COLLECTIVE BARGAINING AGREEMENT

BETWEEN THE

MONROE BOARD OF EDUCATION

AND

LIBRARY ASSOCIATION OF THE MONROE SCHOOL SYSTEM

(LOCAL 136, IFPTE, AFL-CIO)

JULY 1, –2016 - JUNE 30, 2021

48798

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THIS AGREEMENT is made and entered into by and between the MONROE BOARD OF EDUCATION, (hereinafter referred to as the "Board"), and the LIBRARY ASSOCIATION OF THE MONROE SCHOOL SYSTEM, CHAPTER OF LOCAL 136, INTERNATIONAL FEDERATION OF PROFESSIONAL AND TECHNICAL ENGINEERS, AFL-CIO, (hereinafter referred to as the "Association").

ARTICLE I – DURATION OF AGREEMENT

The provisions of this agreement shall be effective, subject to legislative restrictions, from July 1, 2016 to June 30, 2021.

ARTICLE II – RECOGNITION

The Board recognizes the Association, Chapter of Local 136, I.F.P.T.E, as exclusive bargaining association for all contracted members of the Association in the Public School Library system in the Town of Monroe, Connecticut, regularly employed by the Board of Education, and as representatives of such personnel for the purposes of, and with all the privileges as provided by, Public Act No. 159 of the 1965 Connecticut General Assembly and Public Acts No. 491 and 708 of the 1967 General Assembly.

This agreement covers all full-time personnel employed thirty-five (35) hours per week, and regular part-time personnel employed seventeen and one-half (171/2) hours or more per week by the Board. The work year will consist of 192 days, which includes the teacher school year (187) and 5 additional days, which will be agreed upon with the building principal.

ARTICLE III –NEGOTIATIONS

A. Term - This Agreement shall be for the term commencing July 1, 2016 and ending June 30, 2021.

B. Negotiation of a new contract shall be initiated not later than one hundred eighty (180) days prior to the expiration date. Both parties agree to negotiate in good faith.

C. If this Agreement expires while negotiations for a new agreement are underway, the terms of this Agreement shall remain in full force and effect until such time as a new agreement is reached.

ARTICLE IV – GRIEVANCE PROCEDURE

A grievance shall be defined as a complaint by the Association or a member of the bargaining unit that a party to this Agreement has violated or misapplied a specific provision of this Agreement. The purpose of this procedure is to secure, at the lowest possible administrative level, acceptable solutions to grievances, which may from time to time arise. Both parties agree that these procedures shall be kept as informal and confidential as may be appropriate to any level of the procedure. Thus, should a grievance arise during the term of this Agreement, the aggrieved party shall use the following procedure as the sole means of settling said grievance:

Step 1. The grievant shall first attempt to settle the grievance verbally, with his/her immediate supervisor, either directly or through the Association representative. If the immediate supervisor is not the building administrator, and the grievance is not settled at the supervisory level, then the grievance shall be referred to the building administrator. Any grievance must be raised within twenty (20) working days of the act or event, which gave rise to the grievance. The building administrator shall respond verbally to the grievance within ten (10) working days after submission of the grievant's claim.

Step 2. If the grievant is not satisfied with the decision of the building administrator, the grievant shall within ten (10) working days after the building administrator's decision, submit the grievance in writing to the Superintendent, stating the specific article and section of the Agreement alleged to have been violated and any pertinent facts related to the grievant's charge.

Step 3.

(a) If the grievance is not settled within ten (10) working days after submission to the Superintendent as set out in Step 2, the grievant may request a hearing and a review of said grievance by the Board or its designees. Such request shall be in writing, shall have attached thereto the written grievance statement and the alleged facts pertinent thereto including all correspondence relevant thereto, and must be submitted to the Board within ten (10) working days following receipt of the Superintendent's written decision at Step 2.

(b) The Board and/or its designees shall, within thirty (30) working days after receipt of the grievance, meet with the grievant to attempt resolution of the grievance. The Board shall respond to the grievance in writing, within ten (10) working days after meeting with the grievant, with a copy to the Association.

Step 4.

(a) If the grievant is not satisfied with the decision of the Board at Step 3, he/she may request in writing to the Association president to proceed to arbitration. A grievance may be pursued to arbitration only if authorized by the Association. The Association must notify the Board in writing within five (5) working days after receipt of the decision in Step 3 that they are submitting the grievance for arbitration.

(b) Any grievance not presented or pursued through the grievance procedure in the time limits contained therein shall be deemed waived. If at any step in the grievance procedure the Board or its designee(s) fails to give its answer within the prescribed time, the grievant may proceed to the next step unless time is extended by mutual consent in writing.

(c) The Board or the Board's designees and the Association shall, within ten (10) working days after written notice of intent to proceed to arbitration, jointly select an impartial experienced arbitrator. If the Board and the Association are unable to agree upon the arbitrator, the arbitrator shall be selected pursuant to the current rules of the Connecticut State Board of Mediation and Arbitration.

(d) The arbitrator will hear evidence and consider documentation in accordance with the authority granted him/her in this Agreement. The decision of the arbitrator shall be final and binding upon the parties. The sole power of the arbitrator shall be to determine that the terms of this Agreement have been violated, misinterpreted, or misapplied, and the arbitrator shall have no power or authority to make any decision which alters or amends the terms of this Agreement or which is in violation of the terms of this Agreement. The arbitrator shall render his decision in writing with copies to all parties.

