Collective Bargaining Agreement

By and Between

The TOWN of SUFFIELD

and the

UNITED PUBLIC SERVICE EMPLOYEES UNION
(UPSEU) LOCAL 424 - UNIT 109
SUFFIELD MUNICIPAL EMPLOYEES
(TOWN HALL)

July 1, 2019 through June 30, 2022
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AGREEMENT

Between

TOWN OF SUFFIELD, CONNECTICUT

And

UNITED PUBLIC SERVICE EMPLOYEES UNION (UPSEU), INTERNATIONAL UNION OF JOURNEYMEN AND ALLIED TRADES LOCAL 424 – UNIT 109

PREAMBLE

This Agreement entered into by and between the Town of Suffield, State of Connecticut, hereinafter referred to as the Town, and United Public Service Employees Union ("UPSEU"), Local 424 – Unit 109, hereinafter referred to as the Union, has as its purpose the promotion of harmonious relations between the Town and the Union; the establishment of an equitable and peaceful procedure for the resolution of differences; and establishment of rates of pay, hours of work, working privileges or benefits or any other matters that come within the general meaning of the terms, working conditions or conditions of employment.

ARTICLE 1
RECOGNITION

The Town hereby recognizes the Union as the exclusive Collective Bargaining Agent, for the purpose of Collective Bargaining with respect to rates of pay, wages, hours of employment, and other conditions of employment for the unit consisting of all employees who work at least one hundred and twenty (120) days per year in the following groups:

Town Hall, Parks and Recreation Department, Minibus Drivers, Administrative Assistant to the Chief of Police, Police Records Clerk, Assistant to Senior Center Director, excluding the Executive Assistant(s) to the Board of Selectmen, the Executive Assistant to the Public Works Director, elected Officials, Uniformed Police and Fire Suppression Personnel, the Director of Human Resources, the Superintendent of the Water Pollution Control Authority, the Senior Center Director, the Public Works Director, the Facilities Manager, the Library Director and all Library Employees, the Director of Finance and Assistant Director of Finance, the Parks and Recreation Director, the Ambulance Chief and Paramedic, the Town Assessor, the Building Inspector and Assistant Building Inspector, Animal Control Officer(s), statutory department heads and supervisors, and employees already represented by another collective bargaining agent.
ARTICLE 2
DEFINITIONS

Pro-rata is defined as calculating the number of hours worked by a regularly scheduled part-time employee and dividing it to get a percentage.

Example: A 20-hour employee would have a 57% benefit ratio:
(20hrs (hrs worked per wk) ÷ 35hrs (FT hrs per wk) = 57%)

To calculate the ratio for an irregularly-scheduled part-time employee, the Town will average the employee's hours per week for the first three months of each year. This average number of hours per week divided by thirty-five (35) shall constitute the pro-rata percentage. For those contractual provisions that require at least twenty (20) hours per week, the average number of hours shall be used in making that determination.

A Full-time employee is one who works thirty (30) hours or more a week.
A Permanent Part-time employee is one who works twenty (20) hours a week but less than thirty (30) hours a week.
A Casual Part-time employee is one who works less than twenty (20) hours a week

ARTICLE 3
NO DISCRIMINATION

The provisions of this Agreement shall be applied equally to all employees in the Bargaining Unit without discrimination because of any Federal or State protected class including race, color, religion, age, sex, sexual orientation, gender expression or identity, national origin or other status protected by law.

ARTICLE 4
EMPLOYEE RIGHTS AND REPRESENTATION

4.1 Employees have and shall be protected in the exercise of the right without fear of penalty or reprisal to join and assist the Union. The freedom of employees to assist the Union shall be recognized, as extending to participation in the management of the Union and acting for the Union in the capacity of Union Officer or Representative.

ARTICLE 5
UNION SECURITY/DUES, AGENCY FEES

5.1 All present employees and all employees hired after the date this Agreement is signed, shall be entitled to become and remain members of the Union.
The Town agrees to deduct union membership dues and/or fees as may be allowed by law once each month from the pay of those employees who individually and in writing authorize such deductions. The Town will remit once each month on or before the last day of the month in which such deductions are made, together with the list of employees from whose wages these sums have been deducted, a copy of said deductions to the treasurer of the Union. Such dues deductions shall continue for the duration of this Agreement and any extension thereof. The Union agrees to hold the Town harmless from damages arising from the making of authorized deductions. These deductions will be made on the payday of each month as specified by the Town and agreed to by the Union.

5.2 Within ten (10) working days of an employee’s hire date, the Town shall provide the Unit President and UPSEU Labor Relations Representative with the following information about newly hired bargaining unit members: first and last name; work location; pay rate; and work phone number and email address. The Town shall provide the Union an opportunity to meet with new employees hired into the bargaining unit during the first thirty (30) calendar days of employment with the Town provided that such meeting does not disrupt the operations of the Town and that such meeting is limited to a duration of twenty (20) minutes or less.

ARTICLE 6
MANAGEMENT RIGHTS

Nothing herein contained shall be construed as limiting the right of the Town to manage or direct the working force, including: the right to hire, transfer, promote, suspend or discharge for just cause any employee in order to maintain discipline and efficiency; to relieve employees from duty because of lack of work or other causes deemed sufficient to the Town; to determine the methods, processes and means of operation, the schedules of work, methods or facilities; and to limit or curtail its operations unless and only to the extent that provisions of this Agreement specifically curtail or limit such rights, powers and authority. The employer may subcontract, provided it first advises the Union of its intent to do so and negotiates with the Union over the effects of the decision to subcontract.

ARTICLE 7
NO STRIKE/NO LOCKOUT

7.1 The Union agrees that all employees included in this Agreement will not collectively, concertedly, or individually engage in or participate directly or indirectly, in any strike, sympathy strike, slowdown or stoppage during the term of this Agreement.

7.2 The Town agrees that it shall not lockout employees during the term of this Agreement.
ARTICLE 8
SENIORITY

8.1 Seniority shall commence upon the date that the employee begins as a full-time or permanent part-time paid employee of the Town. The employee's earned seniority shall not be lost because of absence due to illness, pregnancy, maternity leave, bereavement, jury duty, short term disability, long term disability, personal leave or authorized leave or while eligible for recall. Seniority and seniority rights will not be accrued during unpaid leave of absence or layoff, but such rights will not be lost by the employee because of such leave.

8.2 All other factors being equal, seniority will be used to determine transfers or promotions of any of the employees. Other factors are defined to include qualifications and competence to perform the work.

8.3 New employees to the Town Hall union shall be considered probationary during their first one-hundred and twenty (120) days of employment. During such probationary period, the employee shall not attain seniority rights under this Agreement, and such probationary employee will be subject to discharge by the Town, without access to the Grievance Procedure. At the successful completion of the probationary period, seniority shall be retroactive to the commencement of employment.

8.4 When new jobs are created or vacancies occur within the Unit, the Town shall post the job title and job description for one (1) week and notify the Union Steward of such posting. Each employee shall have the opportunity to bid such opening(s), provided he/she is qualified. The senior qualified employee shall be awarded the job. The Town shall not consider candidates from outside the bargaining unit until the above bidding process has been completed and there are no qualified bargaining unit members interested in such bid. The Town, through its respective department heads, retains the right to fill positions from outside the unit and the system if no qualified employee from within bids such opening.

8.5 In the event there is a reduction in or a proposed reduction in the number of employees or work hours, the principle of seniority shall be applied. The employee with the least seniority in the job title shall be laid off first. The Town shall notify the Union Steward as soon as possible, but in no event less than forty-eight (48) hours, prior to the time in which the layoff is to be effective. The Town shall notify the least senior employee within the affected job title at least fourteen (14) calendar days before the effective date of the layoff.

8.6 The order of layoff for employees covered by this Agreement shall be within the job title as follows:
   a. Temporary and seasonal employees;
   b. Probationary employees, part-time before full-time;
   c. Permanent part-time employees before regular full-time; and
   d. Within job title, full-time employees with the least seniority first.

   An employee who receives such notice may elect within seven (7) calendar days thereafter to bump into a lower job title, provided that the employee has more seniority than the least senior
employee in the lower job title. The employee to be bumped shall have the same bumping rights to positions held by less senior employees in a lower job title, provided all such bumping rights are exercised prior to the effective date of layoff.

8.7 Employees who are laid off or bumped into a lower job title under this Article shall have recall rights as follows:

a. The affected employee shall notify the Department head in writing at the time of layoff that he/she requests placement on a recall list.

b. Employees who are bumped to a lower job title shall have recall rights to return to his/her former job title. When an employee is bumped to a lower job title, he/she shall be placed on the appropriate pay scale and step that represents the least reduction to the pay of the employee.

c. For a period of twenty-four (24) months, the affected employee shall have the right to be recalled to the job title from which he/she was laid off if a position should become vacant or be reinstated to a position in a lower job if qualified.

