

AGREEMENT

between

THE TOWN OF VERNON

and

THE WATER POLLUTION CONTROL SUPERVISORS  
REPRESENTED BY  
LOCAL 818 OF COUNCIL 4,  
AFSCME, AFL-CIO

July 1, 2023–June 30, 2027

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## **PREAMBLE**

This Agreement, together with its attached appendices, is between the Town of Vernon, hereinafter referred to as the "Town" and Local 818 D.W.P.C.A. Supervisors of Council 4, AFSCME, AFL-CIO, hereinafter referred to as the "Union."

## **ARTICLE I RECOGNITION**

1. The Town recognizes the Union as the sole and exclusive Bargaining Representative for the purposes of Collective Bargaining of all supervisory employees of the Town of Vernon who work in The Department of Water Pollution Control Authority (D.W.P.C.A.), excluding the Director, Assistant Director, Business Manager, Laboratory Analysts, Plant Electricians, Clerical employees and all others excluded by the Act. The recognition is granted pursuant to the certification issued by the Connecticut State Board of Labor Relations in Case ME-19,401.

## **ARTICLE II UNION SECURITY**

2. The Town agrees to deduct dues from each paycheck as specified by the Secretary of the Union from the wages of all dues-paying members of Local 818 covered by this agreement. A signed card authorizing the deduction will be provided to the Finance Office, by the Union, on behalf of each employee for whom the deductions are made however, any individual employee may withdraw this assent by written communication to the Finance Office.

### Section 2.1

3. The weekly dues remittance to the Union will be accompanied by a list of names and addresses of employees from whose wages dues deductions have been made. If any bargaining unit member elects not to pay dues, the Union shall notify the Town, in writing, of said change within 24 hours. Any and all liability, whether financial or otherwise, stemming from, resulting from, or alleged result of the Union's failure to provide such notification will be assigned, in its entirety and without the right of appeal, to the Union.

### Section 2.2

4. The Union shall, to the fullest extent of the law, indemnify and hold the Town harmless from any and all damages, costs, and expenses arising from the making of authorized deductions and or from compliance by the Town with the Union security provisions of Section 2.1. Damages include, without limitation, consequential and incidental damages.

### Section 2.3

5. One (1) bulletin board shall be reserved at an accessible place for the exclusive use of the Union for the posting of official Union notices or announcements. The Union reserves the right to choose which building will be used. The parties will mutually agree upon a location within said building. The bulletin board shall be maintained by the Union and shall not contain any material that is derogatory of the Town Administration.

#### Section 2.4

6. The Town shall provide the Council 4 Representatives with five (5) signed copies of this Agreement at the time of signing. The Town agrees to provide one (1) copy of the Agreement for each current member of the Union to the Union President for distribution by the Union President. New employees shall be supplied with a copy of the Agreement at the time of hire. Any additional copies of this Agreement must be furnished at the expense of the party desiring them.

### **ARTICLE III** **MANAGEMENT RIGHTS**

#### Section 3.1

7. The direction of the working forces, including the right to hire, promote, demote, discipline and terminate employees for just cause and to determine and make changes in job content, in the frequency and standards of inspections and in the size of the workforce, to establish, distribute, modify and enforce reasonable rules of employee conduct and employee manuals of operating procedures and safety regulations and to investigate all matters relating to Town operations, citizens relations, employee conduct and the right to layoff employees because of lack of work or other legitimate reasons are right exclusively vested in the Town.

#### Section 3.2

8. The Town retains the right to control, determine and change the manner and extent to which the Town's facilities and properties shall be located, operated, increased, decreased, or discontinued and to introduce and change and operate new or improved methods and procedures, to vary the work load due to better methods; to set the standards of quality and quantity of work, and to subcontract work as it has in the past.

#### Section 3.3

9. The Town has the right to enforce rules and regulations now in effect, including safety rules, and can issue new rules and regulations, provided such rules and regulations are not arbitrary and capricious and a copy of such rules and regulations will be given to the Union and the employees.

### **ARTICLE IV** **PROBATIONARY PERIOD**

10. All employees entering the bargaining unit shall be considered probationary during the first six (6) calendar months of employment. During this probationary period, the employee shall not obtain seniority rights, but shall be subject to all other provisions of this Agreement, except as specifically stated herein, and such probationary period employee will be subject to discipline/discharge by the Town without recourse or access to the grievance/ arbitration provisions of this Agreement, as long as the discipline/discharge is not done in an arbitrary or capricious manner. Upon successful completion of their probationary period an individual employee's seniority shall be retroactive as of the commencement of his /her employment.

**ARTICLE V**  
**HOURS OF WORK AND OVERTIME**

**Section 5.0**

11. The basic work week for full time permanent employees in the bargaining unit shall be a uniform forty (40) hours per week depending upon the classification the employee is in with a standard work week of Monday to Friday between the hours of 7:00 a.m. and 3:30 p.m., with one-half (1/2) hour for unpaid lunch.

**Section 5.1**

12. These schedules shall not be deemed a guaranty by the Town nor in any way restrict the Town from scheduling or making changes in the schedule or starting time. In the event the Town desires to make such changes from the present schedule, it shall inform the Union a minimum fifteen (15) working days prior to the change, and bargain over the effects of the change.

**Section 5.2 - Overtime**

13. Employees will be required to work overtime when requested. Employees will be paid time and one-half (1-1/2) for those hours worked in excess of forty (40) hours in any one (1) work week, or for all hours worked in excess of eight (8) in one (1) day. In addition, these employees will be paid time and one half (1-1/2) for all work performed on Saturday and double (2) time for all work performed on Sunday and holidays, in addition to the Holiday pay.

**Section 5.3**

14. When employees are called in for work outside their regularly scheduled working hours, he/she shall be paid a minimum of four (4) hours at the applicable rate.

**ARTICLE VI**  
**SENIORITY**

**Section 6.1**

15. The Town shall prepare a list of employees showing their seniority in length of service with the Town covered by this Agreement and deliver the same to the Union President annually at a mutually agreed upon date. Unless the Union files a grievance concerning the list within thirty (30) days of receipt of same, the list shall be presumed to be correct for all purposes of the Contract. Upon completion of their probationary period, new employees shall be added to the list. Seniority for employees hired after signing this Agreement shall have seniority as defined as last date of hire for this bargaining unit for purposes of Articles 6.3 and 6.4.

## Section 6.2

16. The Town retains the right to hire non-employees for any vacancy which occurs. If the Town decides to fill the vacancy with existing bargaining unit personnel, such vacancy will be posted for five (5) days. The employee with the highest departmental seniority who applies for the position or vacancy will be given an opportunity to fill the position or vacancy provided the employee is qualified to do the job as determined by the Director of the D.W.P.C. in accordance with the existing job descriptions. If the Employee is unable to perform the job as determined by the Director of the D.W.P.C.A, within forty-five (45) days of assuming the position, the employee will return to his/her previous position.

### Section 6.2 (a)

17. All vacancies and new positions covered by this Agreement may be posted internally and externally (outside the bargaining unit) simultaneously.

18. Copies of the job posting listing the person(s) bidding for the job shall be sent to the Union President at the end of the posting period. The Union President shall be notified in writing once an individual has been awarded a position in accordance with this Article.

## Section 6.3

19. In the event of a layoff, the following procedure shall be followed:

- a. Probationary employees within classification followed by:
- b. Employees with the least bargaining unit seniority within classification. An employee who is laid off or whose position is eliminated may bump the least senior in the same classification. If there is no such employee, the employee may bump an employee in an equal or lower classification within the bargaining unit provided he/she is qualified to perform the job.

20. The Town shall give written notice to the Union President, and to all employees to be affected by a proposed layoff of the proposed layoff and the reasons therefore, at least fourteen (14) working days before the effective date thereof.

## Section 6.4

21. Employees will lose seniority for the following reasons:

- a. Discharge for just cause;
- b. Resignation;
- c. Retirement;
- d. Voluntary quit;
- e. Layoff for more than fifteen (15) months;
- f. Failure to return to work from an authorized leave of absence;
- g. Failure to return to work within ten (10) working days of recall;
- h. Holding another job, without the Town Administrator's written approval while on an authorized leave of absence. Any denial by the Town will not be subject to grievance/arbitration.
- i. Absent without authorized leave.

### Section 6.5

22. Employees who have been laid off shall be entitled to be recalled by the Town for a period of fifteen (15) months starting with the date of the layoff. Laid off employees within classification with the most seniority shall be rehired first provided that he/she has the qualifications to perform the work available. No new employees shall be hired, until all laid off employees who are qualified for the work have been rehired. Ten (10) working days written notification by the Town to the last known address of the employee shall be sufficient notification.

### Section 6.6

23. The President of the Union shall have super-seniority in the event of a layoff.

## **ARTICLE VII** **HOLIDAYS**

### Section 7.1

24. The following holidays will be observed with a day off with pay for all employees, including probationary period employees. All holidays are valued at eight (8) hours per day.

New Year's Day	Labor Day
Martin Luther King Day	Columbus Day
President's Day	Veteran's Day
Good Friday	Thanksgiving Day
Memorial Day	Friday following Thanksgiving
Independence Day	Christmas Day

25. In addition to Section 7.1, one (1) floating holiday, totaling eight (8) hours to be individually observed by the employee and mutually agreed upon by the employee and his/her Department Head or Designee in advance of the Holiday.

