plan includes a combined Medical/Pharmacy plan deductible.</li> </ul> <p><b>Note:</b> Services where plan deductible applies are noted with a caret (^).</p>		
<b>Contract Year Out-of-Pocket Maximum</b>	Individual: \$2,375 Family: \$4,750	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>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>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> </ul>		

5/1/2019

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - Proclaim BE - 8490970 05/01/2019 NCU HSA Plan (HSAI/HSAF/HSCI/HSCF/HSCIL/HSCFL/HSAIL/HSAFL). Version #11

Benefit	In-Network	Out-of-Network
<b>Physician Services</b>		
<b>Physician Office Visit – Primary Care Physician (PCP)/Specialist</b> <ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>NOTE:</b> Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist)		
<b>Surgery Performed in Physician’s Office</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Allergy Treatment/Injections Performed in Physician's Office</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Allergy Serum</b> <ul style="list-style-type: none"> <li>Dispensed by the physician in the office</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Cigna Telehealth Connection Services</b> <ul style="list-style-type: none"> <li>Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)</li> </ul>	After the plan deductible is met, your plan pays 90%	Not Covered
<b>Preventive Care</b>		
<b>Preventive Care</b> <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 when billed as part of office visit.</li> </ul>	Plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>Immunizations</b>	Plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>Mammogram, PAP, and PSA Tests</b> <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>	Plan pays 100%	Plan pays based on place of service.
<b>Inpatient</b>		
<b>Inpatient Hospital Facility</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<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>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%

5/1/2019

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - Proclaim BE - 8490970 05/01/2019 NCU HSA Plan (HSAI/HSAF/HSCI/HSCF/HSCIL/HSCFL/HSAIL/HSAFL). Version #11

Benefit	In-Network	Out-of-Network
<b>Inpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient</b>		
<b>Outpatient Facility Services</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Short-Term Rehabilitation - PCP</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Short-Term Rehabilitation - Specialist</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
Contract Year Maximums: <ul style="list-style-type: none"> <li>Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Chiropractic Care and Cardiac Rehabilitation – 60 days</li> <li>Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.</li> </ul>		
<b>Note:</b> 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> <ul style="list-style-type: none"> <li>200 days maximum per Contract Year (The limit is not applicable to mental health and substance use disorder conditions.)</li> <li>16 hour maximum per day</li> <li>Includes outpatient private duty nursing, subject to medical necessity, with a \$20,000 maximum per Contract year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b> <ul style="list-style-type: none"> <li>Unlimited days maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Breast Feeding Equipment and Supplies</b> <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>	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>External Prosthetic Appliances (EPA)</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%

5/1/2019

ASO

Choice Fund Health Savings Account (HSA) Open Access Plus - Proclaim BE - 8490970 05/01/2019 NCU HSA Plan (HSAI/HSAF/HSCI/HSCF/HSCIL/HSCFL/HSAIL/HSAFL). Version #11

Benefit	In-Network	Out-of-Network
<b>Routine Foot Disorders</b>	Not Covered	Not Covered
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		
<b>Orthotics</b> • \$250 maximum per Contract year	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Acupuncture</b> • Unlimited days maximum per Contract Year	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Medical Specialty Drugs</b>		
<b>Inpatient</b> • This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges.	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient Facility Services</b> • This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges.	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Physician's Office</b> • This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges.	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Home</b> • This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges.	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%

### 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
<b>Laboratory</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 90% ^	Plan pays 70% ^

## 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
<b>Radiology</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 90% ^	Plan pays 70% ^
<b>Advanced Radiology Imaging</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services

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
<b>Emergency Care</b>	Plan pays 90% ^		Plan pays 90% ^		Plan pays 90% ^	
<b>Urgent Care</b>	Plan pays 90% ^		Plan pays 90% ^		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
<b>Hospice</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Bereavement Counseling</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

Note: Services provided as part of Hospice Care Program

Note: Services where plan deductible applies are noted with a caret (^).

