
AGREEMENT
BETWEEN
THE PLAINFIELD BOARD OF EDUCATION
AND
LOCAL 1303-189 OF
CONNECTICUT COUNCIL #4
AFSCME, AFL-CIO

2016-2019

PARA-EDUCATORS

CONTRACT BETWEEN PLAINFIELD BOARD OF EDUCATION & LOCAL 1303-189, COUNCIL #4

This Agreement is made and entered into by and between the Plainfield Board of Education (hereinafter referred to as the "Board"), and Local 1303-189 of Council #4, AFSCME, AFL-CIO (hereinafter referred to as the "Union").

ARTICLE I
RECOGNITION

Section 1.1

The Plainfield Board of Education recognizes the Union as the exclusive bargaining representative for the Plainfield Association of Paraprofessionals which include the following types of paraprofessionals in the school system: Instructional, Pupil, Library, Transportation, Courier and Monitor. Job Classifications: Twelve-month full-time, Ten-month full-time, Twelve-month part-time, Ten-month part-time. The Union shall represent them for the purposes of and with all the rights and privileges as provided by MERA 7-467.

ARTICLE II
BOARD RIGHTS

Section 2.1

It is recognized that the Plainfield Board of Education has and will continue to retain whether exercised or not, the sole and unquestioned right to direct the operation of the programs in the school district in all aspects including, but not limited to, the following:

To determine the type of work to be performed; to assign all work to employees; to determine shift schedules and hours of work; to decide the methods procedures and means of conducting the work; to select, hire and demote employees, including the right to prescribe and enforce reasonable rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board of Education, provided such rules and regulations are made known in a reasonable manner to the employees affected by them; to discharge or otherwise discipline any employee for cause; to promote, transfer and lay off employees. These rights, responsibilities and prerogatives are not subject to delegation in whole or in part, except that the same shall not be exercised in violation of any of the specific terms and provisions of this agreement.

ARTICLE III
UNION RIGHTS

Section 3.1 – Union Dues/Service Fee

It shall be a condition of employment that all employees in the bargaining unit either become members of the Union in good standing or pay a monthly service fee set by the Union to cover the cost of collective bargaining, contract administration, grievance adjustment and other legally permissible costs for the duration of this Agreement or any extension thereof. In no case shall the service fee charged be in excess of the Union dues charged for the same period. By the thirtieth (30th) day following such employment,

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new employees must either become a member of the Union in good standing or pay the monthly service fee.

The sum which represents such Union dues deduction shall be certified to the Board as constituting such by the day authorized by the financial officer of the Union.

Section 3.2 – Remittance

The Board agrees to forward to Council 4 a check for the amount deducted within ten (10) days of the end of each month. The Board shall include with the initial check a list of employees for whom such deductions were made. Whenever the number of employees who authorize a Union dues deduction, increase or decrease, the list shall be updated and forwarded to the Union.

Section 3.3 – Indemnification

The Union agrees to indemnify and to hold and to save the Board harmless against any and all claims, damages, suits and other forms of liability or costs including reasonable attorney's fees that shall or may arise out of or by reason of any action taken by the Board for the purpose of complying with the provisions of this article.

Section 3.4 – Steward

The Union Steward shall be permitted to meet with supervisory personnel or the grievant concerning pending grievances at mutually acceptable times including regular work hours, provided work requirements permit as determined by the School Principal.

**ARTICLE IV
WAGES**

Section 4.1 – Wages

See Appendix A.

Section 4.2 - Pay for Work Out of Job Class

Whenever a paraprofessional is utilized to work in another job class, that employee shall receive the entry level pay of that job class or \$1 higher than their own pay rate whichever is the higher of the two rates of pay for all hours worked. This section excludes pay for certified positions.

Section 4.3 - Substitute Teacher

Any professional who works as a substitute teacher for at least two (2) hours in any workday shall be paid \$1 per hour more for all hours worked that day.

Section 4.4 - Substitute Paraprofessional

Whenever a paraprofessional position requires a substitute, a part-time paraprofessional will be given first opportunity to fill said position based on the following procedure:

- A. Each building administrator shall create a voluntary part-time substitute paraprofessional call list specific to the building; probationary employees are not entitled to contract privileges such as participation in the call list.
- B. Only when all paraprofessionals on the paraprofessional substitution list have been exhausted shall an outside paraprofessional substitute be used.
- C. Long term coverage of open or possible new positions will not continue for more than forty (40) calendar days without both parties negotiating the duration of coverage. Openings shall be posted no later than the thirty-fifth (35th) calendar day of long-term coverage.

Section 4.5 - Substitute Bus Paraprofessional

Whenever a bus paraprofessional position requires a substitute, a paraprofessional will be given first opportunity to fill said position based upon the following procedure:

- A. The transportation supervisor shall create a voluntary substitute paraprofessional call list specific to the bus garage which is made up from the part-time bus paraprofessionals;
- B. Only when all paraprofessionals on the bus paraprofessional substitution list have been exhausted shall an outside bus paraprofessional substitute be used.

Section 4.6 - Substitute Courier

When a courier paraprofessional requires a substitute, a paraprofessional will be given first opportunity to fill said position based upon the following procedure:

- A. Two (2) members from the bargaining unit will be selected from within the first two weeks of the start of school. In the event of the absence of the courier the position will be filled in a fair and equitable manner
- B. Only when the two paraprofessional substitutes are both unavailable shall an outside paraprofessional substitute be used.

Section 4.7 – Pay Periods and Direct Deposit

Full-time employees shall have the option to receive annual wages in twenty-six bi-weekly payments.

All bargaining unit employees shall be paid through direct deposit payments.

ARTICLE V
WORK SCHEDULE

Section 5.1

Annual assignments for employees will be determined with the review of union leadership and notified to the employees no later than August 15th of each year. The Superintendent or his/her designee reserves the right to make adjustments to employee assignments for instructional support positions prior to October 1st of each year with a discussion with union leadership to address instructional or service needs. After that date, changes to employee assignments will follow a discussion with the bargaining unit president or designee and the affected employee. Furthermore, any adjustments to employee schedules may only be made after consultation with the bargaining unit president or designee, and the affected employee. Any adjustments made in this section will not be arbitrary or capricious.

