

AGREEMENT
BETWEEN
THE CITY OF MERIDEN AND LOCAL #740, COUNCIL #4
AMERICAN FEDERATION OF STATE, COUNTY AND
MUNICIPAL EMPLOYEES
AFL-CIO

JULY 1, 2015 – JUNE 30, 2019

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PREAMBLE

This agreement is entered into by and between the City of Meriden, hereinafter referred to as the "City" and Local #740 of Council #4, American Federation of State, County and Municipal Employees, AFL-CIO, hereinafter referred to as the "Union."

The general purpose of this Agreement is to set forth the wages, hours and working conditions which shall prevail for the duration of this Agreement and to promote orderly and peaceful labor relations or the mutual interest of the employer, the employees, the Union and the Community. Recognizing that the interest of the Community and the job security of the employees depend upon the Employer's ability to continue to provide quality services in an efficient manner to the Community, the Employer and the Union for and in consideration of the mutual stipulations and conditions hereinafter specified agree to abide by the terms and provisions set forth herein for the duration of this Agreement.

Wherever appropriate in this Agreement, the pronoun, "he" shall be interpreted to include both male and female bargaining unit members recognized in Article I.

ARTICLE I

Recognition

1. The City recognizes the Union as the sole and exclusive bargaining agent for the employees who are not in another existing Bargaining Unit of the Highway, Sanitation, Garage, and Warehouse, Water, Fiscal, Sewer, Landfill, Transfer Station, Municipal Buildings Custodial, Parks Maintenance, Recreation and Golf Course Maintenance, Bulky Waste, Storm Drain, Water Shed Departments or Divisions, whichever is applicable, and any Bargaining Unit Classes of the City of Meriden who are not in another bargaining unit and who are not clerical, elected or appointed and who do not have the authority to hire, discharge, discipline, promote or otherwise affect changes in the status of employees and exists for the purpose of collective bargaining on matters of wages, hours of employment and other conditions of employment.

ARTICLE II

Union Security

1. The Union will furnish the City with a signed statement by the employee authorizing the City to deduct from his wages an initiation fee, monthly dues or service fees. Such deduction shall continue for the duration of the Agreement or any extension thereof.

- a. The bi-weekly deduction for any month shall be remitted to Council 4, AFSCME, AFL-CIO not later than the last day of the month.
 - b. The monthly dues or service fees remittances to Council 4, AFSCME, AFL-CIO will be accompanied by a list of names of employees from whose wage deductions have been made.
2. All employees in the collective bargaining unit who are not Union members on the effective date of this clause shall, for so long as they remain nonmembers, as a condition of employment, pay to the Union a service fee, as set by the Union in accordance with applicable law. All employees in the collective bargaining unit who are members of the Union on the effective date of this clause but who hereafter cease to be union members, shall, for so long as they remain nonmembers, as a condition of employment, pay to the Union a service fee, as set by the Union in accordance with applicable law. All persons who become employees in the collective bargaining unit after the effective date of this clause and who do not become Union members shall, for so long as they remain nonmembers, as a condition of employment, pay to the Union a service fee as set by the Union in accordance with applicable law. All new employees shall be required to conform to the above within thirty (30) days of employment. Employees who fail to comply with this requirement shall be discharged by the Employer within thirty (30) days after receipt of written notice to the employer from the Union.
3. The Union agrees to indemnify and save the City harmless against any and all claims, demands, suits or proceedings arising out of or by reason of any action taken or not taken by the City in reliance upon the check-off and Union security provisions of this Agreement or on the correctness of any dues deduction or agency fee authorization furnished by the Union to the City.
4. Non-bargaining unit employees shall not perform duties that are performed by bargaining unit employees, except in emergencies as declared by the City Manager.

ARTICLE III
Rights of Employer

1. The Employer maintains the exclusive right to direct the work force. The right shall include, but shall not be limited to, the right to:
 - a. Supervise employees;
 - b. Hire, promote, transfer and assign;
 - c. Suspend, demote, discharge, or take other disciplinary action;
 - d. Relieve employees from duty due to lack of work or for other legitimate reasons;

- e. Change methods, systems, procedures, job assignments, contents to maintain or improve service rendered and/or efficiency;
- f. To take any actions necessary in situations of emergency, regardless of prior commitment; to carry out the responsibility of the City to the citizens of Meriden.

This section shall apply except as specifically abridged by this Agreement and Connecticut General Statutes.

- 2. The right to make reasonable rules and regulations shall be considered an acknowledged function of the City. In making rules and regulations relating to Personnel policy, procedures, practices and matters of working conditions, the City shall be bound by the obligations imposed by law, including MERA and Connecticut General Statutes, as well as the responsibilities set forth in this Agreement.

ARTICLE IV

Seniority

- 1. The City shall prepare and file with the Secretary of Local #740, a list of employees showing their seniority in actual time of service with the City. This list shall be revised each six (6) months. Any authorized leave of absence and work-connected injury leaves shall be included as in-service time for purposes of seniority. Lay-off (up to 24 months) also shall be included as in-service time for purposes of seniority.
- 2. Seniority is defined as the status of an employee in a department or division, whichever is applicable, for the purpose of promotion and/or vacation. Seniority shall include length of service from date of last employment. When an employee is transferred from one department or division, whichever is applicable, to another for any reason, there shall be no loss of seniority.
- 3. When a vacancy occurs, a notice shall be posted for a period of five (5) working days so that any employee within the department or division, whichever is applicable, may apply, and the position shall be filled in this order (it may be posted more generally): Section, Division, Department, 740 wide, and outside (includes probationary 740 employees). Skill and ability shall be two of the factors in determining an employee's eligibility to compete for said vacancy. Where skill and ability are relatively equal, the length of service shall control.
 - a. When such a vacancy cannot be filled due to refusals or due to inability's to perform the position after a sixty (60) day break-in period by employees from within the department, said position vacancy shall be posted for a period of five (5) days in all departments within the scope of this Agreement. Bids shall be submitted in writing to the Personnel Director.

- b. With respect to the successive vacancies, these shall be filled in the same manner as outlined above. If no qualified employee applies for the vacancy, the City may then hire a new employee.
- c. If within the sixty (60) day break-in period the City determines that the employee is not capable of performing the position he shall be entitled to return to his former position without loss of seniority or rights formerly enjoyed and at the wage rate then paid for his former position. If necessary to provide a vacancy for the reinstatement in the prior position, the employee with the least seniority in the class shall be terminated or returned to the class from which the employee was promoted. The employee may within 60 days request to the department head to return to the former position and will be returned if there is no detriment to the Department.

For example: No new employee has been hired, or department has not already incurred hiring costs, or position has not been eliminated.

- 4.
 - a. New employees shall serve a probationary period of 12 (twelve) months and shall have no seniority rights or recourse to the arbitration provisions of this Agreement in the case of discharge or other discipline during this period, but shall be subject to all clauses in this Agreement. New employees who have completed the probationary period shall be known as permanent employees and the probationary period shall be considered included as seniority time.
 - b. Probationary employees shall serve a six (6) month period before using any accrued vacation time and a three (3) month period before they can use accrued sick time.
 - c. Compensatory time may be used as earned.
- 5.
 - a. When it is necessary to lay off employees within the bargaining unit, the City shall determine the positions to be eliminated. Layoffs will then take place in that division or department, whichever is applicable, as follows:
 - a-1. Seasonal, part-time and/or probationary employees shall be laid off before regular employees.
 - a-2. If the regular employee or employees holding said position(s) are more senior in length of service in the division, they may then bump less senior employees in other lateral or lower classifications within the division or department whichever is applicable providing they have the skill, ability and certifications, (if the State or Federal government requires such) to perform the job.

- a-3. Regular employees so displaced shall have the right to bump less senior employees in any division or department, whichever is applicable, within the bargaining unit if the bumping employee has the skill and ability to perform the job.
 - b. Any employee to be laid off shall be given two weeks notice. Notice shall also be given at that time of any bumping rights to said employee along with notice to those who may be affected by said bumping.
 - c. Bargaining unit employees who are on layoff shall be placed on the recall list for up to 24 months and recalled to work first for any bargaining unit positions which may become available and for which they possess the skill and ability to perform the job.
 - d. In the event an employee bumps or is recalled into a position not previously held, the recalled employee shall have a sixty (60) day probationary period to prove capable of performing the position. Recall eligibility for all employees shall be for two (2) years from the date of layoff.
 - e. Recall from layoff shall be in the reverse order of layoff.
6. Probationary employees have no contractual right to promotions or transfers unless no 740 employee applies. If they are qualified and move to another position they will serve a new 12 month probationary period.

For seasonal employees, it is agreed that consecutive months are broken by a removal from the workplace by the city of 10 or more working days.

For the purpose of this Article, no employee who has been employed for more than four (4) consecutive months shall be considered a seasonal employee.

7. Shift vacancies will be open for bid and awarded on the basis of seniority. If no candidates are found, assignments will be made on the basis of least seniority.
8. Temporary-Transfer – In the case of a temporary transfer to another department or division, such transfer shall be within classification and made on a voluntary basis. If no employee volunteers for such duty, the temporary assignment shall be by least seniority within classification.

ARTICLE V Hours of Employment

1. Regular hours of employment shall be forty (40) hours per week divided equally over five (5) working days, eight (8) hours each as follows:

- a. Municipal Building Custodial, 4:00 P.M. to 12 Midnight, Monday through Friday. Comfort station as established.
- b. Highway Department/ Transfer Station shall be from 7:00 A.M. to 3:30 P.M., Monday through Friday with one-half (1/2) hour for lunch.
- c. The length of the work day for those employees assigned to Sanitation Collection shall be governed by an employee incentive program. All shifts shall start at 6:00 A.M. The workweek shall be five (5) day, Monday through Friday. The City will make one (1) sanitation pick-up per week in the inner tax district shall be sub-divided into fifteen (15) relatively equal route sections. Three (3) of these sections shall be collected each day. After the three- (3) routes are collected the Sanitation workers may leave for the day. They shall be paid for eight (8) hours of work.

The City will pay eight (8) hours, even if route is collected in less than eight (8) hours, except during clean-up week and leaf collection period.

Adjustments will be made for the additional load during these periods. Overtime shall be paid at time and one-half for hours worked over forty (40) hours in a given week.

When it becomes necessary for the Sanitation Department to collect double routes because of a holiday the employees shall be paid additional eight hours pay at time and one-half, for the extra route collection. Workers may leave after their second assigned route collection is completed.

- d. Garage and Warehouse hours shall be from 7:00 A.M. to 3:30 P.M., Monday through Friday, with one-half (1/2) hour for lunch.

Water Filtration and Pumping hours shall be 7:00 A.M. to 3:30 P.M., Monday through Friday, with one-half (1/2) hour for lunch.

The Park Department hours shall be from 7:00 A.M. to 3:30 P.M., Monday through Friday, with one-half (1/2) hour for lunch.

A second shift, if established by the City, shall be from 3:00 P.M. to 11:00 P.M., Monday through Friday. A third shift, if established by the City, shall be 11:00 P.M. to 7:00 A.M., Monday through Friday. The City agrees that it will only establish a second or third shift when a new man is hired or a current employee of the department requests said hours after it determines the need of same on a twelve (12) month basis.

- e. Water Distribution hours shall be from 7:00 A.M. to 3:30 P.M., Monday through Friday with one-half (1/2) hour for lunch.
- f. Water Pollution Control Authority (WPCA) hours shall be from 7:00 A.M. to 3:30 P.M., with one-half (1/2) hour for lunch, Monday through Friday.
- g. Employees may not punch in for work more than five (5) minutes prior to the beginning of their shift or punch out five (5) minutes after the end of the work day. Only eight (8) hours of pay will be paid each day without specific permission from a supervisor.

The personal clean up period will be no more than ten (10) minutes prior to the end of the work day.

- h. Employees are entitled to two (2) ten (10) minute coffee breaks. The time of such breaks is at the discretion of the Department Head except that there should be one break in the morning and one in the afternoon.

2.