Miscellaneous:

(a) If the Association files a grievance, or if the grievance affects a group of class of unit members of the Association, the Association may submit such grievance, in writing, to the Superintendent and the processing of such grievance shall commence at Step 2.

(b) All documents, communication and records dealing with the processing of a grievance shall be filed separately from the personnel files of the participant.

(c) The number of days used in this Article shall be workdays, exclusive of holidays.

(d) The Association shall have the right to participate in any and all steps of the grievance procedure, except than an individual employee, at any time,

may present a grievance to his employer and have the grievance adjusted, without intervention of any employee organization, provided the adjustment shall not be inconsistent with the terms of a collective bargaining agreement. The employee organization certified or recognized, as the exclusive representative shall be given prompt notice of the adjustment.

(e) All expenses incidental to the services of the arbitrator or to the arbitration shall be borne equally by the parties hereto.

ARTICLE V – HEALTH INSURANCE

A) **Insurance Coverage**

The Board shall pay in full for each librarian and/or his/her dependents (i.e., "dependents" as defined in the particular policy) the following insurance coverage where applicable, except for Health and Dental Insurance which shall have an employee co-pay of:

2016-2017	15%
2017-2018	15%
2018-2019	15%
2019 -2020	15%
2020-2021	15%

In connection with the premium co-payment, the Board shall make an I.R.C. Section 125 Plan available to all librarians.

B) Flexible Spending Accounts - The Board shall make an IRC Section 125/129 Plan available to all librarians in connection with the premium co-payment, costs of additional medical care and dependent care

Health insurance benefits shall be as follows:

1. The plan will be a High Deductible Health Plan and a choice of either a Health Savings Account (hereinafter "HSA") or a Health Reimbursement Arrangement (hereinafter "HRA"), at the employee's option, as described in greater detail in the summary plan description that is attached as an Appendix, that satisfies the various requirements of Section 105 of the Internal Revenue Code and its interpretative regulations. The plan shall have a combined in network and out of network deductible of $2,000 for single person coverage and a $4,000 for a two or more person family coverage. The in network charges will be applied to the deductible based on 100% of the negotiated fee for the covered services and the out of network

charges will be applied to the deductible based on 100% of the allowed out of network charges for the covered services. The vendor used will provide broad access to Connecticut providers (at least an 85% percent match to the plan in effect on June 30, 2012).

2. Deductible Reimbursement - HRAs - For employees electing the HRA arrangement, the Board of Education shall reimburse employees 50% of the annual deductible for the life of the contract.

3. Deductible Contribution - HSAs - For employees electing the HSA, the Board of Education shall make contributions, in two equal installments on the first payroll following July 1st and January 1st, to the employee's HSA 50% of the annual deductible for the life of the contract.

4. Beyond the deductible described above, 100% of the in network charges for covered services will be paid by the Board's vendor. For out of network services the Board's vendor shall provide 70% payment of the allowed out of network charges for covered services until the member pays an additional $2,000 for single coverage and $4,000 for employees with two or more person family coverage and an out of pocket maximum not to exceed $4,000 for single coverage and $8,000 for two or more person family coverage of the allowed out of network charges for covered services.

5. The Board shall have no obligation to fund any portion of the deductible amount for retired employees or other employees upon their separation from employment with the Board.

6. Preventive services utilizing an in network provider, where such preventive services are specified by the plan, will be covered in full and will not be subject to the deductible.

7. Prescription drugs will be treated as any other expense toward the in network or out of network deductible based on whether the prescription is filled by an in network or out of network pharmacy. There shall be no maximum benefit and the drug vendor shall be whoever the processor uses. Birth control pills for the purpose of contraception shall be a covered item for the employee, his/her spouse and other eligible insured members under the contract. This prescription plan shall require mandatory generic drug substitution where a generic drug is available. For maintenance prescription drugs, participants may fill up to three (3) 30 day supplies at retail; and thereafter all refills must be through mail order for a 90 day supply.

   After meeting the annual deductible, members will pay an In-Network co-pay of $5 for generic drugs, $20 for listed brand name drugs and $35 for non-

listed brand name drugs up to a maximum of $1,500 for single and $3,000 for family. Once an employee reaches the above figures, prescriptions shall be covered at 100%. These prescriptions can be purchased by mail order at 1 times co-pay for a 90 day supply.

8. Health Reimbursement Arrangement

The agreed upon funds will be made available in full to the active employee in a notional account through an administrator for payment of medical and prescription deductible claims incurred through the Board's health plan on July 1st of each year of the contract. The agreed upon funds will be calculated as follows: the agreed upon funds will be no less than the annual deductible funding described in Section A. Subsection 1, and no greater than the deductible of $2,000 for single person and $4,000 for two or more person family coverage, calculated by adding the remainder of funds remaining in the account from the prior year, after all reimbursements have been made, plus the agreed upon funding described in Section A. Subsection 1.