### Section 7.2

26. When the holiday falls on a Saturday it will be observed on the preceding Friday. When the holiday falls on a Sunday it will be observed on the following Monday.

### Section 7.3

27. In order to be eligible for holiday pay, an employee must either work his/her last scheduled shift preceding the holiday and his/her first scheduled shift following the holiday or be on an authorized paid leave. Failure to meet these requirements will result in a forfeiture of the holiday pay.

#### Section 7.4

28. When a holiday occurs during an employee's vacation the holiday shall not be charged against an employee's vacation time. Whenever any of these holidays shall occur while an employee is on a formal paid leave of absence, the employee shall receive holiday pay for the day.

### **ARTICLE VIII VACATIONS**

#### Section 8.1

29. Each full-time employee, who has completed his/her probationary period covered by this Agreement, shall be entitled to the following vacation with pay at their current wages determined by the length of his/her continuous employment with the Town on the following basis:

LENGTH OF CONTINUOUS SERVICE LEAVE	EARNED	VACATION
a. <b>For employees hired before July 1, 2009:</b>		
b. 1 year up to but not including 5 years	10 days	(80 hours)
c. 5 years up to but not including 12 years	15 days	(120 hours)
d. 12 years up to but not including 20 years	20 days	(160 hours)
e. 20 years and over	25 days	(200 hours)
f. <b>For employees hired on or after July 1, 2009:</b>	10 days	(80 hours)
g. 1 year up to but not including 5 years	15 days	(120 hours)
h. 5 years up to but not including 12 years	20 days	(160 hours)
i. 12 years and over		

30. The employee's anniversary date will be used to determine the amount of vacation time due. An employee may elect to take vacation leave in minimum increments of one (1) hour.

#### Section 8.2

31. Vacation Leave Accumulation: Employees may carry over a maximum of five (5) vacation days (40 hours). Such vacation days may be used as sick days. Employees will never have more than five (5) vacation days carried over. Such days may not be used to enhance the value of the employee's pension.
32. Notwithstanding any language to the contrary in this Section 8.2, employees hired prior to July 1, 2009 and in the bargaining unit or who transfer to the bargaining unit may keep all vacation days they have accumulated to date. These days must be used before the employee's retirement from employment with the Town of Vernon.

### Section 8.3

33. The Director of the D.W.P.C. will determine the annual vacation schedule for their respective departments, taking into consideration the desire of the employee, the needs of the department, and the best interests of the Town. Wherever possible, the request of the employee shall be granted. A conflict in scheduling vacation leave amongst employees will be resolved by the Director on the basis of seniority in Town service. Any employee who does not submit a vacation schedule, when requested to by the Director, shall forfeit any seniority claim for vacation priority.

### Section 8.4

34. Pro-rata and accumulated vacation pay shall be paid to an employee at their then current wages in the event he/she terminates in good standing with the Town and/or retires from his/her service with the Town provided fourteen (14) days' notice of such termination or retirement has been given in writing to the Town. In the event of the death of an employee, his/her pro-rata and accumulated vacation pay shall be paid at their then current wages to the beneficiary designated by said employee in writing and retained in his/her service folder. In the event said employee has failed to designate a beneficiary in writing prior to his/her death, the Town shall pay said pay to the spouse of the employee, if any, and if said spouse is not alive, to the children of said deceased employee. In the event no designation in writing is made, and the employee has neither a spouse nor children, the pay shall be given to the estate of the deceased employee.

### Section 8.5

35. An employee who becomes ill while on vacation leave may not charge such illness to sick leave unless the illness exceeds three (3) vacation days and the employee files a medical certificate describing the nature and duration of the illness with the D.W.P.C. Director or their designee.

### Section 8.6

36. Vacation pay will not be advanced.

## **ARTICLE IX** **LEAVE PROVISIONS**

### Section 9.1

37. Sick leave allowance will be earned by each employee, at current wages, at the rate of one and one quarter (1-1/4) days for each full calendar month of service for a total of fifteen (15) days during a calendar year (120 hours). Each employee shall be notified of his/her accumulated sick leave, by letter, once a year in the first pay period of July, until such accumulation is generated on the employee's pay stub. Sick leave may be used in minimum units of one (1) hour.

## Section 9.2

38. Sick leave earned in any month of service shall be available at any time during the subsequent month. Further, sick leave shall continue to accumulate during leave of absence with pay and during the time employees are on authorized sick leave or on vacation.

## Section 9.3

39. The D.W.P.C. Director or designee may request a doctor's note with regard to any sick leave more than three (3) days in a row. An employee may use up to a maximum of four (4) days per year of accrued sick leave for illness for a member in his/her immediate family. Sick leave may be used for enforced quarantine in accordance with public health regulations. Any employee calling in sick must notify the Department prior to the time when he/she is scheduled to report to work, except if in a dire emergency he/she is physically unable to do so.

## Section 9.4

40. All employees who are employed in bargaining unit positions shall have the following benefits for sick days:
  41. A. Effective and retroactive to July 1, 2001, all unused sick leave may be accumulated beyond one hundred and eighty (180) days for employees hired prior to April 3, 1998. Sick days accumulated beyond one hundred and eighty (180) days may be used by the employee for his or her own illness but will not be paid for or become the basis for compensation when the employee leaves the employ of the Town of Vernon.
  42. B. Upon retirement, employees hired prior to July 1, 2009 shall be paid full compensation for any of his/her unused sick leave, to a maximum of one hundred eighty (180) days at the fixed rate of \$235.00 per day.
  43. C. In the event of death, employees hired prior to July 1, 2009, unused accumulated sick pay shall be paid to the beneficiary designated by said employee in writing and retained in his/her personnel file, up to a maximum of one hundred eighty (180) days at the fixed rate of \$235.00 per day. In the event said employee's file does not have a beneficiary in writing prior to his/her death, the Town shall pay said money to the spouse, if any, if said spouse is not alive, to the child(ren) of said deceased employee. In the event no designation in writing is made and the employee has neither spouse or child(ren) the pay shall be given to the estate of the deceased employee.
  44. D. Employees hired prior to July 1, 2009, who terminate their employment with the Town in good standing shall be paid for fifty (50) percent of accumulated sick leave at the fixed rate of \$235.00 per day, not to exceed ninety (90) days.

45. E. Any employee who is hired after July 1, 2009, may accumulate up to a maximum of ninety (90) days. Said employees will be paid for a maximum of thirty (30) days of accumulated sick leave fixed at the fixed rate of \$235.00 per day, in the following circumstances: (1) Upon retirement; (2) Upon his/her death; (3) Upon separation of employment with the Town after seven (7) years of service and good standing. Accumulated sick leave paid at the time of retirement, death or termination will not be added to the employee's pension calculation.

#### Section 9.5

46. Any employee out on Workers' Compensation as distinguished from sick leave shall mean paid leave to an employee due to an absence from duty caused by an accident or injury that occurred while the employee was engaged in the performance of his/her duties. An employee who is eligible for Workers' Compensation under the Workers' Compensation Act shall have their workers' compensation pay supplemented by the Town to one hundred percent (100%) of the employee's regular wages, not to exceed his/her regular wages, for a period not to exceed six (6) months.

#### Section 9.6 -Military Leave

47. The Town shall comply with all applicable federal and state law with regard to military leave.

#### Section 9.7 -Union Leave

48. One (1) member of the bargaining unit shall be allowed to attend official Union convention or conference without loss of pay for up to a maximum of three (3) days total per fiscal year. In all cases, requests to use such Union leave must be given to the Town at least fifteen (15) working days in advance of the convention and/or conference. Permission to attend such conferences or conventions will not be unreasonably withheld.

#### Section 9.8 -Leave of Absence Without Pay

49. The Town may, at its discretion, grant an employee a leave of absence, without pay, for legitimate reasons, provided, however no such leave shall be granted for the purposes of engaging in other employment, unless approved by the Town Administrator in writing. The Town after consultation with the employee's supervisor, shall make the decision on whether or not to grant the requested leave of absence. Such decision will not be subject to the grievance/arbitration provisions of this Agreement, provided it is not arbitrary and/or capricious. Any accumulated sick or vacation leave unused prior to such leave of absence shall be retained to the employee's credit upon return. No benefits, including but not limited to sick leave, vacation leave or earned time are accrued during an unpaid leave of absence.

#### Section 9.9 -Bereavement Leave

50. Three (3) days bereavement leave with pay shall be granted, for all employees, for death in the immediate family of an employee, or the immediate family of his/her spouse. Immediate family, for purposes of this Section, is defined as parents, step-parents, grandparents, step-grandparents, spouse, brother, step-brother, sister, step-sister, child, grandchild, or step-child/step-grandchild and also any relation or person designated as a beneficiary of life insurance or retirement plan death benefits who is domiciled in the employee's household.

#### Section 9.10 -Personal Days

51. Employees are entitled to three (3) personal days (24 hours) with pay each fiscal year to attend to personal business which cannot be conducted outside the normal work week. Requests for a personal day shall be approved by the employee's immediate supervisor and submitted to the D.W.P.C. Director or their designee and be made at least twenty-four (24) hours in advance of the scheduled day of leave. Personal days may not be accrued.

#### Section 9.11 -Federal Family Medical Leave

52. The Town will comply with applicable provisions of the Federal Family and Medical Leave Act (FMLA). Any employee who takes leave under FMLA must have the approval of the Town Administrator and is required to substitute and use all accrued paid leave as all or part of their leave taken under the FMLA. The limitations set forth in Section 9.3 of this Agreement shall not be applicable for purposes of paid leave in accordance with this Section. The Union agrees not to grieve an alleged violation of the Federal FMLA.