- a. Time and one-half shall be paid for all hours actually worked beyond 40 hours in one work week.
- b. Double time shall be paid for all hours worked on Sunday when Sunday is not part of the regular workweek.
- c. Hours actually worked shall include vacation, holiday, earned day, (UED), comp time or any other paid time off, excluding sick time.
- d. All overtime work shall be distributed equally among employees within the bargaining unit within classification within a division. The City shall prepare and post a list of all overtime hours. This list shall include total hours, hours worked and hours unavailable and shall be posted bi-weekly, (unless extenuating circumstances occur) for the purpose of meeting with the Union President in an attempt to equalize overtime distribution within classification within division. Rejection of or unavailability for an overtime assignment will constitute hours worked for equalization purposes. For snowstorms, tornadoes, hurricanes, floods or other situations as declared by the City Manager, the Director of Public Works or any appropriate department head, employees shall call in to make themselves available for overtime assignments and shall be required to provide their immediate supervisor with a telephone number where the employee can be reached for call-in purposes. In the event of overtime unequalization, within 20 hours, the City shall equalize said overtime within the next forty five (45) day period provided the Union or employee has made the City aware in writing of such unequalization within ten (10) days of said meeting held for purposes of attempting to equalize overtime distribution.

- e. Any employee called into work outside normal hours of employment or on any day not part of their regular schedule shall be granted a minimum of 4 hours pay, (said employee shall receive no additional pay for any other emergency duties performed during the original 4 hour period of a recall) except:
 - 1. Any employee who reports to work 45 minutes or less prior to their normal start time regardless of time of call in will only receive pay for hours actually worked.
 - 2. Any employee who does not report to work within 45 minutes of original call in time (supervisor may waive this due to unforeseen circumstances) as designated by the supervisor will only receive pay for time actually worked.
 - 3. Any employee returning to work less than 45 minutes after employees normal end time will only receive pay for hours actually worked.
- f. It has been the practice of the City to allow a bonus of 4 hours of pay at straight time when an employee works 16 hours, as approved by the Director of Parks and Public Works or the City Manager, even if they do not have a rest period. The City agrees to continue this practice until the next contract negotiation.

It is understood that employees during all 12 months of the year are obligated to remain for overtime worked due to extended hours as approved by the Director of Public Works or City Manager, once at work, until dismissed by their supervisor. Employees failing to remain at work may be disciplined. In the event the employee has a legitimate emergency necessitating them leaving the work place they will clear their departure with their supervisor.

It is understood that if an employee is not brought in on a rest period on a Saturday and for example works 20 hours they will be paid for the 20 hours at time and one half and will receive a 4 hour straight time bonus for the 16 hours worked if 32 hours are worked two (2) 4 hour straight time bonuses are to be paid. However the City encourages 4 hour rest periods after 16 hours of work. Rest Periods are at straight time.

Effective July 1, 2009 the four (4) hours bonus will be reduced to a three (3) hour bonus. Comp time is optional.

Effective July 1, 2010 the three (3) hour bonus will be reduced to a two (2) hour bonus. Comp time is optional.

- g. An assignment of overtime work, other than emergency, shall be made at least two (2) hours in advance on the work day by the employee's supervisor whenever possible. For weekend overtime, the employee shall be notified no later than the lunch break on Friday.

- h. Employees required to work the second or third shift shall receive in addition to their base pay a premium for this work.

Second shift – ten percent (10%) – begins at or after 3:00 p.m.

Third Shift – ten percent (10%) – begins at or after 11:00 p.m.

When it is necessary to rotate shifts or hours, these shall be negotiated mutually one (1) month in advance.

- 3. Employees will be allowed to accumulate compensatory time in lieu of OT worked for the following rates.
 - a) Employees may choose comp time at a rate of 1-½ hours for each one-hour of time and one half worked.
 - b) Employees may choose comp time at a rate of two (2) hours for each one-hour of double time worked.
 - c) Effective 7/1/11 employees may accumulate up to eighty (80) hours of comp time per fiscal year. Comp time must be used within twelve (12) months of earning it, if not, the employee will be paid in October at the employees June 30th rate of pay. Use of comp time requires prior permission of at least twenty-four (24) hours. However, in emergency situations not covered by sick time, employees may request the use of up to eight (8) hours of comp time within the first thirty (30) minutes of a shift. This is intended for occasional emergency circumstances; it is at the sole discretion of the City.

Employees may use time from the previous year (7/1-6/30) during the period July 1st - September 30th.

Beginning January 1, 2001, flextime will be allowed with mutual agreement between the employee and management. Employee's hours may be changed to start earlier or later, but no less than eight (8) consecutive hours per day. This may be a temporary change on a daily basis, or seasonal basis dependent on the City's needs. All hours will be between 5:00 a.m. and 7:00 p.m. No additional compensation (i.e., shift differential) will be paid for flextime arrangement.

ARTICLE VI

Wages

1. Employees hired after July 1, 2009 will stop at Step H (New) of the wage scale. Current employees who as of July 1, 2009 are at step G or below will stop at step H before advancing to new step I. (see attached)
2. In the case of promotion, the rate of the promoted employee shall be increased to that step in the new range next above his rate of pay prior to promotion. After successfully completing the sixty (60) day probationary period (City may extend by an additional 30 days), the employee's rate of pay shall be increased to the next higher step.
 - a. Employees who are temporarily assuming work at a higher level will be given an increase of no less than 10% above current salary.
 - b. Employees assuming the work for more than five (5) consecutive work days, in which case they will be given an increase of 15% day 6 and beyond.
 - c. The increase shall be no higher than the salary that the job that they are assuming.
 - d. When an employee has worked in a higher classification for six (6) months in a temporary status, the position will be posted and filled.
3. Regular step movement will occur on July 1, of each year.
4. Effective July 1, 2008 new employees must sign up for direct deposit within two (2) weeks of employment.
5. General wage increases: Increases are reflected in the Public Works Matrices attached in Appendix A.

7/1/15	2% (retro)
7/1/16	2.15%
7/1/17	2.25%
7/1/18	2.25%

6. There are three (3) lower level positions:

Laborer's Helper	Level 34 A
Auto Service Person	Level 34 B
Highway's Helper	Level 34 A

Steps BB will be five percent (5%) lower than step A. Step AA will be five percent (5%) lower than step BB. See appendix A as attached.

All Helper positions shall have a starting wage beginning at Step AA.
All Helper positions shall advance to Step BB after one (1) year of service.
All Helper positions shall advance to Step A after two (2) years of service.
All Helper positions shall advance on the wage scale annually on July 1 thereafter.

7. For employees hired or promoted before 12/31/08 as Water/Sewer Plant Operator I they will move to an Operator II position after completion of the State Certification examination. For employees hired or promoted after 1/1/09 who achieve Operator II status can apply to move into Operator II openings as they occur.

8. Jury Duty

- a) Employees required to serve on Jury Duty shall be entitled to their normal full weekly pay figures at their base rate for each day of said duty. The difference between that which is received for pay for Jury Duty daily and their normal base daily pay shall be paid by the City.
- b) Any employee required to appear in court (except as a defendant in a motor vehicle or criminal case) during his workday shall receive full pay for the time lost from work.

9. Transportation allowance for all members of the bargaining unit using their own cars for City-approved business shall be at the prevailing rate allowed by the IRS.

10. It is understood that take home cars are not a permanent benefit and can be removed at anytime. Removal of cars will not be grieved.

ARTICLE VII
Job Reclassification Committee

The City and the Union shall have equal representation on the Job Reclassification Committee as designated by each party.

A job reclassification committee shall be the designated authority responsible for the maintenance of the job classification system during the term of this Agreement or any extension thereof. Said committee shall be authorized to review job descriptions of newly created jobs and/or changed job descriptions for current jobs and assign points for grade placement in the pay plan. The City and the Union shall have equal representation on the committee as designated by each party.

Employees may request a review of points assigned to their position or if there are any changes in job duties. The written request shall be submitted for review to said committee, the committee and, if appropriate, as determined by the committee, a job consultant will review the appeal and render a decision within sixty (60) calendar days of receipt. An employee who receives a grade adjustment pursuant to a review shall be given a wage adjustment, if applicable, retroactively to the date the review request was received by the Committee.

If the job reclassification committee reaches impasse on an issue before it, such dispute shall be submitted to an arbitrator chosen by the committee. If the committee cannot agree on an arbitrator, then it shall be submitted to the American Arbitration Association for decision. The Arbitrators decision shall be final and binding. The cost of the Arbitration shall be borne equally by the parties.

ARTICLE VIII
Longevity

1. Annual longevity payments shall be based on the following formula for full-time employees in the bargaining unit hired before 1/1/12:
 - A. Employees who have completed five (5) years of service = \$150.00
 - B. Employees who have completed ten (10) years of service = \$225.00
 - C. Employees who have completed fifteen (15) years of service = \$350.00
 - D. Employees who have completed twenty (20) years of service = \$450.00
 - E. Employee who have completed twenty five (25) years of service = \$600.00
 - F. Effective 7/1/17 for employees hired before 1/1/12 who have completed 30 years of service = \$750.00

Longevity payment shall be made in the first or second week of December of the year during which the necessary years of service have been attained and thereafter annually in accordance with the formula. Said payment shall be in one lump sum Longevity shall not be prorated.

ARTICLE IX

Insurance

1. The City shall provide and pay for insurance as outlined in the attached Appendix or the equivalent coverage, including service and benefits for all employees of the Bargaining unit and their enrolled dependents less any applicable cost share as outlined in the current Coalition Agreement.
 - a. Life insurance for all full time permanent employees shall be one (1) times salary. The entire cost of such coverage shall be paid for by the City.
2. If the City can provide the equivalent service and benefits of all insurance coverage as presently provided for in this Article through another insurance carrier, the City shall have the right to substitute insurance carriers. Prior to changing insurance carriers the City shall notify the Union in writing of such intended change and agrees to discuss such change with the Union if so requested. Any dispute regarding equivalency of benefits and service shall be subject to Article XVIII, Grievance Procedure, beginning at Section 1.c.
3. The Union agrees to participate and be represented on the Health and Medical Insurance Advisory Committee. The call of the Committee is to explore and continue to recommend ways to curb escalating costs and maintain the current level of benefits, if at all possible. If any such recommendations require contract language changes, the Union agrees to present the recommendation to the bargaining unit for acceptance.

The Coalition of Municipal Employees agrees to take part in a Labor Management Committee to contain the cost of Health Insurance. The parties shall mutually agree to the substance governing rules of said committee. (See attached Addendum B Coalition of Health Insurance Agreement).

ARTICLE X

Pension

(For employees hired before July 1, 2011,) The Pension Provisions of the City of Meriden Ordinance on Pensions are hereby incorporated into and made part of this Agreement through bargaining between the Coalition of Unions and the City.

For employees in the City Pension Plan above, who meet the Rule of eighty (80) and have fifteen (15) years of pensionable service, are eligible for health insurance, including dental, as is offered to active employees with the same monthly cost share and spousal coverage at fifty percent (50%) plus the active cost share until age sixty five (65).

Employees hired on or after July 1, 2011, the exclusive retirement plan, provided by the City for all full time employees shall be a direct contribution money purchase plan qualified under Section 401 (a) of the Internal revenue Code.

ARTICLE XI

Holidays

1. The following Holidays shall be observed as days off with pay:

New Year's Day	Labor Day
President's Day	Columbus Day
Good Friday	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

- a. If a holiday falls on a Sunday, the following Monday shall be considered the holiday. If a holiday falls on a Saturday, the holiday shall be observed the preceding day. For employees who work other than a Monday through Friday schedule, when a holiday falls on a scheduled day off, the next regularly scheduled workday shall become the holiday.
- b. Holidays' occurring during an employee's extended sick and/or vacation leave shall not be charged against his extended sick and vacation time.
- c. Double time shall be paid for all work performed on holidays.
- d. In the event of an unforeseen national or state holiday, and it is declared as such and is, in fact, celebrated by the municipality, each employee shall receive that additional holiday.
- e. In addition to the above listed Holidays, all full time, non probationary employees shall receive two (2) Floating Holidays(s) per year.
- f. Floating Holidays must be used within the calendar year they are given; if not used by December 31st of each year, they will be deleted from employee's accrual bank.

- g. Floating Holidays can only be taken in increments of one quarter (1/4) hour. Twenty-four (24) hours notice must be given to take this time except that a Department Head or Division Head may waive the notice provision.

ARTICLE XII
Vacations

1. The following vacation schedule shall be in effect for employees of the bargaining unit.
 - a. Each employee who has completed six (6) months of service but less than one (1) year shall be entitled to a vacation with pay of one (1) week annually (five (5) working days).
 - b. Employees who have completed one (1) year of service shall be entitled to a vacation with pay of two (2) weeks annually (ten (10) working days).
 - c. Employees who have completed five (5) years of service shall be entitled to a vacation with pay of three (3) weeks annually (fifteen (15) working days).
 - d. Employees who have completed ten (10) years of service shall be entitled to a vacation with pay of four (4) weeks annually (twenty (20) working days).
 - e. Vacation credit days shall not normally accumulate from year to year except that vacation may be carried over to the following year in accordance with the rules and regulations of the Personnel Department. The only exception would be if an employee is out on a valid workers' compensation claim.