8.8 Employees whose names are on the recall list and have exhausted all unemployment benefits will be notified of opportunities for temporary, part-time or seasonal employment. No new employee shall be hired for temporary, part-time or seasonal positions until all employees on the recall list have had an opportunity to decline such employment subject to the terms of Article 8.9. Such employment shall not constitute recall, and refusal of such employment will not affect recall rights subject to Article 8.7c.

8.9 No person shall be newly employed until all persons on the recall list have been notified by certified mail, and such persons either are offered reemployment, or declined such reemployment offer. An employee who declines an offer of reemployment shall forfeit recall rights. If a person on recall fails to respond to a certified letter notifying the employee of a recall opportunity within five (5) business days of receipt, the employee shall lose recall rights.

8.10 On or about July 1 of each year, the Town shall furnish the Union with an up-to-date seniority list.

ARTICLE 9
HOURS OF WORK AND OVERTIME

9.1 Hours of Work

A. Hours of Work

1. Town Hall full-time employees shall work thirty-five (35) hour week, Monday through Friday, 8:30 a.m. to 4:30 p.m. with a one (1) hour unpaid lunch. Employees will have the option to taking a one-half (1/2) hour unpaid lunch and reducing the workday by one-half (1/2) hour, subject to department head approval. Permanent part-time employees shall work all days and hours currently practiced.
2. Effective Memorial Day of each year through Labor Day of each year the
Town Hall hours shall be modified as follows:

8:00 am. to 4:30 a.m. Monday through Thursday
8:00 a.m. to 1:00 p.m. Friday

The Town may expand summer hours at the sole discretion of the First Selectman.

3. The Administrative Assistant to the Chief of Police shall work thirty-five
(35) hour week, Monday through Friday 8:00 am. to 3:00 p.m. with one half hour
paid lunch each day.

4. When mutually agreeable between the Department Head and the employee,
full-time Town Hall Employees may, on an individual basis, alter their starting
times of work to any time between 7:00 a.m. and 10:00 am. The parties
acknowledge that some positions may have non-standard work schedules, and any
such schedules shall continue in accordance with past practice. Notwithstanding
any alteration of starting times, employees will continue to work their normally
scheduled hours per day.

Employees in the Parks and Recreation division may have non-standard work
schedules in order to meet programming needs. Such work schedules shall be
established as far in advance as possible and mutually agreed to by the supervisor(s)
and the employee(s) and may include flexible scheduling as outlined above.

The Town may require a temporary change in the normal work schedule of an
employee in order to cover the long-term absence of another employee of more than
thirty (30) days, provided the time period of the schedule change is defined in
advance. The Town may also require a temporary change in the normal work
schedule of an employee or a group of employees for training purposes. Such
training period and resulting schedule change shall not exceed thirty (30) days
unless mutually agreed. Such change shall not result in any extra compensation if
no work is performed beyond the normal number of work hours per day.

B. Overtime

1. Employees shall receive one and one-half (1-1/2) times their regular hourly
rate for all work performed in excess of eight (8) hours in a day or forty (40) hours
in any week, with straight time paid for work performed between the seventh (7th)
and eighth (8th) hour of each day. There shall be no pyramiding of overtime.
2. Employees shall receive one and one-half (1-1/2) times their regular hourly
rate for all work performed on Saturday or Sunday.
3. Overtime work shall be divided equally as far as practicable within the
classification requiring the overtime. Bargaining unit members shall be given
preference for all bargaining unit overtime work.
4. All overtime worked must be approved in advance.
C. Compensatory Time

1. Employees may elect to take compensatory time off in lieu of overtime payment for any hours worked in excess of eight (8) hours per day or forty (40) hours per week at a rate of one and one-half (1 1/2) hours of compensatory time for each overtime hour worked. A Town Hall employee may elect to take one (1) hour of comp time in lieu of one (1) hour of pay for work performed between the seventh (7th) and eighth (8th) hour of each day. All compensatory time shall be recorded in the payroll system.

2. Compensatory time off must be taken within ninety (90) days of being earned. If the employee and the supervisor cannot mutually agree on available times to take the compensatory time off within the ninety (90) day period, the employee shall be paid in lieu thereof at the applicable rate of pay in effect when the time accrued. Accrued compensatory time shall be used in a timely manner so as not to have an excessive amount to use prior to the end of the fiscal year or upon discontinuance of employment. At the end of the fiscal year compensatory time hours that have been accrued but are unused shall be paid out at the rate of pay at which they were earned.

3. Use of Compensatory time:

   a. An employee wishing to utilize compensatory time shall submit a written request to the supervisor for the time off at least 72 hours prior to the time period requested off.

   b. Such request shall be approved or denied within 8 hours of the submission.

   c. Short notice request (2 hours or less use of compensatory time) shall be granted at the discretion of the shift supervisor.

   d. The 72 hour advance notice may be waived at the reasonable discretion of the First Selectman or his/her designee when a situation arises that is an EXTREME emergency for which the employee was unable to plan or anticipate.

   e. Management reserves the right to deny the request for use of compensatory time when it disrupts the operation of the department; when the time period cannot be replaced by employee(s) or supervisor(s); or where it is anticipated that all workers will be needed to cover an ongoing or pending work load.
9.2 Any Town Hall bargaining unit employee who is a member of the Suffield Volunteer Fire Department or Suffield Volunteer Ambulance Association shall be released, upon approval of their immediate supervisor, from work without loss of pay or benefits to respond to emergencies.

ARTICLE 10
GRIEVANCE PROCEDURE

10.1 Purpose. The purpose of the grievance procedure shall be to settle employee grievances on as low an administrative level as possible so as to insure employees' morale without impairing Town efficiency.

10.2 Definitions.

a. A “Grievance” is any difference, dispute, or disagreement concerning wages, hours or working conditions, or a claimed violation, misinterpretation or misapplication of the provision(s) of this Agreement.

b. A “Grievant” may be the employee, a group of employees, and/or Union.

c. “Days” shall mean working days.

STEP ONE. Any employee with a grievance and/or his Union Labor Representative shall submit the grievance in writing and shall meet with the Department Head or his/her designee within ten (10) days of the date the alleged grievance occurred or is discovered, and the Department Head or his designee shall submit his decision to the aggrieved employee within five (5) days of the receipt of the grievance.

STEP TWO. If the employee or the Union is not satisfied with the decision rendered by the Department Head or his/her designee, the employee or the Union shall submit the grievance in writing within five (5) days after receiving such decision, to the First Selectman or his/her designee, who shall render a written decision within five (5) days after receipt.

STEP THREE. If the Union is not satisfied with the decision rendered by the First Selectman, it may, within twenty (20) days after the receipt of that decision, submit the grievance to the Connecticut Board of Mediation and Arbitration. The decision rendered by the Arbitrator(s) shall have no power to add to or subtract from or modify in any way the terms of this Agreement. The cost of the arbitration shall be borne equally by both parties.

10.3 Mediation. The mediation services of the State Board of Mediation and Arbitration may be utilized at any time provided either party so desires.

10.4 Recording of Minutes or Testimony. Either party shall have the right to employ a public stenographer or use a mechanical recording device at any step in the procedure, with advance notice to the other party.
10.5 Meetings. If either of the parties related to the grievance process desires to meet for the purpose of oral discussion, a meeting shall be requested and scheduled in accordance with Steps One, Two, and Three.

10.6 Employees and the Union shall have the right and choice of representative whenever desired by either individual employees or the Union at their own expense. The Town shall have the right and choice of representative whenever desired at its own expense.

10.7 By mutual agreement, the parties may agree to extend the time limits of this procedure. Absent an extension, the failure by the Union to comply with the time limits of this procedure will result in the grievance being resolved on the basis of the last response by the Town, and the failure of the Town to comply with the limits of this procedure entitles the Union to proceed to the next step of the process.

ARTICLE 11
DISCIPLINE

11.1 All disciplinary action shall be applied in a fair and equitable manner and shall be consistent with the infraction for which disciplinary action is being applied. All warnings, suspensions and discharges must be given in writing with reasons stated and a copy given to the employee and the Union at the time of the disciplinary action. Depending on the offense, disciplinary action may include, but not be limited to, documented verbal warning and/or written warning, suspension without pay, and discharge. Progressive discipline shall be applied when appropriate. No employee shall be discharged or suspended without just cause. Disciplinary action normally shall follow in this order:

   Documented Verbal warning
   Written warning
   Suspension without pay
   Discharge

All disciplinary action may be appealed through the established grievance procedure.

