

AGREEMENT

Between

TOWN OF NEW MILFORD

And

United Public Service Employees Union

New Milford Emergency Dispatchers Unit #911

July 1, 2018 through June 30, 2021

AGREEMENT

This AGREEMENT is made and entered into by and between the TOWN OF NEW MILFORD, hereinafter referred to as "the Town" and LOCAL Unit 911 OF the United Public Service Employees Union, hereinafter referred to as "the Union".

ARTICLE I **RECOGNITION**

Section 1.0

The Town recognizes the Union, as the sole and exclusive bargaining agent for the New Milford Emergency Dispatchers Town employees, as identified in Appendix A to this Agreement, who work twenty (20) hours or more per week for the purpose of collective bargaining on matters of wages, hours, and other conditions of employment in accordance with Connecticut State Board of Labor Relations Case No. MBA 25-822.

ARTICLE II **MANAGEMENT RIGHTS**

Section 2.0

Except as specifically relinquished, abridged or limited to a specific provision of this Agreement, it is agreed that the Town has retained the usual management rights and that the right to manage the business of the Town and direct its working force is vested exclusively in the Town, which right shall include but shall not be limited to, the right to hire, promote, demote and transfer, to suspend, discharge or otherwise discipline for just cause; to maintain discipline and efficiency of employees and prescribe reasonable rules to that end which do not effect wages, hours or other terms or conditions of employment; to transfer or lay-off because of lack of work; to dismiss for proper cause; to determine the extent to which work or employment shall be increased or reduced, including the exclusive right to plan, direct and control the departmental operations; and to change methods, processes, equipment or facilities.

ARTICLE III **UNION SECURITY**

Section 3.0

Each present employee, who becomes a member of the Union as of the execution date of this Agreement as evidenced by voluntary completion of an authorized form for the payroll deduction of Union dues or a Union service fee, shall remain a member of the Union in good standing or pay a Union service fee as a condition of employment.

Section 3.1

Upon receipt of a proper written individual authorization, the Town agrees to deduct monthly Union dues and/or service fees and Union initiation and/or reinstatement fees, as the case may be, in the amount certified by the Union, from each member of the bargaining unit who is on the payroll.

Section 3.2

The dues deduction shall be made once a month during the same payroll period each month as specified by the Town, with agreement of the Union. The Town shall remit all such deductions to the Union's office.

Section 3.3

In consideration of the Town entering into the provisions of this Article, the Union hereby agrees to indemnify the Town and hold it harmless from any and all claims, liabilities or costs to the Town which arises out of entering into or enforcement of this Article.

ARTICLE IV **NO STRIKE/NO LOCKOUT**

Section 4.0

The Union agrees that it will not call or support any strike, work stoppage, picketing, work slowdown or any other action against the Town that would impede the proper functioning of the Town government at any time.

Section 4.1

The Town agrees that it will not lock out any employees, at any time.

ARTICLE V **HOURS OF WORK AND OVERTIME**

Section 5.0

The work days and work week for all employees shall be those hours, and starting and quitting times, in effect as of the execution of this Agreement. The bid shall be posted at least fourteen (14) days before the start of a new bid.

Section 5.1

Full-time employees shall work thirty (30) hours or more up to forty (40) hours per week, exclusive of lunch periods.

Part-time employees shall work twenty (20) hours or more per week but less than thirty (30) hours per week, exclusive of lunch periods.

The regular work week shall consist of forty (40) hours per week, made up of eight (8) hour per day. The work week shall be scheduled consisting of five consecutive days with two (2) days off. The shifts schedule shall be defined as not rotating and consist of the following hours:

Day Shift	7:00am-3:00pm
Evenings	3:00pm-11:00pm
Nights	11:00pm-7:00am

Bid shifts will adhere to the following schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Disp A	Off	Days	Days	Days	Days	Days	Off
Disp B	Days	Days	Days	Days	Off	Off	Days
Disp C	Eves	Off	Off	Eves	Eves	Eves	Eves
Disp D	Eves	Eves	Eves	Off	Off	Eves	Eves
Disp E	Mids	Off	Off	Mids	Mids	Mids	Mids
Disp F	Mids	Mids	Mids	Off	Off	Mids	Mids
Disp G	Off	Eves	Eves	Eves	Eves	Days	Off
Disp H	Days	Mids	Mids	Mids	Mids	Off	Off
Senior Disp	Off	Days	Days	Days	Days	Days	Off

Section 5.2

A. Hours worked in excess of regularly scheduled hours to forty (40) hours in a week shall be paid at the regular (straight time) rate. Hours worked in excess of forty (40) hours per week shall be paid at the rate of time and one-half (1-1/2) the regular rate. Hours worked in excess of eight (8) hours in any one day shall be paid at the rate of time and one-half (1-1/2) the regular rate. Vacation and holiday hours shall be credited as hours worked.

B. In lieu of overtime pay, an employee may request compensatory time off which, if granted, shall be given at the appropriate overtime rate. Such request shall be made in writing to the employee's Chief or his/her designee and, if approved, shall be maintained on file in the office of the Comptroller. Compensatory time shall be taken only with the approval of the Chief or his/her designee. An employee may accumulate up to forty (40) hours of compensatory time.

Accumulated compensatory time accounts shall be paid at the end of the fiscal year at the employee's regular rate in effect when the compensatory time was earned.

- C. Notwithstanding subsection 5.2 A above, all hours worked outside of regularly scheduled work hours by police dispatchers shall be paid at the rate of time and one-half (1-1/2) the regular rate.
Any employee called back to work outside his/her regular scheduled working hours shall be paid a minimum of three (3) hours for any call back.
- D. Daylight Savings Time: Dispatchers who work nights on Daylights Savings evening shall be required to work eight (8) hours in March and nine (9) hours in November on that date. For Daylight Savings time in March, Dispatchers assigned to nights may work 10:00 p.m. to 7:00 a.m. or from 11:00 p.m. to 8:00 a.m. The Union shall notify management fourteen (14) days prior to the daylight savings time shift as to which start time the impacted members will work. For daylight savings time in November, the 11:00 p.m. to 7:00 a.m. shift shall be worked and the Town shall pay one (1) hours overtime for that shift.

Section 5.4

All overtime work, within job title, to the extent practicable, shall be distributed equally during the fiscal year. Any employee who does not avail himself/ herself of the opportunity to work overtime shall be charged for overtime as though he/she had worked.

In order for one employee to bump another employee from overtime, notice of the intention to bump must be provided at least forty-eight (48) hours prior to the start of the shift or overtime hours.

Section 5.5

No employee shall be required to work on their regular scheduled day/days off until all other employees have been requested to work who do not have a regularly scheduled day off on the date in question. The Department shall be required to contact the membership wait no more than a 1/2 hour for a response from those members before requiring the scheduled off employee to come in to work. The timing starts when the alert is sent through Everbridge or similar program. This section shall not apply in the case of exigent and /or emergency circumstances as determined by the Chief or his designee.

No member of the bargaining Unit shall be ordered to work more than sixteen (16) hours in any twenty-four (24) hour period, until all other employees on a shift before or after have been called in, This section shall not apply in cases of emergencies and/or exigent circumstances as determined by the Chief or his designee.

ARTICLE VI

HOLIDAYS

Section 6.0

The following holidays shall be observed as days off with pay:

New Year's Day
Martin Luther King Day
Presidents Day
Good Friday
Memorial Day
July 4th
Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day
Floating Holiday

In order to qualify for holiday pay, an employee must work his/her last scheduled workday prior to the holiday, and the first scheduled day after the holiday unless on approved leave as provided in this agreement.

Section 6.1

All holidays shall be defined as the actual day of the holiday.

The floating holiday shall be taken at employee's discretion with prior approval of the Chief or his/her designee.

Section 6.2

In the event an employee is required to work on a holiday, he/she shall receive holiday pay and shall be paid at one and one-half (1-1/2) times his straight time rate of pay for all hours worked. In the event a holiday falls on an employee's regular day off the employee shall have one (1) of the following options:

- A. The employee shall receive a future day off with pay, which shall be scheduled with the approval of the supervisor, and provided there is no additional cost to the Town,
- B. Receive eight (8) hours pay at straight time and not take a future day off.