As of December 31, 2010 employees will not be allowed to accumulate more than one and one half (1 ½) times their annual allotment. Any time over the allotment will be forfeited on December 31st of the year it is earned in. Exceptions may be made in extenuating or extraordinary circumstances solely at the discretion of the Director of Personnel for requests made by December 15th of each year.
 - f. Employees will be granted vacation pay in advance of vacation upon written request at least one week in advance.
 - g. An employee shall notify their immediate supervisor at least twenty-four (24) hours in advance for a vacation leave of one (1) or two (2) days and at least seventy-two (72) hours in advance for vacation leave of three (3) days or more.

2. Any employee who works three (3) consecutive months (ninety (90) days), provided that the employee has not used sick time or has not been suspended during said time, shall receive one earned day. Injury leave of three (3) consecutive days or more will stop consecutive count of days toward "perfect attendance". Count will resume when the employee returns to work. Said earned day may be taken at the mutual consent of the employee and the department head after mutual agreement as to the convenience of both the employee and the City.
3. Anyone hired on or after 7/1/17 who works six (6) consecutive months, provided that the employee has not used sick time or has not been suspended during said time, shall receive one (1) earned day. Said earned day may be taken with the mutual consent of the employee and the department head after mutual agreement as to the convenience of both the employee and the City. Measurement shall be based on months rather than days. For example, if an employee used a sick leave day on 7/11/17, the one hundred eighty day measuring period would begin 7/12/17 and on 1/11/18 a day would be earned.

Earned time may be taken in increments of one quarter (1/4) hour.

Effective 1/1/10 no employee may be paid out for more than 25 days of earned time upon resignation, termination or retirement. Unused time is forfeited.

Effective 1/1/09 no new 740 employee hired/ transferred into 740 may be paid out for more than 40 hours of earned time upon resignation, termination, or retirement. Unused time is forfeited.

Employees may request the use of earned time in an occasional emergency situation; it is at the sole discretion of the City to grant such time.

Employees may request (no more than twice per contract year) the use of Earned Time on an occasional basis with less than twenty four (24) hours notice but within fifteen (15) minutes of the start of the work day. Management may only deny the request if there is an operational/staffing shortage.

4. An employee who becomes seriously ill or injured while scheduled to go on vacation or is on vacation shall have the opportunity to change his vacation schedule provided that sufficient evidence by way of a physician's certificate attesting to his bona fide illness is furnished to the department head.
5. In the event of the death of an employee, the Estate of the employee shall receive any vacation pay due the employee in a check made payable to the Estate of the employee.

6. For employees hired after January 1, 2001 vacation time shall be accrued on a monthly basis. For employees hired prior to January 1, 2001 vacation time is given in January of each calendar year.

ARTICLE XIII

Sick Leave

1. Sick leave as used in this Article is defined as absence from work without loss of pay as a result of a bona fide illness or injury. An employee utilizing sick leave shall report their absence from work to the immediate supervisor within the first hour of the scheduled work day.
2. Each employee shall be entitled to a sick leave with full pay of fifteen (15) working days in any one fiscal year. Employees hired after July 1, 1987, shall earn and accrue one and one-quarter (1-¼) days of paid sick leave per month to a maximum of fifteen (15) days per year. Unused sick leave may be accumulated from year to year to a maximum of ninety (90) working days.
 - a. Employees shall utilize their allowance of sick leave when unable to perform their work duties by reason of illness or injury, pregnancy, necessity for medical or dental care, exposure to contagious disease under circumstances in which the health of other employees or the public would be endangered by attendance on duty, or illness in the immediate family or household of the employee for such period as the attendance of the employee may be necessary. Immediate family is defined for the purpose of these rules to be parents, stepparents, grandparents, spouse, brothers, sisters, child, stepchild, or grandchild.
 - b. Employees who are absent for three (3) or more consecutive working days may be asked to submit, to the Department Head or the Director of Personnel, a statement from a physician stating the reason for the absence to support the claim for sick leave.
 - c. In the event of an indication of abuse of sick leave privileges, the Division or Department Head, whichever is applicable, may require a statement from the attending physician.
 - d. Sick leave shall not accrue during any days absent for a suspension or any leave without pay over 15 days in one month.
 - e. Sick leave shall continue to accumulate during leaves of absence with pay and during the time the employee is on authorized sick leave or vacation time.

- f. Additional leave with pay may be granted as warranted by the Personnel Director, when applied for by an employee in writing to the Personnel Director stating the reason for the additional special leave.
 - g. When an employee reaches his/her ninetieth (90) day maximum accumulation of sick leave in any fiscal year, a separate accounting shall be maintained in order to provide payment for his/her base daily rate of pay for each unused sick leave day beyond the ninety (90) which the employee would have accumulated. The maximum number of days beyond ninety (90) days which will be computed at the employee's base daily rate of pay shall be fifteen (15) days in any fiscal year. Employees hired after 7/1/11 will be paid out one half (1/2) their accrual up to seven and a half (7 1/2) after ninety (90). Such payment shall then erase all accumulated sick leave beyond ninety (90) days for said fiscal year. Payment for above unused sick leave shall be made in one lump sum in July of the fiscal year following that year in which the payment is for. This payment shall be made in a separate check from usual weekly wages.
3. An employee, upon formal retirement, lay off, termination without cause, or death shall be entitled to full compensation in a lump sum for that portion of unused sick leave which has been accumulated, not to exceed ninety (90) days. In the instance of death, the employee's estate shall receive such lump sum unused sick leave payment. For the purpose of this section, after twenty-five (25) years of continuous regular service with the City, employees shall be entitled up to a maximum of ninety (90) days with full compensation. After fifteen (15) years of continuous regular service with the City, an employee is entitled to seventy-five percent (75%) of his accumulated sick leave not to exceed ninety (90) days. After ten (10) years of continuous regular service with the City, an employee is entitled to fifty percent (50%) of his accumulated sick leave not to exceed ninety (90) days. Employees hired after 7/1/11 who have worked more than ten (10) years shall be entitled to one half (1/2) of unused sick leave which has been accumulated not to exceed forty five (45) days, except that any employee with twenty five (25) or more years of City service at retirement may be paid out up to sixty (60) days of accumulated time.
 4. For the purposes of determining wages, employees may take sick leave increments of one quarter hour.
 5. The Union may request a summary status report showing the accumulated sick leave-of all bargaining unit employees. Sick leave data is reported on the employee's pay stub each pay period.
 6. When recalled to work, (within 24 months) laid off employees shall be credited with the same number of sick leave days they had accumulated to their credit at the time of their layoff if no cash payment was given pursuant to Section 3 above.

7. The Union President or in his/her absence the Union Vice-President may request that sick time donations be made to employees. These donations must be approved by the Personnel Director. Employees may donate up to five sick days per year. Restrictions on the amount of time donated, use of time, how often an employee may receive donations is within the sole discretion of the Personnel Director. Employees must exhaust their accumulated sick leave before being eligible for sick donations. All donated time will count towards and not be in addition to an employee's FMLA entitlement.

It is understood that employees who donate time must be donating their sick time only, no vacation, earned time or floating holidays. This will not affect their earned days.

ARTICLE XIV Injury Leave

1. An employee absent from duty because of compensable occupational, Workers' Compensation injury and /or disease shall have injury leave coded for his/her absence.
 - a. Injury Leave shall mean paid leave given to an employee due to a compensable occupational injury and/or disease arising out of and in the course of his/her employment with the City. Employees of the City are covered by the Workers' Compensation Act, that being Chapter 568 of the State of Connecticut General Statutes. The City, in the case of a compensable occupational injury and/or disease, shall continue the employees full normal base pay during his/her absence up to eight (8) months, in duration for each compensable occupational injury and/or disease. Employee compensable occupational injuries and/or diseases exceeding the aforesaid duration shall receive his/her workers' compensation rate, that being determined by the Workers' Compensation Act, Section 31-307.
 - b. Employees sustaining a compensable occupational injury and/or disease requiring medical attention and /or treatment shall report to a competent physician, surgeon, clinic or hospital within the City's Third Party Administrator's approved Medical Care Plan Network. (This is available in the Office of Safety and Risk)
 - c. Employees who's injuries are being contested (form 43-67) by the City shall be coded Q-time for his or her absence. Q-time shall mean the employee receives his or her full normal base pay and a "Q" shall appear on his or her payroll sheet for his or her absence. Q-time is coded for a contested injury or disease or an injury or disease where the City has inadequate time or information to determine compensability. Q-time shall continue during his or

her absence up to eight (8) months if necessary. After eight (8) months the employee shall be coded sick time or other paid or unpaid leave.

- d. Employee injuries and/or diseases that are contested (form 43-67) by the City or Third Party Administrator, shall have thirty (30) calendar days in which to file a request for an informal hearing with the Workers' Compensation Commissioner having jurisdiction. Employees who file said request shall be coded Q- time until the compensability of the injury and /or disease is adjudicated. Sick time or other paid or unpaid leave shall be coded if an employee fails to file the aforementioned request within the thirty (30) calendar days. Q-time shall be changed to sick time or other paid if the City prevails at the aforesaid Workers' Compensation hearings. If the employee prevails at the aforesaid hearings, the Q-time shall be changed to injury leave.
- e. An employee having a compensable occupational injury and/or disease, who has been released to return to work by his/her physician to a limited , modified or restricted duty, shall be provided, at the City's, discretion, limited modified and/or restricted duty assignments as devised by his/her Department/ Division Head. All such assignments shall be within the employee's physical restrictions set forth by the employee's treating physician prior to returning to work. All such assignments shall be temporary in nature, subject to change, and shall not constitute a permanent condition. An employee who has reached maximum medical improvement, and is permanently and physically unable to return to his/her regular duties and essential function as a result of a compensable occupational injury and/or disease, may apply for a position within the City for which he/she is physically and professionally qualified, may pursue his/her right to disability pension. , or may matriculate in an approved vocational rehabilitation program as outlined in the Workers' Compensation Act; however, this does not guarantee a City position.
- f. An employee who has a compensable occupational injury and/or disease shall comply with all sections of the Workers' Compensation Act being Chapter 568 of the State of Connecticut, General Statutes.
- g. It is understood that changes to the injury leave as defined above will not affect any employee with an injury that pre dates October 17, 2011.

ARTICLE XV
Bereavement Leave

1. a. In the event of a death of a mother, father, sister, brother, spouse, child or stepchild or anyone who you have a in loco parentis relationship with the employee shall be permitted five (5) days off at his regular rate of pay for the purpose of attending the funeral and providing for matters incident to the death.
1. b. In the event of a death of an in-law, grandmother, grandfather, step parent, aunt, uncle or grandchild employee shall be permitted three (3) days off at his regular rate of pay for the purpose of attending the funeral and providing for matters incident to the death.
2. Employee shall be granted one (1) day's leave with pay in the event of the death of other relatives.
4. The aforementioned days may be extended for extenuating circumstances when requested by the employee and approved by the department Head and Personnel Director. Said request and approvals shall be in writing.

ARTICLE XVI
Health and Safety

1. In order to have a safe place to work, the City agrees to comply with all laws applicable to its operation concerning the safety of employees covered by this Agreement. All such employees shall comply with all safety rules and regulations established by the City.
2. The City shall furnish rubber gloves and rubber footwear for all work on sewers, rubbish, and for the asphalt workers and foul weather clothing to all employees required to work outside in foul weather.
3. The number of people (drivers and helpers) assigned to a vehicle performing snow plowing and sanding operations will depend upon need as determined by the City. In determining need such factors as the following shall be taken into consideration: route difficulty, condition of vehicle, employee safety, severity of storm, length of assignment, etc.
4. Garbage truck drivers shall remain in the cab while garbage is being collected.
5. If an operator of mechanical equipment feels the equipment is unsafe to operate, he may refuse to operate the equipment until inspected by the garage mechanic with the Superintendent of Traffic Operations/Vehicle Repair.

6. Effective July 1, 2009, the City shall furnish the following uniform apparel for all permanent employees of Local #740.

- 12 Shirts
- In summer 6 may be t-shirts and/or golf shirts at the City's discretion.
- The shirts cleaning and care is the responsibility of the employee
- 2 – Sweatshirts
- 11 Trousers (More may be provided at the city's discretion to employees dealing with bio-hazards or chemicals).
- 1 winter Jacket
- 1 – lightweight jacket

All employees will follow the Local #740 Uniform policy as appended to this contract.