11.2 Each employee shall have the right to see and review his or her personnel file upon request by appointment with the Director of Human Resources. The Town shall provide copies of all materials in the file upon request of the employee. Employees may request that the Town correct, amend or delete incorrect or inaccurate material. Failing mutual agreement, the employee shall have the right to respond and it shall be made part of the file. No separate active personnel file shall be maintained other than the one subject to employee inspection.

11.3 Each employee will be given copies of any evaluation reports placed in the employee's personnel file.
11.4 All verbal and written warnings shall be removed from the records of the employee one (1) year after the application of discipline and suspensions shall be removed two (2) years after the application of discipline unless there is a pattern of repeated conduct.

11.5 Any employee who has been disciplined or discharged and is subsequently exonerated shall be reinstated without prejudice or loss of seniority and compensated for any loss of wages, unless otherwise awarded by an arbitrator.

ARTICLE 12
INSURANCE & RETIREMENT BENEFITS

This article and attached insurance plan design appendices (Appendix E) provide summaries and descriptions of various insurance benefits. For additional information, please refer to the insurance documents.

12.1 Eligibility:

A. The Town agrees to provide the following program of insurance for full time employees (30 hours and over) and enrolled dependents, including coverage for dependents until age twenty-six (26) (dental coverage to age twenty-three (23)).

B. The Town agrees to allow part-time employees regularly scheduled to work less than full time (thirty (30) hours per week) to participate in the Town's health and dental insurance plans. Part time employees regularly scheduled to work twenty (20) hours or more per week may participate in the Town's health and dental insurance plans as follows: Part-time employees premium cost share will be pro-rated based on what the Town would otherwise pay for the coverage, and the part-time hours worked.

12.2 Group Term Life Insurance:

Life Insurance Policy Equal to $70,000 coverage (for employees working thirty (30) or more hours per week). All employees hired on or before June 30, 2016, who currently receive this benefit shall continue to do so.

12.3 Group Short and Long Term Disability Insurance:

a. Employees regularly working twenty-five (25) or more hours per week shall be covered by a Short Term Disability (STD) and Long Term Disability (LTD) plan whose benefits shall be payable and administered in accordance with the carrier's policy. Each employee shall be compensated a gross monthly dollar amount, which amount shall be equal to the gross dollar amount of his/her portion of the monthly premium for his/her coverage under this section. If, as a result of tax law revisions, STD/LTD benefits become taxable income, despite the fact that the premiums are being paid through employee payroll deductions, then the parties agree to reopen the provisions regarding the method by which premiums are paid. Payment shall be made through payroll deductions upon the written authorization of each employee on a form
entitled "Authorization for Short Term Disability and Long Term Disability Plan Premiums Deductions." The Town will amend the STD/LTD plan(s) to cover employees whose regular work schedule is 25 or more hours in a week. Participation in the STD and LTD plan and deductions is mandatory as a condition of employment.

b. STD benefits shall be payable on the first day of a non-job related injury or on the eighth day after the onset of an illness, whichever is applicable. Upon request of the department head, verification of such injury or illness shall be provided (in connection with sick pay or disability insurance benefits).

c. STD benefits shall continue for up to twenty-six (26) weeks for each separate occurrence of illness or injury per fiscal year. STD benefits shall consist of sixty percent (60%) of the employee's regular weekly wage.

d. STD benefits shall be supplemented by up to one hundred dollars ($100.00) per week, so long as the total of the STD benefits and the one hundred dollars ($100.00), or portion thereof, does not exceed the employee's regular weekly wage.

e. LTD benefits shall begin on the twenty-seventh (27th) week of payment of STD benefits (at which point STD benefits shall cease). LTD benefits shall consist of sixty percent (60%) of the employee's regular weekly wage (not to include scheduled overtime or other compensation). LTD benefits shall continue up until the date of eligibility for Social Security retirement benefits, or until the employee's Normal Retirement Date (or Early Retirement Date, if the employee elects an Early Retirement) under the Pension Plan, or until the employee receives a Disability Retirement under the Pension Plan, or until disallowed by the LTD policy, whichever occurs sooner.

f. It is agreed that STD and LTD benefits shall be payable and administered in accordance with the carrier's policy. There shall be no change in benefits payments made without prior negotiations with the Union. However, any administrative changes which do not significantly impact upon the employees shall not require prior negotiations with the Union.

g. Employees shall receive credited service for Pension Plan purposes for any period of time in which they receive STD benefits, so long as they continue to make their pension contributions during such period. For purposes of calculating the average final compensation ("AFC") under the Pension Plan, the periods of time during which employees receive STD benefits shall be treated as though the employees were receiving their regular weekly wages under the wage appendices in this Agreement.

h. Employees shall not receive credited service for Pension Plan purposes for any period of time in which they receive LTD benefits and such period of time shall not be used in calculating
the employee's average final compensation.

i. It is understood that once an employee satisfies the eligibility for benefits requirements under the pension plan or the LTD policy, benefits may be payable in accordance with said plan or policy regardless of whether actual employment is terminated.

j. The Town shall provide job security for each employee while that employee is on short-term disability and/or long-term disability for a period up to twelve (12) months or equal to the illness whichever is less.

k. The Town shall make reasonable efforts to encourage the short-term disability/long-term disability insurance carrier to provide payment within two weeks. Both parties acknowledge that the payment schedule is subject to carrier approval.

12.4. Group Medical:

All employees shall participate in the High Deductible Health Plan under the following conditions:

For the period of July 1, 2019 through June 30, 2022:

**HSA 1**
Health Savings Account $2,000/4,000
Non-Gatekeeper

**In-Network**
$2,000/$4,000 Deductible - Plan Year
100% Co-ins, after deductible
$4000/$8000 Out of pocket max
$0 Wellness, deductible waived

**Out-of-Network**
$2,000/4,000 Deductible
80/20% Co-ins., after deductible
$4,000/8,000 Out of pocket max

**In Network Prescription Benefits:**
Effective July 1, 2021:
Rx $5/$30/$45, after deductible - Unlimited max
Mail Order $5/$60/$90 after deductible
PSI Platform

Active employees 65 years of age or older not enrolled in Medicare shall remain on the HDHP with HSA. If eligible for retiree health insurance pursuant to Article 12, Section 12.11, shall receive such benefits under the HDHP Plan.
12.5. **Health Savings Account (HSA):**

The Town's portion of the deductible shall be deposited into employee Health Savings Accounts each year, with one half (1/2) being deposited on or about July 1 and one half (1/2) being deposited on or about January 1.

**HDHP – Annual HSA Deductible Funding:** 40% by the Town for individual or 2-person/family plan.

12.6. **Group Dental Coverage:**

The minimum dental benefits are as provided below:

**FLEX DENTAL:** Flex Dental Plan shall consist of the following key provisions:

- **Deductible:** $50 Individual/$150 family (waived for preventive care; Applies to Type 11 basic care and Type 111 major care only)
  - **Maximum:** $1000 per person/fiscal year
  - **Orthodontia Rider:** $1000 per lifetime maximum. Dependent Children (max. limit age 23)

12.7 **Premium Share Contribution:**

Employees shall be required to pay the following percentages of the premium costs for the medical and dental insurance programs listed below.

### **For the High Deductible HealthPlan:**

- July 1, 2019 through June 30, 2020 – fourteen percent (14%)
- July 1, 2020 through June 30, 2021 – fifteen percent (15%) effective upon ratification & approval
- July 1, 2021 through June 30, 2022 – sixteen percent (16%)

### **For Dental Insurance:**

- July 1, 2019 through June 30, 2020 – nineteen percent (19%)
- July 1, 2020 through June 30, 2021 – twenty percent (20%) twenty percent effective upon ratification and approval
- July 1, 2021 through June 30, 2022 – twenty one percent (21%) percent
12.8. Change of Carriers/Funding Arrangements:

The Town shall have the right to change insurance carriers and/or self-insure, in whole or in part, in order to provide the insurance coverage set forth above, provided that the plan(s) which result(s) from the change in carriers and/or self-insurance are substantially equivalent to the plan(s) described above, in terms of coverage, benefits, and administration when viewed as a whole. If at any time during the term of this contract, the Town meets to discuss any changes in insurance and/or pension which affect members, the Union shall be advised and shall be given an opportunity to be present at any such discussion. There shall be no reduction in the benefit level unless through mutual agreement of the Town, and the Union.

12.9 Deductible Funding:

The Town will provide a wage deduction plan for each employee's contributions to her/his HSA account. The insurance deductions will be on a pre-tax basis in accordance with Section 125 of the IRS Code. Participation in this HSA funding plan shall be voluntary.