9. Health Savings Account Arrangement

For those employees who choose, and qualify for, this option the Board shall establish for each individual member of the plan a health savings account with a financial institution. Into each person's account the Board will deposit the applicable deductible contributions described above. These payments will be made in biannual installments on the first payroll following July 1st and January 1st of each contract year. The basic administrative expense to establish the health savings account shall be paid by the Board.

10. State Mandates

Where a state mandate provides for benefits that are better than those described in this Agreement, such state mandate(s) shall control and supersede the applicable provision in this Agreement.

11. Vision

The Board shall provide a vision plan, the schedule of benefit for which is set forth in summary below and explained in greater detail in the summary plan description attached as an Appendix. The Board retains the right to maintain separate vision benefits and network providers, from those vision benefits and network offered through the medical plan.

- Exams may be received one every 12 months
- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction and prescription for

glasses
- This plan utilizes a specific network of vision providers, that can be different than those provided under the medical plan
- In Network Exam - $0 copayment and paid in full
- Out of Network Exam - $150 allowance

E) **Dental Plan** - Deductible rate - $25 per individual, $50 per family on a calendar year basis. No deductible on preventive treatment; co-insurance - 100% preventive treatment, 80% routine treatment, 60% major treatment, 50% orthodontic treatment, maximums - $1,500 per calendar year on all basic treatments, $1,000 life time maximum per individual on orthodontics. Charges - all payments are made on a reasonable and customary basis.

F) **Life Insurance** - Life Insurance and Accidental Death and Dismemberment Insurance - The Board shall provide the following term life insurance and accidental death and dismemberment (AD&D) benefits to each employee:

- Term Life insurance in the amount of $50,000
- Term AD&D insurance in the amount of $50,000

G) **Long-Term Disability** - A long term disability insurance program (including as a covered item disability resulting from maternity - related complications) which provides up to 60% of a disabled librarian's income for up to a maximum of $2,000 per month under the terms of the policy beginning after the 90th day of disability or the day after the disabled employee has exhausted his/her sick leave, whichever later occurs, and continuing to the end of the disability or to age 65, whichever occurs sooner. A long-term disability insurance program is also provided for those librarians beyond the age of 65. The maximum benefit period will be on a sliding scale according to the terms of the disability insurance contract.

H) **Selection of Insurance Carrier** - The Board shall have the right to change and/or select insurance carriers other than those referred to herein or to self-insure in whole or in part so long as the benefits available remain unchanged and the quality and efficiency of service will not be diminished. A grievance based on an alleged violation of this Article shall be introduced at the Board level (Level Three).

I) **Terms and Conditions of Payment** - The terms and conditions of the payment of all benefits payable under any policy shall be determined by the insuring company in accordance with the condition specified in the policy.

ARTICLE VI – ACCIDENT BENEFITS

When an employee is absent from work as a result of personal injury caused by an accident or assault on the job, he/she shall be paid the difference between Workman's Compensation and his/her full salary up to a period of six months- not to be deducted from sick leave or personal time.

ARTICLE VII – SICK LEAVE AND PHYSICAL EXAMINATION

A. Fifteen days per year shall be granted to all full-time librarians, cumulative to 180 days. For the first year of employment, sick days will be computed on a prorata basis. Librarians hired on or after July 1, 2002 will accrue sick leave at the rate of 12 per year cumulative to 180 days.

B. The member's principal and/or Superintendent may request the member to present a doctor's certificate before returning to work after five (5) days' absence, in which event the member will be obligated to present such certificate. Similarly, the Superintendent may require the member to be given a physical examination by the Board's physician, at the expense of the Board, before returning to work.

C. The Board shall pay all fees and costs associated with a physical examination for association members if such examination is required or requested by the Board. Examinations will be conducted by the Board's physician of choice.

D. 1. Sick leave shall be granted due to temporary disabilities caused by or contributed to by pregnancy. Such temporary disabilities shall be subject to the approval of the Superintendent based upon verification by a physician.

2. Policies that relate to other temporary disabilities shall apply to temporary disabilities connected with pregnancy.

3. Pregnancy or childbirth shall not be the basis for termination of employment or compulsory resignation.

E. Upon retirement of any employee with at least twenty (20) years of service in the Monroe Public School system, unused sick leave shall be reimbursed based on per diem by the Board in a single lump sum payment as follows: Accumulated sick leave in excess of one hundred (100) days with payment not to exceed sixty five (65) days shall be granted to the employee upon their retirement date. This payment shall be made in the second year of retirement.

For purposes of these standards, the term "temporary disability" shall be interpreted as being within the meaning of the term "sick" as used in Section G of P.A. 73-647 of the Connecticut General Statutes.

ARTICLE VIII – PERSONAL LEAVE FOR FULL-TIME LIBRARIANS

Three days (3) annually for the conduct of personal affairs which cannot be handled outside of school hours may be granted to each member. Such days may not be used either immediately before or after school holidays or school vacations unless approved, in writing, by the Superintendent. A maximum of two (2) unused personal leave days can be carried over from one year to the next following year.

In the event of a death in the family of an employee, the employee shall be granted leave not to exceed five (5) days off with pay. For purposes of this Agreement, "family" shall include parents, spouse, brother, sister, son, daughter, mother-in-law, father-in-law, daughter-in-law, son-in-law, grandparents and grandchildren. Personal leave of one (1) day will be granted with pay to attend the funeral of a sister-in-law, brother-in-law, aunt or uncle. Additional time may be granted for special circumstance, subject to the approval of the Superintendent.