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
<b>Maternity</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	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)	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Family Planning - Men's Services</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

Includes surgical services, such as vasectomy (excludes reversals)

<b>Family Planning - Women's Services</b>	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 70% ^						
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Includes surgical services, such as tubal ligation (excludes reversals)  
Contraceptive devices as ordered or prescribed by a physician.

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>Infertility</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

Infertility covered services: lab and radiology test, counseling, surgical treatment, excludes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.

<b>TMJ, Surgical and Non-Surgical</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
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Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity.

Unlimited maximum per lifetime

Note: Services where plan deductible applies are noted with a caret (^).

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Cigna LifeSOURCE Transplant Network <sup>®</sup> Facility In-Network	Non-Lifeforce Facility In-Network	Out-of-Network	Cigna LifeSOURCE Transplant Network <sup>®</sup> Facility In-Network	Non-Lifeforce Facility In-Network	Out-of-Network
<b>Organ Transplants</b>	Plan pays 100% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 90% ^	Plan pays 70% ^

- Travel Maximum - Cigna LifeSOURCE Transplant Network<sup>®</sup> Facility: In-Network: \$10,000 maximum per Transplant

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
<b>Mental Health</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Substance Use Disorder</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

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

Notes: Detox is covered under medical.

- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes Individual, Intensive Outpatient, Behavioral Telehealth Consultation, and Group Therapy; also Partial Hospitalization.

## 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	In-Network	Out-of-Network
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### Cost Share and Supply

#### Cigna Pharmacy Cost Share

- Retail – up to 90-day supply (except Specialty up to 30-day supply)
- Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)

#### Retail (per 30-day supply):

Generic: You pay 10%  
 Preferred Brand: You pay 10%  
 Non-Preferred Brand: You pay 10%

#### Retail (per 90-day supply):

Generic: You pay 10%  
 Preferred Brand: You pay 10%  
 Non-Preferred Brand: You pay 10%

#### Home Delivery (per 90-day supply):

Generic: You pay 10%  
 Preferred Brand: You pay 10%  
 Non-Preferred Brand: You pay 10%

#### Retail:

You pay 30%  
 Your plan pays 70%

#### Home Delivery:

Not Covered

## Pharmacy

## In-Network

## Out-of-Network

- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When patient requests brand drug, patient pays the generic cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW).
- Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription after 1 Retail fill. Some exceptions may apply.
- Your pharmacy benefits share an 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.
- If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.

## Drugs Covered

### Prescription Drug List:

Your Cigna Legacy 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.

Some highlights:

- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Oral Fertility drugs are covered.
- Prescription vitamins are covered.
- Prescription smoking cessation drugs are covered.

## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements.
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- Your plan includes access to the TheraCare® program which works with customers to help them better understand their condition, medications and their side effects in addition to why it's important to take their medications exactly as prescribed by a physician.

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## Additional Information

### Case Management

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.

### Health Advisor - A

Support for healthy and at-risk individuals to help them stay healthy

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included

### Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (300%) 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 will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

### Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

### 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 20% of covered expenses or \$200 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are reduced by 20% for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are reduced by 20% for any additional days not certified by Cigna Healthcare.

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## Additional Information

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

### Your Health First - 200

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.

**Place of service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

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

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

**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.

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## Exclusions

- 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, riot or insurrection.
- 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. For example, if Cigna determines that a provider or pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- 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 or Biologic therapies or devices that are determined by the utilization review Physician to be:
  - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
  - 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;
  - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
  - 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" sections of this plan.
- In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: Rhinoplasty; Blepharoplasty; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- 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 teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not

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## Exclusions

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.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- 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, skin preparations and test strips, 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, elastic stockings, garter belts, corsets, dentures and wigs.
- Hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with non-verbal 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, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription 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.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- 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.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a non-Participating Provider.

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## Exclusions

- Medical treatment when payment is denied by a Primary Plan because treatment was received from a non-Participating Provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.
- 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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ỗ: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけません。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).