12.10 Insurance Waiver.

Only employees who received the insurance waiver on June 15, 2007 will continue to be eligible for the insurance waiver option.

Employees may elect to waive all Medical and Dental coverage and in lieu thereof, to receive a payment of one thousand ($1,000.00) dollars for employee only plan; Two Thousand ($2,000.00) dollars for the employee plus one plan; and Three Thousand ($3,000.00) for family plan of three or more.

Payment to those employees waiving coverage will be made on a semi-annual basis on January 15th and June 15th by separate check. Notice of intent to elect the waiver must be filed by June 15th of the previous contract year. The waiver shall remain in effect until the employee files a written request for reinstatement of insurance at the time of open enrollment or due to a qualifying event causing a loss of other insurance coverage.

Where there is a change in employee's status such as, but not limited to, change in the spouse's employment or changes in a spouse's benefit program, the waiver may, by written notice to the Town be revoked. Upon receipt of revocation of the waiver, coverage by Blue Cross and Blue Shield shall be subject to any regulations, including waiting periods, which may then be in effect. Depending upon the effective date of coverage, appropriate financial adjustments shall be made between the employee and the Town so as to ensure that the pro-rated basis in Section b. was accurate.

Waivers under this section must be permitted by applicable insurance companies and policies.
12.11. Retiree Insurance Coverage:

A. The Town of Suffield shall make available a program of medical insurance for retirees which shall contain the same level of coverage and benefits as available to current employees, as may be amended from time to time in negotiations, except that in the case of HDHP plans, the Town will fund the retiree’s deductible at thirty-five percent (35%) during the period of retirement until the age of 65. Employees hired after May 4, 2017, shall receive thirty percent (30%) funding. Once a retiree or spouse becomes eligible for Medicare he/he shall begin coverage under Medicare and shall no longer be eligible for coverage in the group plan for active employees. The premium for such Medicare supplement shall be shared in accordance with the schedules listed below. For current employees as of January 1, 2020, and those hired on or after January 1, 2020, the only spouse eligible under this section is the retiree’s legal spouse at the time of retirement.

B. For those employees hired on or before June 30, 2007, who have reached fifteen (15) years of service and age 55, or twenty-five (25) years of service regardless of age, the Town shall pay the full premium costs of the retiree and his/her legally married spouse for their natural life according to the following schedules:

- 25 years and over of service - 100% paid
- 21-25 years of service - 75% paid
- 15-20 years of service - 65% paid

C. Employees hired on or before June 30, 2007, with ten (10) years but less than twenty-five (25) years of service, and under the age of 55, may be carried on such policies for the same time period of eligibility of retiree (based on the above schedule). The retiree shall pay the full cost of his/her legally married spouse's coverage. This provision shall be effective only for employees who retire after July 1, 1998. When a retiree or spouse becomes eligible for Medicare, the employee or spouse must enroll in Medicare and the Town will provide Medicare Supplement Plan F with prescription coverage at $10/$20/$40 with the premium of such supplement shared in accordance with the above schedule.

D. For those employees hired on or after July 1, 2007, who have reached 25 years of credited service and age 60, the Town shall pay 50% of the medical premium cost of the retiree and his/her legally married spouse; once-eligible for Medicare, the Town will provide medical coverage secondary to Medicare as a so-called Medicare Supplement Plan F with prescription coverage at $10/$25/$40.

E. Any full-time employee who is retired from the Town because of a work-related disability shall be covered by the same insurance as other employees of the Town for himself/herself and dependents with the full cost of insurance being paid by the Town.
F. Part time employees who are participating in the medical insurance plan as provided in Article 12 Section 12.4, above, at the time of retirement also qualify for the retirement medical insurance coverage as provided in Paragraph A., above except that the Town's percent as shown above applies only to the share the Town is paying at the date the part time employee last worked. The retiree continues to pay the percent he/she paid while working plus the percent the retiree pays according to the schedules in paragraph B., above.

12.12 Other Retiree Benefits

A. For all employees hired on or before July 1, 2014, the provision of an ordinance establishing a Pension Plan for Town employees, enacted by vote of the special town meeting for the Town of Suffield on June 29, 1961, are made part of this Agreement, together with such amendments to said ordinance as may have been made during the term of this Agreement, which shall include the latest pension amendment which provides for normal retirement at age fifty-five (55). The plan is amended further to require that all full time employees and regular part time employees who are hired after July 1, 2001 and prior to July 1, 2014 are required to become and remain participants in the Pension Plan as a condition of employment as long as they work 20 or more hours per week.

B. For all employees hired on or before July 1, 2014, the Town shall continue to make available a 457 plan (DCP) to all full-and part-time bargaining unit employees. Additionally, the Town shall provide a fifty percent (50%) match on employee contributions. The Town's contributions shall be capped at a calendar year maximum of two percent (2%) of the employee’s gross annual income, including overtime.

C. Eligible employees hired on or after July 1, 2014 shall be permitted to participate in a Defined Contribution Plan (457b), with a mandatory contribution of 5.25% from the employee and 5.25% employer annual contribution. The Town will match any additional contribution by an employee up to an additional 1.75%, for a total Town contribution not to exceed seven (7) percent.

D. Should any other Town bargaining unit employees (excluding Fire and Police personnel) receive an increase in the pension multiplier during the term of this agreement, the parties agree to re-open the contract for the sole purpose of negotiating over the pension plan. Negotiations, if necessary, shall follow all applicable State and Federal statutes including the right of either party to pursue binding arbitration over the pension plan. The Town will furnish all employees with a copy of the above insurance and pension programs.
ARTICLE 13
HOLIDAYS

13.1 Members of the bargaining unit shall be granted thirteen (13) paid holidays as follows:

<table>
<thead>
<tr>
<th>New Year’s Day</th>
<th>Labor Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin Luther King</td>
<td>Columbus Day</td>
</tr>
<tr>
<td>Presidents Day</td>
<td>Veterans Day</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>The day after Thanksgiving</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Christmas Eve Day</td>
</tr>
<tr>
<td></td>
<td>Christmas Day</td>
</tr>
</tbody>
</table>

Part-time employee holiday pay shall be based on regular hours worked and shall be paid only for a holiday that the employee otherwise would have worked. Any part-time members hired on or before July 1, 2020, who receive holiday pay shall continue to receive holiday pay for the duration of her/his employment with the Town, regardless of whether the paid holiday falls on a regular workday.

13.2 a. When a specified holiday falls on Saturday, the holiday leave shall be granted on the preceding day.

b. When a specified holiday falls on Sunday, the holiday leave shall be granted on the following day, Monday.

13.3 Whenever any of these holidays shall occur while an employee is out on sick leave, there will not be a charge to sick leave for that holiday.

13.4 When a holiday occurs during an employee’s vacation, there will not be a charge to vacation leave for that holiday.

13.5 When a full-time employee, is required to work a holiday, the employee shall receive one and one-half (1½) times his/her hourly rate of pay, plus a day’s pay, or with the department head’s approval, another day off.

No accrued holidays may be carried over from one fiscal year to another. Those unused holidays which cannot be carried from one fiscal year to the next fiscal year shall be paid at the normal rate of pay.

ARTICLE 14
VACATION LEAVE

Effective July 1, 2020, the Town shall change its system of crediting annual paid vacation time on July 1 of each year to a system of crediting paid vacation time on the employee’s date of hire. In transitioning to this new system, on July 1, 2020, all bargaining unit members shall be credited
with paid vacation time accrued between July 1, 2019, and June 30, 2020. On an employee’s next date of hire anniversary following July 1, 2020, s/he shall receive pro-rated paid vacation time that has been accrued from July 1, 2020 to such anniversary date. The Town will ensure that no employee loses any accrued vacation time in the process of changing this system.

Following the transition year, a full year of accrued paid vacation time shall be credited to an employee on each anniversary of her/his date of hire. Additionally, the current practice of crediting a new hire with five (5) vacation days at the completion of six (6) months of service in her/his first year of employment shall not change.

14.1 Each full-time and permanent part-time employee is entitled to paid vacation according to the following schedule:

<table>
<thead>
<tr>
<th>If you have:</th>
<th>You will be credited with the following vacation days annually based on your date of hire:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Six months to one year of service</td>
<td>5</td>
</tr>
<tr>
<td>1 year or more of service</td>
<td>10</td>
</tr>
<tr>
<td>4 years or more of service</td>
<td>15</td>
</tr>
<tr>
<td>7 years or more of service</td>
<td>20</td>
</tr>
</tbody>
</table>

In the first year, one (1) week of earned vacation may be taken upon completion of the first six (6) months full-time service. The overall earned vacation for the first year of employment shall not exceed ten (10) days.