#### Section 9.12 -Disability Plan

53. New employees hired after the signing of this Agreement shall be provided coverage by the Town, at no cost to the employee, in accordance with the Group Certificate policy Number GLT -24495 from the Hartford Life and Accident Insurance Company dated November 1, 1988 with the modification to the eligible class of employees to include Local 818 D.W.P.C. Supervisors of Council 4, AFSCME member (attached appendix) and a waiting period of ninety (90) days. Employees will be eligible on the first of the month following the ninety (90) day waiting period.

### **ARTICLE X** **GRIEVANCE PROCEDURE**

#### Section 10.1

54. A grievance is a dispute and/or disagreement which arises under this Agreement between an employee and the Employer. Any grievance filed must state the section and paragraph of the contract alleged to be violated.

55. **Step 1:** Within ten (10) working days after the employee knew or should have known of the cause of the grievance an employee having a grievance and/or his/her Union Steward shall in writing take it up with the D.W.P.C. Director. The D.W.P.C. Director shall, within ten (10) working days of receipt of the grievance, meet with the employee and/or Union Steward to review the facts. The D.W.P.C. Director shall provide a written answer to the employee and/or his/her Union steward within fifteen (15) working days after the presentation of the grievance.

56. **Step 2:** In the event the grievance has not been settled in Step 1, the Union shall, within seven (7) working days, submit the grievance to the Town Administrator. The Town Administrator shall within ten (10) working days of receipt of this grievance, meet with the grievant and a non-employee AFSCME Union Representative to review the facts. The Town Administrator shall provide a written answer to the employee and Union within seven (7) working days after the meeting.

## Section 10.2

57. All time limits refer to workdays in this Article. Any disposition of a grievance from which no appeal is taken within the time limits specified herein, will be deemed resolved and shall not thereafter be considered subject to the grievance and arbitration provision of this Agreement. All time limits in the grievance and arbitration process may be extended by written mutual agreement of the parties.

## Section 10.3

58. One Officer of the Union shall be designated by the Union for the purposes of adjusting grievances and shall be afforded said opportunity without loss of pay to conduct such business.

# **ARTICLE XI** **ARBITRATION**

## Section 11.1

59. In the event any grievance has not been settled through the foregoing grievance procedure, the Union and/or Town have the right to submit the grievance to the State Board of Mediation and Arbitration. Such request for arbitration must be received by the State Board of Mediation and Arbitration within twenty (20) calendar days from receipt of the decision form Step 2 of the grievance procedure. A copy of such request for arbitration shall be sent by certified mail to the Town and/or the Union as the case may be. The decision rendered by the arbitrator or arbitrators shall be final and binding upon all parties as provided by law. The arbitrator(s) shall be bound by and shall apply only the terms of this Agreement and shall not add to, delete from or modify this Agreement in any way. The arbitrator's decision shall be in writing and in accordance with the rules and regulations of the State Board of Mediation and Arbitration. The arbitrator(s) shall arbitrate only one (1) grievance at a time unless otherwise agreed.

## Section 11.2

60. In any arbitration involving a discharge, the Town, at its discretion, may require that the grievance be submitted to the American Arbitration Association. If a discharge case is submitted to the American Arbitration Association, the Town agrees to pay all arbitration fees and its own representation fees. The Union will only pay for its representation fees.

## Section 11.3

61. The arbitrator shall have no power to modify, add to, amend or delete any of the terms or provisions of this Agreement. The arbitrator shall not be entitled to substitute his/her judgment for that of the Town and be limited to the expressed terms of this Agreement.

## Section 11.4

62. The arbitrator shall be limited to deciding the specific issue placed before him/her and the specific language alleged to be misapplied or misinterpreted.

63. The decision of the arbitrator shall be binding on the Town, Union and aggrieved employee or employees. Expenses for arbitration shall be borne equally by the Town and the Union for the Connecticut State Board of Mediation and Arbitration.

## **ARTICLE XII** **DISCIPLINE AND DISCHARGE**

### Section 12.1

64. Discipline, including discharge, shall be for just cause only.

65. Any employee who is being questioned concerning an incident or action which the employee reasonably believes may subject him/her to disciplinary action has the right upon his/her request to have a member of the Union present.

### Section 12.2

66. Under normal circumstances the Town will generally follow a progressive disciplinary procedure. Such procedure shall include three (3) steps: written warnings, suspension and discharge. All actions taken under this section shall be initiated within ten (10) workings days after the D.W.P.C. Director personally knew or should have known of the event giving rise to the disciplinary action. The parties, however, recognize that not all discipline can be progressive in nature and whether or not progressive discipline is to be followed by the Town depends upon the nature of the events for which discipline is being imposed.

Copies of all actions taken under this Article shall be given to the Union President.

## **ARTICLE XIII** **PAST PRACTICE LANGUAGE**

67. This Agreement, upon ratification, supersedes and cancels all prior practices and Agreements, whether written or oral, unless expressly stated to the contrary herein and constitutes the complete and entire Agreement between the Parties.

## **ARTICLE XIV** **JURY DUTY**

68. Any regular employee shall be granted a leave of absence with pay for required jury duty. The employee shall continue to receive his/her regular pay, but shall submit to the Town any jury fees, except travel and/or meal allowance. The employee shall give to the D.W.P.C. Director a certified record of jury attendance from the Clerk of Court.

## **ARTICLE XV** **NO DISCRIMINATION**

69. The parties agree that they will not discriminate against any employee because of his/her race, color, religion, sex, national origin, disability or age. The parties further agree that there will be no discrimination because of an employee's membership in the Union.

**ARTICLE XVI**  
**TOWN VEHICLES**

70. If an employee is supplied with a Town vehicle, and such vehicle is allowed to be taken home at night, on weekends, holidays and other such appropriate occasions; this vehicle is to be used for transportation to and from work and for other job-related duties outside the employee's normal working hours. The Town will comply with all applicable Internal Revenue Service Rules and Regulations by crediting personal use as income. Any paid leave in accordance with this Collective Bargaining Agreement will be subtracted from this calculation.
71. Employees who use their own vehicle to do Town business shall be reimbursed at the applicable IRS mileage rate of reimbursement.

**ARTICLE XVII**  
**EVALUATIONS**

72. Members, due to their supervisory status, are eligible for additional compensation under a merit pay plan. The following are the guidelines for the plan:
  73. A. The maximum amount that each individual may be eligible for annually is \$1,000.
  74. B. There are two levels of award: the first level for the category of being overall "very good," for \$500; and the next level, overall "excellent" for \$1,000.
  75. C. In each category, the department head can recommend the awarding of such merit pay annually and the Town Administrator has the authority to approve or reject said recommendation.
  76. D. Evaluations will be completed on June 1, 2005 and annually thereafter. The awards will be determined based on the period of performance from the previous year.
  77. E. Employees will be evaluated annually by the Director of WPCA or by his/her designee and such evaluation will not be used as the sole basis for any disciplinary action toward the employee.
  78. F. If an individual is not satisfied with the department head's evaluation, the individual may appeal that evaluation to the Town Administrator. The Town Administrator or his/her designee will meet with the employee and the department head. The Town Administrator's decision, based upon the information gathered at this meeting, will be final.
  79. G. Announcement of the Merit Pay Award(s) shall be done once annually by the Town Administrator.
  80. H. The Union agrees not to grieve an alleged violation of this section.

**ARTICLE XVIII**  
**NO STRIKE/NO LOCKOUT**

Section 18.1

81. 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 work stoppage during the term of this Agreement. The Union further agrees that it shall make every effort to prevent such activities on the part of any employees covered by this Agreement and if any employee engages in such conduct they shall be subject to immediate discipline up to and including discharge.

The Town agrees that there will be no lockout of any employee or employees during the life of this Agreement.

**ARTICLE XIX**  
**INSURANCE**

Section 19.1

82. A. Effective January 1, 2013, employees may choose medical coverage through a Town sponsored High-Deductible Health Plan ("HDHP") details are set forth in Appendix B attached hereto. The annual deductible shall be \$2,000 individual account/\$ 4,000 two-person and family accounts. The deductible contribution to the HSA shall be as follows:
- a. Town 50%/Employee 50%
83. B. On July 1 of each year the Town shall make the requisite contribution into each employee's account regardless of the balance in said account.
84. C. The Town shall provide Anthem Blue Cross and Blue Shield Full Service Dental Care. Dental riders shall be available in accordance with Appendix E attached hereto.
85. D. The Town shall provide, at no cost to employees, Anthem Blue Cross and Blue Shield Vision Plan, the details of which are contained in Appendix F attached hereto.
86. E. Employees shall contribute the following premium cost of the HDHP:

- a. First year: 15%
- b. Second year: 16%
- c. Third year: 17%
- d. Fourth year: 18%

87. Any medical or dental premium contributions, and any deductible contributions, shall be made on a pre-tax basis. The Town shall pay any group administrative costs charged by the carrier in connection with integrated HSA account management. Any fees associated with an HSA bank deposit account will be the responsibility of each employee.
88. F. The Town shall contribute the additional deductible contribution made upon notification that an employee is changing status from an individual account to a two person or family account on a pro-rated basis. An employee shall reimburse the Town for any excess deductible contribution made during any fiscal year when the employee's status changes from two person or family account to an individual account on a pro-rated basis.