## SUMMARY OF BENEFITS



**Cigna Health and Life Insurance Co.  
For - Board of Education of the Town of Farmington  
Choice Fund Open Access Plus HRA 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 90%	Your plan pays 70%
<b>Maximum Reimbursable Charge</b>	Not Applicable	300%
<b>Contract Year Deductible</b>	Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000
<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 deductibles.</li> <li>Copays always apply before plan deductible and coinsurance.</li> <li>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.</li> <li>This plan includes a combined Medical/Pharmacy plan deductible.</li> </ul> <p><b>Note:</b> Services where plan deductible applies are noted with a caret (^).</p>		
<b>Contract Year Out-of-Pocket Maximum</b>	Individual: \$2,375 Family: \$4,750	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>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>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> </ul>		

Benefit	In-Network	Out-of-Network
<b>Physician Services</b>		
<b>Physician Office Visit – Primary Care Physician (PCP)/Specialist</b> <ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>NOTE:</b> Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist)		
<b>Surgery Performed in Physician’s Office</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Allergy Treatment/Injections Performed in Physician's Office</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Allergy Serum</b> <ul style="list-style-type: none"> <li>Dispensed by the physician in the office</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Cigna Telehealth Connection Services</b> <ul style="list-style-type: none"> <li>Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)</li> </ul>	After the plan deductible is met, your plan pays 90%	Not Covered
<b>Preventive Care</b>		
<b>Preventive Care</b> <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 when billed as part of office visit.</li> </ul>	Plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>Immunizations</b>	Plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>Mammogram, PAP, and PSA Tests</b> <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>	Plan pays 100%	Plan pays based on place of service.
<b>Inpatient</b>		
<b>Inpatient Hospital Facility</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<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>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%

Benefit	In-Network	Out-of-Network
<b>Inpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient</b>		
<b>Outpatient Facility Services</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Short-Term Rehabilitation - PCP</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Short-Term Rehabilitation - Specialist</b>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
Contract Year Maximums: <ul style="list-style-type: none"> <li>Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy, Chiropractic Care and Cardiac Rehabilitation – 60 days</li> <li>Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.</li> </ul>		
<b>Note:</b> 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> <ul style="list-style-type: none"> <li>200 days maximum per Contract Year (The limit is not applicable to mental health and substance use disorder conditions.)</li> <li>16 hour maximum per day</li> <li>Includes outpatient private duty nursing, subject to medical necessity, with \$20,000 maximum per Contract year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility</b> <ul style="list-style-type: none"> <li>Unlimited days maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Breast Feeding Equipment and Supplies</b> <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>	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
<b>External Prosthetic Appliances (EPA)</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Routine Foot Disorders</b>	Not Covered	Not Covered
<b>Note:</b> Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		

5/1/2019

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Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - 8490931 05/01/2019 NCU HRA Plan (HRAI/HRAF). Version #11

Benefit	In-Network	Out-of-Network
<b>Orthotics</b> <ul style="list-style-type: none"> <li>\$250 maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Acupuncture</b> <ul style="list-style-type: none"> <li>Unlimited days maximum per Contract Year</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Medical Specialty Drugs</b>		
<b>Inpatient</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Physician's Office</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges.</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
<b>Home</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges.</li> </ul>	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%

### 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
<b>Laboratory</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 90% ^	Plan pays 70% ^
<b>Radiology</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 90% ^	Plan pays 70% ^

## 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
<b>Advanced Radiology Imaging</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services

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
<b>Emergency Care</b>	Plan pays 90% ^		Plan pays 90% ^		Plan pays 90% ^	
<b>Urgent Care</b>	Plan pays 90% ^		Plan pays 90% ^		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
<b>Hospice</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Bereavement Counseling</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

Note: Services provided as part of Hospice Care Program

Note: Services where plan deductible applies are noted with a caret (^).

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
<b>Maternity</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	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)	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Family Planning - Men's Services</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
Includes surgical services, such as vasectomy (excludes reversals)										
<b>Family Planning - Women's Services</b>	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
<b>Infertility</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, excludes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
<b>TMJ, Surgical and Non-Surgical</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
Services provided on a case-by-case basis. Always excludes appliances & orthodontic treatment. Subject to medical necessity. Unlimited maximum per lifetime										
Note: Services where plan deductible applies are noted with a caret (^).										