Permanent part time employee computation is on a pro-rata basis based on regular hours worked.

The date for determining length of service for vacation eligibility shall be the employee's anniversary date. Vacations shall be scheduled with department head or supervisor approval; in the event of a conflict with another employee, seniority shall prevail. Employees may request to carryover a maximum of one (1) week earned vacation time into the next fiscal year subject to the approval of the Town. Such request shall not be unreasonably denied.

The following employees shall not be entitled to vacation pay:

a. Those discharged for just cause.

b. Those laid off for lack of work who refuse to accept recall.

c. Those on an unpaid leave of absence.

14.2 Employees may take their vacation leave, in accordance with schedules established by the supervisor. The supervisor may, however, limit the number of employees on vacation at any one time because of the operating requirements of the department. In the event there is a conflict concerning the choice of vacation weeks between the employees, the supervisor shall give
preference on the basis of greatest length of service. If, due to staff shortages or scheduling problems, an employee is unable to take some or all earned vacation, such employee may carry over unused vacation to the following year, but such time must be taken within three (3) months.

Requests to schedule the time off will not be unreasonably denied. If employees do not carry the days over, or if they carry the days over and are unable to take the days within three (3) months of her/his anniversary date, those employees may choose to accept payment for the unused days at straight time.

14.3 For the purpose of computing vacation leave, only dismissal and unpaid leave of absence of more than thirty (30) days will break the continuity of service; other leave will not deter vacation leave accrual during such leave. Vacation leave shall not be granted to employees with less than six (6) months service. However, upon completion of six (6) months service, employees shall have their accrual of such leave computed from the date of hire.

14.4 In the event of an illness of a minimum of two (2) days during an employee's vacation period, the employee shall be given the option of charging the sick days to his sick leave provided a doctor's certificate verifies such illness.

14.5 An employee leaving on vacation of more than four (4) consecutive days may be granted all pay due for that vacation time, provided he/she submits a request for such pay to the department head not less than ten (10) calendar days in advance of said vacation.

14.6 Employees leaving the service of the Town, other than those terminated for just cause, shall be paid for any unused vacation leave accrued as of his/her last day of service. This provision applies on a pro-rata basis to part-time employees regularly scheduled to work between twenty (20) and thirty (30) hours per week. For employees hired after May 4, 2017, this benefit is only available for employees who have completed five (5) or more years of service with the Town.

14.7 Accrued vacation leave or authorized overtime for which payment is due shall be considered to be earned and payable upon death of any employee to such person or persons entitled by law to receive any compensation due such employee.

14.8 Part-time employees who work twenty (20) hours, but less than thirty (30) hours shall be entitled to use any unused vacation leave, which will be granted on a pro-rata basis, prior to the effective date of their retirement.

**ARTICLE 15**

**SICK LEAVE**

15.1 An employee may be absent from work with pay during such period as actual illness or injury prevents him her from performing their duties. Each such absence must be supported by a physician's statement if the absence exceeds four (4) days unless the illness or injury is of such a nature that the department supervisor and/or the First Selectmen waives the furnishing of a physician's statement. An employee absent due to illness or injury shall notify his/her supervisor
within two (2) hours of the regular starting time of the workday. Failure to do so may result in denial of sick leave for the period of absence.

Sick leave shall not be considered as a privilege which an employee may use at his/her discretion, but shall be allowed only in cases of his/her sickness or disability except for FMLA qualified leave. An employee who is out on a FMLA absence shall, at their option, be allowed to use any available sick time during such absence.

Authorized absence under this Article will include the situation when a member of the employee’s immediate family or household is ill or injured as to require the employee’s presence at home. If the Town believes this provision is being abused by an employee, the Town may require the employee to submit a certificate of such illness by a physician.

15.2. On July 1, each full time employee shall be granted ten (10) sick days per fiscal year, which shall not be cumulative. Part time employees are entitled to a pro rata share in accordance with Article 2. During the first year of service, employees shall accumulate one (1) sick for each month of service completed to a maximum of ten (10).

The Town shall compensate each bargaining unit member for one-half (1/2) of the sick days authorized under this provision but not used by the employee, at the rate of pay in effect on the last day of the contract year when the days were earned. Compensation shall be provided in a lump sum on or about July 31st following the fiscal year ending June 30.

An employee who retires or resigns with no discipline pending at the time shall receive a pro-rata portion of his/her unused sick days. The pro-rata benefit shall be calculated on the basis of one-twelfth (1/12) for each full month of service completed during the fiscal year. The Town will pay such benefit within thirty (30) calendar days after separation from employment. For employees hired after May 4, 2017, this benefit is only available for employees who have completed five (5) or more years of service with the Town.

ARTICLE 16
WAGES

16.1 All employees shall be paid in accordance with Appendices A, B, and C, except any member advanced or promoted to a higher rate of pay shall be accelerated not less than one full step above the step which he/she occupied at the lower classification. New employees shall start at the first step. Except as provided for in Appendices B and C, each employee shall advance in the salary schedule as follows:

<table>
<thead>
<tr>
<th>Start</th>
<th>Step 1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>After one year</td>
<td>Step 2.</td>
</tr>
<tr>
<td>After two years</td>
<td>Step 3.</td>
</tr>
<tr>
<td>After three years</td>
<td>Step 4.</td>
</tr>
<tr>
<td>After four years</td>
<td>Step 5.</td>
</tr>
<tr>
<td>After five years</td>
<td>Step 6.</td>
</tr>
</tbody>
</table>
16.2 Salaries for the positions covered by this contract are provided in Appendix B attached hereto.

16.3 The First Selectman reserves the right to maintain a weekly or biweekly pay schedule.

ARTICLE 17
WORKER'S COMPENSATION

17.1 Employees who are absent from work due to illness or accident for which they are entitled to compensation under the Worker's Compensation Act, shall not be charged sick time for such absences.

17.2 If an employee is absent from work because of an injury sustained in the course of his/her work for which he/she is entitled to compensation under the Workers' Compensation Act, the Town shall pay to the employee during the period of disability, not to exceed nine (9) months from the date of disability, an amount equal to the difference between the employee's regular salary and the amount of Workers' Compensation received by the employee, adjusted for tax withholding.

ARTICLE 18
LEAVE PROVISIONS

18.1 Maternity Leave - Leave shall be granted in accordance with the Connecticut General Statutes and the Federal Family and Medical Leave Act.

18.2 The Town shall grant four (4) days of paid personal leave per year to full-time regular employees working thirty (30) hours or more. Employees working twenty (20) hours but less than thirty (30) hours shall receive a prorated number of personal days (percentages in excess of the whole number will be rounded down to the whole number.)

Except in cases of emergency, a minimum of twenty-four (24) hours' notice must be given. These days are not cumulative and will not be charged to sick leave time or vacation time. The Town shall compensate each bargaining unit member for one-half of the days authorized under this provision but not used by the employee. The Town shall compensate each employee for the unused days in a lump sum check on July 31 following the contract year ending June 30.

Employees hired prior to signing this contract shall be grandfathered with their full personal leave. Employees hired between January 1st and June 30th of a fiscal year shall receive a pro-rata calculation for personal time for that year. Employees hired between July 1st and December 31st of a fiscal year shall receive their full allotment of personal days.

18.3 Bereavement Leave An employee may have time off up to four (4) days per occurrence without loss of regular pay in the event of the death of an employee's: spouse, father, mother, sister, brother, child, stepchild, grandparent, grandchild, or any person of the immediate household regardless of relationship. An employee may have time off up to two (2) days with pay per occurrence for the death of an employee's: mother-in-law, father-in-law, stepparent, or step-
sibling. An employee shall be granted one (1) day off with pay for the death of an aunt, uncle, niece, nephew, or cousin. Any additional time off requested shall be charged to accrued vacation or personal leave, at the discretion of the employee.

If the funeral of a member of the immediate family takes place further than two hundred fifty (250) miles (one way) from the employee’s residence, he/she shall be granted an additional day off with pay, provided documentation substantiating the request is submitted to the Town. Acceptable documentation includes an obituary, travel tickets or a written statement by the employee.

18.4 Jury Leave Any employee called to jury duty shall be paid the difference between the employee’s regular rate of pay and the fee received from serving as a juror. No employee shall receive more compensation than normally should have been received in a regular work week. An employee called to jury duty shall furnish the Town with a notice to service in evidence of attendance. The Town may request exclusion for any employee who received notification of jury duty.

18.5 Military Leave Military leave shall be granted in accordance with applicable state and federal law.

18.6 Leave of Absence An employee requesting leave of absence without pay may be granted the same at the discretion of the department head and/or Board of Selectmen upon reasonable cause being given. Such leave shall not exceed six months.