## Section 19.2

89. During the open enrollment period, an employee may voluntarily elect to waive, in writing, the coverages specified in Article 19.1, and shall receive an annual payment of:
90. i. If the premium is between three thousand (\$3,000) and five thousand nine hundred and ninety-nine dollars (\$5,999) - two-thousand dollar (\$2,000) payment.
91. ii If the premium is between six thousand (\$6,000) to eight thousand nine hundred ninety-nine dollars (\$8,999) - two thousand, five-hundred dollar (\$2,500) payment.
92. iii Nine thousand dollars (\$9,000) or more - three-thousand dollar (\$3,000) payment.
93. Employees who waive their right to coverage and subsequently lose alternative coverage may re-enroll as soon as possible, but not later than the first of the second month following the month in which application has been made by the employee to the Town, provided the employee shall reimburse the Town any stipend paid on a pro-rata basis. This waiver will not be available for employees who have health insurance paid by the Town of Vernon or Vernon Board of Education through their spouse or any other family member.

## Section 19.3

94. The Town shall provide and pay for life insurance in the amount of \$40,000 and \$80,000 accidental death and dismemberment. Effective July 1, 2010, the Town shall provide and pay for life insurance in the amount of \$50,000 and \$100,000 accidental death and dismemberment.

## Section 19.4

95. In order for an employee to be eligible to participate in the insurance plans, the employee must work a minimum of twenty (20) hours per week.

## Section 19.5

96. The Town reserves the right to change insurance carriers provided that the benefits and terms are equal to or better than those provided for in Article 19 of this Agreement.

## Section 19.6

97. The Town will establish an Employee Assistance Program (EAP) to all employees covered by this Agreement.

## Section 19.7

98. An open enrollment period shall be provided annually for a two-week period prior to July 1, of each year for purposes of choosing health insurance coverages.

## Section 19.8

99. An employee who separates from service and meets the requirements for retirement as defined by the provisions of the Town of Vernon Pension Plan may continue to participate in the group insurance coverages specified in Article 19, for himself/herself and his/her eligible dependents with the employee paying the full cost of said coverages. Spouses of deceased retirees shall be

able to continue coverage under this provision, provided they continue to pay the monthly premium to the Town. Upon the employee attaining eligibility for Medicare, they themselves will no longer be eligible for coverage under the Town coverages.

#### Section 19.9

100. Carrier permitting, all employees shall have the option to purchase long term disability insurance through the Town's Plan at their own cost. If chosen, the premiums will be deducted from the employee's paycheck once each month.

#### Section 19.10

101. Employees shall have the option of purchasing the outlined Dental Amendatory Riders Package A, B, C, and D. Employees shall pay the cost of such coverage at applicable group rates, through payroll deduction with Section 125 applicable.

### **ARTICLE XX** **PENSION**

#### Section 20.0

102. The employee pension plan of the Town of Vernon, as currently administered through the Prudential Retirement Services, Group Annuity Contract IN-16490, is hereby made a part of this Agreement including any plan amendments made by this Agreement for the members of Local 818 D.W.P.C. Supervisors, American Federation of State, County and Municipal Employees, and excludes any plan amendments made by or on the behalf of any other employee group.

#### Section 20.1

103. The current pension plan shall be modified as follows, with all other provisions remaining as they are as of July 1, 1997.

a. Article IV, Section I C -Normal Retirement:

- b. Effective 7/1/99 -Age 63 and ten (10) years of service;
- c. Effective 6/30/2000-Age 62 and ten (10) years of service;

B. Article V, Section IB

d. Effective July 1, 2009, the monthly benefit rate shall be two and twenty hundredths percent (2.20%) of average monthly earnings times credited years of service to a maximum of thirty-five (35) years and a maximum of seventy (70) percent.

e. Article III, Section 3F

f. Effective January 1, 2010, eligible employees will contribute seven (7.0)

percent pre-tax earnings to the Section 414 h2 Plan. Effective January 1, 2012, eligible employees will contribute seven and one-half (7.5) percent pre-tax earnings to the Section 414 h2 Plan.

- g. Article VII, Section 3
- h. Deferred Vested Benefit shall be ten (10) years of service with no minimum age.
- i. Employees who become members of the bargaining unit subsequent to January 1, 2010 are not eligible for the defined benefit pension (pension) plan set forth herein. Such employees will be eligible for a Town 457(b) plan, and will be automatically enrolled in the plan. The Town will contribute 2% of the employee's base wages of all employees who elect to participate in the 457(b) plan upon their hire and do not elect to opt out of the plan. If an employee contributes 7.5% or more of his or her base wages to a 457(b) plan, the Town will contribute an additional 4% for a total contribution of 6% of the employee's annual base wages to the plan. Vesting schedule same as defined benefit pension plan.
- j. Employees hired prior to January 1, 2010, are not eligible to participate in the 457(b) Plan to which the Town makes any contribution as set forth herein.

## Section 20.2

104. One (1) member of the bargaining unit may voluntarily elect to be a member of the Town Pension Committee.

## **ARTICLE XXI** **WAGES**

## Section 21.0

105. Wage scales and classifications shall be negotiated and made a part of this Agreement as Appendix A. Job descriptions have been made part of this Agreement as Appendix C.

## Section 21.1

106. The Town will increase all bargaining unit wages in the following amounts on the following dates:

Year 1 July 1, 2023–June 30, 2024:	2.95%
Year 2 July 1, 2024–June 30, 2025:	2.95%
Year 3 July 1, 2025–June 30 2026:	2.95%
Year 4 July 1, 2026–June 30, 2027:	2.95%

## Section 21.2

107. Employees of this bargaining unit shall be only required to be on standby for weekends (Friday 11:00 p.m. to Sunday 11:00 p.m.) and Holidays (11:00 a.m. to 11:00 p.m.) with minimum staffing of one individual per classification. Beginning April 1, 2017, employees of this bargaining unit shall be only required to be on standby for weekends (Friday 11:00 p.m. to Sunday 11:00 p.m.) and Holidays (11:00 p.m. to 11:00 p.m.) with staffing of one individual per weekend. For all employees entering the bargaining unit before January 1, 2015, compensation for standby shall be set as a weekend stipend as in illustrated in Appendix F.

For all employees entering the bargaining unit between December 1, 2014 and July 25, 2017, compensation for or standby shall be set as a weekend stipend as in illustrated in Appendix F, until June 30, 2019, after which time these employees' stand-by pay will remain at \$387.85 per weekend.

108. Finally, for all employees hired after July 25, 2017, compensation for standby shall be set at a flat rate of \$250.00 per weekend.

109. Should circumstances dictate a change in on-call coverage, the substitute on-call employee will be paid an amount proportional to the time worked. Furthermore, the original on-call employee's on-call weekend stipend will be proportionally reduced. The total stipend for the weekend will not exceed the weekend amount as stated in Appendix F.

110. In addition, the provisions of Article V, Section 5.3 shall be applicable for all call backs.

## Section 21.3

111. All employees entering the bargaining unit after July 1, 2016, will receive their paychecks via direct deposit.

## **ARTICLE XXII** **LONGEVITY**

### Section 22.0

112. In recognition for continuous employment with the Town, employees shall be paid in the second paycheck in December the following amounts:

- |                                       |                   |
|---------------------------------------|-------------------|
| a. 10 years of service up to 15 years | \$250.00 annually |
| b. 15 years of service up to 20 years | \$325.00 annually |
| c. 20 years of service up to 25 years | \$400.00 annually |
| d. 25 years of service and thereafter | \$675.00 annually |

113. This benefit is not available to new members of the bargaining unit hired after July 1, 2016.

**ARTICLE XXIII**  
**SAFETY AND HEALTH**

Section 23.1

114. The Town will provide free of charge to the employees, medical injections for the prevention and treatment of T/B yearly testing, tetanus, hepatitis, flu, diphtheria, poison ivy, and annual pulmonary testing.

115. Clothing shall be supplied to all employees working in conditions exposed to severe elements, e.g., foul weather gear, boots, gloves, and winter and summer coveralls. Employees shall wear safety helmets in designated areas.

116. The Town will continue to adhere to the present policy regarding uniforms. All employees will receive two hundred dollars (\$200.00) each July 1 of this agreement for the purchase of safety shoes.

117. All employees shall be entitled to a safe and healthy workplace in accordance with applicable safety laws.

**ARTICLE XXIV**  
**SAVINGS CLAUSE**

Section 24.1

118. If any section, sentence, clause or phrase of this Agreement shall be held for any reasons to be inoperative, void or invalid by a court of final jurisdiction, the validity of the remaining portions of this Agreement shall not be affected thereby, it being the intention of the parties in adopting this Agreement that no portion thereof or provisions therein shall become inoperative or fail by reason on the invalidity of any other portion or provision, and the parties do hereby declare that they would have severally approved of and adopted the provisions contained herein separately and apart from the other. The parties agree to immediately negotiate a substitute for the invalidated Article, Section, sentence, clause or phase.

**ARTICLE XXV**  
**TUITION AND FEE REIMBURSEMENT**

Section 25.1

119. Any employee taking college, technical and/or university course(s) which, on the recommendation of the Department Head and approval of the Town Administrator or designee, directly relates to the assignments of the employee shall be eligible for a maximum of \$1,000.00 per semester per employee reimbursement provided the employee receives a 2.0 grade point average or a grade of "C" or better in approved undergraduate courses or that employee receives a 3.0 grade point average, a letter of "B" or better in approved graduate courses, or a passing mark if no letter grade is utilized. The grievance/arbitration procedures will not be applicable to this Section.