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Cigna LifeSOURCE Transplant Network <sup>®</sup> Facility In-Network	Non-Lifeforce Facility In-Network	Out-of-Network	Cigna LifeSOURCE Transplant Network <sup>®</sup> Facility In-Network	Non-Lifeforce Facility In-Network	Out-of-Network
<b>Organ Transplants</b>	Plan pays 100% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 90% ^	Plan pays 70% ^

- Travel Maximum - Cigna LifeSOURCE Transplant Network<sup>®</sup> Facility: In-Network: \$10,000 maximum per Transplant

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
<b>Mental Health</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^
<b>Substance Use Disorder</b>	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^

Note: Services where plan deductible applies are noted with a caret (^).

Notes: Detox is covered under medical.

- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes Individual, Intensive Outpatient, Behavioral Telehealth Consultation, and Group Therapy; also Partial Hospitalization.

## 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	In-Network	Out-of-Network
<b>Cost Share and Supply</b>		

Pharmacy	In-Network	Out-of-Network
<p><b>Cigna Pharmacy Cost Share</b></p> <ul style="list-style-type: none"> <li>Retail – up to 90-day supply (except Specialty up to 30-day supply)</li> <li>Home Delivery – up to 90-day supply (except Specialty up to 30-day supply)</li> </ul>	<p><b>Retail (per 30-day supply):</b>            Generic: You pay 10%            Preferred Brand: You pay 10%            Non-Preferred Brand: You pay 10%</p> <p><b>Retail (per 90-day supply):</b>            Generic: You pay 10%            Preferred Brand: You pay 10%            Non-Preferred Brand: You pay 10%</p> <p><b>Home Delivery (per 90-day supply):</b>            Generic: You pay 10%            Preferred Brand: You pay 10%            Non-Preferred Brand: You pay 10%</p>	<p><b>Retail:</b>            You pay 30%            Your plan pays 70%</p> <p><b>Home Delivery:</b>            Not Covered</p>
<ul style="list-style-type: none"> <li>Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.</li> <li>Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or Cigna Home Delivery. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan.</li> <li>Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.</li> <li>When patient requests brand drug, patient pays the generic cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW).</li> <li>Exclusive specialty home delivery: Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription after 1 Retail fill. Some exceptions may apply.</li> <li>Your pharmacy benefits share an 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.</li> <li>If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.</li> </ul>		

## Drugs Covered

### Prescription Drug List:

Your Cigna Legacy 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.

Some highlights:

- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Oral Fertility drugs are covered.
- Prescription vitamins are covered.
- Prescription smoking cessation drugs are covered.

## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements.
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- Your plan includes access to the TheraCare® program which works with customers to help them better understand their condition, medications and their side effects in addition to why it's important to take their medications exactly as prescribed by a physician.

## Additional Information

### Case Management

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.

### Health Advisor - A

Support for healthy and at-risk individuals to help them stay healthy

- Health Assessments
- Health and Wellness Coaching
- Gaps in Care Coaching
- Treatment Decision Support
- Educate and Refer

Included

## Additional Information

### Maximum Reimbursable Charge

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (300%) 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 will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

### Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

### 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 20% of covered expenses or \$200 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are reduced by 20% for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are reduced by 20% for any additional days not certified by Cigna Healthcare.

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

## Additional Information

### Your Health First - 200

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.

**Place of service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

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

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

**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.

## Exclusions

- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, riot or insurrection.
- 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. For example, if Cigna determines that a provider or pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of copayment, deductible, and/or coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the copayment, deductible, and/or coinsurance amounts waived, forgiven or reduced, regardless of whether the provider represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- 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 or Biologic therapies or devices that are determined by the utilization review Physician to be:
  - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
  - 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;
  - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
  - 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" sections of this plan.
- In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: Rhinoplasty; Blepharoplasty; Dance therapy, Movement therapy; Applied kinesiology; Rolfing; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- 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 teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- 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.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.

5/1/2019

ASO

Choice Fund Health Reimbursement Account (HRA) Open Access Plus - Proclaim BE - 8490931 05/01/2019 NCU HRA Plan (HRAI/HRAF). Version #11

## Exclusions

- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- 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, skin preparations and test strips, 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, elastic stockings, garter belts, corsets, dentures and wigs.
- Hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with non-verbal 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, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription 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.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- 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.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a non-Participating Provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a non-Participating Provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.