ARTICLE VII

SENIORITY

Section 7.0

The Town shall prepare and maintain a seniority list of the bargaining unit employees. The Union shall receive a copy of said list on or about July 1st of each year or when there is a change in the bargaining Unit.

Section 7.1

- A. Newly hired employees shall serve a probationary period of 365 calendar days. During such probationary period, the probationary employee shall be entitled to representation by the Union but actions taken with respect to discipline and discharge or other termination shall be in the sole discretion of the Town and shall not be subject to the grievance and arbitration procedure.

Upon completion of the probationary period, the employee's seniority shall date back to the date of hire.

- B. Newly promoted employees shall serve a probation period of 90 calendar days. If at the end of the probation period the employee is demoted he/she shall return to their previous position.

Section 7.2

In the event of a layoff all temporary, part-time and probationary employees shall be laid off first, and shall have no recall rights. Any bargaining unit employee who is subject to layoff shall be given at least two (2) weeks notice (10 working days). Thereafter, layoffs shall take effect as follows:

- A. The least senior employee within the job class.
- B. An employee who is laid off pursuant to this section, and who was performing satisfactory at the time of layoff, shall be placed on a recall list for a period of 18 months.
- C. All employees who are laid off shall provide the Town with a current address and phone number to be qualified for any recall rights they may be entitled to receive.
- D. If the laid off employee fails to respond to notice of recall within 10 days of said notice they shall not be entitled to the opening.

- E. No new employee shall be hired until all laid off employees with recall rights to the open position have been recalled or refused recall or failed to respond to notice of recall.
- F. An employee who is recalled shall be paid the rate of the position to which the employee is recalled.

ARTICLE VIII WAGES

Section 8.0

All jobs within the bargaining unit have been assigned a job class in accordance with the designations found in Appendix A. If and when during the course of this Agreement, the Town creates a new job which is to be included in the bargaining unit, then the Town shall designate the job class of the new job.

Section 8.1

When the duties and responsibilities of a bargaining unit position are significantly and substantially different than as stated in the job description existing at the time when this Agreement was signed, the following process shall apply. The incumbent employee and/or the Department Head shall request the Personnel Director to initiate an evaluation of the position. The Personnel Director shall review relevant information and shall meet with the Department Head, the employee and the Union President to consider whether the job description needs revision and whether job grade reclassification is appropriate. Any job grade reclassification recommended by the Personnel Director is subject to approval by the Mayor and the Union Executive Committee before it may be implemented.

Section 8.2

For each year of the newly agreed upon contract the hourly wages for each job classification shall be as listed in Appendix "A".

Section 8.3

Employees shall be paid bi-weekly by direct deposit for all those members who have a checking account. All salary increases shall be implemented on the first day of the next pay period following the effective date of the increase. Members will be given four (4) months' notice prior to implementation of bi-weekly pay periods and such payment schedule will not begin until all other bargaining units have accepted a bi-weekly pay schedule.

Section 8.4

There shall be no longevity pay for any member hired on or after July 1, 2018.

Employees hired before July 1, 2018 who have completed the stated years of continuous service shall be entitled to:

At five (5) years of continuous service - \$200.00.

At ten (10) years of continuous service - \$300.00.

At Fifteen (15) years or more of continuous service - \$400.00

At Twenty (20) years or more of continuous service - \$500.00

Said pay shall be non-accumulative and shall be paid to the employee at the first payroll period in December of each year.

ARTICLE IX **INSURANCE AND PENSION**

Section 9.0

The Town shall provide, at no cost to the employee, the following insurance for all employees who have twelve or more months of continuous service with the Town:

Life Insurance, including an accidental death and dismemberment benefit, in the amount of one times the employee's straight time annual salary to the nearest thousand dollars. To be eligible for this benefit, employees must be employed for thirty (30) or more hours per week except that part-time employees hired before July 1, 2000 and employed for twenty (20) or more hours per week shall also be eligible for this life insurance benefit.

Liability coverage for all 911 emergency dispatchers, through the Town blanket policy.

Section 9.1

The Town shall provide the following insurance for all employees who are employed for thirty (30) or more hours per week and, where applicable, their eligible dependents:

- A. A High Deductible/HSA plan in accordance with the plan benefit identified in A Exhibit B. OR A Comp Mix Plan in accordance with the Plan Benefit identified in Exhibit C and costs for such plan on Exhibit B. The Comp Mix plan will only be available for the first year of this contract. The Town agrees to fund the HSA account 40% for employee, employee plus 1 and family plans. The Town also agrees to keep the employee contribution rate of 12% throughout the terms of the contract.

- B. Full Service Dental Insurance.
- C. Employees contributions shall be in accordance with the Plan Description identified in Appendix "B" for the HSA and Appendix "C" for the Comp Mix plan.
- D. The members HSA account shall be opened and maintained at Webster HSA Bank and shall be opened at no cost to the Member. The Town will fund the members HSA account upon the institution of the new plan in accordance with the levels provided for in Appendix "B".
- E. The Town shall maintain a "Section 125" Salary Reduction Agreement shall be designed to permit exclusion of the employees' share of health insurance premiums from taxable income. The Town makes no representations or guarantees as to the initial or continued viability of such a Salary Reduction Agreement, and shall incur no obligation to engage in any form of impact bargaining in the event that a change in law reduces or eliminates the tax exempt status of employee insurance premium contributions. So long as the Town make a good faith effort to comply with this paragraph, neither the Union nor any employee covered by this Agreement shall make any claim or demand, nor maintain any action against the Town of any of its members or agents for taxes, penalties, interest or other cost or loss arising from a flaw or defect in the Salary Reduction Agreement, or from a change in law which may reduce or eliminate the employee tax benefits to be derived therefrom. This waiver on the part of the Union shall not extend to acts which may be committed by the Town or its agent(s) other than acts in furtherance of the I.R.C. Section 125 plan.

Section 9.2

Employees are covered by the State Workers' Compensation Act. Any employee who is eligible for compensation under this Act shall be compensated at the rate prescribed by the Act and for the duration of time as prescribed by the Act. Such payments will be made to the employee on behalf of the Town by the Town's Workers' Compensation insurance carrier.

Section 9.3

The eligible employees covered by this Agreement shall be provided with coverage under the Town of New Milford Pension Plan.

The eligible Employees covered by this Agreement shall be provided with coverage under the Town of New Milford, Connecticut Pension Plan, Part B – Applicable to Participants Who Are UPSEU Dispatchers, Teamsters or AFSCME Members. January 1,

2000, such contributions are treated as “pick up” contributions under Section 414(h) of the Code.

Division 2, Pension Plan, 2-23-2-49 shall be amended to include the following language:

Effective July 1, 2018, no annual retirement benefit shall exceed a maximum of seventy percent (70%) of the employee’s “average annual compensation” as defined in the Pension Plan.

Notwithstanding the above:

Employees with at least twenty-five (25) years of credited service in the pension plan on 7/1/18 shall not receive an annual retirement benefit plan that is greater than:

1. seventy-five percent (75%) of the employee’s “average annual compensation”

Or

2. the percentage of the employee’s “average annual compensation” that he/she would have been entitled to receive had he/she retired on 7/1/18.

The parties agree that the earliest date that either party may demand to make any additional changes to the Town of New Milford Retirement System is earlier of the window period concurrent with the expiration of the Collective Bargaining Agreement between the Town of New Milford and the Union which succeeds the current agreement (July 1, 2018 – June 30, 2021) or between January 1 and January 31, 2022.

All other terms and conditions in the Pension Plan shall remain in full force and effect except as modified, changed, or replaced with the terms on this Section.

Section 9.4

The Town shall provide the health insurance benefits as set forth in this Article through a properly licensed insurance company in the State of Connecticut, or through an alternative self-insured arrangement. If benefits are self-insured by the Town, employees shall have all claims adjudicated in conformance with applicable confidentiality standards, along with the same internal rights of appeal extended by the service provider as if the benefits were insured. In no event shall, the coverage's and benefits provided through an alternative insurance carrier, managed care vendor, either self-insured or self-administered, be less than the benefits and coverage's as set forth in this Article. The size and scope of a preferred provider network of physicians, hospitals, dentists, etc., shall not be a factor in determining the duplication of benefits by an insurance carrier or managed care vendor. It is agreed that an alternative insurance carrier or managed care vendor can be selected by the

Town provided that the new insurance carrier or managed care vendor network includes 70% of the hospitals and physicians in Litchfield County and the Danbury Metropolitan area of the original preferred provider network of hospitals and physicians. The Town retains the sole and exclusive right to select and/or change insurance carriers or managed care vendors. The Union shall be notified of the Town's intent to change carriers thirty (30) days prior to the effective date of change.