Section 5.2

The Superintendent of Schools or his /her designee will determine the work schedule, including the hours of work each day. The standard work year for all paraprofessionals will be not less than one hundred eighty (180) days (currently 181 instructional days). Work days in addition to the standard work year are listed in this article and other articles.

Section 5.3

Paraprofessionals who work 5 hours or more per day shall be entitled to an unpaid one-half (1/2) hour duty free lunch at a time designated by the building Principal or the Superintendent of Schools or her/his designee.

Section 5.4

Paraprofessionals typically will work six (6) or more hours per day. Their hours may change, as determined by the Superintendent or designee.

Twelve-month full-time employees shall work five (5) days each week, seven (7) or eight (8) hours per day, Monday through Friday.

Ten-month full-time employees shall work five (5) days each week, six (6) hours or more per day, Monday through Friday.

Twelve-month part-time employees shall work twenty-seven and half (27.5) hours or less per week.

Ten-month part-time employees shall work twenty- seven and half (27.5) hours or less per week.

Section 5.5

Part-time employees who work more than twenty-seven and half (27.5) hours per week for sixty (60) consecutive workdays or more shall receive all benefits of regular full-time permanent paraprofessionals. However, if the Board of Education has a need to temporarily increase the hours for a position, or fill a temporary vacancy for less than one (1) school year, then this shall be handled by written Memorandum of Understanding including the bargaining unit president and the affected employee.

Section 5.6

The following position will be scheduled for workdays in addition to the standard work year:

Library paraprofessionals (5 FT) – 8 additional days to the instructional year

Additional workdays and duties commensurate with the position will be scheduled at the discretion of the school administrator between the close of the school year and the opening of the next school year.

Section 5.7

When there is a scheduled half day,

- A. Full-time paraprofessionals shall have the option to access personal time, floating holiday (if applicable) or vacation time (if applicable) to supplement the lost hours on a half-day.
- B. Part-time paraprofessionals will be provided the opportunity to work their daily hours within the scheduled school day or a half-day vacation.
- C. If the paraprofessional is not regularly scheduled during the half-day of operation, the paraprofessional will be allowed an unpaid leave for the lost hours.

All work will be assigned by the principal within the duties of a paraprofessional.

**ARTICLE VI
PROFESSIONAL DEVELOPMENT**

Section 6.1

Employees are required to attend four (4) six-hour professional development days in addition to the instructional 181-day school year which are subject only to contractual absence due to illness.

Section 6.2 - Educational Workshops

Educational workshops which benefit employees in the performance of their duties shall be paid hours of attendance as long as the request is made in advance and approval is granted by the Superintendent of Schools or his designee.

**ARTICLE VII
HOLIDAYS**

Section 7.1

Ten-month full-time employees shall be entitled to the following holidays with pay:

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
Presidents' Day	Veterans Day

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Good Friday
Memorial Day

Thanksgiving Day
Christmas Day
Floating Holiday

Ten-month part-time employees shall be entitled to the following holidays with pay:

Good Friday

Thanksgiving Day
Christmas Day

Effective with the fiscal year subsequent to the implementation of the plan described in Section 10.5, in addition to the holidays described above, ten-month part-time employees shall be entitled to a floating holiday. Floating holidays used pursuant to this section shall be used only on days that are not otherwise designated as working days.

All twelve-month employees shall be entitled to the following holidays with pay. Part-time twelve-month employees pay shall be prorated in accordance with hours of work:

New Year's Day
Martin Luther King Day
Presidents' Day
Good Friday
Memorial Day
Fourth of July

Labor Day
Columbus Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day
Floating Holiday

Section 7.2

The above holidays shall be celebrated on the day declared by the federal or state government, or in lieu thereof, by the Board of Education, as the official day of celebration, and only when school is not in session.

ARTICLE VIII
LEAVE PROVISIONS

Section 8.1- Sick Leave

Each full-time ten-month employee shall be entitled to sick leave with pay up to ten (10) days per year, which shall be cumulative eighty-five (85) days. All twelve-month employees shall be entitled to sick leave with pay up to fourteen (14) days per year, which shall be cumulative to eighty-five (85) days. The immediate supervisor may require any employee to bring in a notice from his/her physician documenting the illness or incapacity upon return to work. An employee must have more than three (3) months of employment to be eligible for sick leave.

Part-time ten-month employees shall be entitled to sick leave with pay up to ten (10) days per year, which shall be cumulative to seventy (70) days.

Section 8.2- Personal Leave

Each full-time employee, with the permission of his/her immediate supervisor, may be granted with pay three (3) leave days per year which shall be used for necessary personal business only. Necessary personal leave shall be non-cumulative. Except in the case of an emergency, employees must request permission from their immediate supervisor to take such leave at least forty-eight (48) hours in advance.

Part-time employees may be granted up to two (2) personal days each year without accumulation.

Section 8.3- Jury Duty

If an employee is called upon to serve jury duty, he/she shall be compensated at his/her full pay during time missed from work less any compensation received for such jury duty. An attempt should be made to serve the duty on non-school days when possible.

Section 8.4 - Bereavement Leave

Up to five (5) days will be granted all employees per death of a parent, spouse or child, and up to three (3) days for a grandchild, grandparent, brother/brother-in-law, sister/sister-in-law, mother-in-law, father-in-law, son-in-law, daughter-in-law, or member of the household.

Section 8.5 - Maternity Leave

Maternity leave shall be provided in accordance with State Statutes. (See Appendix C) An extended leave of absence for childrearing may be granted by the Board upon application by the employee (father or mother). Said application must be made to the Board at least sixty (60) days prior to the estimated delivery date of the child. Such leave shall be without pay and shall not exceed one (1) year. The employee may continue his/her fringe benefits during such extended leave at his/her own expense. An extended leave of absence for childrearing may also be granted in cases of adoption. Employees granted this extended leave of absence will not accrue seniority while on the extended leave of absence.