The City shall also provide weekly laundry service. Clothing will be replaced as needed based on wear and tear at the City's discretion.

The parties agree to sit down within 6 months of the signing of this agreement and discuss uniform apparel for permanent employees of local740. This may include removing certain items currently listed and adding new items as long as the cost is comparable. The union agrees to survey its members as to what uniform/clothing items they currently utilize and those which they receive and do not use.

7. All employees will be required to work extended hours, such as snowstorms, tornadoes, hurricanes, floods and other situations as declared by the City Manager or any appropriate Department Heads, will be required to remain at work until all sections of the City are secure or they are dismissed from duty by the Department Head or his/her designee. Any employee required to work two (2) sets of sixteen (16) consecutive hours shall be released if practical (in extreme situations the City may not be able to release employees) from duty the following work day if they do not have at least an eight (8) hour break before said day. Said day shall be charged at one half (1/2) of the employees choice of earned leave once per year. Any employee showing signs of fatigue which would interfere with the performance of his duties will be dismissed by his supervisor and shall use accrued time until his next regular work day or until an appropriate time for rest has occurred.
8. The water wagon will accompany sweeper operation where practicable to eliminate dust.
9. Eyeglasses which are damaged in the actual performance of City work shall be replaced by the City. Annual eyeglasses reimbursement will be capped at three hundred dollars (300.00).

Employees must show original receipt for purchase of replacement item along with a signed statement from the supervisor that the damage happened at work. Request must be submitted within thirty (30) days of damage

Employees are required to use appropriate protective equipment such as goggles and straps to avoid damage.

10. All employees will wear safety-toed shoes at work. The City will replace safety-toed shoes once per year. Replacement will occur on or before September 1st each year.

Employees who want shoes purchased will go on their own time to purchase shoes on a City Purchase Order (PO). Shoes will be covered by the City up to one hundred twenty five dollars (\$125.00).

Effective 9/1/17 Shoes will be covered by the City up to one hundred and fifty dollars (\$150.00).

11. The City will replace damaged or broken tools for mechanics if broken on the job in normal use. A receipt for replacement will be required.

ARTICLE XVII Union Activities

1. Union officers shall be allowed to attend official Union conferences, training sessions, seminars, and lectures for the purpose of obtaining information which may enable them to better function as officials of the Union. The Union will give adequate prior notification (at least 48 hours) of such meetings to the Department Head and the Personnel Director.
2. Officers designated by the Union to attend such functions shall be allowed the necessary time off without loss of pay. Total days off for these functions for all members of the Union shall not exceed fifteen (15) in any fiscal year.
3. No more than two (2) union officials shall be on paid time for grievance hearings through the arbitration process unless testifying.

ARTICLE XVIII

Union Stewards

1. Employees within the Bargaining Unit may be represented by one (1) steward in each department or division, whichever is applicable. The Union shall furnish Management a list of the stewards' names and their assigned department or division, whichever is applicable, and shall keep this list current at all times. Alternate stewards may be appointed by the local Union President to serve in the absence of the regular stewards.
2. When required by an aggrieved employee, the steward or another Union officer may investigate any alleged or actual grievance in their assigned division or department, whichever is applicable, and assist in its presentation to the immediate supervisor. He shall be allowed reasonable time therefore, during working hours, without loss of time or pay upon notification to his immediate supervisor.

ARTICLE XIX

Grievance Procedure

1. No employee with the exception of probationary employees and seasonal employees shall be removed, dismissed, discharged, suspended, fined or reduced in classification except for just cause. Should any employee, group of employees, or the Union feel aggrieved concerning disciplinary action, wages, or conditions of employment as controlled by this Contract, they may appeal in accordance with the following established procedure. Probationary employees may be discharged during the probationary period without recourse by the employee or the Union to the arbitration provisions of this Agreement.
 - a. The Union shall, within thirty (30) calendar days of the event which gave rise to the grievance or knowledge of the event which with reasonable diligence could have been ascertained, submit such grievance in writing to the Department/Division Head, setting forth the nature of the grievance. Within five (5) working days after said person receives such grievance, he shall arrange to and shall meet with the representative of the Union for the purpose of adjusting or resolving such grievance.
 - b. If such grievance is not resolved to the satisfaction of the Union by the Department/Division Head within seven (7) working days after such meeting, the Union may present such grievance in writing within ten (10) working days thereafter to the Personnel Director or his/her designee. Within ten (10) working days after said Personnel Director or his/her designee receives such grievance, he shall arrange to and shall meet with the representative of the Union for the purpose of adjusting or resolving such grievance.

- c. If such grievance is not resolved to the satisfaction of the Union by the Personnel Director within ten (10) working days after such meeting, the Union or the City may within ten (10) working days thereafter submit the grievance to the Connecticut State Board of Mediation and Arbitration for the purpose of mediation.
 - d. If such grievance is not resolved through Mediation, the Union may submit the grievance to arbitration to the Connecticut State Board of Mediation and Arbitration within ten (10) working days after such mediation session. Said Board shall hear and act on such dispute in accordance with its rules and render a decision which shall be final and binding on all parties. In the event such dispute involves disciplinary action, the Board of Mediation and Arbitration will have the power to uphold the action of the City or rescind or modify such action, and such powers shall include, but shall not be limited to, the right to reinstate a suspended or discharged employee with full back pay.
 - e. Nothing contained herein shall prevent any employee from presenting his own grievance and representing himself, except that the Union only will have the right to file for arbitration and any request for arbitration filed by an employee shall not be considered valid unless the union has agreed in writing to allow such arbitration to proceed. In that event, the employee shall be responsible for any costs that might be otherwise assessed the Union under the terms of this Agreement.
 - f. Time limits provided for herein may be extended by the agreement of both parties.
 - g. In the event the City alleges violation of the terms of this Agreement by the Union or any of its agents, the City may process a grievance to arbitration after consultation with the Union.
2. The cost, if any, for the services of the arbitrator or the arbitration panel shall be apportioned equally between the City and the Union. Any costs undertaken unilaterally by any of the parties in preparation of, or in the presenting of arbitration case shall be borne by the party undertaking such costs.

ARTICLE XX
Employees to Receive Copies of Agreement

The City shall, within thirty (30) days after the signing of this Agreement, give each present employee, and to each new employee when he is hired, a copy of this Agreement. Four (4) copies shall be given to the Staff Representative.

ARTICLE XXI

Licensing

1. All employees whose job descriptions require special licenses and whom do not have such license; will be required to obtain them. Each employee will have up to 18 months to pass the licensing exam after meeting the minimum qualifications established by the State for testing. Employees that do not pass the test within the allotted time period, will be returned to his former position and compensation without loss of seniority rights formerly enjoyed unless waived by the Personnel Director (i.e. illness) or be terminated if they were not a former 740 employee who can bump. All tests taken on City time will be paid at straight time and will not result in overtime for that week. The City allowing employees to take promotions without appropriate education and/or license does not waive the right to require such education or licensure at anytime in the future.
2. All expenses associated with obtaining and / or renewal of a State of Connecticut Driver's License endorsement to carry Hazardous Materials per the USA PATRIOT ACT shall be paid by the City. This shall include any time necessary for testing, fingerprinting or any other and / or additional requirement of the State of Connecticut.
3. The city agrees to meet with the union regarding ideas for training of 740 employees which do not add additional cost to the city's payroll or benefits or take away from time necessary for functions of each department.

ARTICLE XXII

Strikes and Lockouts

The Union agrees that it will not call, promote, condone or participate in any strike, sick-out, sympathy strike, slowdown, concerted stoppage of work against the City, or any other intentional disruption of the operations of the City during the life of this Contract, and the City agrees that there shall be no lockout. In the event of any of the aforementioned activities by members of the bargaining unit, the Union agrees to direct said bargaining unit members to immediately return to work.

ARTICLE XXIII

Non-Discrimination

The employer and the Union agree that for the duration of the Agreement neither shall discriminate against any employee in a manner which would violate any applicable laws because of race, color, creed, sex, nationality, qualified handicap, or political belief, nor shall the Employer or the Union discriminate against any employee because of his membership or non-membership in the Union.

ARTICLE XXIV
Employee Discipline

1. Employee Discipline: The City shall not discipline or discharge any employee who has successfully completed his probation period without just cause. The City further agrees that disciplinary action shall be in a timely manner.

2. Corrective Discipline: The City agrees with the tenets of progressive and corrective discipline, where appropriate. Said tenets where warranted, shall include:
 - a. Verbal warning;
 - b. Written warning;
 - c. Suspension;
 - d. Dismissal;

Suspension may range from one (1) day to two (2) weeks depending on the severity of the infraction.

3. The parties agree that disciplinary procedures constitute a corrective process designed to improve an employee's behavior through counseling and to make the employee aware of the fact that failure to change will result in increased penalties. When an employee is to be questioned regarding an incident that may affect the job security of such employee, the employee shall have the right to Union representation.

4. An oral reprimand shall not be deemed to have been issued unless the employee has been advised in writing that he has received an oral reprimand and a notation of such reprimand be made part of the personnel file.

5. No written reprimand shall be deemed to have been issued unless the written communication is labeled a written reprimand. The record of an oral reprimand shall not be used for basis of further progressive discipline after six months provided the individual has received no further discipline in the interim. The record of a written reprimand shall not be used for the basis of further progressive discipline after twelve months provided the individual has received no further discipline in the interim. If the employer has reason to reprimand and or counsel an employee it shall not be done before other employees or the public.

6. When the appointing authority has reason to suspend or discharge an employee, the employee shall first be entitled to a pre-disciplinary hearing, with a representative of his choice, to respond to the alleged charges.

After such hearing, if the appointing authority feels the employee should be disciplined it will be done within two (2) weeks of the hearing and in the following manner:

- a. Notice shall be in writing with a copy to the Union.
 - b. State the charges.
 - c. State the acts or omissions upon which the charges are based.
 - d. State the discipline imposed and the effective date or dates.
 - e. State the employee's right to appeal the action through the grievance procedure.
 - f. Serious discipline may be submitted directly to the State Board of Mediation and Arbitration.
7. Removal of Discipline: Any written warning in an employee's file will be removed from the file after three (3) years, if there has been no recurrence of the type or kind of conduct giving rise to the warning.
8. Employees with DUI: The City's insurer will not insure an employee for three (3) years from the date of a DUI offense. An employee who is required to maintain a State of Connecticut driver's license, as part of their position, and who loses his or her driver's license due to a first DUI offense, will be offered any vacant position available within the bargaining unit which doesn't require a driver's license. If no position is available said employee will be discharged and placed on a list and offered any such position that opens within three (3) years from the date of their discharge. After three (3) years (for a period of two (2) years with no disqualifying offenses, they may be placed into any position for which they are qualified. This does not supersede seniority rights of current employees.

If the employee returns within the period specified within this agreement, seniority shall resume. If the employee was not vested in the pension plan at time of discharge, or took their funds within the period specified in this agreement, they will be placed in the DC plan. If the employee was vested in the pension plan at time of discharge, and did not remove contributions within the period specified in this agreement, they will not be considered newly hired and may continue in the City Pension Plan.

The City may make a request for a waiver from the insurance company if the employee in question has extensive training and/or is highly skilled in a technical area that would be difficult to replace. The insurance company has the sole discretion to grant the waiver.

ARTICLE XXV
Employee Assistance Program

The Employer and the Union recognize the value of counseling and assistance programs to those employees experiencing personal problems which interfere with the employee's efficient and productive performance of his/her job duties and responsibilities.

The Employer and the Union will therefore aid such employees who request assistance with such problems. The Employer and the Union will encourage the employee to seek professional assistance when necessary.

The records concerning an employee's treatment for alcoholism, drugs or chemical substance, or stress related problems shall remain confidential and shall remain separate from other personnel materials.

The Employer and the Union agree that employees being rehabilitated will have income while in the program. Employees participating shall be entitled to use their accumulated sick, vacation, or any other accrued time. It is agreed that after exhausting all leave benefits the employee shall be advanced sick leave benefits to an extent mutually agreed upon by the Personnel Director and the Union. Sick days borrowed will be repaid through future service or in the event of termination, from wages and benefits due at the time of termination.

Employees who undergo drug, chemical substance and /or alcohol treatment outlined and agreed to by the employee and the treating facility shall complete the program or be subject to discipline, up to and including termination.