Section 9.5 Insurance Waiver

An employee who is eligible for health benefits provided by the Town and where such benefits are extended to his/her spouse and/or child(ren), the employee may voluntarily elect, subject to Section 125 of the Internal Revenue Code, to waive all medical/ vision benefits, and in lieu thereof, be remunerated an annual amount of 2 months premium, provided the employee has completed a waiver form provided by the Town during the enrollment period. In order to be eligible for this annual payment, the employee must provide evidence of similar coverage under another group health benefit program. If an eligible employee has waived his/her insurance benefits the previous year, and does not notify the Town of his/her selection for the coming fiscal year, the waiver will remain in effect. Payment for the waiver will be made at the end of the term year.

An eligible employee choosing this option shall be able to rescind such option during the annual open enrollment window period, or as a result of a change in "family status". A change in "family status" results from the eligible employee's marriage, divorce, birth or adoption of a child, death of a spouse or child, or the loss other health benefit coverage. An employee wishing to change this waiver option must give the Town at least fifteen (15) days advance written notice. If such option is rescinded, all prior rescinded coverage will become effective at the beginning of the month following the written notice to reinstate such coverage. An eligible employee who reinstates health benefits during the medical plan year must reimburse the Town the money received for waiving such insurance coverage.

ARTICLE X VACATIONS

Section 10.0

Full-time employees with more than six (6) months of continuous service shall be entitled to the following vacation time:

At least 6 months, but not more than 1 full year	1 day per month
At least 1 full year, but not more than 4 full years	Two weeks (10) days

At least 5 full years, but not more than 11 full years	3 weeks (15) days
At least 12 full years but not more than 24 years	4 weeks (20) days
At least 25 full years	5 weeks (25) days

Twenty –five (25) days is the maximum amount of vacation an employee may receive. The vacation shall become effective in the fiscal year in which the employee's anniversary date falls.

An employee who has worked less than half of the scheduled hours as a result of unpaid leave in the prior fiscal year shall be credited with earned vacation on a pro rata basis. Vacation time continues to accrue for the first six months of any extended period of paid absence, including short term disability and workers' compensation.

Section 10.1

- A) The vacation period is July 1 through June 30 of each year. Application for vacation shall be made by the employee and is subject to the approval of the employee's supervisor. Once a request is made the Town shall either approve or deny the request in writing (within seven (7) working days) to the employee and stating the reason if the request is denied. There will be no bumping of vacation time once a vacation has been granted.
- B) Requests for vacation shall be submitted by July 1 of each year for time off for the months of January – June 30th.
- C) Request for vacation shall be submitted by January 1 for the months of July – December 31st.
- D) If two or more employees within a department request the same vacation time, the most senior employee shall be given preference.
- E) Request for vacation that are made after the time frame as described in the above shall be granted on a first come basis.

Section 10.2

Accrued vacation time unused at the time of an employee's termination for reasons other than discharge, except vacation leave carried over pursuant to Section 10.5 below, shall be paid to the employee on a pro rata basis.

Section 10.3

In the event of an employee's death, his spouse, or, if there is no spouse, his beneficiary or estate shall be paid for unused vacation time in the manner stipulated in the above Section 10.2.

Section 10.4

An employee who becomes ill during the course of his vacation leave shall be given an opportunity to change his vacation to sick leave, if he so desires, with the condition that he file with the Chief or his designee, a physician's certificate confirming the illness and its duration.

Section 10.5

- A. An employee may carry over a maximum of five (5) days of vacation leave into the next fiscal year. Payment in lieu of vacation shall not be permitted.
- B. An employee with fifteen (15) or more years of service may carry over a maximum of ten (10) days vacation into the next fiscal year.

ARTICLE XI **LEAVE PROVISIONS**

Section 11.0 Sick Leave Income Protection Plan

It is recognized that from time to time an employee may become pregnant or be stricken with a disabling illness or injury, and/or a sudden and/or serious illness of an immediate family member which will prevent the employee from performing the requirements of the job. In such instances, it is the intention of the parties to minimize the financial impact of absence from work.

- A. During each fiscal year, each employee shall be credited with one day of sick leave for each month of completed service. On July 1 of each fiscal year, employees who have completed twelve months of service in the preceding fiscal year shall be credited with twelve paid sick days. Employees who have not completed twelve months of service in the preceding fiscal year, either because they are newly hired or because they have been on extended leave longer than three months (the first three months of leave shall be counted as months of service), shall be credited on July 1 "with one paid sick day for each completed month of service in the preceding fiscal year and shall continue to accrue paid sick days for each month of service after July 1" to a maximum of twelve days for that fiscal year. Sick days shall be used to provide the employee with a paid absence for up to the first five (5) consecutive days of non-job-related illness or injury and for up to the first three (3) consecutive days of job-related illness or injury. Up to three (3) sick days per year may be used for the purpose of personal leave. Paid sick and personal leave days may be taken in hourly increments. Sick

days unused as of the end of the fiscal year shall be paid to the employee in the month of September at the rate of 75% for each unused day and at the rate in effect as of the prior June 30.

- B. Employees who are absent due to a non-job related disabling illness or injury for five (5) or more days and who are under the care of a medical doctor, shall receive for disability benefits provided that the employee periodically furnishes to the Town a Doctor's certificate describing the nature and duration of the disability and the fitness of the employee to return to work and further provided the employee has completed six (6) months of service with the Town and further provided the employee works 30 hours or more per week. Notwithstanding the foregoing, employees hired before January 1, 2000 who work 20 hours or more per week are eligible for disability benefits.
- C. Short Term Disability. Short term disability shall apply to an extended absence for non-job-related illness or injury or more than five (5) consecutive work days. After the first five (5) consecutive days of absence and for a maximum duration of twenty-six (26) weeks, weekly benefits will be paid in the amount of sixty-six and two thirds percent (66 2/3%) of normal weekly straight time earnings, provided the employee is under the care of a licensed physician.

To continue on Short Term Disability an employee on Short Term Disability must provide monthly work status notes from his/her physician. The Town has a right to schedule an IME regarding the employee's work capacity. If the employee's doctor and the Town's doctor disagree, then they shall choose a third doctor to determine the issue of work capacity. The third doctor's opinion shall prevail.

- D. Long Term Disability. Employees who, after twenty-six (26) weeks are totally disabled from working and are unable to perform their own job or any other occupation or trade to which they are suited by reason of education or training shall be eligible to receive a long-term disability benefit which shall be equal to sixty percent (60%) of their normal monthly straight time earnings at the time of their disablement less any payments for which they are eligible from Social Security and any other insurance or pension plan to which the Town has contributed. Employees shall be eligible for long term disability benefits for the length of their disablement up to the normal retirement date of the Federal Social Security Act. Employees who qualify for long term disability benefits without an expectation of return to work shall apply for a disability pension under the Town pension plan and for Social Security disability benefits.
- E. In the event the Town has reasonable cause to believe that an employee is abusing sick leave by taking sick days on three or more occurrences, for purposes other than personal illness, the Town may require written substantiation of the employee's illness from a medical doctor.

- F. If an employee's sick leave has been used, an employee may request any accrued vacation time, subject to the approval of the Chief or his designee.
- G. For employees hired on or before July 1, 2001, sick days accumulated before July 1, 2001 shall be retained in a sick leave bank and may be used, on a pro- rata basis, to supplement, to 100% of base salary, the short-term disability benefit described in the foregoing subsection C. Any sick leave accumulation remaining at the time of the employee's termination shall be paid to the employee or the employee's spouse or estate according to the following schedule:

Upon death – 50%.
Upon retirement with a minimum of 20 years of service – 50%.
Upon discharge – 0%.
At any other termination – 25%.