During the first 90 days of such leave of absence, insurance benefits will remain in effect. During the remainder of the leave, the employee may continue in the group plans by paying the monthly premiums.

18.7 Union Leave

a) One (1) member of the Union may be designated to process grievances and such member shall be granted leave of duty with full pay while engaged in processing said grievance, at each step of the procedure through arbitration.

b) One (1) or more member(s) of the Union may be granted leave of absence from duty with full pay to attend annual conventions, or other Union business, but said employee(s) shall not be granted or entitled to reimbursement by the Town for any expenses incurred in travel or otherwise. Such leave shall not exceed five (5) days per year.

b) The Union shall have the right to have three (3) members of its negotiating committee present for all negotiation sessions. When such meetings take place during scheduled work hours the members of the negotiating team present will be granted leave with full pay. Negotiation sessions shall alternate evenly between work hours (morning session) and off-work hours (late afternoon or evening session) unless mutually agreed otherwise by the parties. This provision applies to negotiation sessions only; preparation or discussion meetings between the Union and members of the negotiating committee shall be on the employee’s time.
ARTICLE 19  
GENERAL PROVISIONS  

19.1 The Town agrees that it will not subcontract work for the purpose of laying off employees. Further, the Town will make every effort to recall employees from layoff whenever the duration and nature of the work being done makes it practical to do so.

19.2 During the term of this Agreement, the Town shall furnish the Union with an up-to-date list of employees. When a new employee is hired, the Town shall notify the Union and furnish the Union with the name, date of employment, classification and rate of pay of the new employee. When the employment of an employee terminates, the Town shall notify the Union, and furnish the name and date of termination of the employee.

19.3 The Town shall provide a copy of this Agreement to each employee presently employed and to each new employee upon employment.

19.4 If an Article or Section of the Agreement is declared invalid by a court of competent jurisdiction, said invalidity shall not affect the balance of this Agreement.

19.5 There shall be no alteration, variation, no amendment of the terms and conditions of this Agreement, unless made and agreed to in writing by both parties. Any agreement must be ratified by the Union membership and the Board of Selectmen.

19.6 If there is any previously adopted policy, rule or regulation of the Town which is in conflict with any provision of the Agreement, said Agreement provision shall prevail during the term of this Agreement.

19.7 When an employee is required to use his/her own motor vehicle to perform Town business, or attend conferences at the direction of the First Selectman, he/she shall be reimbursed at the IRS rate.

19.8 The Union's Labor Representative shall be permitted to visit specific job sites where bargaining unit members are employed provided such visits are at normal business hours and do not interfere with the operation of the department. It is agreed that the Union's Labor Representative will report to the department head before talking to bargaining unit members.

19.9 The Town shall provide bulletin board space for the Union located in the main designated areas for the posting of notices concerning the Union's business and activities.

19.10 The Town of Suffield agrees to continue in force for the duration of this Agreement, for those benefits and privileges, previously granted to and enjoyed by the members of the Bargaining Unit but which may not be specifically mentioned herein.

19.11 Any employee who is required by the Town to attend any training or conferences shall be reimbursed for the reasonable expenses associated with said training or conference.
19.12 The Union shall be provided an opportunity to meet with the Town to discuss changes to an existing bargaining unit position. The Town shall establish appropriate pay rates for any new classification, and the Union may request that the position be included in the bargaining unit. Any dispute that may arise as a result shall be resolved through the grievance and arbitration procedure of this Agreement or proceedings administered by the State Board of Labor Relations.

19.13 Neither the Town management nor any Commission or Board shall officially recognize any charge or complaint that may be made by a member of the public against a bargaining unit member unless and until it is in writing, signed by the Complainant under oath. Such writing shall include a detailed description of the acts complained of and names and addresses of witnesses. The Union Labor Representative and the employee involved shall be informed of the complaint with a copy of said complaint to the employee and the Union Labor Representative. If any formal charges are to be made against the employee as a result of said charges, a hearing will be held before the Board of Selectmen and the employee or the employee’s representative shall have the right to cross-examine the accuser. Nothing herein is intended to preclude the Town from investigating claims against members of the bargaining unit consistent with its management rights and principles of just cause and due process.

19.14 No non-bargaining unit employee shall be used to perform bargaining unit work until and unless no bargaining unit employees are available or willing to work.

19.15 In order to encourage participation of students (and their peers) in Town activities, the Town may continue its Student Intern Program. This program shall not result in any reduction in work hours for members, nor will the Town assert that it constitutes "shared work" under the labor regulations.

19.16 The Town may also continue to utilize the federally funded senior community service employment program, which provides work for senior citizens. The Town agrees it will not use enrollees of this program to perform work to such an extent that it will cause the displacement of currently employed workers or a reduction of their regular hours.

19.17 In the sole discretion of the First Selectman, non-essential employees may be authorized for a late or no arrival or early dismissal due to weather conditions that compromise their safety, and shall not suffer a loss of pay for such late or no arrival or early dismissal. If a non-essential employee reasonably believes that his/her safety may be compromised by weather conditions but the First Selectman has not authorized a late or no arrival or early dismissal, said employee may, at his/her discretion, utilize accrued vacation or personal leave to cover the absence or, in the sole discretion of the First Selectman, may take an unpaid day.

ARTICLE 20
SAFETY AND HEALTH

The Town of Suffield will comply with occupational safety and health standards (OSHA) as promulgated under State of Connecticut Statutes, Chapter 571.
ARTICLE 21
DURATION

This Agreement shall become effective on July 1, 2019, and shall remain in effect through June 30, 2022, and thereafter shall continue in effect from year to year except that it may be amended effective at the date of expiration by one party giving notice of its intention to amend the Agreement to the other party not later than one hundred and twenty (120) days prior to the expiration date. Within ten (10) days of receipt of such notice by either party, a conference shall be held between the Town and the Union for the purpose of considering such proposed amendment.

Signed this \underline{6th} day of \underline{November}, 2020

FOR THE TOWN OF SUFFIELD

Melissa Mack
First Selectman

FOR UNITED PUBLIC SERVICE EMPLOYEES UNION, LOCAL 424- UNIT 109

Kevin E. Boyle, Jr.
President
APPENDIX A
SALARY SCHEDULE

Effective and retroactive to January 1, 2020, there shall be a two and one-half percent (2.50%)
general wage increase for bargaining unit members.

Effective July 1, 2020, there shall be a two percent (2.00%) general wage increase for all
bargaining unit members.

Effective July 1, 2021, there shall be a two and one-quarter percent (2.25%) general wage
increase for all bargaining unit members.

The parties agree that the statement included on the new job descriptions, which says, in part:

"The job description does not constitute an employment agreement between the employer
and the employee and is subject to change by the employer as the needs of the employer
and requirements of the job change" does not contradict Article 19.12 and/or State law.
<table>
<thead>
<tr>
<th>Job Title</th>
<th>Pay Grade</th>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Special Programs</td>
<td>13</td>
<td>$30.25</td>
<td>$31.75</td>
<td>$33.25</td>
<td>$34.78</td>
<td>$36.29</td>
<td>$37.81</td>
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<tr>
<td>Recreation Supervisor</td>
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<td>$30.25</td>
<td>$31.75</td>
<td>$33.25</td>
<td>$34.78</td>
<td>$36.29</td>
<td>$37.81</td>
</tr>
<tr>
<td>Zoning Enforcement Officer</td>
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<td>$31.75</td>
<td>$33.25</td>
<td>$34.78</td>
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<td>$37.81</td>
</tr>
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<td>$31.71</td>
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<td>$27.43</td>
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<td>$31.56</td>
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<td>Accounting Assistant</td>
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<td>$26.11</td>
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<tr>
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<td>$26.12</td>
<td>$27.43</td>
<td>$28.73</td>
<td>$30.04</td>
<td>$31.39</td>
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<tr>
<td>Recreation Sport Programmer</td>
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<td>$27.43</td>
<td>$28.73</td>
<td>$30.04</td>
<td>$31.39</td>
<td>$32.66</td>
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<tr>
<td>Special Programs Coordinator</td>
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<td>$26.11</td>
<td>$27.43</td>
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<td>Admin. Secretary/ Tech. Asst.</td>
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<td>$23.68</td>
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<td>$23.68</td>
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<td>$29.62</td>
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<td>Assistant to Senior Center Director</td>
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<td>$26.06</td>
<td>$27.29</td>
<td>$28.42</td>
<td>$29.62</td>
</tr>
<tr>
<td>Assistant Tax Collector</td>
<td>8</td>
<td>$23.68</td>
<td>$24.89</td>
<td>$26.06</td>
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<td>$29.62</td>
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FY 2020-2021
2.00% INCREASE retroactive to July 1, 2020
PAY STEPS

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## APPENDIX B
### FY 2021-2022
### 2.25% INCREASE
### PAY STEPS

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July 1, 2019 - June 30, 2022
TOWN HALL UNION CONTRACT PAY SCHEDULE

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</table>
APPENDIX D
TOWN OF SUFFIELD, CONNECTICUT
AUTHORIZATION FOR SHORT-TERM DISABILITY AND
LONG-TERM DISABILITY PREMIUMS DEDUCTIONS

TO THE TOWN OF SUFFIELD

I, the undersigned, hereby authorize you to deduct from my earnings once each month an amount necessary to pay the monthly premiums for the STD and LTD policies, in accordance with the collective bargaining agreement and as certified to you by the insurance carrier and to remit such amount to such carrier.