**ARTICLE XXVI**  
**DURATION**

Section 26.1

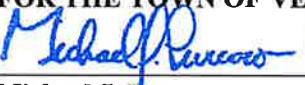
120. This Agreement will become effective July 1, 2023 and shall remain in effect through June 30, 2027, and from fiscal year to fiscal year thereafter unless either party notifies the other by registered or certified mail, return receipt requested no later than one hundred twenty (120) days before the expiration of the Agreement they wish to negotiate a new Agreement.

121. Upon receipt of such notice, the parties shall meet as soon as possible to negotiate such changes.

**APPROVED**  
**TOWN ADMINISTRATOR**

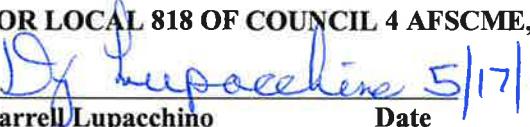
122. IN WITNESS WHEREOF, the Town and the Union have caused this Agreement to be signed by their duly authorized representative on the day and year noted below.

MAY 17 2023

FOR THE TOWN OF VERNON  
  
Michael J. Purcaro  
Town Administrator



Date

FOR LOCAL 818 OF COUNCIL 4 AFSCME, AFL-CIO  
  
Darrell Lupacchino  
President, Local 818, WPCA Supervisors

Date

In order for the Town's signatories to give full effect and force to the Agreement, this Agreement must be ratified by the Vernon Town Council.

## TOWN OF VERNON

### SALARY TABLES

#### Appendix A - WAGES

EFF. DATE GROUP/BU GRADE/ RANK DESCRIPTION PAY BASIS FREQUENCY CALC PERIODS DAY HRS/ DAY HRS/ PERIOD YEAR DAYS/ YEAR USE PCT  
 07/01/2023 WPCA WPCA PLANT 0013 WPCA - FOREMAN H HOURLY W WEEKLY 02 52.0000 8.00 40.00 5.00 2080.00 260.00 N  
 Change was made by 2.9500%  
 No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	0.0000	0.0000	0.00	0.00
01	0.0000	39.9768	319.8140	1,599.07	83,151.64
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	.0000	0.0000	0.00	0.00
07	0.0000	.0000	0.0000	0.00	0.00
08	0.0000	.0000	0.0000	0.00	0.00

07/01/2024 WPCA WPCA PLANT 0013 WPCA - FOREMAN H HOURLY W WEEKLY 02 52.0000 8.00 40.00 5.00 2080.00 260.00 N  
 Change was made by 2.9500%  
 No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	41.1561	329.2480	1,646.24	85,604.48
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	.0000	0.0000	0.00	0.00
07	0.0000	.0000	0.0000	0.00	0.00
08	0.0000	.0000	0.0000	0.00	0.00

07/01/2025 WPCA WPCA PLANT 0013 WPCA - FOREMAN H HOURLY W WEEKLY 02 52.0000 8.00 40.00 5.00 2080.00 260.00 N  
 Change was made by 2.9500%  
 No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0.0000	0.00	0.00
01	0.0000	42.3702	338.9620	1,664.81	88,130.12
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	.0000	0.0000	0.00	0.00
07	0.0000	.0000	0.0000	0.00	0.00
08	0.0000	.0000	0.0000	0.00	0.00

Salary is based on the hourly rate of 40 hours per week, and is not a guaranteed salary.

# TOWN OF VERNON

## SALARY TABLES

GRADE/  
RANK      DESCRIPTION      PAY BASIS  
0013      WPCA - FOREMAN      H HOURLY  
07/07/2026 WPCA      PLANT      0013  
Change was made by 2.9500%  
No Dollar amount used.

STEP/LEVEL	PERCENT	HOURLY RATE	DAILY RATE	PERIOD SALARY	ANNUAL SALARY
00	0.0000	.0000	0 .0000	0.00	0.00
01	0.0000	43.6201	348.9600	1,744.80	90,729.60
02	0.0000	.0000	0.0000	0.00	0.00
03	0.0000	.0000	0.0000	0.00	0.00
04	0.0000	.0000	0.0000	0.00	0.00
05	0.0000	.0000	0.0000	0.00	0.00
06	0.0000	.0000	0.0000	0.00	0.00
07	0.0000	.0000	0.0000	0.00	0.00
08	0.0000	.0000	0.0000	0.00	0.00

\*\* END OF REPORT - Generated by Dawn Maselek \*\*

Salary is based on the hourly rate of 40 hours per week, and is not a guaranteed salary.

**APPENDIX B****BENEFIT SUMMARY**

Administered by - Cigna Health and Life Insurance Co.  
 For - Vernon Town and Board of Education  
 Choice Fund Open Access Plus HSA Plan  
**HSA1 - Union**  
**Effective - 07/01/2022**



**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.**

**Employer Contribution**

Employee - \$1,000  
 Family - \$2,000

**Plan Highlights**

Lifetime Maximum	In-Network	Out-of-Network
Unlimited	Unlimited	Unlimited
	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Contribution	Plan pays 100%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	200%
Plan Deductible	Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$2,000 Family Maximum: \$4,000
	The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.	
	Plan deductible always applies before any benefit copay/deductible 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 (^).	

## Plan Highlights

### In-Network

- Plan Out-of-Pocket Maximum**
- 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 benefit copays/deductibles contribute towards your out-of-pocket maximum.
  - Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.
  - All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.
  - This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

### Benefit

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### Physician Services - Office Visits

Primary Care Physician (PCP) Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
Specialty Care Physician Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
<b>NOTE:</b> Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).		
Surgery Performed in Physician's Office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

### Virtual Care

#### Dedicated Virtual Providers

##### Urgent Virtual Care Services

- Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral).
- Dermatology/Specialty Care Physician).
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

### Virtual Physician Services - Office Visits

Primary Care Physician (PCP) Services/Office Visit	Plan pays 100% ^	Plan pays 80% ^
<b>•</b> Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).		
<b>•</b> Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.		

### Out-of-Network

Individual - Employee Only: \$2,500	Individual - Employee Only: \$4,000
Family Maximum: \$5,000	Family Maximum: \$8,000

### In-Network

Individual - Employee Only: \$2,500	Individual - Employee Only: \$4,000
Family Maximum: \$5,000	Family Maximum: \$8,000

### Out-of-Network

Individual - Employee Only: \$2,500	Individual - Employee Only: \$4,000
Family Maximum: \$5,000	Family Maximum: \$8,000

## **Benefit**

## **In-Network**

## **Out-Of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### **Specialty Care Physician Services/Office Visit**

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
  - Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.
- NOTE:** Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

### **Convenience Care Clinic**

#### **Convenience Care Clinic**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

### **Preventive Care**

#### **Preventive Care**

Plan pays 100%	PCP: Plan pays 80% ^ Specialist: Plan pays 80% ^
----------------	---

- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.
- Annual Limit: Unlimited

#### **Immunizations**

Plan pays 100%
----------------

#### **Mammogram, PAP, and PSA Tests**

Plan pays 100%
----------------

- 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**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

#### **Inpatient Hospital Physician's Visit/Consultation**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

#### **Inpatient Professional Services**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

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

### **Outpatient**

#### **Outpatient Facility Services**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

#### **Outpatient Professional Services**

Plan pays 100% ^	Plan pays 80% ^
------------------	-----------------

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

### **Emergency Services**

#### **Emergency Room**

Plan pays 100% ^	Plan pays 100% ^
------------------	------------------

- Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.

## **Benefit**

## **In-Network**

## **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

Urgent Care Facility	<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.</li> </ul>	Plan pays 100% ^	Plan pays 80% ^
Ambulance	Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 100% ^	Plan pays 100% ^
Inpatient Services at Other Health Care Facilities			
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities	Annual Limit: 120 days	Plan pays 100% ^	Plan pays 80% ^
Laboratory Services			
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
Radiology Services			
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
Advanced Radiological Imaging (ARI)			
Outpatient Facility	Includes MRI, MRA, CAT Scan, PET Scan, etc.	Plan pays 100% ^	Plan pays 80% ^
Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Therapy Services			
Outpatient Therapy and Chiropractic Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits:			
	<ul style="list-style-type: none"> <li>All Therapies Combined - Includes Chiropractic Care, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - Unlimited days</li> </ul>		
Cardiac Rehabilitation Services			
Annual Limit:	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
	<ul style="list-style-type: none"> <li>Cardiac Rehabilitation - Unlimited days</li> </ul>		

## **Benefit**

## **In-Network**

## **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### **Hospice**

Inpatient Facilities	Plan pays 100% ^	Plan pays 80% ^
Outpatient Services	Plan pays 100% ^	Plan pays 80% ^

**Note:** Includes Bereavement counseling provided as part of a hospice program.

### **Bereavement Counseling (for services not provided as part of a hospice program)**

Services Provided by a Mental Health Professional

### **Medical Specialty Drugs**

Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Home	Plan pays 100% ^	Plan pays 80% ^

**Note:** This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.

### **Maternity**

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

### **Abortion**

#### **Abortion Services**

**Note:** Elective and non-elective procedures

Coverage varies based on Place of Service	Coverage varies based on Place of Service
---	---

## Benefit

## In-Network

## Out-of-Network

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### Family Planning

#### Women's Services

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

#### Men's Services

Includes surgical sterilization services, such as vasectomy (excludes reversals)