- H. If another dispatcher is out on an extended leave, the senior dispatcher will take over that other person's shift with two weeks' notice from the employer and continue on that shift until the end of that bid period. At the discretion of the senior dispatcher, he/she may waive the two weeks' notice. If the dispatcher on leave has not returned by the end of the bid period, then the senior dispatcher will participate in the subsequent bid and will continue to participate in the bid process until the dispatcher on leave returns. Once the dispatcher on leave returns, a new bid will be immediately held and the senior dispatcher will return to his/her regular 7:00 to 3:00 shift.

Section 11.1 Funeral Leave

Absence from duty because of death in the employee's immediate family shall be excused and compensated for under the following conditions:

- A. The immediate family shall mean: father, mother, father-in-law, mother-in-law, spouse, child, sister, brother, grandmother, grandfather, step-child, son-in-law, daughter-in-law, grandchild, or any other domestic partner/ family member domiciled in the family's household.
- B. The purpose of time off with pay is to prepare for and attend the funeral ceremonies.

Compensation shall not exceed three (3) days, except in the event of death of the employee's spouse, child, grandchild, father, mother, sister or brother, the compensation shall not exceed five (5) days.

Section 11.2 Union Business Leave

- A. Union Officials shall be allowed leave without pay to attend Union conventions or conferences for the period to attend the function, not to exceed one (1) week each

- and not more than two officials, in any fiscal year, as approved by the Chief or his/her designee.
- B. The Town shall recognize two employees, designated by the Union, for the purpose of handling grievances and time so spent shall be without loss of pay.
 - C. The Town shall recognize three (3) employees designated by the Union for the purpose of handling contract negotiations and time so spent by these employees shall be without loss of pay.

Section 11.3 Jury Duty

The Town shall pay an employee for his attendance at jury duty in accordance with Section 51-247 of the Connecticut General Statutes.

Section 11.4 Military Leave

An employee who is a member of the United States Army, Navy, Air Force, Marines, Coast Guard, national Guard, Reserves or Public Health Service will be granted a Military Leave of Absence (a "Military Leave") for military service, training or related obligations in accordance with applicable State and Federal Law.

Section 11.5 Personal Leave of Absence

Personal leaves of absence without pay may be granted at the discretion of the Chief, or his designee, for thirty (30) days, renewable up to ninety (90) days. Requests for Child-Rearing Leave shall be considered under this Section. After the first 30 days, continuation of benefits shall be at the employee's expense, unless otherwise provided by law FMLA.

Section 11.6 Personal Days

Members will be allowed three (3) days off for personal reasons, subject to a 24 hour approval of the Chief or his designee. A personal day is a privilege which is non-accumulative, and is subject to schedule and staffing requirements, except in the case of a family emergency. Personal leave days cannot be carried over from one fiscal year to the next.

ARTICLE XII **TERMINATION OF EMPLOYMENT DUE TO INABILITY TO WORK**

Section 12.0

The procedures of this Article shall be implemented when an employee who has been absent due to long term disability (either job-related or non-job-related) cannot return to work but no sooner than twenty-six (26) weeks from the date of disability. The 26 week waiting period shall not apply if before the 26 week period has elapsed, the employee's physician determines that the employee will not be able to return to work within a year of the date of disability.

Section 12.1

Upon notification from the Town to the employee pursuant to Section 12.0 above, the employee must present certification from his physician that the employee is able to perform or will be able to perform the essential functions of his job within a year of the date of disability. Date of disability shall be the first day the employee was unable to report to work due to disabling illness or injury. Successive periods of disability separated by less than three (3) calendar months are considered as the same disability when the illness or injury rendering the employee disabled remains the same. A return to work light duty on either a full-time or part-time basis shall not alter the original date of disability. If the employee's physician does not certify that the employee is able to perform, without limitation, the essential functions of his position or of any other available position offered by the Town, or, if in the opinion of a physician selected by the Town, the employee is found to be unable to perform said functions, the Town may terminate the employee. In such case, any disability benefits for which the employee may be eligible shall continue unaffected.

Section 12.2

When there is a conflict between the opinion of the employee's physician and the opinion of the physician selected by the Town, a third medical opinion shall be obtained. For such a purpose, the employee shall select a physician from a list of three providers (with the appropriate medical specialty) selected by the Town. The third medical opinion shall prevail.

Section 12.3

In the event the employee does not report for the required medical evaluations, the employee may be terminated and such termination shall be deemed to be for just cause.

ARTICLE XIII **DISCIPLINARY PROCEDURE**

Section 13.0

- A. No employee shall be discharged or otherwise disciplined except for just cause; except that the Town shall have the right in its sole discretion to discipline and discharge any employee during such employee's probationary period.

- B. All warnings (except oral warnings), suspensions and discharges shall be stated in writing with reasons given and a copy given to the employee and the Union.

ARTICLE XIV **GRIEVANCE PROCEDURE**

Section 14.0 Purpose

This procedure is established to ensure an equitable resolution of problems arising out of the employer-employee relationship between the Town and the Union and to provide a means and method of settling employee grievances on a low administrative level as possible and thereby achieve maximum efficiency as well as the highest morale among the employees.

Section 14.1 Definitions

A grievance for the purpose of this procedure shall be deemed to be an employee or Union complaint involving a matter relating to the interpretation and application of the specific terms and conditions of this Agreement. The term "working days" shall be defined as the hours of operation of the New Milford Town Hall.

Section 14.2 Time Extensions

Time extensions beyond those set forth in this Article may be agreed upon by mutual consent of the parties hereto.

Section 14.3 Procedure

Step One: Within fourteen (14) calendar days of the date of the occurrence giving rise to a grievance, the aggrieved may, with or without Union representation submit the grievance in writing, signed by him and his Union representative to the department head or his designee. The department head or his designee shall schedule a meeting as soon as possible and no later than fourteen (14) calendar days with all those concerned to discuss the grievance. The decision of the department head shall be delivered in writing to the employee and to the Union representative within fourteen (14) calendar days after the meeting.

Step Two: If the aggrieved is dissatisfied with the decision rendered by the department head, said grievance shall, within fourteen (14) calendar days of receipt of the Step One response, be submitted in writing to the Mayor or his/her designee. The Mayor or his/her designee shall within fourteen (14) calendar days of the receipt of the grievance submit his decision in writing to the employee and his representative.

Step Three: If the grievance shall not have been disposed of to the satisfaction of the aggrieved or if the Mayor or his designee shall fail to render his decision within fourteen (14) calendar days after the receipt of the grievance, the Union shall have the right to submit the grievance for final solution to the Connecticut State Board of Mediation and Arbitration within fourteen (14) calendar days after the date of such decision by the Mayor or his designee or within twenty-eight (28) calendar days after receipt of the grievance by the Mayor or his/her designee. The decision of the arbitrator(s) shall be final and binding upon both parties but shall not contravene, alter, add to or subtract from the specific terms of this Agreement. The parties shall share equally in the cost of arbitration.

Section 14.4

If the Town fails to provide a written response to the grievance within the time limits of this grievance procedure, the grievance shall be considered denied as of the date the answer is due and the Union may submit the grievance to the next step of the grievance procedure.

ARTICLE XV **SAVINGS CLAUSE**

Section 15.0

In the event that any Article, Section or portion thereof; of this Agreement is held unlawful and unenforceable by any court of competent jurisdiction, such decision of the court shall apply only to the Article, Section or portion thereof directly specified in the decision.

ARTICLE XVI **NO DISCRIMINATION**

Section 16.0

Both parties agree to continue their policies of not discriminating against any employee on the basis of race, color, religion, age, sex, ancestry, national origin, marital status, sexual orientation, veteran status, political affiliation and activity, disability which is unrelated to the ability of the employee to perform a particular job or any other characteristic protected by applicable federal or state laws. Grievances brought under this Section are limited to the first two steps of the grievance procedure and shall not be subject to arbitration.

Section 16.1

As used in this Agreement, masculine or feminine pronouns shall include reference to either sex.

ARTICLE XVII **TUITION ASSISTANCE**

Section 17.0

The Town shall provide assistance to full-time employees in reimbursement for tuition expense incurred by employees enrolled in job-related educational courses subject to a maximum of one thousand dollars (\$1,000.00) each fiscal year per employee.