Nothing herein precludes the use of recidivism agreements under appropriate circumstances.

ARTICLE XXVI
Savings Clause

In any provision of this Agreement, or the application of such provision, should be rendered or declared invalid by any court action or by reason of any existing or subsequently enacted legislation, the remaining parts or portions of the Agreement shall remain in full force and effect. The parties shall attempt to renegotiate the invalidated provision.

ARTICLE XXVII
Labor Management Committee

1. The City reserves the right not to fill vacancies and to downsize the organization through attrition, state mandated changes, and/or privatization, subject to Section 3 below.
2. The Union agrees to cooperate with and assist the City in cross-training for employees to improve services to the public, subject to Section 3 below.
3. The Labor Management Committee will be reinstated no later than 7/1/09 to discuss privatization / work that is contracted out and ways for the Union to assist the City in doing work in house more cost effectively. The committee will meet once per month if necessary to review any projects (non emergency) that might require an outside contractor. The public works department heads will attend as necessary. No more than 3 public works employees will be paid to attend. Meetings will be scheduled between 8:00 a.m. -5:00 p.m. at the City's discretion. 740 employees will be paid for attending if they would otherwise be working. No overtime will be paid for attendance at these meetings.

ARTICLE XXVIII
Duration

The provisions of this Agreement shall be effective as of July 1, 2015 and shall continue to remain in full force and effect until June 30, 2019.


If either party wishes to make changes to this Agreement, they must notify the other party, in writing, no later than one hundred twenty (120) days prior to the expiration of this Agreement. Should neither party notify the other party, in writing, the provisions of this Agreement will be extended from year to year.

SIGNATURE PAGE

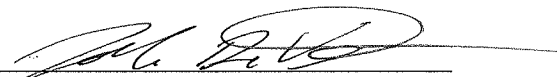
IN WITNESS WHEREOF, the parties have caused their names to be signed on this 29 day of November 2016.

FOR THE CITY OF MERIDEN:

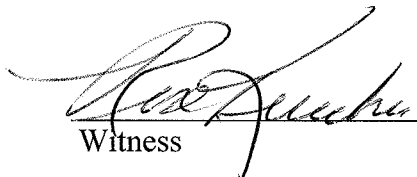
FOR LOCAL #740, AMERICAN
FEDERATION OF STATE, COUNTY
AND MUNICIPAL EMPLOYEES, AFL-
CIO



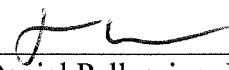
Caroline Beitman, Personnel Director



AFSCME Staff Representative



Witness



Daniel Pellegrino, President Local #740

SALARY GRADE AND POSITION TITLE

<u>GRADE</u>	<u>POSITION TITLE</u>
1(A)	Laborer's Helper Highway Helper
2(B)	Auto Services Helper
3 (C)	Laborer I Laborer -WPCF Refuse Collector Building Custodian I
4 (D)	Laborer II-WPCF Laborer II – Highway Laborer II – Bulky Waste Laborer II, Golf Laborer II, Recreation Laborer II, Parks Building Custodian II Utility Person I Water Service Person Auto Service Person Equipment Operator I
5 (E)	Equipment Operator II Route Leader Utility Person II
6 (F)	Highway Maintainer Recreation Maintainer Park Maintainer Water Distribution Maintainer Water Shed Maintainer Service Technician Laboratory Technician, WPCF Water Plant Operator I Wastewater Plant Operator I Storm Drain Maintainer Golf Course Service Technician Park Service Technician
7 (G)	Maintenance Mechanic I Tree Cutter/Equipment Operator Park Carpenter Park Mason Park Plumber Utility Person III
8 (H)	Equipment Operator III/Crew Leader-Bulky Waste Equipment Operator III/Crew Leader, Parks Equipment Operator III/Crew Leader, Highway Water Plant Operator II Wastewater Plant Operator II Laboratory Technician/Source Water Inspector

9 (I)	<p>Maintenance Mechanic II/Crew Leader, WPCF Arborist/Tree Cutter/Equipment Operator III – Parks Automotive Mechanic, Garage Equipment Operator III/Crew Leader, Water Distribution, Competent Person Equipment Operator III/Crew Leader, Storm Drain, Competent Person Equipment Operator III/Crew Leader, Highway, Competent Person Equipment Operator III/Crew Leader Water Shed</p>
10 (J)	<p>Water Plant Operator III/Chief Operator Wastewater Plant Operator III/Crew Leader Maintenance Mechanic II/Garage Crew Leader Highway Maintainer/Crew Leader, Highway Automotive Mechanic, Police Dept. Automotive Mechanic, Fire Dept. Equipment Operator III/Tree Cutter/Crew Leader Water Shed Maintenance Mechanic III/ Crew Leader WPCF Service Technician, Water Park Maintainer/Crew Leader</p>

PUBLIC WORKS SALARY MATRIX 7/1/15

Grade	Step System Codes	AA	BB	A	B	C	D	E	F	G	H	Hired Before 7/1/2009
		1	1	1	2	3	4	5	6	7	8	9
34J	Hourly			30.72	32.25	33.23	34.23	35.21	36.28	37.39	38.52	39.25
	Weekly	1,228.80	1,290.00	1,329.20	1,369.20	1,408.40	1,451.20	1,495.60	1,540.80	1,587.20	1,634.80	1,683.60
34I	Annual	63,897.60	67,080.00	69,118.40	71,198.40	73,236.80	75,462.40	77,771.20	80,121.60	82,510.40	84,940.80	87,412.80
	Hourly	28.24	29.66	30.58	31.51	32.44	33.37	34.38	35.42	36.42	37.42	38.42
34H	Weekly	1,129.60	1,186.40	1,223.20	1,260.40	1,297.60	1,334.80	1,375.20	1,416.80	1,459.60	1,503.60	1,548.80
	Annual	58,739.20	61,692.80	63,606.40	65,540.80	67,475.20	69,409.60	71,510.40	73,673.60	75,898.40	78,184.80	80,532.80
34G	Hourly	26.25	27.56	28.42	29.26	30.15	31.05	31.96	32.91	33.91	34.91	35.91
	Weekly	1,050.00	1,102.40	1,136.80	1,170.40	1,206.00	1,242.00	1,278.40	1,316.40	1,356.80	1,400.00	1,444.80
34F	Annual	54,600.00	57,324.80	59,113.60	60,860.80	62,712.00	64,584.00	66,476.80	68,452.80	70,452.80	72,488.00	74,558.40
	Hourly	24.70	25.93	26.69	27.50	28.34	29.20	30.08	30.98	31.92	32.92	33.92
34E	Weekly	988.00	1,037.20	1,067.60	1,100.00	1,133.60	1,168.00	1,203.20	1,239.20	1,276.00	1,313.60	1,352.00
	Annual	51,376.00	53,934.40	55,515.20	57,200.00	58,947.20	60,736.00	62,566.40	64,438.40	66,352.00	68,308.00	70,304.00
34D	Hourly	23.46	24.65	25.39	26.14	26.94	27.69	28.55	29.43	30.34	31.28	32.24
	Weekly	938.40	986.00	1,015.60	1,045.60	1,077.60	1,107.60	1,142.00	1,177.20	1,212.00	1,248.00	1,284.00
34C	Annual	48,796.80	51,272.00	52,811.20	54,371.20	56,035.20	57,595.20	59,384.00	61,214.40	63,096.00	65,020.00	67,000.00
	Hourly	22.31	23.42	24.07	24.81	25.53	26.30	27.10	27.91	28.74	29.59	30.46
34B	Weekly	892.40	936.80	962.80	992.40	1,021.20	1,052.00	1,084.00	1,116.40	1,149.60	1,183.60	1,218.00
	Annual	46,404.80	48,713.60	50,055.60	51,604.80	53,102.40	54,704.00	56,368.00	58,052.80	59,798.40	61,596.00	63,444.00
34A	Hourly	21.15	22.21	22.86	23.57	24.31	25.02	25.79	26.56	27.37	28.18	29.00
	Weekly	846.00	888.40	914.40	942.80	972.40	1,000.80	1,031.60	1,062.40	1,092.80	1,124.00	1,156.00
34A	Annual	43,992.00	46,196.80	47,548.80	49,025.60	50,564.80	52,041.60	53,643.20	55,244.80	56,900.00	58,612.00	60,380.00
	Hourly	20.09	21.09	21.76	22.40	23.05	23.76	24.45	25.18	25.92	26.68	27.44
34A	Weekly	803.60	843.60	870.40	896.00	922.00	950.40	978.00	1,007.20	1,037.20	1,068.00	1,099.60
	Annual	41,787.20	43,867.20	45,260.80	46,592.00	47,944.00	49,420.80	50,856.00	52,374.40	53,916.00	55,488.00	57,092.00

2.00% INCREASE FROM 7/1/2014

PUBLIC WORKS SALARY MATRIX 7/1/16

Grade	Step System Codes	Step								Hired Before 7/1/2009		
		AA 1	BB 1	A 1	B 2	C 3	D 4	E 5	F 6		G 7	H 8
34J	Hourly			31.38	32.94	33.94	34.97	35.97	37.06	38.19	39.35	40.09
	Weekly	1,255.20	1,317.60	1,357.60	1,398.80	1,438.80	1,482.40	1,527.60	1,574.00	1,603.60	1,638.20	1,663.60
34I	Annual	65,270.40	68,515.20	70,595.20	72,737.60	74,817.60	77,084.80	79,435.20	81,848.00	83,387.20		
	Hourly	28.85	30.30	31.24	32.19	33.14	34.09	35.12	36.18	36.90		
34H	Weekly	1,154.00	1,212.00	1,249.60	1,287.60	1,325.60	1,363.60	1,404.80	1,447.20	1,478.00		
	Annual	60,008.00	63,024.00	64,979.20	66,955.20	68,931.20	70,907.20	73,049.60	75,254.40	76,752.00		
34G	Hourly	26.81	28.15	29.03	29.89	30.80	31.72	32.65	33.62	34.29		
	Weekly	1,072.40	1,126.00	1,161.20	1,195.60	1,232.00	1,268.80	1,306.00	1,344.80	1,371.60		
34F	Annual	55,764.80	58,552.00	60,382.40	62,171.20	64,064.00	65,977.60	67,912.00	69,929.60	71,323.20		
	Hourly	25.23	26.49	27.26	28.09	28.95	29.83	30.73	31.65	32.25		
34E	Weekly	1,009.20	1,059.60	1,090.40	1,123.60	1,158.00	1,193.20	1,229.20	1,266.00	1,290.00		
	Annual	52,478.40	55,099.20	56,700.80	58,427.20	60,216.00	62,046.40	63,918.40	65,832.00	67,080.00		
34D	Hourly	23.96	25.18	25.94	26.70	27.52	28.29	29.16	30.06	30.65		
	Weekly	958.40	1,007.20	1,037.60	1,068.00	1,100.80	1,131.60	1,166.40	1,202.40	1,226.00		
34C	Annual	49,836.80	52,374.40	53,955.20	55,536.00	57,241.60	58,843.20	60,552.80	62,524.80	63,752.00		
	Hourly	22.79	23.92	24.59	25.34	26.08	26.87	27.68	28.51	29.09		
34B	Weekly	911.60	956.80	983.60	1,013.60	1,043.20	1,074.80	1,107.20	1,140.40	1,163.60		
	Annual	47,403.20	49,753.60	51,147.20	52,707.20	54,246.40	55,889.60	57,574.40	59,300.80	60,507.20		
34A	Hourly	21.60	22.69	23.35	24.08	24.83	25.56	26.34	27.13	27.65		
	Weekly	864.00	907.60	934.00	963.20	993.20	1,022.40	1,053.60	1,085.20	1,106.00		
34A	Annual	44,928.00	47,195.20	48,568.00	50,086.40	51,646.40	53,164.80	54,787.20	56,430.40	57,512.00		
	Hourly	20.52	21.54	22.23	22.88	23.55	24.27	24.98	25.72	26.28		
34A	Weekly	820.80	861.60	889.20	915.20	942.00	970.80	999.20	1,028.80	1,051.20		
	Annual	42,681.60	44,803.20	46,238.40	47,590.40	48,984.00	50,481.60	51,958.40	53,497.60	54,682.40		
34A	Hourly	17.70	18.59	19.51								
	Weekly	708.00	743.60	780.40								
34A	Annual	36,816.00	38,667.20	40,580.80								
	Hourly	16.82	17.67	18.56								
34A	Weekly	672.80	706.80	742.40								
	Annual	34,985.60	36,753.60	38,604.80								