A maximum of five (5) days per immediate family member, as defined above, shall be granted per year for critical illness. Critical illness is defined as "serious illness" pursuant to the Family and Medical Leave Act of 1993.

For observance of generally accepted religious holidays for a maximum of three (3) days in any year.

ARTICLE IX – PERSONAL LEAVE WITHOUT PAY

Leaves without pay may be granted upon the approval of the Board for the following reasons:

A. For the purpose of further study.
B. Maternity leave
C. For health reasons beyond accumulated sick leave upon advice of a physician.
D. For other reasons if good cause, acceptable to the Board, is shown.

ARTICLE X – RETURN AFTER LEAVES OF ABSENCE

Members who have been granted leaves of absence shall notify the Superintendent in writing of their intentions of resuming work two (2) months prior to the end of such leave if the leave is three (3) months or more in duration.

All members returning from leaves of absence under this provision shall be restored to the same or comparable position they held at the time the leave was granted.

ARTICLE XI – PENSION PLAN

The Board and the Association agree to continue the present pension plan to cover members of the unit. All changes are to be negotiated by the Pension Plan Committee.. Any such changes shall become a part of this Agreement.

ARTICLE XII – VACANCIES

If a vacancy occurs in the library staff within the system, current librarians applying shall be given first preference in filling the position. Staff members who apply will be considered based upon length of service in the Monroe Public School, job performance, special skills and training, and the ability to meet the requirements of the job.

Vacancies will be announced by sending notices to all staff, including the Union President, as they occur. Staff members shall have five (5) working days from the date of the announcement to apply for the vacant position. The Board may grant a waiver of the application period stated in this section, not to exceed five (5) working days beyond the closing date, where unusual circumstances prevented a bargaining unit employee from applying for the position in a timely manner.

Notification of appointment to the vacancy shall be given to the President of the Association in the form of written notification. The candidate's name, title and salary will be listed on the notification.

ARTICLE XIII – CONVENTIONS

All members shall be entitled to attend their state convention day with prior approval of the Superintendent. (If approved, the school system shall pay registration fees and mileage for at least one professional day each year.) If a member does not attend the convention, this will be scheduled as a regular work day.

ARTICLE XIV – LAYOFF AND RECALL POLICIES

A. In the event of layoff, the employee with the least seniority shall be laid off first and librarians thereafter shall be laid off in order of seniority, provided that the employee to be recalled has the ability to do the work.

B. Recall shall be in the reverse order of layoff.

C. Seniority shall continue to accrue on layoff and employee shall retain seniority rights for an eighteen (18) month period following layoff.

D. An employee shall receive at least a two (2) week notice that she/he is to be laid off.

E. In the event of a layoff, no non-bargaining unit member shall perform the job responsibilities or work of a member.

XV – OVERTIME PRACTICES

Librarians undertaking night work shall receive time and a half pay for all such time worked. All work done after thirty-five (35) hours shall also be at the rate of time and a half. No employee under this agreement shall work overtime without the written authorization of their supervisor prior to the performance of any and all overtime. Such overtime must be submitted on a timesheet at the end of the week during which the authorized overtime was performed.

ARTICLE XVI – CONTINUITY OF WORK

The Association agrees not to strike or withhold services during the term of this Agreement, and the Board agrees it will not lockout any librarians covered by this Agreement.

ARTICLE XVII – SAVINGS CLAUSE

In the event any article, section or portion thereof of this Agreement is declared invalid by a tribunal or court of competent jurisdiction, the remainder of this Agreement shall remain valid and in full force. The parties agree that within ten (10) days after any portion of this Agreement has been declared invalid by a tribunal or court of competent jurisdiction, the Board and the Association shall meet for the purpose of negotiating a substitute for the portion(s) ruled to be invalid.

ARTICLE XVIII – NON-DISCRIMINATION PROVISION

The Board and the Association agree that there shall be no coercion, intimidation or discrimination by either the Board or the Association because of race, color, age, sex, creed, religion, national origin, political affiliation, physical handicap, marital status or membership in the Association.

ARTICLE XIX – ASSOCIATION SECURITY

A. All current Association members and librarians who become members must maintain their membership in the Association for the term of the Agreement.

B. The Board agrees to provide each present member of the bargaining unit with a copy of the collective bargaining agreement, and to provide each new employee with a copy of it as they are hired.

C. The Board shall make available to the Association each year on July 15 a full list of librarians in jobs in the bargaining unit, showing their date of hire, job classification, increment step and annual pay rate.

D. Within fourteen (14) days after a new employee has been placed on the payroll, the Board shall apprise the Association, in writing, of the name, date of hire, job classification, increment step and annual pay rate of such new employee.

E. All librarians who are not Association members must pay to the Association a service fee that provides for the cost of collective bargaining, contract administration and grievance adjustments. The Association shall notify the Board of the amount of the service fee described above on or before June 1 of each year.

ARTICLE XX – REIMBURSEMENT FOR JOB RELATED COURSES

Each employee shall be eligible to receive one hundred percent (100%) reimbursement for academic course work at any accredited school, college, university or institution up to a maximum of $750 per course and a maximum of two (2) courses per year.