This tuition assistance is subject to the following limitations:

- A. Courses must be sponsored by a recognized educational institution, that is, a college or university accredited by a recognized regional or national accrediting association.
- B. Correspondence courses are excluded.
- C. Courses must be completed with a passing grade of "C" or better or "Pass" if the course is ungraded
- D. The employee must submit the published course description to and obtain approval from the immediate supervisor and from the Mayor or designee before enrolling in the course. Written certification by the immediate supervisor that the course is job-related is required.
- E. Upon completion of the course, the employee must forward a transcript of grades and invoices for the cost of tuition to the Personnel Office.
- F. The rate of reimbursement shall be, for a Grade of "B" or better, 75% of tuition cost and, for a Grade of "C" or "Pass", 50% of tuition cost.

ARTICLE XVIII **MISCELLANEOUS**

Section 18.0

Union may use one bulletin board to be designated by the Town in each building where bargaining unit member's work.

Section 18.1

The Union will provide each employee with a copy of this Agreement within thirty (30) days after the date of the signing of this Agreement. New employees will be provided

with a copy of this Agreement by the Town at the time of hire. Three (3) signed copies will be given to both the Union and the Town upon signing. The Town shall post this Agreement on the Town's website.

Section 18.2

If the Town requires an employee to attend a course of instruction directly related to the employee's job, the Town shall pay the course tuition and materials costs.

Section 18.3

With the prior approval of the Chief or his designee, and subject to the availability of funds, an employee may attend educational seminars or conferences directly related to the employee's job during working hours without loss of pay.

Section 18.4

- 1) The Town shall provide each new full-time dispatchers with a complete set of uniforms. This shall include 4 pairs of pants, 3 long-sleeved shirts, 3 short-sleeved shirts, 1 fleece, 1 belt, 1 pair of boots (not to exceed \$150.00) and 1 headset. The Town shall replace these items as needed.
- 2) The Town shall arrange and pay for cleaning of the dispatcher uniforms for the duration of the contract. Alterations are permissible consistent with the NMPD Policy and Procedures. Dispatchers re required to wear the issued uniform at all times including on-duty venues, except as otherwise authorized by the Chief.

Section 18.5

Dispatchers who are scheduled to attend six (6) hours or more of training/meetings in one day shall be given a meal allowance of \$10.00 per day. This shall apply only to training/meetings held in locations other than the New Milford Police Department, but inside the State of Connecticut. If the training/meeting is held outside of the State of Connecticut, the dispatcher shall be given a meal allowance of \$30.00 per day.

Section 18.6

All employees shall be subject to the Town's Drug and Alcohol Abuse Policy.

Section 18.7

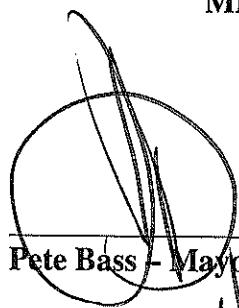
Dispatchers assigned as training dispatchers shall be compensated \$600.00 per year. \$300.00 will be paid at the last pay period in June and the other \$300.00 will be paid the last pay period in December.

ARTICLE XIX **DURATION**

Except where provided otherwise, this Agreement shall be effective and remain in full force and effect from the date hereof through June 30, 2021 and thereafter, shall be considered automatically renewed for successive periods of one (1) year, unless either party shall, on or before one hundred fifty (150) days prior to the termination of this Agreement, but no sooner than one hundred eighty (180) days, serve written notice on the other party of a desire to terminate, modify or amend this Agreement, providing, however, it is understood and agreed that the parties will begin negotiations within a reasonable time after notice shall be given to the other party.

IN WITNESS WHEREOF, the parties have set their hands on this 13th day of June, 2018.

**FOR THE TOWN OF NEW
MILFORD**



Pete Bass - Mayor

Date: 6/13/18

**FOR THE UNITED PUBLIC
SERVICE EMPLOYEES UNION
NEW MILFORD
EMERGENCY DISPATCHERS UNIT
#911**



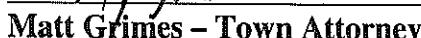
Ron Suraci - UPSEU Regional Director

Date: 6-13-18

Witnessed by:



Greg Rollaro - Personnel Director



Matt Grimes - Town Attorney

Witnessed By:



Frank Collida - Local Unit #911



Justin Reynolds - UPSEU Negotiator

APPENDIX A JOB CLASSIFICATIONS

Current as of June 30, 2018

Emergency Dispatcher	\$24.91
Certified Emergency Dispatcher	\$26.61
Senior Dispatcher	\$28.61

WAGES

1.5% increase for the 1st year of this agreement (July 1, 2018 through June 30, 2019), (retroactive if necessary)

1.75% increase for the 2nd year of this agreement (July 1, 2019 through June 30, 2020)

1.75% increase for the 3rd year of this agreement (July 1, 2020 through June 30, 2021)

The Senior Dispatcher will make \$2.00 per hour more than Certified Emergency Dispatcher

EXHIBIT "B"

New Milford - Town & BOE

Dispatchers

Dispatchers

Based off SOB

Bargaining Period

Rate Plan Year

Prem Rates (plan diff)

Medical - Ee Only

\$878.78

\$1,091.65

Medical - Ee+1

\$1,757.56

\$2,183.31

Medical - Family

\$2,372.70

\$2,947.47

HSA Funding (% ded)

40%

n/a

Ee Only

\$66.67

Ee + 1

\$133.33

Family

\$133.33

Enrollment

Ee Only

6

6

Ee + 1

2

2

Family

0

0

Annual Premium

\$105,454

\$130,998

Annual HSA Funding

\$8,000

\$0

Net Town Cost

\$100,799

\$100,869

Reduction in EE Contribution
Current PPO to Proposed HDHP

\$700

\$1,399

\$1,889

HSA Seed Money

\$800

\$1,600

\$1,600

Combined Savings

\$1,500

\$2,999

\$3,489

In-Network

Deductible Single

\$2,000

\$300

Deductible Family

\$4,000

\$600

Coinsurance

0%

10%

OOP Max Single

\$4,000

\$900

OOP Max Family

\$8,000

\$1,800

Preventive Care

\$0

\$0

Immunizations

\$0

\$0

Mammogram, PAP and PSA

Tests

\$0

\$0

Office visit copay

\$0 after deductible

\$25

Specialist visit copay

\$0 after deductible

\$35

Emergency Room

\$0 after deductible

\$100

Urgent Care

\$0 after deductible

\$35

Outpatient Facility Services

\$0 after deductible

deductible & coinsurance

Inpatient Hospital Facility	\$0 after deductible	deductible & coinsurance
Inpatient Hospital Physician	\$0 after deductible	\$0
Lab & X-Ray (non adv)	\$0 after deductible	deductible & coinsurance
Advanced Radiology Imaging	\$0 after deductible	\$75/visit to \$375 max
Short-term Rehabilitation	\$0 after deductible	\$25 or \$35
Home Health Care	\$0 after deductible	\$50 deductible & coinsurance
Skilled Nursing Facility	\$0 after deductible	deductible & coinsurance
Durable Medical Equipment	\$0 after deductible	deductible & coinsurance
External Prosthetic Appliances	\$0 after deductible	deductible & coinsurance
earing Aid (cov. through age 12)	\$0 after deductible	\$0
Hospice	\$0 after deductible	deductible & coinsurance
Mental Health Inpatient	\$0 after deductible	deductible & coinsurance
Mental Health Outpatient	\$0 after deductible	\$25
Substance Use Inpatient	\$0 after deductible	deductible & coinsurance
Substance Use Outpatient	\$0 after deductible	\$25

Out-of-Network

Deductible Single	\$2,000	\$1,000
Deductible Family	\$4,000	\$2,000
Coinsurance	20%	30%
Maximum Reimbursable Charge	300%	300%
OOP Max Single	\$4,000	\$3,000
OOP Max Family	\$8,000	\$6,000
Lifetime Maximum	Unlimited	Unlimited

Prescription Drugs

Pharmacy Deductible	n/a	n/a
Retail Generic	\$0 after deductible	\$10
Preferred Brand	\$0 after deductible	\$20
Non-Preferred Brand	\$0 after deductible	\$35
Retail Dose Limit	30 day	30 day
Mail Generic	\$0 after deductible	\$20
Mail Preferred Brand	\$0 after deductible	\$40
Mail Non-Listed Brand	\$0 after deductible	\$70
Mail Order Dose Limit	90 day	90 day
Specialty Rx		
CY Maximum	Unlimited	Unlimited
Brand - Gen Avail	Copay Only	
Step Therapy	No	
Prior Authorization	No	

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SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
For - New Milford: Town and Board of Education
Choice Fund Open Access Plus HSA Plan - Admins & Dispatchers

Selection of a Primary Care Provider - your plan may require or allow the designation of a 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.