2.15% INCREASE FROM 7/1/2015

PUBLIC WORKS SALARY MATRIX 7/1/17

Grade	Step	System Codes								Hired Before 7/1/2009		
		AA	BB	A	B	C	D	E	F		G	H
34J	Hourly			32.09	33.68	34.70	35.76	36.78	37.89	39.05	40.24	40.99
	Weekly	1,283.60	1,347.20	1,388.00	1,430.40	1,471.20	1,515.60	1,562.00	1,609.60	1,639.60	1,699.20	1,639.60
34I	Hourly			29.50	30.98	31.94	32.91	33.89	34.86	35.91	36.99	37.73
	Weekly	1,180.00	1,239.20	1,277.60	1,316.40	1,355.60	1,394.40	1,436.40	1,479.60	1,509.20	1,509.20	1,509.20
34H	Hourly			27.41	28.78	29.68	30.56	31.49	32.43	33.38	34.38	35.06
	Weekly	1,096.40	1,151.20	1,187.20	1,222.40	1,259.60	1,297.20	1,335.20	1,375.20	1,402.40	1,402.40	1,402.40
34G	Hourly			25.80	27.09	27.87	28.72	29.60	30.50	31.42	32.36	32.98
	Weekly	1,032.00	1,083.60	1,114.80	1,148.80	1,184.00	1,220.00	1,256.80	1,294.40	1,319.20	1,319.20	1,319.20
34F	Hourly			24.50	25.75	26.52	27.30	28.14	28.93	29.82	30.74	31.34
	Weekly	980.00	1,030.00	1,060.80	1,092.00	1,125.60	1,157.20	1,192.80	1,229.60	1,253.60	1,229.60	1,253.60
34E	Hourly			23.30	24.46	25.14	25.91	26.67	27.47	28.30	29.15	29.74
	Weekly	932.00	978.40	1,005.60	1,036.40	1,066.80	1,098.80	1,132.00	1,166.00	1,189.60	1,166.00	1,189.60
34D	Hourly			22.09	23.20	23.88	24.62	25.39	26.14	26.93	27.74	28.27
	Weekly	883.60	928.00	955.20	984.80	1,015.60	1,045.60	1,077.20	1,109.60	1,130.80	1,109.60	1,130.80
34C	Hourly			20.98	22.02	22.73	23.39	24.08	24.82	25.54	26.30	26.87
	Weekly	839.20	880.80	909.20	935.60	963.20	992.80	1,021.60	1,052.00	1,074.80	1,052.00	1,074.80
34B	Hourly			18.10	19.01	19.95	20.95	21.95	22.95	23.95	24.95	25.95
	Weekly	724.00	760.40	798.00	836.00	874.00	912.00	950.00	988.00	1,026.00	1,064.00	1,042.00
34A	Hourly			17.20	18.07	18.98	19.98	20.98	21.98	22.98	23.98	24.98
	Weekly	688.00	722.80	759.20	796.00	833.20	870.40	907.60	944.80	982.00	1,019.20	996.40

2.25% INCREASE FROM 7/1/2016

PUBLIC WORKS SALARY MATRIX 7/1/18

Grade	Step	System Codes	Step								Hired	
			AA	BB	A	B	C	D	E	F	G	H
34J	Hourly	1	32.81	34.44	35.48	36.56	37.61	38.74	39.93	41.15	41.91	
	Weekly	1	1,312.40	1,377.60	1,419.20	1,462.40	1,504.40	1,549.60	1,597.20	1,646.00	1,676.40	
34I	Hourly	1	68,244.80	71,635.20	73,798.40	76,044.80	78,228.80	80,579.20	83,054.40	85,592.00	87,172.80	
	Annual	1	30.16	31.68	32.66	33.65	34.65	35.64	36.72	37.82	38.58	
34H	Hourly	1	1,206.40	1,267.20	1,306.40	1,346.00	1,386.00	1,425.60	1,468.80	1,512.80	1,543.20	
	Weekly	1	62,732.80	65,894.40	67,932.80	69,992.00	72,072.00	74,131.20	76,377.60	78,665.60	80,246.40	
34G	Hourly	1	28.03	29.43	30.35	31.25	32.20	33.16	34.13	35.15	35.85	
	Weekly	1	1,121.20	1,177.20	1,214.00	1,250.00	1,288.00	1,326.40	1,365.20	1,406.00	1,434.00	
34F	Hourly	1	58,302.40	61,214.40	63,128.00	65,000.00	66,976.00	68,972.80	70,990.40	73,112.00	74,568.00	
	Annual	1	26.38	27.70	28.50	29.37	30.27	31.19	32.13	33.09	33.72	
34E	Hourly	1	1,055.20	1,108.00	1,140.00	1,174.80	1,210.80	1,247.60	1,285.20	1,323.60	1,348.80	
	Weekly	1	54,870.40	57,616.00	59,280.00	61,089.60	62,961.60	64,875.20	66,830.40	68,827.20	70,137.60	
34D	Hourly	1	25.05	26.33	27.12	27.91	28.77	29.58	30.49	31.43	32.05	
	Weekly	1	1,002.00	1,053.20	1,084.80	1,116.40	1,150.80	1,183.20	1,219.60	1,257.20	1,282.00	
34C	Hourly	1	52,104.00	54,766.40	56,409.60	58,052.80	59,841.60	61,526.40	63,419.20	65,374.40	66,664.00	
	Annual	1	23.82	25.01	25.71	26.49	27.27	28.09	28.94	29.81	30.41	
34B	Hourly	1	952.80	1,000.40	1,028.40	1,059.60	1,090.80	1,123.60	1,157.60	1,192.40	1,216.40	
	Weekly	1	49,545.60	52,020.80	53,476.80	55,099.20	56,721.60	58,427.20	60,195.20	62,004.80	63,252.80	
34A	Hourly	1	22.59	23.72	24.42	25.17	25.96	26.73	27.54	28.36	28.91	
	Weekly	1	903.60	948.80	976.80	1,006.80	1,038.40	1,069.20	1,101.60	1,134.40	1,166.40	
34A	Hourly	1	46,987.20	49,337.60	50,793.60	52,353.60	53,996.80	55,598.40	57,283.20	58,988.80	60,132.80	
	Annual	1	21.45	22.52	23.24	23.92	24.62	25.38	26.11	26.89	27.47	
34A	Hourly	1	858.00	900.80	929.60	956.80	984.80	1,015.20	1,044.40	1,075.60	1,098.80	
	Weekly	1	44,616.00	46,841.60	48,339.20	49,753.60	51,209.60	52,790.40	54,308.80	55,931.20	57,137.60	
34A	Hourly	1	18.51	19.44	20.40	20.40	20.40	20.40	20.40	20.40	20.40	
	Weekly	1	740.40	777.60	816.00	816.00	816.00	816.00	816.00	816.00	816.00	
34A	Hourly	1	38,500.80	40,435.20	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	
	Annual	1	17.59	18.48	19.41	19.41	19.41	19.41	19.41	19.41	19.41	
34A	Hourly	1	703.60	739.20	776.40	776.40	776.40	776.40	776.40	776.40	776.40	
	Weekly	1	36,587.20	38,438.40	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	
34A	Hourly	1	18.51	19.44	20.40	20.40	20.40	20.40	20.40	20.40	20.40	
	Weekly	1	740.40	777.60	816.00	816.00	816.00	816.00	816.00	816.00	816.00	
34A	Hourly	1	38,500.80	40,435.20	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	42,432.00	
	Annual	1	17.59	18.48	19.41	19.41	19.41	19.41	19.41	19.41	19.41	
34A	Hourly	1	703.60	739.20	776.40	776.40	776.40	776.40	776.40	776.40	776.40	
	Weekly	1	36,587.20	38,438.40	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	40,372.80	

2.25% INCREASE FROM 7/1/2017

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
 For - Meriden City and Board of Education
High Deductible Health Plan Open Access Plus Coinsurance Plan As of 7/1 for 100, 102, 103, 119, 138, 142, 165, 168, 169, 170, 104, 152, 200, 201, 203, 250, 101Rn, 908, 108CB, 111CB, 107CB, 120CB, 145CB, 148CB
 As of 9/1 for 105, 110, C106

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.

Plan Highlights		In-Network	Out-of-Network
Employee Contribution to H.S.A fund (Not Cigna Administered)		Employee -\$975	Family -\$1,950
Lifetime Maximum		Unlimited	Unlimited
Coinsurance		Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge		Not Applicable	200%
Contract Year Deductible		Individual: \$2,000 Family: \$4,000	Individual: \$2,000 Family: \$4,000

- The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.
- All eligible family members contribute towards the family plan deductible. Once the family deductible has been met, the plan will pay each eligible family member's covered expenses based on the coinsurance level specified by the plan.
- This plan includes a combined Medical/Pharmacy plan deductible.
- Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy deductible.

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

Plan Highlights

Contract Year Out-of-Pocket Maximum

Individual: \$4,000
Family: \$8,000

In-Network

Individual: \$4,000
Family: \$8,000

Out-of-Network

- 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.
- All copays and benefit deductibles contribute towards your out-of-pocket maximum.
- Mental Health and Substance Abuse 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.
- Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.

Benefit

In-Network

Out-of-Network

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

Physician Services

Physician Office Visit

- All services including Lab & X-ray

Your plan pays 100% ^

Your plan pays 80% ^

Surgery Performed in Physician's Office

Your plan pays 100% ^

Your plan pays 80% ^

Allergy Treatment/Injections

Your plan pays 100% ^

Your plan pays 80% ^

Allergy Serum

Dispensed by the physician in the office
Your plan pays 100% ^

Your plan pays 80% ^

Preventive Care

- Includes well-baby, well-child, well-woman, and adult preventive care
- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.
- Includes coverage for preventive Breast Ultrasounds.

Your plan pays 100%

Your plan pays 80% ^

Immunizations

Your plan pays 100%

Your plan pays 80% ^

Mammogram, PAP, and PSA Tests

Your plan pays 100%

Your plan pays 80% ^

Inpatient

Inpatient Hospital Facility

Your plan pays 100% ^

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

Your plan pays 100% ^

Your plan pays 80% ^

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP21, HDP2F, HD2N1, HD2NF - 3968660. Version# 5

Benefit

In-Network

Out-of-Network

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

	In-Network	Out-of-Network
Inpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Your plan pays 100% ^	Your plan pays 80% ^
Outpatient		
Outpatient Facility Services	Your plan pays 100% ^	Your plan pays 80% ^
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Your plan pays 100% ^	Your plan pays 80% ^
Short-Term Rehabilitation	Day 1 through 50: Your plan pays 100% ^ Days 51 and over: Your Plan pays 80%	Your plan pays 80% ^
Contract Year/Maximums: <ul style="list-style-type: none"> Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days All Speech Therapy is covered regardless of condition or diagnosis Physical Therapy covered for lack of coordination 		
Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum.		
Cardiac and Pulmonary Rehabilitation <ul style="list-style-type: none"> Unlimited days maximum per Contract Year 	Your plan pays 100% ^	Your plan pays 80% ^
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> 200 days maximum per Contract Year 16 hour maximum per day 	Your plan pays 100% ^	Your plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> 220 days maximum per Contract Year 	Your plan pays 100% ^	Your plan pays 80% ^
Durable Medical Equipment <ul style="list-style-type: none"> Unlimited maximum per Contract Year Includes coverage for Orthotics when medically necessary 	Your plan pays 100% ^	Your plan pays 80% ^
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%	Your plan pays 80% ^

7/1/2015

ASO / EHB State: UT

Open Access Plus - Coinsurance - Meriden City and Board of Education HDHP OAP Coinsurance Plan - HDP21, HDP2F, HD2N1, HD2NF - 3968660. Version# 5

Benefit

In-Network

Out-of-Network

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

External Prosthetic Appliances (EPA)

- Unlimited maximum per Contract Year

Your plan pays 100% ^

Your plan pays 80% ^

Early Intervention Services

- For children to age 3

Your plan pays 100% ^

Your plan pays 80% ^

Dietary Supplements & Nutritional Formulas

- For children age 12 and under
- Includes coverage for infant formula needed for the treatment of inborn errors of metabolism, including the treatment of cystic fibrosis.
- Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux.
- Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance.

Your plan pays 100% ^

Your plan pays 80% ^

Hearing Aid

- \$1,000 maximum per 24 months
- Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level
- Coverage through age 12

Your plan pays 100%

Your plan pays 80% ^

Oral Surgery - Removal of Bony Impacted Teeth

Wigs

- \$350 maximum per Contract Year

Your plan pays 100% ^

Your plan pays 80% ^

Other Covered services

- Elastic Stockings

Your plan pays 100% ^

Your plan pays 80% ^

Routine Foot Disorders

Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.