### Infertility

#### Infertility Treatment

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

- Lifetime Maximum: Unlimited

### Outpatient Dialysis Services

#### Physician's Services/Office Visit

Covered same as Physician Services - Office Visit

#### Home Dialysis

Covered same as plan's Home Health Care benefit

#### Outpatient Facility Services

Covered same as plan's Outpatient Services benefit

#### Outpatient Professional Services

Covered same as plan's Outpatient Professional Services benefit

### Other Health Care Facilities/Services

#### Home Health Care

- Annual Limit: 200 days (The limit is not applicable to mental health and substance use disorder conditions.)
- 16 hour maximum per day

**Note:** Includes outpatient private duty nursing when approved as medically necessary

#### Organ Transplants

#### Inpatient Hospital Facility Services

Plan pays 100% ^  
Covered same as plan's Inpatient Hospital benefit

#### Inpatient Professional Services

Plan pays 100% ^  
Covered same as plan's Inpatient Professional benefit

#### LifeSOURCE Facility

Not Applicable  
Covered same as plan's Inpatient Professional benefit

#### Non-LifeSOURCE Facility

- Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: After the plan deductible is met, \$10,000 maximum per Transplant

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Benefit	In-Network		Out-of-Network	
	Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
<b>Durable Medical Equipment</b>				
• Annual Limit: Unlimited	Plan pays 100% ^		Plan pays 80% ^	
<b>Breast Feeding Equipment and Supplies</b>				
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician	Plan pays 100%		Plan pays 80% ^	
• Includes related supplies				
<b>External Prosthetic Appliances (EPA)</b>				
• Annual Limit: Unlimited	Plan pays 100% ^		Plan pays 80% ^	
<b>Temporomandibular Joint Disorder (TMJ)</b>				
• Unlimited lifetime maximum	Coverage varies based on Place of Service		Coverage varies based on Place of Service	
• Note: Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.				
<b>Bariatric Surgery</b>				
• Unlimited lifetime limit	Coverage varies based on Place of Service		Coverage varies based on Place of Service	
• 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	Not Covered		Not Covered	
• weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision				
<b>Routine Foot Care</b>				
• Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.				
<b>Hearing Aids</b>				
• Maximum of 2 devices per 24 months	Plan pays 100% ^		Plan pays 80% ^	
• Includes testing and fitting of hearing aid devices at Physician Office Visit cost share				
<b>Wigs</b>				
• Annual Limit: Unlimited	Plan pays 100% ^		Plan pays 100% ^	

## **Benefit**

### **In-Network**

### **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

#### **Mental Health and Substance Use Disorder**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Mental Health</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Mental Health – Physician's Office</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Mental Health – All Other Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Inpatient Substance Use Disorder</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Substance Use Disorder – Physician's Office</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Outpatient Substance Use Disorder – All Other Services</b>	Plan pays 100% ^	Plan pays 80% ^
<b>Annual Limits:</b>		
• Unlimited maximum		

**Notes:**

- 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.
- Services are paid at 100% after you reach your out-of-pocket maximum.

#### **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
- Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management
- Narcotic Therapy Management
- Complex Psychiatric Case Management

## Pharmacy

### In-Network

### Out-of-Network

## Cost Share and Supply

### Cigna Pharmacy Cost Share

- Retail – up to 90-day supply  
(except Specialty up to 30-day supply)
- Home Delivery – up to 100-day supply  
(except Specialty up to 30-day supply)

### Retail (per 34-day supply):

Generic: You pay \$5 ^  
Preferred Brand: You pay \$15 ^  
Non-Preferred Brand: You pay \$35 ^

- Home Delivery:**  
Not Covered

### Retail (per 90-day supply):

Generic: You pay \$10 ^  
Preferred Brand: You pay \$30 ^  
Non-Preferred Brand: You pay \$70 ^

### Home Delivery (per 100-day supply):

Generic: You pay \$10 ^  
Preferred Brand: You pay \$30 ^  
Non-Preferred Brand: You pay \$70 ^

- Retail drugs for a 34 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
- Patient is responsible for the applicable cost share based upon the tier of the dispensed medication.
- Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.

## Drugs Covered

### Prescription Drug List:

Your Cigna 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.
- Prescription smoking cessation drugs are covered.

## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- 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.

#### Health Advisor - A

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

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

## 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 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 as required by applicable state or federal law 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 as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any 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.

### One Guide

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

### 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 \$500 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
  - Benefits are denied for any admission reviewed by Cigna Healthcare and not certified.
  - Benefits are denied for any additional days not certified by Cigna Healthcare.
- Pre-Existing Condition Limitation (PCL) does not apply.

## Additional Information

Holistic health support for the following chronic health conditions:

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

### Your Health First - 200

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

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

### Definitions

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

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

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

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

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

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

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

### Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.

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## **Exclusions**

- 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: abdominoplasty; panniculectomy; rhinoplasty; redundant skin surgery; removal of skin tags; acupressure; craniosacral/cranial therapy; dance therapy; movement therapy; applied kinesiology;rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
  - Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to 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

## **Exclusions**

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), anorgasmic, 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, 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).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, 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.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.

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## **Exclusions**

- 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 **Covered Expenses**.
- 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.

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EHB State: CT

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto: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](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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## Proficiency of Language Assistance Services

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

**Spanish** – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 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。其他各項請致電 1.800.244.6224（聽障專線：請撥 711）。

**Vietnamese** – XIN LƯU Ý: Quý vị được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hội viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean** – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 디아일 711)번으로 전화해주시시오.

**Tagalog** – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. Okaya, tumawag sa 1.800.244.6224 (TTY: I-dial ang 711).

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

**Cigna Arabic** – تجاه الاتصال بخطة التأمين الخاصة بك، اتصل بـ Cigna على رقم 1.800.244.6224 (الخط 711). **Cigna Persian (Farsi)** – شرکت سینا، که در پشت کارت ملی شناسی به شماره ۷۱۱،

**French Creole** – ATANSYON: Gen sévis èd nan lang ki disponib gratis pou ou. Pou kliyan Cigna yo, rele nimewo ki déyè kat ID ou. Sinon, rele nimewo 1.800.244.6224 (TTY: Rele 711).

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

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

**Polish** – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1.800 244 6224 (TTY: wybierz 711).

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

**Arabic** – تجاه الاتصال بخطة التأمين الخاصة بك، اتصل بـ Cigna على رقم 1.800.244.6224 (الخط 711). **Persian (Farsi)** – شرکت سینا، که در پشت کارت ملی شناسی به شماره ۷۱۱،

## BENEFIT SUMMARY

Administered by - Cigna Health and Life Insurance Co.  
 For - Vernon Town and Board of Education  
 Choice Fund Open Access Plus HSA Plan  
 HSA1 - Union  
 Effective - 07/01/2022



**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.**

Employer Contribution

Employee - \$1,000  
 Family - \$2,000

### Plan Highlights

Lifetime Maximum	Unlimited	Out-of-Network	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a contract year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	Plan pays 100%	Plan pays 80% 200%
Plan Coinsurance	Not Applicable	Individual - Employee Only: \$2,000 Family Maximum: \$4,000	Individual - Employee Only: \$2,000 Family Maximum: \$4,000
Maximum Reimbursable Charge			
Plan Deductible		<ul style="list-style-type: none"> <li>• The amount you pay for all covered expenses counts toward both your in-network and out-of-network deductibles.</li> <li>• Plan deductible always applies before any benefit copay/deductible or coinsurance.</li> <li>• Plan deductible does not apply to in-network preventive services.</li> <li>• 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.</li> <li>• This plan includes a combined Medical/Pharmacy plan deductible.</li> </ul> <p>Note: Services where plan deductible applies are noted with a caret (^).</p>	

## Plan Highlights

### Plan Out-of-Pocket Maximum

- 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 benefit copays/eductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.
- All eligible family members contribute towards the family out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will pay each eligible family member's covered expenses at 100%.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

### Benefit

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/eductibles.

### Physician Services - Office Visits

#### Primary Care Physician (PCP) Services/Office Visit

#### Specialty Care Physician Services/Office Visit

**NOTE:** Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

Surgery Performed in Physician's Office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Allergy Treatment/Injections and Allergy Serum Allergy serum dispensed by the physician in the office	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit

### Virtual Care

#### Dedicated Virtual Providers

#### Urgent Virtual Care Services

- Dedicated Virtual Providers may deliver services that are payable under other benefits (e.g., Preventive Care, Primary Care Physician, Behavioral, Dermatology/Specialty Care Physician).
- Lab services supporting a virtual visit must be obtained through dedicated labs.
- Includes charges for the delivery of medical and health-related services and consultations by dedicated virtual providers as medically appropriate through audio, video, and secure internet-based technologies.

### Virtual Physician Services - Office Visits

#### Primary Care Physician (PCP) Services/Office Visit

#### Plan pays 100% ^

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
- Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.

### In-Network

Individual - Employee Only: \$2,500	Individual - Employee Only: \$4,000
Family Maximum: \$5,000	Family Maximum: \$8,000

### Out-of-Network

- 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 benefit copays/eductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the 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.