Section 8.6 - School Cancellation Days/ Delayed Start to School Days / Early Release Days

I. School Cancellation Days

- A. Full-time and part- time paraprofessionals are not scheduled to work on school cancellation days since students will not be in attendance. A paraprofessional may not use personal time or vacation time to recover wages on a school cancellation day since an additional instructional day will be added to the school calendar.

II. Delayed Start to the School Days

- A. Full-time paraprofessionals will be paid for their hours of service.
 - 1. Paraprofessionals who arrive at the regularly scheduled time will be paid for the full day.

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2. Paraprofessionals who arrive within the time delay may report the missed time as unpaid with no other penalty or they may credit personal or vacation time if available.
 3. Paraprofessionals who arrive within the time delay may credit floating holiday if available. A paraprofessional who credits floating holiday time may not make up the missed time.
- B. Part-time paraprofessionals may arrive at the regularly scheduled time to work their regularly scheduled hours.
1. Part-time paraprofessionals may arrive later within the delayed start time and work the additional time beyond their schedule to earn their full pay. The principal will assign duties for the additional time within the duties of a paraprofessional.

III. Early Release Days

- A. Full-time paraprofessionals may use personal time, vacation or floating holiday time, if applicable, to supplement the lost hours.
- B. Part-time paraprofessionals may use personal time, vacation or floating holiday time, if applicable, to supplement the lost hours, or;
- C. Part-time paraprofessionals may request that the Principal identify additional hours and duties during the next two (2) successive school weeks to off-set the lost hours. A paraprofessional who uses floating holiday time may not be eligible for additional hours and duties to offset the lost hours.

Section 8.7 - Vacation Leave

All twelve-month employees are eligible for paid vacation based upon the following:

- 5 days paid leave after 1 year of service
- 10 days paid leave after 5 years of service
- 15 days paid leave after 10 years of service
- 20 days paid leave after 15 years of service

Section 8.8 – Summer Work

Summer positions shall first be offered to paraprofessionals who are currently employed by the Board.

Section 8.9

Any ten-month paraprofessional who works past his/her normal school year, excluding voluntary professional development days, summer school, recreational and Camp Quinnebaug positions, shall receive floating holidays for the first ten (10) days worked as follows:

- A. For every four (4) days worked, employees will receive one (1) paid floating holiday to a maximum of two (2) floating holidays.

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- B. For ten (10) days worked, two (2) floating holidays will be earned to a maximum of two (2) floating holidays.
- C. Any extension of the school year for a paraprofessional position shall first be offered to the paraprofessional performing such work during the normal school year.
- D. The positions for which holidays can be accrued will be identified by administration prior to the summer notification of openings and notification letters of summer appointments will specify the holiday accrual provision where applicable for staff meeting performance/experience requirements.
- E. The above provisions are not intended to circumvent the language or benefits for the twelve-month paraprofessional position as stated in the contract.
- F. Floating holidays earned pursuant to this section shall be used only on days that are not otherwise designated as working days.

Section 8.10

Any full-time paraprofessional who is subsequently reduced to a part-time paraprofessional shall retain all of their leave accruals earned as a full-time paraprofessional for the purposes of this Article.

ARTICLE IX
SENIORITY

Section 9.1

Seniority shall be defined as an employee's length of continuous employment with the Plainfield Board of Education while in the bargaining unit.

Section 9.2

Seniority shall not be deemed broken by any authorized leave, whether such leave is with or without pay, although seniority will not accrue during unpaid leave. Seniority will not be broken and will accrue while an employee is receiving Worker's Compensation benefits.

Section 9.3

When a reduction in employment becomes necessary, layoffs shall occur in the following order: probationary employees first, then part-time employees working twenty- seven and half (27.5) hours or less per week, in order of inverse seniority, then all others in order of inverse seniority.

A bargaining unit member who is laid off shall have recall rights for a period of two years from the date of his/her lay-off. No new bargaining unit member shall be hired while a bargaining unit member possesses recall rights and is ready, willing and able to work. A bargaining unit member shall be notified of an opening within the bargaining unit by certified mail-sent to the employee's last known address. It shall be the employee's responsibility to notify the Superintendent of Schools of his/her current address.

An employee who declines an offer of re-employment shall forfeit recall rights. Failure to respond in writing to a notice of an opening within five (5) working days after the mailing of the notice shall be deemed a refusal to accept re-employment. Returning employees must return to work within fourteen (14) calendar days from the date of the mailing of notification. The laid off employee with the most seniority within their respective class who responds to notifications shall be re-hired.

Section 9.4 - Vacancies

Vacancies of positions which are caused by death, retirement, discharge, resignation or the creation of a new position shall be filled pursuant to the following procedure:

- A. The vacant position (s) shall be adequately publicized within the system including a notice by posting in every school and by email to each member of the bargaining unit sent to the district email address of record. After five (5) working days, in the event that no qualified internal applicants are found, the position will be posted externally.
- B. Such notice of vacancy shall set forth the qualifications for the position, and shall indicate whether it is a single or multiple openings.
- C. Persons desiring to apply for such vacancies shall file their applications in writing with the Superintendent of Schools or designee within the time limit specified in the notice.
- D. Such position shall be filled on the basis of qualifications by the most senior qualified applicant.
- E. When a full-time opening is filled by a full-time employee, the BOE will allow one (1) re-posting of the opening caused by the transfer.

Section 9.5 - Seniority List

The Board shall prepare a list of bargaining unit employees showing their seniority in length of service with the Board and deliver same to the Union on December 1 of each year. New employees shall be added to this list upon completion of their probationary period. The Union shall be notified of all new hires with their address, start date and job classification.

Section 9.6 - Probation

Newly hired paraprofessionals shall serve a probationary period of sixty (60) work days. During this period, the Board of Education can discipline probationary employees and those employees shall have no recourse to the grievance procedure.