ARTICLE XXI – DISCIPLINARY ACTION

All disciplinary action, suspensions and discharges shall be for good and sufficient cause. Should there be any dispute between the Board and the Association concerning the existence of good and sufficient cause for such disciplinary actions, suspensions or discharges, the dispute shall-be resolved in accordance with the grievance procedure of this Agreement.

ARTICLE XXII –SUBSTITUTES

When a substitute is required to replace a regular employee who is absent, the Association shall provide the Board with a list of qualified substitutes which shall be approved by the Board and which may be used in conjunction with any list maintained by the administrators. When a regular employee is absent due to illness, the Association will pick a substitute to fill in during the absence from the aforementioned list, and shall pick a substitute from the same list in the event a regular employee is absent due to either personal time or vacation leave. Such selections shall be approved by the principal. When school is not in session, a substitute shall not be used.

ARTICLE XXIII – RETIREMENT

A retirement stipend shall be granted in the following amounts to all library personnel having the required years of service:

YEARS OF SERVICE
(Only for Librarians employed on or before the 2015-2016 school year)

PAYMENT PERIOD	15-19 YEARS	20-29 YEARS
Upon Retirement	$8,000	$12,500
One (1) Year After Retirement		$ 5,000
Two(2) Years After Retirement		

ARTICLE XXIV- MISCELLANEOUS

A. Newly- hired librarians shall serve a ninety (90) day probationary period and shall have no seniority rights during this period. Upon completion of the probationary period, seniority of such an employee shall start from the date of hire.

B. The Board shall maintain reasonable health and safety standards for all librarians, and any problems involving heath and safety measures shall be brought to the immediate attention of the building administrator who shall take appropriate action to correct such problems. Any problems unresolved shall be referred to the Health and Safety Committee.

C. The Board of Education will provide a procedure for direct deposit of paychecks at area banks, provided said banks are able, without additional cost to the Board, to electronically participate in said transfers. The Board will have no liability or cost for any malfunction of the process. All librarians' payroll checks will be directly deposited to an area bank, consistent with the procedure set forth above. Each librarian shall advise the Board of the area bank to which his/her check shall be directly deposited using the Board of Education forms provided for that purpose.

D. Librarians shall not be required to lift heavy items, and shall be expected to lift only light items.

E. Librarians shall not be required to undertake work unrelated to the library, such as monitoring lunch periods and filling in for teachers who have preparatory duties to do. Neither shall librarians be required to do work normally done by members of any other bargaining unit, such as mailing or collecting Board correspondence. The only exception to this would be extreme emergencies resulting in high absenteeism among the professional staff.

F. Librarians requested to work after their regular hours shall not be required to come to work at a time later than their customary daily starting time.

G. Librarians who are authorized to use their own cars in the performance of Board of Education business shall be reimbursed at the allowance rate provided by IRS.

H. The Superintendent shall determine the deployment/assignment of all librarians for the duration of the Agreement.

I. Librarians agree that librarian work is shared work that can be shared with teachers, library media specialists, parents or volunteers in all schools, but the Board and the Union agree that the existence of such shared work cannot be used as evidence of practice or precedent for the purposes of eliminating positions. Librarians will reasonably assist in training/related duties for such shared work.

Appendix A
Salary Schedule
For current employees

Current Employees	2016-17 2.85%	2017-18 2.6%	2018-19 2.6%	2019-20 2.75%	2020-21 2.75%
KD	46,156	47,356	48,587	49,923	51,295
JG	41,543	42,623	43,731	44,934	46,170

Appendix B
Salary Schedule
Employees Hired after July 1, 2016

	2016-17	2017-18 2.6%	2018-19 2.6%	2019-20 2.75%	2020-21 2.75%
Employee with a Library Degree	188.00 per day	192.89	197.91	203.35	208.94
Employee without a Library Degree	149.00 per day	152.87	156.84	161.15	165.58

IN WITNESS THEREOF, the parties hereto have caused this Agreement to be executed and have set their hands and seals thereto by they duly authorized agents this 2nd day of May, 2016

MONROE BOARD OF EDUCATION

Donna Lane 5/2/16

LIBRARY ASSOCIATION OF THE MONROE PUBLIC SCHOOLS

Kathleen Ducharme 5/2/16

INSURANCE SUMMARY PLAN DESCRIPTIONS

(See next page)

SUMMARY OF BENEFITS Connecticut General Life Insurance Co.

Monroe Board of Education
High Deductible Health Plan

Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Not Applicable	Not Applicable
Coinsurance	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met

Maximum Reimbursable Charge
• Determined based on the lesser of:
  • the health care professional's normal charge for a similar service; or
  • a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area.
• In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of:
  • the health care professional's normal charge for a similar service or supply; or
  • the amount charged for that service by 80% of the health care professionals in the geographic area where it is received.
• Out-of-network services are subject to a contract year deductible and maximum reimbursable charge limitations.
	N/A	200%