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

Employer Contribution

Employee - \$800
Family - \$1,600

Plan Highlights		In-Network	Out-of-Network
Lifetime Maximum		Unlimited	
Coinsurance		Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge		Not Applicable	300%
Contract Year Deductible		Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000

The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.

- Plan deductible always applies before any copay or coinsurance.
- All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
- This plan includes a combined Medical/Pharmacy plan deductible.

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

Plan Highlights		In-Network	Out-of-Network
Contract Year Out-of-Pocket Maximum		Individual: \$2,000 Family: \$4,000	Individual: \$4,000 Family: \$8,000
<ul style="list-style-type: none"> The amount you pay for all covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums. Plan deductible contributes towards your out-of-pocket maximum. Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. 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%. This plan includes a combined Medical/Pharmacy out-of-pocket maximum. 			
Benefit	Benefit	In-Network	Out-of-Network
Physician Services			
Physician Office Visit – Primary Care Physician (PCP)/Specialist		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
• All services including Lab & X-ray			
NOTE: 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)			
Surgery Performed in Physician's Office		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Treatment/Injections Performed in Physician's Office		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Serum		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
• Dispensed by the physician in the office			
Cigna Telehealth Connection Services		After the plan deductible is met, your plan pays 100%	Not Covered
• 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)			
Preventive Care			
Preventive Care		Plan pays 100%	After the plan deductible is met, your plan pays 80%
• 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.			
Immunizations			
Mammogram, PAP, and PSA Tests		Plan pays 100%	After the plan deductible is met, your plan pays 80%
• 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.			

Benefit	In-Network	Out-of-Network
Inpatient		
Inpatient Hospital Facility	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Inpatient Professional Services		
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient		
Outpatient Facility Services	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient Professional Services		
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Short-Term Rehabilitation - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Short-Term Rehabilitation - Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Contract Year Maximums:	Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 50 days	
	Cardiac Rehabilitation - Unlimited days	
	Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.	
Note:	Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.	
Other Health Care Facilities/Services		
Home Health Care	After the plan deductible is met, (includes outpatient private duty nursing subject to medical necessity)	After the plan deductible is met, your plan pays 80%
• Unlimited days maximum per Contract Year		
• 16 hour maximum per day		
• Includes outpatient private duty nursing subject to medical necessity with a separate maximum of \$15,000 per Contract Year		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
• 180 days maximum per Contract Year		
Durable Medical Equipment	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
• Unlimited maximum per Contract Year		

Benefit	In-Network	Out-of-Network
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> • Limited to the rental of one breast pump per birth as ordered or prescribed by a physician • Includes related supplies 	Your plan pays 100%	After the plan deductible is met, your plan pays 80%
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Foot Disorders	Not Covered	Not Covered
Hearing Aid <ul style="list-style-type: none"> • Unlimited maximum devices per Contract Year • Includes testing and fitting of hearing aid devices • Coverage through age 12 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Wigs <ul style="list-style-type: none"> • Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Medical Specialty Drugs		
Inpatient <ul style="list-style-type: none"> • 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 100%	After the plan deductible is met, your plan pays 80%
Outpatient Facility Services <ul style="list-style-type: none"> • 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 100%	After the plan deductible is met, your plan pays 80%
Physician's Office <ul style="list-style-type: none"> • 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 100%	After the plan deductible is met, your plan pays 80%
Home <ul style="list-style-type: none"> • 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 100%	After the plan deductible is met, your plan pays 80%

Place of Service - your plan pays based on where you receive services

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 100% ^	Plan pays 80% ^
	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 100% ^	Plan pays 80% ^
Advanced Radiology Imaging	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		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
Emergency Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^	
Urgent Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^		Not Applicable*	
*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.								
Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services		In-Network		Out-of-Network	
	In-Network	Out-of-Network	Plan pays 80% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^
Hospice	Plan pays 100% ^		Plan pays 80% ^		Plan pays 100% ^		Plan pays 80% ^	
Bereavement Counseling	Plan pays 100% ^		Plan pays 80% ^		Plan pays 100% ^		Plan pays 80% ^	
Note: Services provided as part of Hospice Care Program								
Note: Services where plan deductible applies are noted with a caret (^).								

7/1/2018

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KitTrak# CSM17382

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Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ▲	Plan pays 80% ▲	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
Maternity								
Note: Services where plan deductible applies are noted with a caret (^).								
Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (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 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲
Family Planning - Men's Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲
Includes surgical services, such as vasectomy (includes reversals)								
Family Planning - Women's Services	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 80% ▲	Plan pays 100%	Plan pays 80% ▲	Plan pays 100%	Plan pays 80% ▲
Includes surgical services, such as tubal ligation (includes 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
Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 80% ▲
Infertility										
Unlimited lifetime maximum	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲	Plan pays 100% ▲	Plan pays 80% ▲
Bariatric Surgery										
Surgeon Charges Lifetime Maximum: Unlimited										
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.										
The following are excluded:										
• medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.										
• weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision										
Note: Services where plan deductible applies are noted with a caret (^).										
Organ Transplants										
• Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility: In-Network: \$10,000 maximum per Transplant										
Note: Services where plan deductible applies are noted with a caret (^).										
Mental Health										

7/1/2018

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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							
Substance Use Disorder	No charge ^	Plan pays 80% ^	No charge ^	Plan pays 80% ^	No charge ^	Plan pays 80% ^							
Note: Services where plan deductible applies are noted with a caret (^).													
Notes: Detox is covered under medical.													
<ul style="list-style-type: none"> • 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 													
<h2>Mental Health and Substance Use Disorder Services</h2> <p>Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs</p> <p>Cigna Total Behavioral Health - Inpatient and Outpatient Management</p> <ul style="list-style-type: none"> • 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 													
<h2>Pharmacy</h2> <h3>Cost Share and Supply</h3> <p>Cigna Pharmacy Cost Share</p> <ul style="list-style-type: none"> • Retail – up to 90-day supply (except Specialty up to 30-day supply) • Home Delivery – up to 90-day supply 													
<table border="1"> <thead> <tr> <th>In-Network</th> <th>Out-of-Network</th> </tr> </thead> <tbody> <tr> <td> Retail (per 30-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0% </td><td> Retail: You pay 20% Your plan pays 80% </td></tr> <tr> <td> Retail (per 90-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0% </td><td> Home Delivery: Not Covered </td></tr> <tr> <td> Home Delivery (per 90-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0% </td><td></td></tr> </tbody> </table>						In-Network	Out-of-Network	Retail (per 30-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0%	Retail: You pay 20% Your plan pays 80%	Retail (per 90-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0%	Home Delivery: Not Covered	Home Delivery (per 90-day supply): Generic: You pay 0% Preferred Brand: You pay 0% Non-Preferred Brand: You pay 0%	
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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.
- Patient is responsible for the applicable cost share based upon the tier of the dispensed medication.
- 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 Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com. Some highlights:

- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.
- 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.
- Lifestyle drugs are covered - limited to sexual dysfunction.
- Oral Fertility 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.
- Step Therapy on select classes of medications and drugs new to the market
- 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
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- 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.

eVisits

Relay Health provides an online consultation service, or "eVisit," with doctors. The eVisit guides patients through an interactive interview that delivers to doctors the information they need to respond to non-urgent conditions. Individuals pay a predetermined copay or coinsurance based on their benefit plan design. After the eVisit is completed, a claim is automatically submitted to Cigna for reimbursement.

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

Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (300%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

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.