ARTICLE X
INSURANCE

Section 10.1

Full-time employees in the bargaining unit shall be entitled to insurance coverage as provided on the effective date of this Agreement. Except as provided below, in order to be eligible for insurance coverage as a full-time employee under this Agreement, an employee must work a weekly schedule of greater than twenty-seven and one-half (27.5) hours per week. See Article 5.5

Section 10.2

In each case where the name of a particular company or plan has been used by the Board, the intent is to indicate a general type of insurance and not to establish a relationship with one particular company with any specific plan. In each case, the Board is free to seek comparable coverages and benefits with other companies.

Section 10.3

The Board shall provide each full-time paraprofessional the following benefits. The Board of Education shall pay part of all insurance benefits set forth below in paragraphs A through C. Each paraprofessional who participates in these benefits is responsible for paying her/his share of such costs, as set forth below in paragraph D.

- A. The Board shall provide all eligible employees with group health insurance benefits pursuant to an agreement between the Board of Education and, currently, CIGNA ("Administrator"). Each year, each eligible employee may choose to participate in the health insurance plan for him/herself and eligible dependent.

The plan which is currently being administered is known as the Open Access Plus Co-pay Plan which includes a twenty dollar (\$20.00) home and office provision; a five hundred dollar (\$500.00) hospital co-pay per admission; a one hundred dollar (\$100.00) emergency room co-pay; a one hundred dollar (\$100.00) outpatient surgery co-pay; and a Managed Three Tier public sector prescription drug component. The details of this plan are set forth in Appendix D (for informational purposes only) and in the master description of benefits on file in the Superintendent's Office.

- B. Term Life Insurance for the paraprofessional shall be \$25,000 (Twenty-Five Thousand Dollars).
- C. Insurance carriers may be changed by the Board at any time provided the new insurance carrier provides similar benefit coverage. The details of the insurance plans are set forth in the master description of benefits on file in the Superintendent's office.
- D. 1. All employees shall share the cost of provided insurance benefits as follows:
- Board 80% and Employee 20%;

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2. In order to receive insurance benefits, each eligible employee must execute a payroll deduction authorization allowing the Board of Education to deduct her/his share of the cost of provided insurance benefits from the employee's salary.
3. The Board shall maintain a Section 125 of the Internal Revenue Code (hereinafter "Code"), as the same may be amended from time to time, Plan to allow pre-tax payment of medical cost shares, as permitted by law. Subject to the provisions of the Code and the Plan, the Board shall deduct the employee's share of said medical insurance coverage by a reduction in the base salary of the employee. The reduction in base salary shall be in addition to any reductions under other agreements or benefit programs maintained by the Board or required by law.

Insurance carriers may be changed by the Board of Education at any time provided that coverage is substantially equivalent to existing benefits.

Section 10.4

Upon retirement, employees who were hired before July 1, 2012 and served a minimum of ten years continuous employment in the Plainfield School System, and who retire from the Plainfield school system in the bargaining unit, will be allowed, along with their eligible family members, to remain as a member of the Plainfield Board of Education health insurance group. The premium will be paid totally by the individual. The coverage would include the current Board of Education medical policies minus the life insurance. To be eligible, the retiring employee must be acceptable to the current insurance carrier and must have attained 55 years of age. It is understood that participation is only permitted with the approval of the Board's current insurance carrier. Once a retired employee becomes eligible for Medicare benefits or any other government health insurance benefits, the Board's plan will supplement those benefits and will not constitute primary coverage.

Section 10.5

Agreement to Insurance Plan for Excise Tax Compliance:

The Board and the Union agree that, effective with the plan year that includes the effective date for the application of the federal excise tax applicable to health insurance, a revised health insurance plan design will be implemented that will require the costs for health insurance to fall below the applicable threshold for the federal excise tax at all levels of coverage (single, 2-person, family). At least twelve (12) months prior to the first day of the plan year that includes the effective date for the application of the federal excise tax applicable to health insurance, the parties shall meet and confer regarding the specific plan design changes to be implemented to ensure that the revised plan falls below the applicable excise tax thresholds. The Board and the Union agree that the revised plan design selected shall fall below the excise tax thresholds.

Failure to Reach Agreement on Plan for Excise Tax Compliance:

In the event that the Union and the Board cannot agree upon the specific plan design changes to be implemented for the revised insurance plan, at least eight (8) months in advance, the parties agree to submit their dispute regarding the revised insurance plan design to binding arbitration before an arbitrator experienced in health insurance matters. Said arbitrator shall be selected by agreement of the parties within five (5) days of either party notifying the other in writing of its intention to submit the matter to

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arbitration. In the event that the parties cannot mutually agree to an arbitrator, then the services to the American Arbitration Association shall be utilized to select an arbitrator. The costs of the arbitrator's services shall be borne equally by the parties. Such arbitration shall be expedited under the Rules of the American Arbitration Association for expedited arbitration.

Section 10.6

Any employee who was full-time and elected to receive health insurance benefits continuously for the contract years 2012-2013 through 2015-2016 and who, on or after July 1, 2016, is reduced from full-time to five and one-half (5.5) hours per day or more, shall remain entitled to continue enrollment in the Board's insurance plan as long as he/she works five and one-half hours (5.5) or more per week and remains continuously enrolled in the insurance program.

Upon honorable separation from service, all full-time paraprofessionals who have been employed for ten (10) or more years in the Plainfield School System as full-time paraprofessionals shall receive per diem payment for one-quarter (1/4) of their accumulated sick leave, with a maximum of thirty (30) days full pay.

ARTICLE XI
GRIEVANCE PROCEDURE

Section 11.1 - Definition

- A. A "grievance" is defined as a written complaint, alleging a specific violation, misapplication, or misinterpretation of at least one provision of this Agreement.
- B. A "grievant" is a member of the bargaining unit making a claim that a grievance has occurred to his/her detriment and may be filed by the union representative, thus making the representative the grievant.
- C. The term "days" means school days. During the summer "days" means calendar days.