Contract year deductible • The amount you pay for any expenses counts towards both your in-network and out-of-network deductibles. (Cross accumulation). • All family members contribute towards the family deductible. The plan cannot pay an individual's claims until the total family deductible has been met, even if he or she has met the individual deductible. • This plan includes a combined Medical/Rx deductible. • Out-of-network pharmacy deductible accumulates to the in-network pharmacy deductible. • Mail order pharmacy costs contribute to the deductible.	**Employee** $2,000 **Employee and Family** $4,000	**Employee** $2,000 **Employee and Family** $4,000
Contract year out-of-pocket maximum • The amount you pay for any services counts towards both your in-network and out-of-network out-of-pocket maximums. (Cross accumulation) • Deductibles contribute towards your out-of-pocket maximum. • Copays do not contribute towards your out-of-pocket maximum • Mental health and substance abuse services contribute towards your out-of-pocket maximum. • All family members contribute towards the family out-of-	**Employee** $2,000 **Employee and Family** $4,000	**Employee** $4,000 **Employee and Family** $8,000

Annual deductibles and maximums	In-network	Out-of-network
pocket maximum. The plan cannot pay an individual's covered expenses at 100% until the total family out-of-pocket maximum has been reached. • This plan includes a combined Medical/Rx out-of-pocket maximum. • Out-of-network pharmacy out-of-pocket expenses accumulates to the in-network pharmacy out-of-pocket maximum. • Mail order pharmacy costs contribute to the out-of-pocket maximum.		

Benefits	In-network	Out-of-network
Physician services		
Office visit • Primary care physician and specialist office visits	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Physician services (hospital) • In hospital visits and consultations • Inpatient services • Outpatient services	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Surgery (in a physician's office)	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Preventive care		
Children (through age 2) • Office visit • In-network immunizations are covered at no charge. • Out-of-network immunizations are covered at the out-of-network coinsurance level.	No Charge	You pay 30% Plan pays 70% after the deductible is met
Adults and children (age 3 and older) • Unlimited contract year maximum • In-network immunizations are covered at no charge after the deductible is met. • Out-of-network immunizations are covered at the out-of-network coinsurance level. • Immunizations count toward the contract maximum. • Mammogram, Pap smear, PSA and colonoscopy • Lab and X-ray billed outside the doctor's office does not count towards the contract year maximum. • Mammograms never count towards the contract year maximum.	No Charge	You pay 30% Plan pays 70% after the deductible is met

Benefits	In-network	Out-of-network
Mammogram, PSA, Pap Smear and Maternity Screening • Coverage includes the associated Preventive Outpatient Professional Services. • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.	No charge, no deductible	You pay 30% Plan pays 70% after the deductible is met
Colonoscopies Including the following procedures: • Stool based deoxyribonucleic acid (DNA) test • Sigmoidoscopy • Barium enema • Colonoscopies • Colonographies • Fecal occul blood tests Note: this benefit pertains to all providers & places of service (including lab) for all services related to these procedures.	No charge, no deductible	You pay 30% Plan pays 70% after the deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services • Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc.	$0 copay per admission, then You pay 0% Plan pays 100% after the deductible is met	$0 deductible per admission, then You pay 30% Plan pays 70% after the deductible is met
Inpatient Professional Services • For services performed by surgeons, radiologists, pathologists and anesthesiologists	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
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.	Included	Included
Outpatient services		
Outpatient surgery (facility charges) • Non-surgical treatment procedures are not subject to the facility copay/deductible.	You pay $0 copay per visit, then You pay 0% Plan pays 100% after the deductible is met	You pay $0 deductible per visit, then You pay 30% Plan pays 70% after the contract deductible is met
Outpatient Professional Services • For services performed by surgeons, radiologists, pathologists and anesthesiologists	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met

Benefits	In-network	Out-of-network
Physical, occupational and cognitive • Limited to 30 days per contract year for all therapies combined • Includes physical therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy • Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum.	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Speech Therapy • Unlimited contract year maximum	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Cardiac rehabilitation • Limited to 36 days per contract year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Chiropractic services • Limited to 30 days per contract year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Lab and X-ray		
Lab and X-ray • Physician's office • Outpatient hospital facility • Independent lab & x-ray facility	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after deductible is met
Lab and X-ray, emergency room and urgent care • Emergency room when billed by the facility as part of the emergency room visit • Urgent care when billed by the facility as part of the urgent care visit. • Independent x-ray and/or lab facility in conjunction with a emergency room visit	You pay 0% Plan pays 100% after the deductible is met	
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) • Physician's office visit • Outpatient facility	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) • Inpatient hospital facility	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) • Emergency room • Urgent care facility	You pay 0% Plan pays 100% after the deductible is met	
Emergency and urgent care services		
Hospital emergency room • Includes radiology, pathology and physician charges • Out-of-network services are covered at the in-network rate.	You pay 0% Plan pays 100% after the deductible is met	

Benefits	In-network	Out-of-network
Ambulance • Out-of-network services are covered the same as in-network services. Note: Non-emergency transportation (e.g. from hospital back home) is generally not covered.	You pay 0% Plan pays 100% after the deductible is met	
Urgent care services • Out-of-network services are covered at the in-network rate.	You pay 0% Plan pays 100% after the deductible is met	
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities • 90 days per contract year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Home health care • 100 days per contract year	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Hospice • Inpatient services • Outpatient services	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Other health care services		
Durable medical equipment • Unlimited contract year maximum	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
Consumable Medical Supplies • Includes supplies for Epidermolysis Bullosa	You pay 0% Plan pays 100% after the deductible is met	You pay 30% Plan pays 70% after the deductible is met
External prosthetic appliances (EPA) • Unlimited contract year maximum	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Wigs • $350 contract year maximum	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Hearing Exams	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Hearing Aids • For children age 12 and under. Limited to $1,000 maximum per 24 months.	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
TMJ • Coverage provided for diagnosis only	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Acupuncture • 20 day contract year maximum	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met