I understand that this wage deduction will remain in effect during my employment with the Town unless I request that it be discontinued, in which case I will be subject to the provisions of said collective bargaining agreement.

Date: ___________________  Signed: ______________________________

PLEASE PRINT THE FOLLOWING:

EMPLOYEE'S FULL NAME: ______________________________

EMPLOYEE'S HOME ADDRESS: ______________________________

DEPARTMENT: ____________________________________________

JOB TITLE: ______________________________________________
### SUMMARY OF BENEFITS

Cigna Health and Life Insurance Co.  
For - Suffield Town and Board of Education  
Choice Fund Open Access Plus HSA Plan  
Town of Suffield HSA1  
Effective - 07/01/2020

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

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

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

<table>
<thead>
<tr>
<th>Plan Highlights</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Plan Coinsurance</strong></td>
<td>Your plan pays 100%</td>
<td>Your plan pays 80%</td>
</tr>
<tr>
<td><strong>Maximum Reimbursable Charge</strong></td>
<td>Not Applicable</td>
<td>200%</td>
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<tr>
<td><strong>Contract Year Deductible</strong></td>
<td>Individual - Employee Only: $2,000</td>
<td>Individual - Employee Only: $2,000</td>
</tr>
<tr>
<td></td>
<td>Family Maximum: $4,000</td>
<td>Family Maximum: $4,000</td>
</tr>
</tbody>
</table>

- The amount you pay for all covered expenses counts towards both your in-network and out-of-network deductibles.
- Plan deductible always applies before any copay or coinsurance.
- Plan deductible does not apply to in-network preventive services.
- All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.
- This plan includes a combined Medical/Pharmacy plan deductible.

**Note:** Services where plan deductible applies are noted with a caret (^).
<table>
<thead>
<tr>
<th><strong>Plan Highlights</strong></th>
<th><strong>In-Network</strong></th>
<th><strong>Out-of-Network</strong></th>
</tr>
</thead>
</table>
| **Contract Year Out-of-Pocket Maximum** | Individual - Employee Only: $2,000  
Family Maximum: $4,000 | Individual - Employee Only: $4,000  
Family Maximum: $8,000 |
| • The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums. | | |
| • Plan deductible contributes towards your out-of-pocket maximum. | | |
| • All copays and benefit deductibles contribute towards your out-of-pocket maximum. | | |
| • Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. | | |
| • 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. | | |

<table>
<thead>
<tr>
<th><strong>Benefit</strong></th>
<th><strong>In-Network</strong></th>
<th><strong>Out-of-Network</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note:</strong> Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/eductibles.</td>
<td></td>
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<tr>
<td><strong>Physician Services - Office Visits</strong></td>
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<tr>
<td>Physician Office Visit – Primary Care Physician (PCP)/Specialist</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
</tr>
<tr>
<td><strong>NOTE:</strong> Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).</td>
<td></td>
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<tr>
<td>Surgery Performed in Physician’s Office</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<tr>
<td>Allergy Treatment/Injections Performed in Physician’s Office</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<tr>
<td>Allergy Serum</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<tr>
<td>• Dispensed by the physician in the office</td>
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<tr>
<td><strong>Cigna Telehealth Connection Services</strong></td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>Not Covered</td>
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<td>• Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)</td>
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### Preventive Care

- **Preventive Care**
  - Plan pays 100%
  - Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.

- **Immunizations**
  - Plan pays 100%

- **Early Intervention Services**
  - Birth to age 3
  - After the plan deductible is met, your plan pays 100%

- **Mammogram, PAP, and PSA Tests**
  - Plan pays 100%
  - Coverage varies based on Place of Service
  - 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 Services**
  - After the plan deductible is met, your plan pays 100%
  - After the plan deductible is met, your plan pays 80%

- **Semi-Private Room**: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate
- **Private Room**: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate

- **Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU))**: In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate

- **Inpatient Hospital Physician’s Visit/Consultation**
  - Plan pays 100%
  - After the plan deductible is met, your plan pays 100%

- **Inpatient Professional Services**
  - For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists
  - Plan pays 100%

### Outpatient

- **Outpatient Facility Services**
  - After the plan deductible is met, your plan pays 100%
  - After the plan deductible is met, your plan pays 80%

- **Outpatient Professional Services**
  - For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists
  - After the plan deductible is met, your plan pays 100%
  - After the plan deductible is met, your plan pays 80%
<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
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<tbody>
<tr>
<td>Note: Services where plan deductible applies are noted with a caret (*). Plan deductible always applies before benefit copays/deductibles.</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
</tr>
<tr>
<td>Outpatient Therapy Services - PCP</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<tr>
<td>Outpatient Therapy Services - Specialist</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<td>Contract Year Maximums:</td>
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<tr>
<td>• Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – Unlimited days</td>
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<tr>
<td>• Habilitative Services are covered for Physical, Speech and Occupational Therapies.</td>
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<tr>
<td>Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.</td>
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<tr>
<td>Cardiac Rehabilitation - PCP</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<tr>
<td>Cardiac Rehabilitation - Specialist</td>
<td>After the plan deductible is met, your plan pays 100%</td>
<td>After the plan deductible is met, your plan pays 80%</td>
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<td>Contract Year Maximum:</td>
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<tr>
<td>• Cardiac Rehabilitation – 36 days</td>
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<td>Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.</td>
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<td><strong>Other Health Care Facilities/Services</strong></td>
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<tr>
<td>Home Health Care</td>
<td>After the plan deductible is met, your plan pays 100%</td>
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<tr>
<td>• 200 days maximum per Contract Year (The limit is not applicable to mental health and substance use disorder conditions.)</td>
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<tr>
<td>• 16 hour maximum per day</td>
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<td>• Includes outpatient private duty nursing subject to medical necessity with a separate maximum of $15,000 per Contract year</td>
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<td>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</td>
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<td>• 220 days maximum per Contract Year</td>
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<td>Durable Medical Equipment</td>
<td>After the plan deductible is met, your plan pays 100%</td>
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<td>• Unlimited maximum per Contract Year</td>
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<tr>
<td>Breast Feeding Equipment and Supplies</td>
<td>After the plan deductible is met, your plan pays 100%</td>
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<td>• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician</td>
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<td>• Includes related supplies</td>
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<td>External Prosthetic Appliances (EPA)</td>
<td>After the plan deductible is met, your plan pays 100%</td>
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<td>• Unlimited maximum per Contract Year</td>
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<td>Routine Foot Disorders</td>
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<td>Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.</td>
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<td><strong>Note:</strong> Services where plan deductible applies are noted with a caret (*). Plan deductible always applies before benefit copays/deductibles.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Acupuncture Performed in Physician's Office - PCP/Specialist**  
  - Unlimited days maximum per Contract Year |                                             |                                              |
| **Hearing Aid**  
  - Maximum of 1 device per 24 months  
  - Includes testing and fitting of hearing aid devices at Physician Office Visit cost share. | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 100% |
| **Wigs** | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 100% |
| **Routine Eye Care**  
  - Limited to 1 eye exam per 12 months.  
  - Eyeglasses and contact lenses are not covered. | Your plan pays 100% | Your plan pays 100% |
| **Medical Specialty Drugs**                     |                                               |                                               |
| **Inpatient**  
  - This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges. | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 80% |
| **Outpatient Facility Services**  
  - This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges. | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 80% |
| **Physician's Office**  
  - This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges. | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 80% |
| **Home**  
  - This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges. | After the plan deductible is met, your plan pays 100% | After the plan deductible is met, your plan pays 80% |
### Place of Service - your plan pays based on where you receive services