Section 11.2 - Time Limit for Filing Grievance

A grievance shall be deemed to be waived unless submitted at Step One (formal procedure) within twenty (20) days from the date the grievant knew or through reasonable diligence should have known of the cause of the grievance.

Section 11.3 - Procedures

- A. Informal A unit member with a grievance shall discuss it with the building principal involved with the object of resolving the matter informally.
- B. Formal

(1) Step One - Building Principal

If the grievant is not satisfied with the disposition of his/her problem or if the problem is not resolved through the informal procedure, he/she shall have the right to present the grievance to his/her building principal or area supervisor. The principal shall meet with the Union representative and/or

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the grievant and issue a written response within seven (7) days after such meeting but not later than ten (10) days after submission of the grievance.

(2) Step Two - Director of Pupil Personnel/Assistant Superintendent

When the answer at Step One does not resolve the grievance, the grievance shall be submitted to the Director of Pupil Personnel by the Union representative and/or the grievant within seven (7) days of the previous response. Within seven (7) days of the receipt of the grievance, the Director of Pupil Personnel will meet with the Union representative and/or the grievant and will issue a decision within seven (7) days following such meeting.

(3) Step Three - Superintendent or Designee

When the answer at Step Two does not resolve the grievance, the grievance shall be submitted to the Superintendent of Schools by the Union representative and/or grievant within seven (7) days of the previous response. Within seven (7) days of the receipt of the grievance, the Superintendent or his designee will meet with the Union representative and/or grievant and will issue a decision within seven (7) days following such meeting.

(4) Step Four - Board of Education

If the grievance is not resolved at Step Three, the unit member or the Union representative may submit the grievance to the Board of Education within seven (7) days of the Step Three response. The Board of Education will hear the grievance within thirty (30) days of the submission of the grievance.

(5) Step Five - Arbitration

Within thirty (30) days after the Board's answer at Step Four, or if no meeting is held at Step Four, the Union, at its sole discretion, may submit the grievance to the State Board of Mediation and Arbitration. The parties shall share equally the costs of arbitration. The arbitrator shall have no power to add or subtract from this Agreement, and his award shall be binding on both parties.

Section 11.4 - Miscellaneous

- A. If the union or the grievant does not meet the time limits for submission to the next step, the grievance will be presumed settled. If the employer does not meet the time limits, the grievance may be automatically processed at the next step. Extensions may be afforded either party by mutual consent in writing if the union representative and the Superintendent agree.

ARTICLE XII
EMPLOYEE EXPENSE

Section 12.1 - Employee Expense

Employees who are authorized in advance by the Superintendent of Schools or his/her designee to use their own vehicles for school business shall be entitled to compensation according to established Board policy.

ARTICLE XIII
SAVINGS CLAUSE

Section 13.1

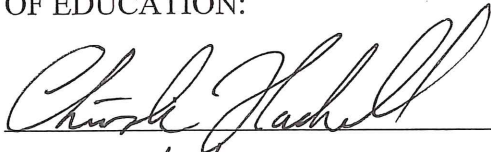
If any section, sentence, clause or phrase of this Agreement shall be held for any reason to be inoperative, void or invalid, the validity of the remaining portions of this Agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof or provision herein, shall become inoperative or fail by reason of the invalidity of any portion or provision, and the parties do hereby declare that they would have severally approved of and adopted the provisions contained herein, separately and apart from the other.

ARTICLE XIV
DURATION

Section 14.1

This Agreement shall be for three (3) year duration and shall be effective from July 1, 2016 to and including June 30, 2019.

FOR THE PLAINFIELD BOARD
OF EDUCATION:



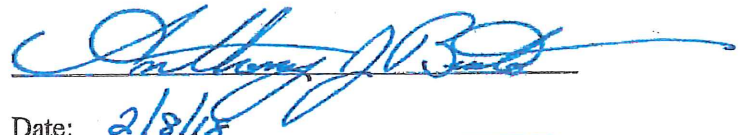
Date: 2/5/18

FOR LOCAL 1303 OF COUNCIL #4 AFSCME,
AFL-CIO:



Date: 02/05/18

FOR LOCAL 1303 OF COUNCIL #4 AFSCME,
AFL-CIO:



Date: 2/8/18

APPENDIX A
HOURLY WAGE SCHEDULE

	July 1, 2016	July 1, 2017	July 1, 2018
Step 1	\$14.50	\$14.50	\$14.85
Step 2	\$15.50	\$15.50	\$15.85
Step 3	\$16.50	\$16.50	\$16.85
Step 4	\$18.00	\$18.50	\$18.85

All employees will advance from step to step, until they reach the top step. Salary increases shall be retroactive to July 1, 2016. If, as a result of the implementation of the new salary schedule, an employee's hourly rate is decreased, then the new hourly rate for the employee shall be applied prospectively.

Unless a rate of pay is otherwise pre-established by the Superintendent or his/her designee for specific summer positions, the hourly rate for work performed in the summer is \$11.50 per hour. Summer work is also referenced in Section 5.6 of the agreement.

Paraprofessionals who are not "highly qualified" under Title I, No Child Left Behind, if there are any, will be paid one percent (1%) less than the salary schedule rate of pay applicable to them.