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Additional Information

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

In-Network: Coordinated by your physician

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

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

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

	Holistic health support for the following chronic health conditions:
	<ul style="list-style-type: none">• Heart Disease• Coronary Artery Disease
	<ul style="list-style-type: none">• Angina• Congestive Heart Failure
	<ul style="list-style-type: none">• Acute Myocardial Infarction• Peripheral Arterial Disease
	<ul style="list-style-type: none">• Asthma• Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
	<ul style="list-style-type: none">• Diabetes Type 1• Diabetes Type 2
	<ul style="list-style-type: none">• Metabolic Syndrome/Weight Complications• Osteoarthritis
	<ul style="list-style-type: none">• Low Back Pain• Anxiety
	<ul style="list-style-type: none">• Bipolar Disorder• Depression

Definitions

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

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

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

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

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.
- 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 would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider 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. Provided further, if you use a coupon provided by a pharmaceutical manufacturer or other third party that discounts the cost of a prescription medication or other product, Cigna may, in its sole discretion, reduce the benefits provided under the plan in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts to which the value of the coupon has been applied by the Pharmacy or other third party, and/or exclude from accumulation toward any plan Deductible or Out-of-Pocket Maximum the value of any coupon applied to any Copayment, Deductible and/or Coinsurance you are required to pay.
- Charges arising out of or related 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 therapies or devices that are determined by the utilization review Physician to be:
 - 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;
 - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
 - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self esteem.
- The following services are excluded from coverage regardless of clinical indications: Acupuncture; Dance therapy; Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or non-surgical treatment of TMJ disorders.

Exclusions

- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- 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.
- 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 inpatient private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures.
- 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.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that 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.

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Exclusions

- 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.

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.

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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 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. 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>.



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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 1800.244.6224 (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 LƯU Ý: Quý vị được cung 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 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 디이얼 711)번으로 전화주시오.

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 участуете 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 الاتصال بالرقم المدون على ظهر بطاقكم الشخصية. أو اتصل بـ Cigna على رقم 1.800.244.6224 (الحالين). (711: اتصل بـ 1800.244.6224).

French Creole – ATANSYON: Gén sèvis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki déyè 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 dostępnjej 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す。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)
مشتریان فعلی: خدمات کمک زبانی، به صورت رایگان به شما ارائه می شود. برای مشتریان فعلی Cigna با شماره که بر پشت کارت شناسایی شماست تماس بگیرید. در غیرین صورت با شماره 1.800.244.6224 (شماره تلفن وردہ نشوانیاں: شماره 711) را شمار مگری کنید).

EXHIBIT C

SUMMARY OF BENEFITS

Cigna Health and Life Insurance Co.

New Milford: Town and Board of Education
Open Access Plus Plan Dispatchers & BOE OAP



Selection of a Primary Care Provider - your plan may require or allow the designation of a 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.

Plan Highlights

	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Coinsurance	Your plan pays 90%	Your plan pays 70%
Maximum Reimbursable Charge	Not Applicable	300%
Contract Year Deductible	Individual: \$300 Family: \$600	Individual: \$1,000 Family: \$2,000
	Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles.	
	Copays always apply before plan deductible and coinsurance.	
	After each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan. Or, after the family deductible has been met, covered expenses for each eligible family member will be paid based on the coinsurance level specified by the plan.	
Note: Services where plan deductible applies are noted with a caret (^).		
Contract Year Out-of-Pocket Maximum	Individual: \$900 Family: \$1,800	Individual: \$3,000 Family: \$6,000
	Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums.	
	Plan deductible contributes towards your out-of-pocket maximum.	
	All copays and benefit deductibles contribute towards your out-of-pocket maximum.	
	Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum.	
	After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.	
	This plan includes a combined Medical/Pharmacy out-of-pocket maximum.	

Benefit	In-Network	Out-of-Network
Physician Services		
Physician Office Visit – Primary Care Physician (PCP)	\$25 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 70%
• All services including Lab & X-ray		After the plan deductible is met, your plan pays 70%
Physician Office Visit – Specialist	\$35 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 70%
• All services including Lab & X-ray		
NOTE: 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)		
Surgery Performed in Physician's Office	Your plan pays 100%	Your plan pays 70% ^
Allergy Treatment/Injections	Your plan pays 100%	Your plan pays 70% ^
Allergy Serum - PCP	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
Allergy Serum - Specialist	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
• Dispensed by the physician in the office		
Cigna Telehealth Connection Services	\$25 copay, then your plan pays 100%	Not Covered
• 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)		
Preventive Care		
Preventive Care	Plan pays 100%	PCP: After the plan deductible is met, your plan pays 70% Specialist: After the plan deductible is met, your plan pays 70%
• 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.		
Immunizations	Plan pays 100%	PCP: After the plan deductible is met, your plan pays 70% Specialist: After the plan deductible is met, your plan pays 70%
Mammogram, PAP, and PSA Tests	Plan pays 100%	PCP: After the plan deductible is met, your plan pays 70% Specialist: After the plan deductible is met, your plan pays 70%
• 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.		

Benefit	In-Network	Out-of-Network
Inpatient		
Inpatient Hospital Facility	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate		
Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to ICU/CCU daily room rate		
Inpatient Physician's Visit/Consultation	Your plan pays 100%	Your plan pays 70% ^
Inpatient Professional Services		
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100%	Your plan pays 70% ^
Outpatient		
Outpatient Facility Services	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
Outpatient Professional Services		
• For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	Your plan pays 100%	Your plan pays 70% ^
Short-Term Rehabilitation - PCP	\$25 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 70%
Short-Term Rehabilitation - Specialist	\$35 copay, then your plan pays 100%	After the plan deductible is met, your plan pays 70%
Contract Year Maximums:		
• Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 50 days		
• Cardiac Rehabilitation - Unlimited days		
• Limits are not applicable to mental health conditions for Physical, Speech and Occupational therapies.		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient short term rehab therapy maximum.		
Other Health Care Facilities/Services		
Home Health Care	\$50 deductible per Contract year, then your plan pays 90%	\$50 deductible per Contract year, then your plan pays 70%
(includes outpatient private duty nursing subject to medical necessity)		
• Unlimited days maximum per Contract Year		
• 16 hour maximum per day		
• Includes outpatient private duty nursing subject to medical necessity with a separate maximum of \$15,000 per Contract year		
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
• 180 days maximum per Contract Year		
Durable Medical Equipment	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
• Unlimited maximum per Contract Year		

Benefit	In-Network	Out-of-Network
Breast Feeding Equipment and Supplies <ul style="list-style-type: none"> Limited to the rental of one breast pump per birth as ordered or prescribed by a physician Includes related supplies 	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> Unlimited maximum per Contract Year 	After the plan deductible is met, your plan pays 90%	After the plan deductible is met, your plan pays 70%
Routine Foot Disorders	Not Covered	Not Covered
Hearing Aid <ul style="list-style-type: none"> Unlimited maximum per Contract Year Includes testing and fitting of hearing aid devices Coverage through age 12 	Your plan pays 100% [▲]	Your plan pays 70% [▲]
Wigs <ul style="list-style-type: none"> Unlimited maximum per Contract Year 	Your plan pays 100%	Your plan pays 70% [▲]
Medical Specialty Drugs		
Inpatient <ul style="list-style-type: none"> 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%
Outpatient Facility Services <ul style="list-style-type: none"> 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%
Physician's Office <ul style="list-style-type: none"> 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. 	Your plan pays 100%	After the plan deductible is met, your plan pays 70%
Home <ul style="list-style-type: none"> 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
Laboratory	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% ^
	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% ^
Advanced Radiology Imaging	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	\$75 per visit copay*, then plan pays 100%	Covered same as plan's Outpatient Facility Services
	Your plan pays 100%							

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

*\$375 copay maximum per Contract Year

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
Emergency Care	\$100 per visit (copay waived if admitted) then your plan pays 100%		Plan pays 100%		Plan pays 100% ^	
Urgent Care	\$35 per visit, then your plan pays 100%		Plan pays 100%		Not Applicable*	
*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.					Outpatient Services	
Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 70% ^	Plan pays 70% ^
Bereavement Counseling	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 70% ^	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		(All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Global Maternity Fee (Performed by OB/GYN or Specialist)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100%	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
Note: Services where plan deductible applies are noted with a caret (^).										
Benefit	Physician's Office	Inpatient Facility	Inpatient Facility	Outpatient Facility	Inpatient Facility	Outpatient Facility	Inpatient Professional Services	Inpatient Professional Services	Inpatient Professional Services	Outpatient Professional Services
Abortion (Elective and non-elective procedures)	Covered same as Physician's Office Services	Covered same as Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^
Family Planning - Men's Services	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 100% ^	Plan pays 70% ^	Plan pays 100% ^	Plan pays 70% ^
Includes surgical services, such as vasectomy (includes reversals)										
Family Planning - Women's Services	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 (includes reversals) Contraceptive devices as ordered or prescribed by a physician.										