## Exclusions

- 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.

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of Cigna Health Corporation. "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.*

EHB State: CT

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

**English** – ATTENTION: Language assistance services, free of charge, are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711).

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese** – 注意：我們可為您免費提供語言協助服務。對於 Cigna 的現有客戶，請致電您的 ID 卡背面的號碼。其他客戶請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LỜI Ỗ: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. O kaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

**Russian** – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участвуете в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711).

**Arabic** – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

**French Creole** – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki deyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

**French** – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS : composez le numéro 711).

**Portuguese** – ATENÇÃO: Tem ao seu dispor serviços de assistência linguística, totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711).

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1 800 244 6224 (TTY: wybierz 711).

**Japanese** – 注意事項: 日本語を話される場合、無料の言語支援サービスをご利用いただけません。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、1.800.244.6224 (TTY: 711)まで、お電話にてご連絡ください。

**Italian** – ATTENZIONE: Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (utenti TTY: chiamare il numero 711).

**German** – ACHTUNG: Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Krankenversicherungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711).

**Persian (Farsi)** – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).

**Cigna Dental Benefit Summary**  
**Farmington Public Schools**  
**Plan Renewal Date: 09/01/2018**



Administered by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network: Total Cigna Dppo Network</b>		<b>Non-Network: See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	Unlimited		Unlimited	
<b>Calendar Year Deductible</b>				
Individual	\$0		\$0	
Family	\$0		\$0	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b> Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic Emergency Care to Relieve Pain	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class II: Basic Restorative</b> Restorative: fillings Endodontics: minor and major Oral Surgery: minor and major Anesthesia: general and IV sedation Repairs: Bridges, Crowns and Inlays Repairs: Dentures Denture Relines, Rebases and Adjustments	100% No Deductible	No Charge	100% No Deductible	No Charge
<b>Class III: Major Restorative</b> Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Class VI: Periodontics</b> Periodontics: minor and major  Calendar Year Maximum: \$500	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.			
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.			

<b>Oral Health Integration Program (OHIP)</b>	Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with the following medical conditions: diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease. There's no additional charge for the program, those who qualify get reimbursed 100% of coinsurance for certain related dental procedures. Eligible customers can also receive guidance on behavioral issues related to oral health and discounts on prescription and non-prescription dental products. Reimbursements under this program are not subject to the annual deductible, but will be applied to and are subject to the plan annual maximum. Discounts on certain prescription and non-prescription dental products are available through Cigna Home Delivery Pharmacy only, and you are required to pay the entire discounted charge. For more information including how to enroll in this program and a complete list of program terms and eligible medical conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1.800.CIGNA24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Missing Tooth Limitation	Teeth missing prior to coverage effective date are not covered.
Oral Evaluations	2 per calendar year
X-rays (routine)	Bitewings: 2 per calendar year
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy
Fluoride Application	2 per calendar year for children under age 25
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14
Space Maintainers	Limited to non-orthodontic treatment
Inlays, Crowns, Bridges, Dentures and Partial	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation
Prosthesis Over Implant	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
Procedures and services not included in the list of covered dental expenses;	
Diagnostic: cone beam imaging; Preventive Services: instruction for plaque control, oral hygiene and diet;	
Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;	
Periodontics: bite registrations; splinting;	
Prosthodontic: precision or semi-precision attachments; initial placement of a complete or partial denture per plan guidelines; Bridges and Dentures;	
Implants: implants or implant related services; Orthodontics: orthodontic treatment;	
Procedures, appliances or restorations, except full dentures, whose main purpose is to: change vertical dimension; diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ); stabilize periodontally involved teeth; or restore occlusion;	
Athletic mouth guards; services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs	
Charges in excess of the Maximum Reimbursable Charge.	