APPENDIX B
FOR INFORMATIONAL PURPOSES ONLY

46a-60. Discriminatory employment practices prohibited

(a) It shall be a discriminatory practice in violation of this section:

(7) For an employer, by himself or his agent: (A) to terminate a woman's employment because of her pregnancy; (B) to refuse to grant to that employee a reasonable leave of absence for disability resulting from her pregnancy; (c) to deny to that employee, who is disabled as a result of pregnancy, any compensation to which she is entitled as a result of the accumulation of disability or leave benefits accrued pursuant to plans maintained by the employer; (D) to fail or refuse to reinstate the employee to her original job or to an equivalent position with equivalent pay and accumulated seniority, retirement, fringe benefits and other service credits upon her signifying her intent to return unless, in the case of a private employer, the employers circumstances have so changed as to make it impossible or unreasonable to do so; (E) to fail or refuse to make a reasonable effort to transfer a pregnant employee to any suitable temporary position which may be available in any case in which an employee gives written notice of her pregnancy to her employer and the employer or pregnant employee may cause injury to the employee or fetus; (F) to fail or refuse to inform the pregnant employee that a transfer pursuant to subparagraph (E) of this subdivision may be appealed under the provisions of this chapter; or (G) to fail or refuse to inform his employees, by any reasonable means, that they must give written notice of their pregnancy in order to be eligible for transfer to a temporary position;

APPENDIX C
FOR INFORMATIONAL PURPOSES ONLY
PENSION NOTICE

All eligible paraprofessionals included prior to July 1, 2015 in the Town Pension Plan remain in the plan. Employees not included in the Town Pension Plan prior to July 1, 2015 may participate in a defined contribution plan. Disputes regarding the Pension Plan are not grievable to the Board of Education and must be addressed to the Town of Plainfield and/or the Pension Board.

SUMMARY OF BENEFITS Cigna Health and Life Insurance Company

Eastern Connecticut Health Insurance Program 07/01/2012
Plainfield Board of Education - B124, B126, B106, B109 - OAP2
Open Access Plus Copay Plan



Annual deductibles and maximums	In-network	Out-of-network
Lifetime maximum	Unlimited per individual	
Pre-Existing Condition Limitation (PCL)	Does not apply	
Coinsurance	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Maximum Reimbursable Charge <ul style="list-style-type: none"> Determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service; or a percentage of a fee schedule developed by CIGNA that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is determined based on the lesser of: <ul style="list-style-type: none"> the health care professional's normal charge for a similar service or supply; or the amount charged for that service by 80% of the health care professionals in the geographic area where it is received. Out-of-network services are subject to a calendar year deductible and maximum reimbursable charge limitations. 	N/A	200%
Calendar year deductible <ul style="list-style-type: none"> The amount you pay for out-of-network services counts toward your out-of-network deductibles. After each family member meets his or her individual deductible, the plan will pay his or her claims, less any coinsurance amount. After the family deductible has been met, each individual's claims will be paid by the plan, less any coinsurance amount. 	Employee None Employee plus one None Employee and family None	Employee \$200 Employee plus one \$400 Employee and family \$500
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> The amount you pay for out-of-network services counts toward your out-of-network out-of-pocket maximums. Mental health and substance abuse services count towards your out-of-pocket maximum. After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. After the family out-of-pocket 	Employee None Employee plus one None Employee and family None	Employee \$800 Employee plus one \$1,600 Employee and family \$2,000



Annual deductibles and maximums	In-network	Out-of-network
maximum has been met, the plan will pay 100% of each individual's covered expenses.		



Benefits	In-network	Out-of-network
Physician services		
Office visit	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Physician services (hospital) <ul style="list-style-type: none"> In hospital visits and consultations Inpatient Outpatient 	Inpatient and outpatient services You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Surgery (in a physician's office)	You pay \$20 per visit	You pay 20% Plan pays 80% per visit after the deductible is met
Preventive care		
Children and Adults <ul style="list-style-type: none"> In-network immunizations are covered at no charge. (includes those needed for travel) Out-of-network immunizations are covered at the out-of-network coinsurance level. Subject to a calendar year maximum of Unlimited 	No charge	You pay 20% Plan pays 80% per visit after the deductible is met
Mammogram, PSA, Pap Smear	No charge	You pay 20% Plan pays 80% after the deductible is met
Inpatient hospital facility services		
Semi-private room and board and other non-physician services <ul style="list-style-type: none"> Inpatient room and board, pharmacy, x-ray, lab, operating room, surgery, etc. Private room stays may result in extra charges for the patient. 	\$500 copay per admission, then You pay 0% Plan pays 100% (maximum of \$1,500 per calendar year)	You pay 20% Plan pays 80% after the deductible is met
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Multiple surgical reduction <ul style="list-style-type: none"> Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery. 	Included	Included



Benefits	In-network	Out-of-network
Outpatient services		
Outpatient surgery (facility charges) <ul style="list-style-type: none"> Non-surgical treatment procedures are not subject to the facility copay. 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by surgeons, radiologists, pathologists and anesthesiologists 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Physical, occupational, cognitive and speech therapy <ul style="list-style-type: none"> Unlimited days per calendar year for all therapies combined Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy Includes chiropractic therapy (Includes chiropractors) Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum. Includes services for autism spectrum disorder 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Cardiac rehabilitation <ul style="list-style-type: none"> unlimited days per calendar year 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Lab and X-ray		
Lab and X-ray <ul style="list-style-type: none"> Physician's office 	You pay \$20 per visit	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray <ul style="list-style-type: none"> Outpatient hospital facility Independent x-ray and/or lab facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Lab and X-ray <ul style="list-style-type: none"> Emergency room when billed by the facility as part of the emergency room visit Urgent care when billed by the facility as part of the urgent care visit. Independent x-ray and/or lab facility in conjunction with a emergency room visit 	No charge	You pay 20% Plan pays 80% after deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Inpatient hospital facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none"> Outpatient facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Advanced radiological imaging (MRI, MRA, CAT Scan, PET Scan, etc.) <ul style="list-style-type: none">Emergency roomUrgent care facility	No charge	You pay 20% Plan pays 80% after the deductible is met
Emergency and urgent care services		
Hospital emergency room <ul style="list-style-type: none">Includes radiology, pathology and physician chargesCopay waived if admittedOut-of-network services are covered at the in-network rate.	You pay a \$75 copay, then no charge	
Ambulance <ul style="list-style-type: none">Out-of-network services are covered at the in-network rate.	You pay 0% Plan pays 100%	
Urgent care services <ul style="list-style-type: none">Out-of-network services are covered at the in-network rate.Copay waived if admitted	You pay a \$50 copay, then no charge	
Other health care facilities		
Skilled nursing facility, rehabilitation hospital and other facilities <ul style="list-style-type: none">180 days per calendar year	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Home health care <ul style="list-style-type: none">Unlimited days per calendar year	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after a \$50.00 deductible is met
Hospice Inpatient services Outpatient services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Other health care services		
Durable medical equipment <ul style="list-style-type: none">Unlimited calendar year maximumHearing Aids covered for children under age 12, up to \$1,000 every 24 months	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
External prosthetic appliances (EPA) <ul style="list-style-type: none">Unlimited calendar year maximumIncludes Wigs up to \$350 per year if hair loss is due to chemotherapy	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met
Consumable Medical Supplies <ul style="list-style-type: none">Includes wound care supplies for the treatment of epidermolysis bullosa	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after deductible is met