Benefits	In-network	Out-of-network
Early Intervention Services • Birth to age 3 up to $3,200 per child per contract year, $9,600 per child over 3 year period. For claim submitted by Birth to Three Program agencies only.	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Lead Poisoning Screening • For children birth through age 2 years	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Nutritional Supplements • Covers Nutritional Formulas for amino acid modified preparations and low protein modified food products only.	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Orthotics • Including foot orthotics, custom arch supports and molded shoes.	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Ostomy Supplies	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Pain Management • Includes Prolotherapy	You pay 0% Plan pays 100% after deductible is met	You pay 30% Plan pays 70% after deductible is met
Infertility (buy up option 2) • Office visit for testing, treatment and artificial insemination • Inpatient hospital facility • Outpatient hospital facility • Physician services • Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. • Unlimited lifetime maximum	Cost and reimbursement vary based on the facility in which it is performed	Cost and reimbursement vary based on the facility in which it is performed
Family planning • Office visits • Inpatient hospital facility • Outpatient facility • Physician services • Surgical services such as tubal ligation or vasectomy are covered (excluding reversals). • Includes contraceptive devices	Cost and reimbursement vary based on the facility in which it is performed	Cost and reimbursement vary based on the facility in which it is performed
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: • Substance Abuse includes Alcohol and Drug Abuse services. • Transition of Care benefits are provided for a 90-day time period.		

Benefits	In-network	Out-of-network
Inpatient mental health services • Unlimited days per contract year • Mental health services are paid at 100% after you reach your out-of-pocket maximum.	$0 copay per admission, then You pay 0% Plan pays 100% after the medical plan deductible is met	$0 deductible per admission, then You pay 30% Plan pays 70% after the medical plan deductible is met
Outpatient mental health services • Unlimited visits per contract year • Mental health services are paid at 100% after you reach your out-of-pocket maximum. • This includes group therapy mental health, and intensive outpatient mental health	You pay 0% Plan pays 100% after the medical plan deductible is met	You pay 30% Plan pays 70% after the medical plan deductible is met
Inpatient substance abuse services • Unlimited days per contract year • Substance abuse services are paid at 100% after you reach your out-of-pocket maximum.	$0 copay per admission, then You pay 0% Plan pays 100% after the medical plan deductible is met	$0 deductible per admission, then You pay 30% Plan pays 70% after the medical plan deductible is met
Outpatient substance abuse services • Unlimited visits per contract year • Substance abuse services are paid at 100% after you reach your out-of-pocket maximum. • This includes intensive outpatient substance abuse	You pay 0% Plan pays 100% after the medical plan deductible is met	You pay 30% Plan pays 70% after the medical plan deductible is met
Prescription Drugs		
CIGNA Pharmacy three tier coinsurance plan • No Mandatory generics • Self administered injectable and option injectible drugs – includes infertility drugs • Includes Oral Contraceptives • Oral fertility drugs included • Insulin pens and cartridges included • Lifestyle drugs included	**Retail** 100% after deductible per 30 day supply for generic drugs 100% after deductible per 30 day supply for preferred brand-name drugs 100% after deductible per 30 day supply for non-preferred brand-name drugs **Home Delivery** 100% after deductible per 90 day supply for generic drugs 100% after deductible per 90 day supply for preferred brand-name drugs 100% after deductible per 90 day supply for non-preferred brand-name drugs	You pay 30% Plan pays 70% after the plan deductible is met

Benefits	In-network	Out-of-network
Pharmacy Clinical Management and Prior Authorization • Your plan is subject to certain clinical edits and prior authorization requirements.		
Specialty Pharmacy • Clinical Programs o Prior authorization is not required on specialty medications. • Medication Access Option: Retail and/or Home Delivery		
Vision care	Not covered	

Definitions

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

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.

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.

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 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 or contact customer service at the phone number listed on the back of your ID card.

Pre-existing condition limitation – Not applicable to anyone under 19 years old. Applies to any injury or sickness that you are diagnosed with and receive treatment for, or incur expenses for during the 90 days before you are insured by these benefits or you begin an eligibility waiting period (whichever is earlier). Please refer to your plan documents for specific details.

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.

Maximizing your health care dollars

Log on to myCIGNA.com for resources to help you choose a health care professional or compare the cost and quality of medical services, medications and hospital care.

When you need a medical service or procedure, CIGNA offers you opportunities to save on prescription medicine, routine medical care, laboratory services, radiology scans, and outpatient surgery. Details are below:

CIGNA Home Delivery Pharmacy –You can save money and enjoy convenient home delivery by using CIGNA Home Delivery Pharmacy for your prescription medications. You can get up to a 90-day supply of your medication.

Lab – Save on lab services by using a free-standing laboratory instead of a hospital- or clinic-based lab.