### In-Network

### Out-of-Network

### In-Network

### Out-of-Network

## **Benefit**

## **In-Network**

## **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### **Specialty Care Physician Services/Office Visit**

- Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services).
  - Includes charges for the delivery of medical and health-related services and consultations as medically appropriate through audio, video, and secure internet-based technologies that are similar to office visit services provided in a face-to-face setting.
- NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

### **Convenience Care Clinic**

#### **Convenience Care Clinic**

Plan pays 100% ^

Plan pays 80% ^

### **Preventive Care**

#### **Preventive Care**

Plan pays 100%

PCP: Plan pays 80% ^

Specialist: Plan pays 80% ^

- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.
- Annual Limit: Unlimited

#### **Immunizations**

Plan pays 100%

PCP: Plan pays 80% ^

Specialist: Plan pays 80% ^

Covered same as other x-ray and lab services, 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.

### **Mammogram, PAP, and PSA Tests**

Plan pays 100%

PCP: Plan pays 80% ^

Specialist: Plan pays 80% ^

Covered same as other x-ray and lab services, based on Place of Service

### **Inpatient**

#### **Inpatient Hospital Facility Services**

Plan pays 100% ^

Plan pays 80% ^

Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs

#### **Inpatient Physician's Visit/Consultation**

Plan pays 100% ^

Plan pays 80% ^

Cigna covers same as other physician services

#### **Inpatient Professional Services**

Plan pays 100% ^

Plan pays 80% ^

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

### **Outpatient**

#### **Outpatient Facility Services**

Plan pays 100% ^

Plan pays 80% ^

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

### **Emergency Services**

#### **Emergency Room**

Plan pays 100% ^

Plan pays 80% ^

- Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.

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## **Benefit**

## **In-Network**

## **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

<b>Urgent Care Facility</b>	<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.</li> </ul>	Plan pays 100% ^	Plan pays 80% ^
<b>Ambulance</b>	Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 100% ^	Plan pays 100% ^
<b>Inpatient Services at Other Health Care Facilities</b>			
<b>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</b>	• Annual Limit: 120 days	Plan pays 100% ^	Plan pays 80% ^
<b>Laboratory Services</b>			
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Independent Lab</b>	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
<b>Radiology Services</b>			
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
<b>Advanced Radiological Imaging (ARI)</b>	Includes MRI, MRA, CAT Scan, PET Scan, etc.	Includes MRI, MRA, CAT Scan, PET Scan, etc.	Includes MRI, MRA, CAT Scan, PET Scan, etc.
<b>Outpatient Facility</b>	Plan pays 100% ^	Plan pays 80% ^	Plan pays 80% ^
<b>Physician's Services/Office Visit</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
<b>Outpatient Therapy Services</b>			
<b>Outpatient Therapy and Chiropractic Services</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limits:			
	<ul style="list-style-type: none"> <li>All Therapies Combined - Includes Chiropractic Care, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - Unlimited days</li> </ul>		
<b>Note:</b> Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.			
<b>Cardiac Rehabilitation Services</b>	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Annual Limit:			
	<ul style="list-style-type: none"> <li>Cardiac Rehabilitation - Unlimited days</li> </ul>		

## **Benefit**

## **In-Network**

## **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### **Hospice**

Inpatient Facilities	Plan pays 100% ^	Plan pays 80% ^
Outpatient Services	Plan pays 100% ^	Plan pays 80% ^

**Note:** Includes Bereavement counseling provided as part of a hospice program.

### **Bereavement Counseling (for services not provided as part of a hospice program)**

Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit
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### **Medical Specialty Drugs**

Outpatient Facility	Plan pays 100% ^	Plan pays 80% ^
Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Home	Plan pays 100% ^	Plan pays 80% ^

**Note:** This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.

### **Maternity**

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

### **Abortion**

### **Abortion Services**

**Note:** Elective and non-elective procedures

Coverage varies based on Place of Service	Coverage varies based on Place of Service
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## **Benefit**

### **In-Network**

### **Out-of-Network**

**Note:** Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.

### **Family Planning**

#### **Women's Services**

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

#### **Men's Services**

Includes surgical sterilization services, such as vasectomy (excludes reversals)

### **Infertility**

#### **Infertility Treatment**

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

### **Outpatient Dialysis Services**

#### **Physician's Services/Office Visit**

Covered same as Physician Services - Office Visit

#### **Home Dialysis**

Covered same as plan's Home Health Care benefit

#### **Outpatient Facility Services**

Covered same as plan's Outpatient Facility Services benefit

#### **Outpatient Professional Services**

Covered same as plan's Outpatient Professional Services benefit

### **Other Health Care Facilities/Services**

#### **Home Health Care**

**Note:** Includes outpatient private duty nursing when approved as medically necessary

#### **Organ Transplants**

#### **Inpatient Hospital Facility Services**

Plan pays 100% ^  
Covered same as plan's Inpatient Hospital benefit

#### **Inpatient Professional Services**

Not Applicable  
Covered same as plan's Inpatient Professional benefit

#### **LifeSOURCE Facility**

Not Applicable  
Covered same as plan's Inpatient Professional benefit

- Travel Maximum - Cigna LifeSOURCE Transplant Network® Facility Only: After the plan deductible is met, \$10,000 maximum per Transplant

Benefit	In-Network	Out-of-Network
	Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.	
<b>Durable Medical Equipment</b>	Plan pays 100% ^	Plan pays 80% ^
• Annual Limit: Unlimited		
<b>Breast Feeding Equipment and Supplies</b>	Plan pays 100%	Plan pays 80% ^
• Limited to the rental of one breast pump per birth as ordered or prescribed by a physician		
• Includes related supplies		
<b>External Prosthetic Appliances (EPA)</b>	Plan pays 100% ^	Plan pays 80% ^
• Annual Limit: Unlimited	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<b>Temporomandibular Joint Disorder (TMJ)</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
• Unlimited lifetime maximum		
<b>Note:</b> Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		
<b>Bariatric Surgery</b>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
• Unlimited lifetime limit		
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	Not Covered	Not Covered
• weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision		
<b>Routine Foot Care</b>		
<b>Note:</b> Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		
<b>Hearing Aids</b>	Plan pays 100% ^	Plan pays 80% ^
• Maximum of 2 devices per 24 months		
• Includes testing and fitting of hearing aid devices at Physician Office Visit cost share	Plan pays 100% ^	Plan pays 100% ^
<b>Wigs</b>		
• Annual Limit: Unlimited		

Benefit	In-Network	Out-of-Network
Mental Health and Substance Use Disorder	Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.	
Inpatient Mental Health	Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health – Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Outpatient Mental Health – All Other Services	Plan pays 100% ^	Plan pays 80% ^
Inpatient Substance Use Disorder	Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder – Physician's Office	Plan pays 100% ^	Plan pays 80% ^
Outpatient Substance Use Disorder – All Other Services	Plan pays 100% ^	Plan pays 80% ^
Annual Limits:		
• Unlimited maximum		
Notes:	<p>Inpatient includes Acute Inpatient and Residential Treatment.</p> <ul style="list-style-type: none"> <li>• Outpatient - Physician's Office - may include individual, family and group therapy, psychotherapy, medication management, etc.</li> <li>• Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.</li> <li>• Services are paid at 100% after you reach your out-of-pocket maximum.</li> </ul>	
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		
• Lifestyle Management Programs: Stress Management, Tobacco Cessation and Weight Management.		
• Narcotic Therapy Management		
• Complex Psychiatric Case Management		

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## Pharmacy

### In-Network

### Out-of-Network

#### Cost Share and Supply

##### Cigna Pharmacy Cost Share

- Retail – up to 90-day supply  
(except Specialty up to 30-day supply)
- Home Delivery – up to 100-day supply  
(except Specialty up to 30-day supply)

##### Retail (per 34-day supply):

- Generic: You pay \$5 ^
- Preferred Brand: You pay \$15 ^
- Non-Preferred Brand: You pay \$35 ^

##### Retail (per 90-day supply):

- Generic: You pay \$10 ^
- Preferred Brand: You pay \$30 ^
- Non-Preferred Brand: You pay \$70 ^

##### Home Delivery (per 100-day supply):

- Generic: You pay \$10 ^
- Preferred Brand: You pay \$30 ^
- Non-Preferred Brand: You pay \$70 ^

- Retail drugs for a 34 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies.
- Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or network home delivery pharmacy. If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or network home delivery pharmacy to be covered by the plan.
- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.

- Patient is responsible for the applicable cost share based upon the tier of the dispensed medication.
- Your pharmacy benefits share an annual deductible and out-of-pocket maximum with the medical/behavioral benefits. The applicable cost share for covered drugs applies after the combined deductible has been met.
- If you receive a supply of 34 days or less at home delivery (including a Specialty Prescription Drug), the home delivery pharmacy cost share will be adjusted to reflect a 30-day supply.

#### Drugs Covered

##### Prescription Drug List:

Your Cigna 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.
- Prescription smoking cessation drugs are covered.

## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- 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.

#### Health Advisor - A

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

- | Included   |
|--|
| <ul style="list-style-type: none"><li>• Health Assessments</li><li>• Health and Wellness Coaching</li><li>• Gaps in Care Coaching</li><li>• Treatment Decision Support</li><li>• Educate and Refer</li></ul> |

## **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 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 as required by applicable state or federal law 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 as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any 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.

### **One Guide**

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

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

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

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## Additional Information

Holistic health support for the following chronic health conditions:

- Heart Disease
  - Coronary Artery Disease
  - Angina
  - Congestive Heart Failure
  - Acute Myocardial Infarction
  - Peripheral Arterial Disease
  - Asthma
  - Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
  - Diabetes Type 1
  - Diabetes Type 2
  - Metabolic Syndrome/Weight Complications
  - Osteoarthritis
  - Low Back Pain
  - Anxiety
  - Bipolar Disorder
  - Depression
- Your Health First - 200**  
Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:
- Condition Management
  - Medication adherence
  - Risk factor management
  - Lifestyle issues
  - Health & Wellness issues
  - Pre/post-admission
  - Treatment decision support
  - Gaps in care

### Definitions

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

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

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

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

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

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists

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

### Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.