Benefits	In-network	Out-of-network
Nutritional formula <ul style="list-style-type: none"> Includes amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases Includes nutritional formulas for the treatment of malabsorption disorders and/or food allergies or protein intolerance up to age 12 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after deductible is met</p>
TMJ, surgical and non-surgical	Not covered	Not covered



Benefits	In-network	Out-of-network
Infertility (buy up option 2) Treatment/Surgery includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. subject to the following maximums: -Surgical treatment includes both correction and in-vitro fertilization, GIFT, ZIFT, etc. <ul style="list-style-type: none"> Unlimited lifetime maximum 		
<ul style="list-style-type: none"> Office visit for testing, treatment and artificial insemination 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Inpatient hospital facility 	\$500 copay per admission, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Outpatient hospital facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Physician services 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Family planning <ul style="list-style-type: none"> Surgical services such as tubal ligation or vasectomy are covered (including reversals) Includes contraceptive devices 		
<ul style="list-style-type: none"> Office visits 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Inpatient hospital facility 	\$500 copay per admission, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Outpatient facility 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
<ul style="list-style-type: none"> Physician services 	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Preventive Care Hearing Screening <ul style="list-style-type: none"> Covered once every two years 	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Other Therapy Services Radiation Therapy: <ul style="list-style-type: none"> Chemotherapy for the treatment of Cancer Electroshock Therapy Kidney Dialysis in a Hospital or free standing dialysis center 	If these services occur in an office setting, then You pay \$20 per visit If these services occur within a facility setting, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Ostomy Related Services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Acupuncture	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Mental health and substance abuse services		
Please note the following regarding Mental Health (MH) and Substance Abuse (SA) benefit administration: <ul style="list-style-type: none"> Substance Abuse includes Alcohol and Drug Abuse services. Transition of Care benefits are provided for a 90-day time period. 		
Inpatient mental health services	\$500 copay per admission, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient mental health physician's office & facility services	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Outpatient mental health services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met



Benefits	In-network	Out-of-network
Inpatient substance abuse services	\$500 copay per admission, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the medical plan deductible is met
Outpatient substance abuse physician's office & facility services •	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
Prescription drugs		
CIGNA Pharmacy three-tier copay plan <ul style="list-style-type: none"> • Mandatory generics are not required • Pens/cartridges or diabetic supplies and medicines are covered without applying any copay • Self administered injectable and optional injectable drugs –includes infertility drugs • Includes Oral Contraceptives • Lifestyle drugs – limited to sexual dysfunction • Prescription diet drugs included • Prescription vitamins included • Oral fertility drugs included • Ammonium Lacatate is covered • Maintenance drugs at covered at retail for 100-day supply 	Retail (30 day supply) <u>You pay:</u> Generic \$10 Preferred Brand \$20 Non-Preferred Brand \$30 Home Delivery (100 day supply) <u>You pay:</u> Generic \$10 Preferred Brand \$20 Non-Preferred Brand \$30	You pay 20% Plan pays 80%
Specialty Pharmacy <ul style="list-style-type: none"> • Clinical Programs 	Prior authorization required on specialty medications and quantity limits may apply.	
Specialty Pharmacy <ul style="list-style-type: none"> • Medication Access Option 	Retail and/or Home Delivery	
Vision care	See separate Vision summary	



Definitions

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

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

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

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

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

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

For children, you may designate a pediatrician as the primary care provider.

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

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



Maximizing your health care dollars

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

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

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

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

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

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

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

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

Exclusions

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

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

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

These are only the highlights

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

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operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Health and Life Insurance Company (CHLIC), CIGNA Behavioral Health, Inc., Tel-Drug, Inc., Tel-Drug of Pennsylvania, L.L.C. and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In California, HMO and Network plans are offered by CIGNA HealthCare of California, Inc. All other medical plans in these states are insured or administered by CGLIC or CHLIC. "CIGNA Home Delivery Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.



Additional Information

Additional benefit information	In-network	Out-of-network
<p>Pre-admission certification – continued stay review (PHS)</p> <ul style="list-style-type: none"> For out-of-network a 50% penalty is applied to hospital inpatient charges for failure to contact CIGNA Healthcare to pre-certify admission. Benefits are denied for any admission reviewed by CIGNA Healthcare and not certified. Benefits are denied for any additional days not certified by CIGNA Healthcare. 	<p>Coordinated by provider/PCP</p>	<p>Mandatory: Employee is responsible for contacting CIGNA Healthcare.</p> <p>Penalties for non-compliance:</p> <ul style="list-style-type: none"> 50% penalty applied to hospital inpatient charges for failure to contact CIGNA Healthcare to precertify admission. Benefits are denied for any admission reviewed by CIGNA Healthcare and not certified. Benefits are denied for any additional days not certified by CIGNA Healthcare.
<p>Case management</p>	<p>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.</p>	
<p>Mental health/Substance abuse utilization review, case management and programs</p>	<p>Capitation (CAP) - Inpatient and Outpatient Management</p> <ul style="list-style-type: none"> Case Management and Utilization Review for Inpatient Services (In-Network, Out of Network) and Outpatient Services (In-Network only) Provided by CIGNA Behavioral Health (CBH). Includes Lifestyle Management Programs: Stress management & Tobacco Cessation, Healthy Steps to Weight Loss.) 	
<p>MH/SA Service Specific Administration</p>	<p>Partial Hospitalization, Residential Treatment and Intensive Outpatient Programs:</p> <ul style="list-style-type: none"> <i>Partial Hospitalization:</i> The coinsurance level for partial hospitalization services is the same as the coinsurance level for inpatient MH/SA services. <i>Standard for Residential Treatment:</i> Subject to the plan's inpatient MH/SA benefit. Coverage only if approved through CIGNA Behavioral Health Case Management. <i>Intensive Outpatient Program (IOP):</i> Benefit is the same as outpatient visits. Coverage only if approved through CIGNA Behavioral Health Case Management. 	
<p>Annual reinstatement</p>	<p>Not included</p>	