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Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
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 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 70% ^
Infertility	Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.									
Unlimited lifetime maximum	Covered same as Physician's Office Services	Covered same as Physician's Office Services	Plan pays 90% ^	Plan pays 70% ^	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^	Plan pays 100%	Plan pays 70% ^
Bariatric Surgery	Surgeon Charges Lifetime Maximum: Unlimited									

Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered.
The following are excluded:

- medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity.
- weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision

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

Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Cigna LifeSOURCE Transplant Network ® Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network	Cigna LifeSOURCE Transplant Network ® Facility In-Network	Non-Lifesource Facility In-Network	Out-of-Network
Organ Transplants	Plan pays 100%	Plan pays 90% ^	Plan pays 70% ^	Plan pays 100%	Plan pays 90% ^	Plan pays 70% ^

Note: Maximum - Cigna LifeSOURCE Transplant Network® 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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 90% ^	Plan pays 70% ^	\$25 copay	Plan pays 70% ^	\$25 copay	No charge	Plan pays 70% ^	No charge	Plan pays 70% ^
Substance Use Disorder	Plan pays 90% ^	Plan pays 70% ^	\$25 copay	Plan pays 70% ^	\$25 copay	No charge	Plan pays 70% ^	No charge	Plan pays 70% ^

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

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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								
<ul style="list-style-type: none"> • 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 								
<h3>Mental Health and Substance Use Disorder Services</h3> <p>Cigna Total Behavioral Health - Inpatient and Outpatient Management</p> <ul style="list-style-type: none"> • 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 								
<h3>Pharmacy</h3> <h3>Cost Share and Supply</h3> <p>Cigna Pharmacy Cost Share</p> <ul style="list-style-type: none"> • Retail – up to 90-day supply (except Specialty up to 30-day supply) • Home Delivery – up to 90-day supply 								
In-Network	Retail (per 30-day supply): Generic: You pay \$10 Preferred Brand: You pay \$20 Non-Preferred Brand: You pay \$35		Retail: You pay 30% Your plan pays 70%		Home Delivery: Not Covered			
	Retail (per 90-day supply): Generic: You pay \$20 Preferred Brand: You pay \$40 Non-Preferred Brand: You pay \$70							
	Home Delivery (per 90-day supply): Generic: You pay \$20 Preferred Brand: You pay \$40 Non-Preferred Brand: You pay \$70							

Pharmacy	In-Network	Out-of-Network
<p>Drugs Covered</p> <p>Prescription Drug List: Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.</p> <p>Some highlights:</p> <ul style="list-style-type: none"> • Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs. • 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. • Lifestyle drugs are covered - limited to sexual dysfunction. • Oral Fertility drugs are covered. 	<p>Pharmacy Program Information</p> <p>Pharmacy Clinical Management</p> <p>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:</p> <ul style="list-style-type: none"> • Prior authorization requirements. • Step Therapy on select classes of medications and drugs new to the market • 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 • Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies. • 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. 	<p>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.</p> <ul style="list-style-type: none"> • 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. • Patient is responsible for the applicable cost share based upon the tier of the dispensed medication. • Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits. • 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.

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.

eVisits

Relay Health provides an online consultation service, or "eVisit," with doctors. The eVisit guides patients through an interactive interview that delivers to doctors the information they need to respond to non-urgent conditions. Individuals pay a predetermined copay or coinsurance based on their benefit plan design. After the eVisit is completed, a claim is automatically submitted to Cigna for reimbursement.

Maximum Reimbursable Charge

Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations. Payments made to health care professionals not participating in Cigna's network are determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or a percentage (300%) of a fee schedule developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule is not used, and the maximum reimbursable charge for covered services is determined based on the lesser of: the health care professional's normal charge for a similar service or supply, or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. The health care professional may bill the customer the difference between the health care professional's normal charge and the Maximum Reimbursable Charge as determined by the benefit plan, in addition to applicable deductibles, co-payments and coinsurance.

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 50% of covered expenses or \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- 50% penalty applied to any admission reviewed by Cigna Healthcare and not certified.
- 50% penalty applied to any additional days not certified by Cigna Healthcare.

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

Additional Information

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

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

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 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 otherwise applicable to the services received. Provided further, if you use a coupon provided by a pharmaceutical manufacturer or other third party that discounts the cost of a prescription medication or other product, Cigna may, in its sole discretion, reduce the benefits provided under the plan in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts to which the value of the coupon has been applied by the Pharmacy or other third party, and/or exclude from accumulation toward any plan Deductible or Out-of-Pocket Maximum the value of any coupon applied to any Copayment, Deductible and/or Coinsurance you are required to pay.
- Charges arising out of or related 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 therapies or devices that are determined by the utilization review Physician to be:
 - 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;
 - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use;
 - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" section of this plan; or
 - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" section(s) of this plan.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self esteem.
- The following services are excluded from coverage regardless of clinical indications: Acupressure; Dance therapy; Movement therapy; Applied kinesiology; Rolfing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or non-surgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- 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

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, 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 inpatient private duty except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, and dentures.
- 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.
- Treatment by acupuncture.
- All non-injectable prescription drugs, injectable prescription drugs that 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.
- 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.

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 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. 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://ocportal.hhs.gov/ocr/portal/lobbyjsif>, 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 LƯU Ý: Quý vị được cung 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 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 디아일 711)번으로 전화해주세요.

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: 1-dial ang 711).

Russian – ВНИМАНИЕ: вам могут предоставить бесплатные услуги перевода. Если вы уже участуете 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).

Cigna – برجهاء الاتصال بالرقم المدون على ظهر بطائقكم الشخصية. او اتصل بـ Cigna – برجهاء الاتصال بالرقم المدون على ظهر بطائقكم الشخصية. او اتصل بـ (TTY: 1.800.244.6224).

French Creole – ATANSYON: Gen sèvis èd nan lang ki disponib gratis pou ou. Pou Klyan Cigna yo, reie nimewo ki déyé kat ID ou. Sinon, reie 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: marca 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す。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、1800.244.6224 (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 می شود. برای مشتریان فارسی، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. توغه غیر رسانه ای شماره 711 را اینصورت با شماره 1.800.244.6224 تسلیم بگیرید (شماره تلفن ویژه ناشر ایران: شماره 711). شماره مکرری کنید.

Exhibit D

Cigna Dental Benefit Summary
New Milford Town & Board of Education
DENT1 – Town Full Dental Rider A
Plan Renewal Date: 07/01/2018



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.

Cigna Dental PPO				
Network Options	In-Network: Total Cigna DPPO Network	Non-Network: See Non-Network Reimbursement		
Reimbursement Levels	Based on Contracted Fees			Maximum Reimbursable Charge
Calendar Year Benefits Maximum Applies to: Class I, II & III expenses	Unlimited			Unlimited
Calendar Year Deductible Individual Family	\$0 \$0			\$0 \$0
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive 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
Class II: Basic Restorative Restorative: fillings (amalgam & composite) Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor 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
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Oral Surgery: major	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class IV: Orthodontia	Not Covered	100% of your dentist's usual fee	Not Covered	100% of your dentist's usual fee
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 95th percentile of all provider charges in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	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.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed.
Alternate Benefit Provision	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. This provision does not apply to fillings.
Oral Health Integration Program (OHIP)	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 www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
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	1 per calendar year for children under age 19
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 for children under age 19
Inlays, Crowns, Bridges, Dentures and Partials	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.
Benefit Exclusions:	
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;	
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.