Urgent Care – For non-emergency conditions that need attention before you can see your doctor, you can save money by going to an urgent care center instead of an Emergency Room (ER).

Convenience Care – For minor or routine conditions, go to a Convenience Care Clinic when your doctor is unavailable. Convenience Care Clinics are retail-based and often found in pharmacies or grocery stores.

Radiology – Costs for MRIs, PET, and CT scans can vary greatly. Non-hospital based outpatient radiology centers often cost much less than a hospital. CIGNA's network includes both hospitals and outpatient centers, so you can find a radiology center that's right for you.

Outpatient Surgery – Costs for colonoscopies, arthroscopies, and other outpatient procedures can vary greatly. Using a free-standing outpatient surgery center can save hundreds of dollars.

Exclusions

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

Your plan provides coverage for most medically necessary services. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Services provided through government programs
- Services that aren't medically necessary
- Experimental, investigational or unproven services
- Services for an injury or illness that occurs while working for pay or profit including services covered by worker's compensation benefits
- Cosmetic services
- Dental care, unless due to accidental injury to sound natural teeth
- Reversal of sterilization procedures
- Genetic screenings
- Obesity surgery and services
- Non-prescription and anti-obesity drugs
- Custodial and other non-skilled services
- Weight loss programs
- Telephone, email and internet consultations in the absence of a specific benefit
- Eyeglass lenses and frames, contact lenses and surgical vision correction

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.

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$1,500 Maximum, With Orthodontic Coverage

DENTAL PLAN BENEFITS SUMMARY

Participating Provider (In-Network Level Of Benefits)	Non-Participating Provider (Out-Of-Network Level Of Benefits)*	Care Category	Procedure Code	Description By Illustration, Not By Limitation
100%	100%	Diagnostic	00100-00199 00331-00999	Oral examination, diagnostic casts
100%	100%	X-Rays	00200-00330	Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays.
100%	100%	Preventive	01000-01999	Prophylaxis, fluoride applications, space maintainers.
100%	100%	Restorative**	02000-02399	The treatment of tooth decay by the use of amalgam and/or composite restorations.
60%	60%	Restorative-Crowns**	02400-02999	The use of gold, semiprecious, or non-precious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations.
80%	80%	Endodontics**	03000-03999	The treatment of the diseases of the nerve of the tooth.
80%	80%	Periodontics**	04000-04999	The treatment of the supporting tissues of the teeth, gums and underlying bone, with either surgical or non surgical procedures (where applicable).
60%	60%	Prosthetics - Removable**	05000-05399 05600-05899	The replacement of missing teeth by the use of a removable appliance.
80%	80%	Prosthetics - Adjustment**	05400-05799	The repair or modification of existing removable and/or fixed appliances so that they can continnue to be servicable.
60%	60%	Prosthetics - Fixed**	06000-06999	The use of gold, semiprecious, or precious metal to replace a missing tooth or teeth, which cannot otherwise be replaced with a removable appliance
80%	80%	Extractions**	07000-07719 07250-07999	The extraction, either simple or surgical, of either a single tooth or multiple teeth, the shaping of bone ridges, the removal of tooth end abscess, etc.
80%	80%	Bony Impactions**	07220-07249	The surgical removal of teeth partially or fully covered by bone.
50%	50%	Orthodontics**	08000-08999	The straightening of teeth for dental health reasons.
80%	80%	General Services**	09000-099999	All other adjunctive general services as coded in the American Dental Association (ADA) Current Dental Terminology, which are not included in the specific categories list, that are covered services.

DEDUCTIBLES AND MAXIMUMS

Participating Provider (In-Network Level Of Benefits)	Non-Participating Provider (Out-Of-Network Level Of Benefits)	
$1,500.00	$1,500.00	Annual Maximum Per Individual
$25.00	$25.00	Annual Deductible Per Individual
$50.00	$50.00	Annual Deductible per Family
$1,000.00	$1,000.00	Orthodontic Lifetime Maximum Per Individual

Benefit year effective date: July 1, 2008

As used herein, "Annual" means the benefit year in which dental care services are performed.

* For those subscribers and their families electing to be served by a non-participating provider; submitted claims will be processed at any time during the benefit year and reimbursements will be made at the level of coverage listed under "Non-Participating Provider (Out-Of-Network Level of Benefits)" and in amounts up to the schedule of allowances paid to a participating provider. Payments will be limited to the individual annual maximum listed above or that portion of the individual annual maximum, which may be remaining if care had previously been provided during the benefit year by a participating provider, subject to the plan's deductibles and standard exclusions and limitations.

** Care Category(ies) of coverage the deductible applies to.

Vision Plan Design - PPO

Frequency is 12 months for exams.

Benefit	In Network	Out of Network
Examination Copay	$0	n/a
Materials Copay	n/a	n/a
Exam	Covered in Full	$150 Allowance
Single Vision Lenses	not covered	not covered
Bifocal Lenses	not covered	not covered
Trifocal Lenses	not covered	not covered
Lenticular Lenses	not covered	not covered
Contact Lenses (retail allowance)		
Elective	not covered	not covered
Therapeutic	not covered	not covered
Frame (retail allowance)	not covered	not covered

In-Network Benefits Include:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses
- This plan utilizes a specific network of vision providers, that can be different than those provided under the medical.