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Cigna Dental PPO plans are insured and/or administered by Cigna Health and Life Insurance Company (CHLIC) or Connecticut General Life Insurance Company (CGLIC), with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Texas, the insured dental plan is known as Cigna Dental Choice, and this plan uses the national Cigna DPPO network.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation "Cigna Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. Policy forms (for insured dental plans) in OK: HP-POL99 (CHLIC), GM6000 ELI288 et al (CGLIC); OR: HP-POL68; TN: HP-POL69/HC-CER2V1 et al (CHLIC). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

**Cigna Vision**  
**Farmington Public Schools**  
**C1 - Standard PPO Comprehensive Plan**



<b>Welcome to Cigna Vision Schedule of Vision Coverage</b>			
<b>Coverage</b>	<b>In-Network Benefit</b>	<b>Out-of-Network Benefit</b>	<b>Frequency Period **</b>
Exam Copay	\$5	N/A	12 months
Exam Allowance (once per frequency period)	N/A	Up to \$45	12 months
Exam Coinsurance (once per frequency period)	Covered 100% after Copay	N/A	12 months
Materials Copay	\$25	N/A	24 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Bifocal Trifocal Lenticular	Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80	24 months 24 months 24 months 24 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	Up to \$110 Covered 100%	Up to \$98 Up to \$210	24 months 24 months
Frame Retail Allowance (one per frequency period)	Up to \$120	Up to \$66	24 months
** Your Frequency Period begins on September 1 (Contract year basis)			
<p><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.</p>			
<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>			
<p><b>In-Network Coverage Includes:</b></p> <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 non-covered lens options</li> <li>○ Progressive lenses covered up to bifocal lens amount with 20% savings on the difference;</li> </ul> </li> </ul>			



- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- 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.

**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



## How to use your Cigna Vision Benefits

### 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 Vision coverage page and search the Cigna Vision Directory.
2. Don't have access to **myCigna.com**? Go to **Cigna.com** and click on the Find a Doctor tab at the top. Then select "Eye Doctor" from the list below and click on the "Cigna Vision Directory" link.
3. Prefer the phone? Call our 1.800 number, found on your Cigna insurance card, and speak 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 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.

**TENTATIVE AGREEMENT\***

The Town of Farmington (the Town) and the Farmington Public Schools Employees United, AFT (the Union), having met and negotiated the issue of pension only in accordance with Article 19 of the collective bargaining agreement in effect between the Union and the Farmington Board of Education, hereby agree to the following terms in full and final resolution of all issues in dispute between them:

The existing Town of Farmington Employee Pension Plan, Part 2, Non-Police Employees as amended shall remain in full force and effect for all eligible bargaining unit employees hired prior to July 1, 2019.

For employees hired on or after July 1, 2019, the Town will provide a Defined Contribution Plan for retirement purposes in lieu of participation in the pension. Employees are required to contribute a minimum of six percent (6%) of the employee's annual base salary and may contribute up to the maximum allowed by law. The Town will match the employee's contributions at 100% to a maximum amount equal to six percent (6%) of the employee's annual base salary. Employees must be employed at least five years before they "vest" in the Defined Contribution Plan, i.e. are entitled to the Town's contributions in the event employment is terminated.

The Pension Plan will remain open for any bargaining unit employee hired before July 1, 2019 who thereafter becomes eligible to participate in the Pension Plan due to an increase in work hours.

This Agreement will remain in effect for the duration of the contract term, whatever that contract term may be as the result of current successor contract negotiations between the Union and the Board of Education. If neither party submits a timely demand to bargain (i.e. no earlier than 180 days before contract expiration and no later than the expiration date of the successor agreement) at the end of the next contract term as required by the Municipal Employee Relations Act (MERA), it is understood and agreed that the defined benefit plan (ie pension) and the defined contribution plan (i.e. 457 plan) will continue in effect through the end of the next successor contract term, whatever that may be as a result of successor contract negotiations, as outlined in this agreement.

This Agreement is subject to ratification by both the Union and the Town.

Town of Farmington:

  
By: \_\_\_\_\_

Date: 9-14-18

Farmington Public Schools Employees United, AFT:

  
By: \_\_\_\_\_

Date: 9-6-2018

\*Ratified by the Town Council on 10/9/18 with applicable Ordinance Change on 12/11/18.