Not covered

Not covered

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^
Advanced Radiology Imaging	Plan pays 100% ^	Plan pays 80% ^	Not Applicable	Not Applicable	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^

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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
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				*Ambulance			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^
Urgent Care	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 100% ^
* Ambulance services used as non-emergency transportation (e.g. transportation from hospital back home) generally are not covered.								
Benefit	Inpatient Hospital and Other Health Care Facilities				Outpatient Services			
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
Bereavement Counseling	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^

Note: Services provided as part of Hospice Care Program

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

Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

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

Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

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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	
Family Planning - Men's 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 100% ^	Plan pays 80% ^	
Includes surgical services, such as vasectomy (excludes reversals)											
Family Planning - Women's 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 100%	Plan pays 80% ^	
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.											
Infertility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.											
Unlimited lifetime maximum											
TMJ, Surgical and Non-Surgical	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	
Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment. Subject to medical necessity.											
Non-Surgical: Unlimited maximum per lifetime											
Bariatric Surgery	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	
Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:											
<ul style="list-style-type: none"> 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						
	Lifeshource Facility In-Network		Non-Lifeshource Facility In-Network		Lifeshource Facility In-Network		Non-Lifeshource Facility In-Network		Out-of-Network		
Organ Transplants	Plan pays 100%	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^	
Travel Lifetime Maximum - Lifeshource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime											
Note: Services where plan deductible applies are noted with a caret (^)											

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Benefit	Inpatient		Outpatient - Physician's Office		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Substance Abuse	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

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

Note: Detox is covered under medical

- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy.

Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

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

Pharmacy

	In-Network	Out-of-Network
Express Scripts Pharmacy three-tier copay plan		
	Retail - 30 day supply Generic: You pay \$0 Preferred Brand: You pay \$0 Non-Preferred Brand: You pay \$0	Not covered
	Home delivery - 90 day supply Generic: You pay \$0 Preferred Brand: You pay \$0 Non-Preferred Brand: You pay \$0	

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.

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Additional Information

Maximum Reimbursable Charge

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

Multiple Surgical Reduction

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

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

In Network: Coordinated by your physician

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

- The lesser of 50% or \$500 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.

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

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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.

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 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.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. 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 Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- 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: Acupuncture; Craniosacral/cranial therapy; Dance therapy; Movement therapy; Applied Kinesiology; Rolifing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as

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Exclusions

- shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
 - Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
 - Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
 - Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
 - 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, autism 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, garter belts, corsets, and dentures.
 - Aids or devices that assist with nonverbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
 - Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
 - Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
 - Treatment by acupuncture.
 - All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision and are typically considered self-administered drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
 - Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
 - Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
 - Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
 - Dental implants for any condition.
 - 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

- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Services
- 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.
- Telephone, e-mail, and Internet consultations, and telemedicine.
- Massage therapy.

These are only the highlights

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

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SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.

For - Meriden City and Board of Education

Open Access Plus Plan--Effective 07/01/2012 Branch-103, 119, 138, 142, 165, 104, 152, 203, 908, C103, C119, C138, C142, C165

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.

Plan Highlights		In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited	
Coinsurance	Your plan pays 100%	Your plan pays 80%	
Maximum Reimbursable Charge	Not Applicable	200%	
Calendar Year Deductible	Individual: None Family: None	Individual: \$250 Family: \$500	
<ul style="list-style-type: none"> 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. 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 (^)			
Calendar Year Out-of-Pocket Maximum	Individual: \$3,300 Family: \$6,600	Individual: \$1,250 Family: \$2,500	
<ul style="list-style-type: none"> 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 Abuse 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. 			

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Benefit

In-Network

Out-of-Network

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

Physician Services

Physician Office Visit

- All services including Lab & X-ray
- Plan pays 100% after you pay copay

\$25 Primary Care Physician (PCP) copay
or
\$25 Specialist copay

Your plan pays 80% ^

Surgery Performed in Physician's Office

Your plan pays 100%

Your plan pays 80% ^

Allergy Treatment/Injections

Your plan pays 100%

Your plan pays 80% ^

Allergy Serum

Dispensed by the physician in the office

Your plan pays 100%

Your plan pays 80% ^

Preventive Care

Preventive Care

- Includes well-baby, well-child, well-woman, and adult preventive care.
- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit.
- Includes coverage for preventive Breast Ultrasound

Your plan pays 100%

Your plan pays 80% ^

Immunizations

- Includes travel immunizations

Your plan pays 100%

Your plan pays 80% ^

Mammogram, PAP, and PSA Tests

Your plan pays 100%

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.

Inpatient

Inpatient Hospital Facility

\$200 per admission copay, then your plan pays 100%

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

Your plan pays 100%

Your plan pays 80% ^

Inpatient Professional Services

- For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists

Your plan pays 100%

Your plan pays 80% ^

Outpatient

Outpatient Facility Services

- Non-surgical treatment procedures are not subject to the facility per visit copay/benefit deductible

\$200 per facility visit copay, then your plan pays 100%

Your plan pays 80% ^

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Benefit

In-Network

Out-of-Network

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

	In-Network	Out-of-Network
Outpatient Professional Services <ul style="list-style-type: none"> For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists 	Your plan pays 100%	Your plan pays 80% ^
Short-Term Rehabilitation	Day 1 through 50: \$25 PCP or \$25 Specialist copay Day 51 and over: Your plan pays 80%	Your plan pays 80% ^
Calendar Year Maximums: <ul style="list-style-type: none"> Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days All Speech Therapy is covered regardless of condition or diagnosis Physical Therapy covered for lack of coordination 		
Note: Therapy days, provided as part of an approved Home Health Care plan, does not accumulate to the applicable outpatient short term rehab therapy maximum.		
Cardiac and Pulmonary Rehabilitation <ul style="list-style-type: none"> Unlimited days maximum per Calendar Year 	Your plan pays 100%	Your plan pays 80% ^
Other Health Care Facilities/Services		
Home Health Care (Includes outpatient private duty nursing subject to medical necessity) <ul style="list-style-type: none"> Unlimited days maximum per Calendar Year 16 hour maximum per day 	Your plan pays 100%	Your plan pays 80% ^
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facility <ul style="list-style-type: none"> 180 days maximum per Calendar Year \$200 per admission copay 	Your plan pays 100%	Your plan pays 80% ^
Durable Medical Equipment <ul style="list-style-type: none"> Unlimited maximum per Calendar Year Includes coverage for Orthotics when medically necessary 	Your plan pays 100%	Your plan pays 80% ^
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%	Your plan pays 80% ^
External Prosthetic Appliances (EPA) <ul style="list-style-type: none"> Unlimited maximum per Calendar Year 	Your plan pays 100%	Your plan pays 80% ^
Early Intervention Services <ul style="list-style-type: none"> For children to age 3 	Your plan pays 100%	Your plan pays 80% ^

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Benefit

In-Network

Out-of-Network

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

		In-Network	Out-of-Network
Dietary Supplements & Nutritional Formulas			
<ul style="list-style-type: none"> For children age 12 and under Includes coverage for infant formula needed for treatment of inborn errors of metabolism, including the treatment of cystic fibrosis. Includes coverage for nutritional formulas used to treat malabsorption disorders, such as Crohn's disease and gastroesophageal reflux. Includes coverage for specialized formulas for infants and children through the age of 12 with food allergies or protein intolerance. 	Your plan pays 100%	Your plan pays 80% ^	
Hearing Aid			
<ul style="list-style-type: none"> \$1,000 maximum per 24 months Includes one exam testing and fitting of hearing aid devices covered at PCP or Specialist Office visit level Coverage through age 12 	Your plan pays 100%	Your plan pays 80% ^	
Oral Surgery - Removal of Bony Impacted Teeth			
	<p>Inpatient Facility: \$200 per admission copay, then Plan pays 100% coinsurance</p> <p>Outpatient Facility: \$200 per facility visit copay, then Plan pays 100% coinsurance</p> <p>Physician's Office: \$25 PCP or \$25 Specialist copay, then Plan pays 100%</p>	Your plan pays 80% ^	
Wigs			
<ul style="list-style-type: none"> \$350 maximum per Calendar Year 	Your plan pays 100%	Your plan pays 100%	
Other Covered Items			
<ul style="list-style-type: none"> Elastic Stockings 	Your plan pays 100%	Your plan pays 80% ^	
Routine Foot Disorders			
Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when medically necessary.		Not covered	Not covered

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and X-ray	Plan pays 100%	Plan pays 80% [^]	Plan pays 100%	Plan pays 80% [^]	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% [^]
Advanced Radiology Imaging	Plan pays 100%	Plan pays 80% [^]	Not Applicable	Not Applicable	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% [^]
Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc... Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit								
Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance			
	In-Network	Out-of-Network	In-Network	Out-of-Network				
Emergency Care	\$50 per visit (copay waived if admitted)		Plan pays 100%	Plan pays 100%				
Urgent Care	\$25 per visit (copay waived if admitted)		Plan pays 100%	Plan pays 100%				
* 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	
Hospice	Plan pays 100%		Plan pays 80% [^]	Plan pays 80% [^]	Plan pays 100%		Plan pays 80% [^]	Plan pays 80% [^]
Bereavement Counseling	Plan pays 100%		Plan pays 80% [^]	Plan pays 80% [^]	Plan pays 100%		Plan pays 80% [^]	Plan pays 80% [^]
Note: Services provided as part of Hospice Care Program								
Note: Services where plan deductible applies are noted with a caret (^)								
Benefit	Initial Visit to Confirm Pregnancy		Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)		Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)		Delivery - Facility (Inpatient Hospital, Birthing Center)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity	\$25 PCP or \$25 Specialist copay	Plan pays 80% [^]	Plan pays 100%	Plan pays 80% [^]	\$25 PCP or \$25 Specialist copay	Plan pays 80% [^]	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit

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

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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
Abortion (Elective and non-elective procedures)	\$25 PCP or \$25 Specialist copay	Plan pays 80% ^	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Family Planning - Men's Services	\$25 PCP or \$25 Specialist copay	Plan pays 80% ^	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's 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 100%	Plan pays 80% ^
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	\$25 PCP or \$25 Specialist copay	Plan pays 80% ^	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.										
Unlimited lifetime maximum										
TMJ, Surgical and Non-Surgical	\$25 PCP or \$25 Specialist copay, then plan pays 100%	Plan pays 80% ^	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Services provided on a case-by-case basis. Includes appliances & excludes orthodontic treatment Subject to medical necessity.										
Non-Surgical: Unlimited maximum per lifetime										
Bariatric Surgery	\$25 PCP or \$25 Specialist copay	Plan pays 80% ^	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	\$200 per facility visit copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^

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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
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			
	Lifeshource Facility In-Network	Non-Lifeshource Facility In-Network	Out-of-Network	Lifeshource Facility In-Network	Non-Lifeshource Facility In-Network	Out-of-Network	Out-of-Network	
Organ Transplants	\$200 per admission copay, then plan pays 100%	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 80% ^	

Travel Lifetime Maximum - Lifeshource Facility: In-Network: \$10,000 maximum per Transplant per Lifetime
Note: Services where plan deductible applies are noted with a caret (^)

Benefit	Inpatient		Outpatient - Physician's Office		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^
Substance Abuse	\$200 per admission copay, then plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^

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

Note: Detox is covered under medical

- Unlimited maximum per Calendar Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Residential Treatment.
- Outpatient includes partial hospitalization and individual, intensive outpatient and group therapy.

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Mental Health and Substance Abuse Services

Mental Health/Substance Abuse Utilization Review, Case Management and Programs

Cigna Behavioral Advantage - Inpatient and Outpatient Management

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

Pharmacy

In-Network

Out-of-Network

	In-Network	Out-of-Network
Express Scripts Pharmacy three tier copay plan		
	Retail - 30 day supply Generic: You pay \$5 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$40	
	Home delivery - 90 day supply Generic: You pay \$5 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$40	Not covered

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.