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Physician's Office</th>
<th>Independent Lab</th>
<th>Emergency Room/ Urgent Care Facility</th>
<th>Outpatient Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Laboratory</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 80% ^</td>
</tr>
<tr>
<td>Radiology</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Advanced Radiology Imaging</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Emergency Room/Urgent Care Services</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Advanced Radiology Imaging</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Emergency Room/Urgent Care Services</td>
<td>Covered same as plan's Outpatient Facility Services</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Emergency Room / Urgent Care Facility</th>
<th>Outpatient Professional Services</th>
<th>Ambulance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
<td>Not Applicable *</td>
</tr>
</tbody>
</table>

*Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Inpatient Hospital and Other Health Care Facilities</th>
<th>Outpatient Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Hospice</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td>Bereavement Counseling</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
</tr>
</tbody>
</table>

Note: Services provided as part of Hospice Care Program.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Initial Visit to Confirm Pregnancy</th>
<th>Global Maternity Fee (All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges)</th>
<th>Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)</th>
<th>Delivery - Facility (Inpatient Hospital, Birthing Center)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity</td>
<td>In-Network: Covered same as plan's Physician's Office Services</td>
<td>Out-of-Network: Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Physician's Office Services</td>
</tr>
<tr>
<td></td>
<td>In-Network: Covered same as plan's Physician's Office Services</td>
<td>Out-of-Network: Covered same as plan's Physician's Office Services</td>
<td>Plan pays 80% ▲</td>
<td>Covered same as plan's Inpatient Hospital benefit</td>
</tr>
<tr>
<td></td>
<td>In-Network: Covered same as plan's Physician's Office Services</td>
<td>Out-of-Network: Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Inpatient Hospital benefit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Physician's Office</th>
<th>Inpatient Facility</th>
<th>Outpatient Facility</th>
<th>Inpatient Professional Services</th>
<th>Outpatient Professional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion (Elective and non-elective procedures)</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 80% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
</tbody>
</table>

Includes surgical services, such as vasectomy (excludes reversals)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Physician's Office</th>
<th>Inpatient Facility</th>
<th>Outpatient Facility</th>
<th>Inpatient Professional Services</th>
<th>Outpatient Professional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning - Men's Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 80% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Covered same as plan's Physician's Office Services</td>
<td>Plan pays 100% ▲</td>
<td>Covered same as plan's Inpatient Professional Services</td>
<td>Covered same as plan's Outpatient Professional Services</td>
</tr>
</tbody>
</table>

Includes surgical services, such as tubal ligation (excludes reversals)
Contraceptive devices as ordered or prescribed by a physician.

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<table>
<thead>
<tr>
<th>Benefit</th>
<th>Physician’s Office</th>
<th>Inpatient Facility</th>
<th>Outpatient Facility</th>
<th>Inpatient Professional Services</th>
<th>Outpatient Professional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Infertility</td>
<td>Covered same as plan’s Physician’s Office Services</td>
<td>Covered same as plan’s Physician’s Office Services</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 80% ^</td>
</tr>
<tr>
<td>Bariatric Surgery</td>
<td>Covered same as plan’s Physician’s Office Services</td>
<td>Not Covered</td>
<td>Plan pays 100% ^</td>
<td>Not Covered</td>
<td>Plan pays 100% ^</td>
</tr>
</tbody>
</table>

Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited maximum per lifetime

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Inpatient Hospital Facility</th>
<th>Inpatient Professional Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cigna LifeSOURCE Transplant Network Facility In-Network</td>
<td>Cigna LifeSOURCE Transplant Network Facility In-Network</td>
</tr>
<tr>
<td>Organ Transplants</td>
<td>Plan pays 100% ^</td>
<td>Plan pays 100% ^</td>
</tr>
<tr>
<td></td>
<td>Non-LifeSOURCE Facility In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td></td>
<td>Covered same as plan’s Inpatient Professional Services</td>
<td>Covered same as plan’s Inpatient Professional Services</td>
</tr>
</tbody>
</table>
- Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility: In-Network: After the plan deductible is met, $10,000 maximum per Transplant
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Inpatient</th>
<th>Out-of-Network</th>
<th>Outpatient - Physician’s Office</th>
<th>Outpatient – All Other Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
</tr>
<tr>
<td>Substance Use Disorder</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
<td>Plan pays 100%</td>
<td>Plan pays 80%</td>
</tr>
</tbody>
</table>

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

Notes:
- Unlimited maximum per Contract Year
- Services are paid at 100% after you reach your out-of-pocket maximum.
- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician’s Office - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.

### Mental Health and Substance Use Disorder Services

**Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs**

Cigna Total Behavioral Health - Inpatient and Outpatient Management
- Inpatient utilization review and case management
- Outpatient utilization review and case management
- Partial Hospitalization
- Intensive outpatient programs
- Changing Lives by Integrating Mind and Body Program
- Narcotic Therapy Management
- Complex Psychiatric Case Management

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### Pharmacy

#### Cost Share and Supply

Cigna Pharmacy Cost Share:
- Retail – up to 34-day supply
- Home Delivery – up to 100-day supply

#### In-Network

Retail (per 34-day supply):
- Generic: You pay 0%
- Preferred Brand: You pay 0%
- Non-Preferred Brand: You pay 0%

Home Delivery (per 100-day supply):
- Generic: You pay $0
- Preferred Brand: You pay $0
- Non-Preferred Brand: You pay $0

#### Out-of-Network

- Retail:
  - You pay 20%
  - Your plan pays 80%
- Home Delivery:
  - Not Covered

- Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- When patient requests brand drug, patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug (unless the physician indicates "Dispense As Written" DAW).
- Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.

### Drugs Covered

#### Prescription Drug List:

Your Cigna Legacy Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

Some highlights:
- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Lifestyle drugs are covered - limited to sexual dysfunction.
- Oral Fertility drugs are covered.
Pharmacy Program Information
Pharmacy Clinical Management: Essential
Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements.
- Quantity limits, including maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits.
- Age edits, and refill-too-soon edits.
- Plan exclusion edits.
- Current users of Step Therapy medications will be allowed one 30-day fill during the first three months of coverage before Step Therapy program applies.
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredo Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredo, Cigna experts will offer this important specialty medication and condition counseling.

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.

Cigna Diabetes Prevention Program in collaboration with Omada
Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

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

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

Included

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Additional Information

**Maximum Reimbursable Charge**
The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (200%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

**Out-of-Network Emergency Services Charges**
1. Emergency Services are covered at the In-Network cost-sharing level if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or if no amount is agreed to, the greater of the following: (i) the median amount negotiated with In-Network providers for the Emergency Service, excluding any In-Network copay or coinsurance; (ii) the Maximum Reimbursable Charge; or (iii) the amount payable under the Medicare program, not to exceed the provider's billed charges.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is also responsible for all charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

**Medicare Coordination**
In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:
(a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
(b) an Employee, a former Employee, an Employee’s Dependent, or former Employee’s Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

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

Pre-Certification - Continued Stay Review - Basic Care Low Management Inpatient - required for all inpatient admissions
In-Network: Coordinated by your physician
Out-of-Network: Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.
- The lesser of 50% of covered expenses or $200 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

Definitions
Coinurance - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinurance.
Copay - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.
Deductible - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.
Out-of-Pocket Maximum - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.
Place of Service - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.
Prescription Drug List - The list of prescription brand and generic drugs covered by your pharmacy plan.
Professional Services - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists
Transition of Care - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

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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.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an In-Network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
  - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
  - Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed;
  - The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
  - The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.
- In determining whether any such technologies, supplies, treatments, drug or Biologic therapies or devices are experimental, investigational and/or unproven, the utilization review Physician may rely on the clinical coverage policies maintained by Cigna or the Review Organization. Clinical coverage policies may incorporate, without limitation and as applicable, criteria relating to U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature or guidelines.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty; panniculectomy; rhinoplasty; redundant skin surgery; removal of skin tags; acupressure; craniocelominal therapy; dance therapy, movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic
Exclusions

- Surgical or non-surgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- 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.
- 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), anorgasmia, 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.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded 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).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
Exclusions

- 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.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.
- Massage therapy.

These are only the highlights
This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer’s insurance certificate, service agreement 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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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

Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)

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Proficiency of Language Assistance Services

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

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

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


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


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

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

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

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

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

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

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

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

**Persian (Farsi)** – انتظار انتقال خدمه به‌سوی شما از سوی شرکت می‌باشد. برای دریافت خدمات‌های ترجمه‌ای جریانی 1.800.244.6224 (TTY: 711) می‌توانید تماس بگیرید.

Cigna – برجهای الانتقادی خدمات الترجمة المجانية متاحة لكم. لعملائنا الحاليين برجهوا الاتصال بالرقم المدون على ظهر بطاقة الترجمة الشخصية. أو اتصل بـ 1.800.244.6224 (TTY).