Additional benefit information	In-network	Out-of-network
Allergy treatment services	No charge (no copay for allergy injections)	You pay 20% Plan pays 80% after the deductible is met
Bereavement counseling - inpatient services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Bereavement counseling – outpatient services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Maternity care services		
• Federal maternity - employee, all dependants		
• Office visits	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
• Inpatient hospital facility	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
• Physician services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
Abortion		
• Provides elective coverage		
• Office visits	You pay \$20 per visit	You pay 20% Plan pays 80% after the deductible is met
• Inpatient hospital facility	\$500 copay per admission, then You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
• Outpatient facility	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met
• Physician services	You pay 0% Plan pays 100%	You pay 20% Plan pays 80% after the deductible is met



Additional benefit information	In-network	Out-of-network
Organ transplant <ul style="list-style-type: none"> Inpatient: Covered at 100% at Lifesource center after plan's \$500 inpatient per admission copay, otherwise same as plan's inpatient hospital facility benefit Physician services: Covered at 100% at Lifesource center; otherwise 100% after plan deductible Travel maximum \$10,000 per transplant (only available if using Lifesource facility) 	<p>You pay 0% Plan pays 100%</p>	<p>You pay 20% Plan pays 80% after the deductible is met</p>

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Exclusions

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

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

- 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.
- for or in connection with an Injury or Sickness which is due to war, declared or undeclared.
- charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan.
- assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- for or in connection with experimental, investigational or unproven services.

Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance abuse 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 as provided in the "Covered Expenses" section of this plan.

A procedure, treatment or the use of any drug will not be deemed experimental: if it has successfully completed a phase III clinical trial of the Federal Food and Drug Administration for the illness or condition being treated or for the diagnosis for which it is being prescribed.

- cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
- The following services are excluded from coverage regardless of clinical indications: dance therapy, movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- surgical or nonsurgical treatment of TMJ dysfunction.
- 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. However, 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.
- 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.

Exclusions

- court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- infertility services when the infertility is caused by or related to voluntary sterilization; donor charges and services; cryopreservation of donor sperm and eggs; gestational carriers and surrogate parenting arrangements; and any experimental, investigational or unproven infertility procedures or therapies.
- transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- nonmedical counseling or ancillary services, including but not limited to Custodial Services, education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other nonmedical ancillary services for learning disabilities, developmental delays (other than neuropsychological testing ordered by a licensed physician to assess the extent of any cognitive or developmental delays in a Dependent child due to chemotherapy or radiation treatment), autism (other than coverage for services for the treatment of autism spectrum disorders as described in Covered Expenses) or mental retardation.
- therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures.
- hearing aids, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs), except as provided for a child age 12 or younger in the "Covered Expenses" section. A hearing aid is any device that amplifies sound.
- aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses that follows keratoconus or post-cataract surgery).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- all noninjectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing



Exclusions

- method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- dental implants for any condition.
 - fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
 - blood administration for the purpose of general improvement in physical condition.
 - cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
 - cosmetics, dietary supplements and health and beauty aids.
 - nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, and except as provided in the "Covered Expenses" section.
 - 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 nonparticipating provider.
 - medical treatment when payment is denied by a Primary Plan because treatment was received from a nonparticipating provider.
 - for or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit. For Medical Benefits, this will not apply to any of the Policyholder's partners, proprietors or corporate officers. However, if payment is made for expenses in the event that third-party liability is determined and satisfied (whether by settlement, judgment, arbitration or otherwise), CG shall be refunded the lesser of: (a) the amount of CG's payment for such expenses; or (b) the amount actually received from the third party for such expenses. In the event that a workers' compensation claim is filed, CG shall have a lien on the proceeds of any award or settlement to the extent of its payment of benefits.
 - telephone, e-mail, and Internet consultations, and telemedicine.
 - massage therapy.

These are only the highlights

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

Updated 05/30/2012

SUMMARY OF BENEFITS Cigna Health and Life Insurance Co.



Cigna Vision

Eastern Connecticut Health Insurance Program 07/01/2012

Plainfield Town and Board of Education

E1 - Standard Exam Only Plan

Welcome to Cigna Vision Schedule of Vision Coverage

Coverage	In-Network Benefit	Out-of-Network Benefit	Frequency Period
Exam Copay	\$0	N/A	24 months
Exam Allowance (once per frequency period)	Covered in Full	\$45	24 months

Definitions:

Copay: the amount you pay towards your exam.

Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.

Vision Network Savings Program:

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

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for covered Services
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Claims submitted and received in-excess of twelve (12) months from the original Date of Service



How to use your Cigna Vision Benefits

1. Find a Cigna Vision eye care professional

If you haven't enrolled yet, just follow these easy steps to find a Cigna eye care professional near you.

- Go to **Cigna.com**
- Choose "Find a Doctor" (top of page)
- Choose "Advance Search"
- Select the "Vision" button
- Click the "Cigna Vision Directory" link

If you have already enrolled in Cigna Vision, visit **myCigna.com** and click the link on your vision coverage page.

Or if you prefer the phone, simply call Cigna Vision Customer Service at **1.877.478.7557**.

2. Schedule an appointment

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

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

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

To get a Cigna Vision claim form:

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

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

Any benefit information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products. The Vision Network Savings Program powered by CIGNA Vision is a discount program, not an insured benefit.

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