Maximum Reimbursable Charge

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

Multiple Surgical Reduction

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

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

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

Definitions

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

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

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

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

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

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Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared, 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.
- 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.
- Any services and supplies for or in connection with experimental, investigational or unproven services. Experimental, investigational and unproven services do not include routine patient care costs related to qualified clinical trials as described in your plan document. 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 Healthplan Medical Director to be: not demonstrated, through existing peer-reviewed, evidence-based scientific literature to be safe and effective for treating or diagnosing the condition or illness for which its use is proposed; or not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed for the proposed use; or the subject of review or approval by an Institutional Review Board for the proposed use.
- 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: Acupuncture; Craniosacral/cranial therapy; Dance therapy; Movement therapy; Applied kinesiology; Rolifing; Prolotherapy; and Extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to sound natural teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Sound natural teeth are defined as natural teeth that are free of active clinical decay, have at least 50% bony support and are functional in the arch.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a Physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Transsexual surgery including medical or psychological counseling and hormonal therapy in preparation for, or subsequent to, any such surgery.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.

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Exclusions

- 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, autism 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, garter belts, corsets, and dentures.
- 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 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, nonprescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism, except as shown in Covered Expenses.
- 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.
- Telephone, e-mail, and Internet consultations, and telemedicine.

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Exclusions

- Massage therapy.

These are only the highlights

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

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Cigna Dental Benefit Summary
Meriden City & Board of Education, DPP01
Effective Date: 07-01-2015



All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.

Benefits

Cigna Dental PPO

Network	In-Network		Out-of-Network	
	Total Cigna DPPO			
Calendar Year Maximum (Class I, II and III expenses)	Unlimited		Unlimited	
Annual Deductible Individual Family	None None		None None	
Reimbursement Levels**	Based on Reduced Contracted Fees		Paid as Billed	
	Plan Pays	You Pay	Plan Pays	You Pay
Class I - Preventive & Diagnostic Care Oral Exams Routine Cleanings Bitewing X-rays Full Mouth X-rays Panoramic X-ray Emergency Care to Relieve Pain Fluoride Application Histopathologic Exams	100%	No Charge	100%	No Charge
Class II - Basic Restorative Care Fillings Root Canal Therapy/Endodontics Osseous Surgery Surgical Extractions of Impacted Teeth Brush Biopsies Denture Repairs Denture Relines, Rebases and Adjustments Repairs to Bridges, Crowns and Inlays Oral Surgery – Simple Extractions Stainless Steel Crowns	100%	0%	100%	0%
Class III - Major Restorative Care Crowns/ Inlays/ Onlays Oral Surgery - all except simple extractions Dentures Bridges Prosthesis Over Implant Space Maintainers (Limited to non-orthodontic treatment)	50%	50%	50%	50%
Class IV - Orthodontia Lifetime Maximum	60% \$600 Dependent children to age 19	40%	60% \$600 Dependent children to age 19	40%
Class VI Expenses- Periodontics Major Periodontics Minor Periodontics Calendar Year Maximum	50% \$500	50%	50% \$500	50%

Pretreatment review is available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

Dental Oral Health Integration Program (OHIP) - All dental customers = Clinical research shows an association between oral health and overall health. The Cigna Dental Oral Health Integration Program (OHIP)® is designed to provide enhanced dental coverage for customers with certain eligible medical conditions. Eligible conditions for the program include cardiovascular disease, cerebrovascular disease (stroke), diabetes, maternity, chronic kidney disease, organ transplants, and head and neck cancer radiation. The program provides:

- 100% coverage for certain dental procedures

- guidance on behavioral issues related to oral health
- discounts on prescription and non-prescription dental products

For more information and to see the complete list of eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1.800.CIGNA24.

**For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, Cigna Dental will reimburse according to Reasonable and Customary Allowances but the dentist may balance bill up to their usual fees.

Cigna Dental PPO Exclusions and Limitations

Procedure	Exclusions and Limitations
Exams	Two per Calendar year
Prophylaxis (Cleanings)	Two per Calendar year
Fluoride	2 per Calendar year for people under 19
Histopathologic Exams	Various limits per Calendar year depending on specific test
X-Rays (routine)	Bitewings: 2 per Calendar year
X-Rays (non-routine)	Full mouth: 1 every 36 consecutive months., Panorex: 1 every 36 consecutive months
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Space Maintainers	Limited to non-Orthodontic treatment up to age 19, two per lifetime
Prosthesis Over Implant	1 per 60 consecutive 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:

- Services performed primarily for cosmetic reasons
- Sealants
- Anesthesia (General or IV Sedation)
- Pins, Core build-ups and/ or post and cores which are placed under crowns or bridge abutments
- Fixed or removable appliances to control harmful habits (i.e. thumb sucking, and tongue thrusting)
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- A surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Cigna HealthCare will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

This benefit summary highlights some of the benefits available under the proposed plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description. Benefits are insured and/or administered by Connecticut General Life Insurance Company.

"Cigna HealthCare" refers to various operating subsidiaries of Cigna Corporation. Products and services are provided by these subsidiaries and not by Cigna Corporation. These subsidiaries include Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc.

DE: HP-POL79; FL: HP-POL60; ID: HP-POL82; IL: HP-POL62; KS: HP-POL84; LA: HP-POL86; MA: HP-POL 63; MI: HP-POL88; MO: HP-POL65; MS: HP-POL90; NC: HP-POL96; NE: HP-POL92; NH: HP-POL94; NM: HP-POL95; NV: HP-POL93; NY: HP-POL67; OH: HP-POL98; OK: HP-POL99; OR: HP-POL68; PA: HP-POL100; RI: HP-POL101; SC: HP-POL102; SD: HP-POL103; TN: HP-POL69; TX: HP-POL70; UT:

HP-POL104; VA: HP-POL72; VT: HP-POL71; WA: POL-07/08; WI: HP-POL107; WV: HP-POL106; and WY: HP-POL108.

“Cigna,” the “Tree of Life” logo and “Cigna Dental Care” are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC), Cigna HealthCare of Connecticut, Inc., and Cigna Dental Health, Inc. and its subsidiaries. Cigna Dental PPO plans are underwritten or administered by CGLIC or CHLIC, with network management services provided by Cigna Dental Health, Inc. and certain of its subsidiaries. In Arizona and Louisiana, the insured Dental PPO plan offered by CGLIC is known as the “CG Dental PPO”. In Texas, the insured dental product offered by CGLIC and CHLIC is referred to as the Cigna Dental Choice Plan, and this plan utilizes the national Cigna Dental PPO network. Cigna Dental Care (DHMO) plans are underwritten or administered by Cigna Dental Health Plan of Arizona, Inc., Cigna Dental Health of California, Inc., Cigna Dental Health of Colorado, Inc., Cigna Dental Health of Delaware, Inc., Cigna Dental Health of Florida, Inc., a Prepaid Limited Health Services Organization licensed under Chapter 636, Florida Statute Cigna Dental Health of Kansas, Inc. (Kansas and Nebraska), Cigna Dental Health of Kentucky, Inc. (Kentucky and Illinois), Cigna Dental Health of Maryland, Inc., Cigna Dental Health of Missouri, Inc., Cigna Dental Health of New Jersey, Inc., Cigna Dental Health of North Carolina, Inc., Cigna Dental Health of Ohio, Inc., Cigna Dental Health of Pennsylvania, Inc., Cigna Dental Health of Texas, Inc., and Cigna Dental Health of Virginia, Inc. In other states, Cigna Dental Care plans are underwritten by CGLIC, CHLIC, or Cigna HealthCare of Connecticut, Inc. and administered by Cigna Dental Health, Inc.

BSD47168

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Welcome to CIGNA Vision
Meriden: City & Board of Education
Schedule of Vision Coverage
02/01/11



Coverage*	In-Network Plan Coverage	Out-Of-Network Plan Reimbursement	Frequency Contract (plan) year (PY)
Exam Copay	N/A	N/A	12 Months
Exam Allowance (one per frequency)	Covered in Full	Covered in Full	12 Months

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

Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does not apply to contact lens materials. Check with your CIGNA Vision Network eye care professional for details.

Standard Coverage Excludes:

- 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
- Claims submitted and received in-excess of twelve-(12) months from the original Date of Service
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in policy
- Experimental or non-conventional treatment or device

How To Use Your CIGNA Vision Benefits

1. Locate a CIGNA Vision network eye care professional - visit www.myCIGNA.com – go to the Medical or Dental main page and click on the Vision Benefits link or call CIGNA Vision Member Services: 1.877.478.7557
 Prior to enrollment, you may visit www.CIGNA.com to locate a CIGNA vision eye care professional near you. Just click Provider Directory at the top of the screen and then click on CIGNA Vision located in the left hand column.
2. Schedule an appointment – be sure to identify yourself as a CIGNA Vision Enrollee
 Present your CIGNA Vision ID Card at the time of your appointment, which will quickly assist the doctor's office to access your plan benefits and verify your eligibility.
 Enjoy added savings and virtually no paperwork when you visit an in-network eye care professional.

If you visit an out-of-network eye care professional your provider can submit a claim on your behalf or you can by submitting a completed CIGNA Vision claim form and itemized receipt to: CIGNA Vision, Claims Department: P.O. Box 997561, Sacramento, CA 95899-7561

Claim forms are available by visiting www.myCIGNA.com – go to the Medical or Dental main page and click on the Vision Benefits link or call CIGNA Vision Member Services: 1.877.478.7557.

Reimbursement of covered services, are paid to the subscriber or Vision provider (whichever is designated) within 10 business days of receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan.

Network providers are independent contractors solely responsible for your routine vision examination and products.

Cat. Number: VBM00699

City of Meriden – PPO PLAN

Your prescription copayments at a glance

Show this to your doctor and discuss ways to pay less for your medications.

If you need a long-term medication, you may pay less over time by using the Express Scripts PharmacySM. We'll deliver up to a 90 day supply right to you—and **standard shipping is free**. To learn more about your benefit, log in to Express-Scripts.com and select "View Benefit Highlights" from the drop-down menu under Health & Benefits Information. First-time visitors, please take a moment to register before using this service.

	At a retail pharmacy	Through home delivery
Generic drugs	\$5.00	\$5.00
Preferred brand-name drugs	\$25.00	\$25.00
Nonpreferred brand-name drugs	\$40.00	\$40.00

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it's in our network. You can also log in to Express-Scripts.com and select "Locate a pharmacy" from the menu under "Manage Prescriptions."

Don't pay a higher cost for your medications. Start saving now with home delivery. If you take maintenance medication, such as those used to treat high blood pressure or high cholesterol, you'll soon need to make an important decision on where you fill that prescription. The medications affected by this plan limit may change.

Use generics and preferred medications. If you are taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name drug. To find out which drugs are preferred, log in to Express-Scripts.com and select "Learn about Formularies" from the "Health & Benefits Information" menu.

KEEP THIS INFORMATION

**For more information about your benefit, log in to Express-Scripts.com
Or call Member Services toll-free at 800-413-7516.**

Prior authorization: When is a coverage review necessary?

Some medications are not covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what is on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in to Express-Scripts.com anytime, select "Price a medication" under "Manage Prescriptions", and search for your medication. On the pricing results page, select "View coverage notes" to see coverage details.

My Rx Choices®: An easy way to lower your out-of-pocket prescription costs

Your **My Rx Choices** prescription savings program is designed to help you find potential savings on prescription medications that you or your covered family members take on an ongoing basis.

Your doctor knows which medications are right for you but may not know their cost. **My Rx Choices** provides you with available lower-cost options so that you and your doctor can make the most informed decisions based on health and cost. No prescription is ever changed without your doctor's approval.

Specialty medications: Get individualized service through Accredo

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Accredo, an Express Scripts specialty pharmacy, is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders

Worry-Free Fills®: A convenient, automatic refill program for your long-term medications

When you refill certain home delivery prescriptions, you'll be asked whether you want to enroll. Once you enroll and are ready for a refill or renewal, your medications will automatically ship to you. Find out more about how **Worry-Free Fills** works by logging in to Express-Scripts.com

Stretch your home delivery payments with the Extended Payment Program

Instead of paying in full up front, you'll be billed for the cost of your medications over three installments. You can enroll online.

Express Scripts manages your prescription benefit for your employer.

Group	Group Name
981138	Public Health Nurses
981119	Public Works
981142	Clerical
981168	Supervisors
981165	Dispatchers

City of Meriden - H S A PLAN

Your prescription copayments at a glance

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	At a retail pharmacy	Through home delivery
Generic drugs	\$0.00	\$0.00
Preferred brand-name drugs	\$15.00	\$15.00
Nonpreferred brand-name drugs	\$30.00	\$30.00

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Group	Group Name
981119HSA	Meriden MME
981142HSA	Meriden Supervisors
981103HSA	Meriden Public Works
981138HSA	Meriden Public Nurses
981165HSA	Meriden Dispatchers