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## **Exclusions**

- 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: abdominoplasty; panniculectomy; rhinoplasty; redundant skin surgery; removal of skin tags; acupressure; craniosacral/cranial therapy; dance therapy; movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to 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

## **Exclusions**

- 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), anorgasmic, 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, 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).
- Routine refractions, eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs, 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.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for infant formula needed for the treatment of inborn errors of metabolism.

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## **Exclusions**

- 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 Covered Expenses.
- 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, Evernorth Care Solutions, Inc., Evernorth 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

# DISCRIMINATION IS AGAINST THE LAW

## Medical coverage

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

Cigna:

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

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

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



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, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

## Proficiency of Language Assistance Services

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

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

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

**Vietnamese – XIN LƯU Ý:** Quý vị được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Dành cho Khách hàng hiện tại của Cigna, vui lòng gọi số ở mặt sau thẻ Hồi viên. Các trường hợp khác xin gọi số 1.800.244.6224 (TTY: Quay số 711).

**Korean – 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주세요. 기타 다른 경우에는 1.800.244.6224 (TTY: 1-111-711)번으로 전화해주세요.

**Tagalog – PAUNAWA:** Makakakuha ka ng mga serbisyo sa tungong sa wika nang libre. Para sa mga kasalukuyang customer ng Cigna, tawagan ang numero sa likuran ng iyong ID card. Okay, tumawag sa 1.800.244.6224 (TTY: 1-dial ang 711).

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

**Arabic – توجيه:** خدماتنا متوفرة على الخط 1.800.244.6224 (الخط 711). Cigna تقدم خدمة اللغة العربية على الخط 711.

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

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

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

**Polish – UWAGA:** w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni klienci firmy Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszystkie inne osoby prosimy o skorzystanie z numeru 1.800.244.6224 (TTY: wybierz 711).

**Japanese – 注意事項:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号まで、お電話にてご連絡ください。その他の方は、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) – توجه:** خدمات ما رایگان بوده و برای شرکت مادر شرکت سانشیت کارنگی، در مردم تهران نیز ممکن است باشند. برای شرکت سانشیت تهران، شماره ۱.۸۰۰.۲۴۴.۶۲۲۴ را در تلفن ۷۱۱ (خط ۷۱۱) مخاطب شوید.

Town of VernonDepartment: WPCAJob Title: Wastewater Collection System ForemanBargaining Unit: WPCA Supervisors

**General Statement of Duties:** Supervises and participates in the maintenance of the sanitary sewer system and related facilities.

**Supervision Received:** Receives general written and oral directions from the Director of the Water Pollution Control Department and general supervision from the Assistant Director.

**Supervision Exercised:** Oversight of contractors performing sewer maintenance and repair work. May assign operators and plant staff to operations and related maintenance tasks. Supervises Wastewater Collection Systems Technician.

**Essential Job Functions:** Regular and punctual attendance. Reviews plans and specifications of referrals from Planning & Zoning Commission and advises Director of possible problems and concerns relative to the sanitary sewers system. Conducts field inspections of industries on a regular basis; draws wastewater samples and reads and verifies discharge-metering devices. Receives and investigates complaints or requests for sewer maintenance service and acts as liaison between Water Pollution Control Department and Public Works Department to schedule work as required. Assists in selection of contractors to provide sewer maintenance and repair work. Inspects work upon completion to assure all specifications are met. Plots maps of sewer backups and problem areas for institution of sewer maintenance program; records and identifies locations of manholes, sewer lines easements, pump stations and information related to the wastewater collection system. Makes field inspections of new sewer system construction by contractors for the Water Pollution Control Department; checks manholes and service mains for inflow/infiltration and conducts smoke and dye testing of problem areas.

**Other Job Functions:** Seeks out contractors to provide repair and maintenance services. Prepares estimates and writes specifications for materials relative to planning annual operating budget and maintains records pertaining to operations under his/her control. Maintains easements in accordance with Town policies on Town sewer contracts. Performs other related work as required.

**Physical Demands:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, feel or operate objects, tools or controls and reach with hands and arms, talk or hear. The employee frequently is required to stand and walk. The employee is occasionally required to climb, balance, stoop, kneel and crouch.

The employee may frequently lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, depth perception and the ability to adjust focus.

**Work Environment:** The work characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job the employee occasionally works in outside weather conditions. The employee occasionally works near moving mechanical parts and is occasionally exposed to wet and/or humid conditions. The employee occasionally works in high, precarious places and is occasionally exposed to toxic or caustic chemicals, raw and treated sewage. The employee occasionally works in confined spaces.

The noise level in the work environment is usually moderately loud.

**MINIMUM QUALIFICATIONS**

**Knowledge, Skills & Abilities:** Working knowledge of the materials, methods and equipment used in the construction, operation and maintenance of sanitary sewers, manholes and pump stations; a working knowledge of federal and state laws pertaining to wastewater collection and treatment; knowledge of operation of standard office machines and use of computer; knowledge of the principles of sanitary engineering applicable to the operation and repair of a sewerage system. Ability to read and interpret plans, blueprints and profiles of sewerage systems. Ability to plan, assign and supervise the work of subordinates. Ability to establish and maintain effective working relationships with subordinates, associates, contractors, supervisors, and the public; ability to train personnel; ability to apply principals of logical thinking to define problems, collect data, establish facts and draw valid conclusions;

APPENDIX C – JOB DESCRIPTIONS

ability to understand and carry out instructions furnished in written, oral, blueprint or diagrammatic form; mathematical ability to determine units of measure; ability to work under unpleasant working conditions; ability to respond to emergencies on an assigned basis, including holidays and weekends. Thoroughness and dependability in performing assignments.

**Experience & Training:** Graduation from high school, high school equivalency diploma (GED) or trade school graduate, or equivalent combination of education and training that involves completion of vocational training program in wastewater treatment technology and four years of experience, at least two of which must be of lead operational or plant maintenance supervisory experience. College level courses highly desirable.

**License or Certificate:** Collection System Operator's Certification, Class II, Valid Connecticut Commercial Driver's License, Class B.

*This job description is not nor is it intended to be, a complete statement of duties, functions and responsibilities which comprise this position.  
EOE/AA/M/F Revised: 11/12/2014; Adopted:11/18/2014*

Town of VernonDepartment: WPCAJob Title: Plant ForemanBargaining Unit: WPCA Supervisors

**General Statement of Duties:** Supervises and coordinates the operation, maintenance, and repair of the instrumentation, motors, and pumps in Wastewater Treatment plant and associated pumping stations; inspects plant equipment and processes regularly; and works closely with laboratory staff to assure the required environmental protection standards are met.

**Supervision Received:** Receives oral and written instructions from Assistant Director. Plans and organizes work based on standard schedule. Establishes priorities for work assignments and adapts for emergencies. Reports work accomplished to supervisor.

**Supervision Exercised:** Assigns operators and plant staff to operations and related maintenance tasks. Reviews work in progress and reassigns employees as needed. Administers plant safety programs.

**Essential Job Functions:** Regular and punctual attendance; monitors instrumentation to assure proper operation of pumps and equipment. Receives regular reports from laboratory analyst concerning quality of effluent. Takes remedial actions to improve quality as necessary. Oversees monitoring of waste water entering plant to detect discharge of unlawful and dangerous substances into system. Directs remedial action to protect treatment process and equipment. Regularly inspects equipment for efficiency in operation and to avoid breakdowns. Supervises installation of new or replacement equipment. Oversees the replacement or installation of pipes and equipment. Responds to emergencies on a call-in basis. Supervises training and development programs for employees. Evaluates performance of assigned personnel. Oversees maintenance of plant vehicles. Works closely with plant electrician to ensure that all electrical equipment is operating efficiently, including alarm systems and emergency power generators. As Safety Officer enforces safety and work rules. Meets periodically with Union representatives to review safety procedures. Recommends to supervisor safety improvement measures. Enters plant processing information into computer, to produce status reports for supervisor and for required reports to state agencies.

**Other Job Functions:** Performs plant duties of Plant Superintendent as necessary. Assist with budget recommendations, expenditures, plant improvements, specifications, for major equipment purchases, and materials purchases. Initiates requisitions for materials, supplies, or equipment. Coordinates work assignments to assure minimum interruption of treatment process.

**Physical Demands:** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands to finger, handle, feel or operate objects, tools or controls and reach with hands and arms, talk or hear. The employee frequently is required to stand and walk. The employee is occasionally required to climb, balance, stoop, kneel and crouch.

The employee may frequently lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, depth perception and the ability to adjust focus.

**Work Environment:** The work characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job the employee occasionally works in outside weather conditions. The employee occasionally works near moving mechanical parts and is occasionally exposed to wet and/or humid conditions. The employee occasionally works in high, precarious places and is occasionally exposed to toxic or caustic chemicals, raw and treated sewage. The employee occasionally works in confined spaces.

The noise level in the work environment is usually moderately loud.

#### **MINIMUM QUALIFICATIONS**

**Knowledge, Skills & Abilities:** Knowledge of high pressure systems, occupational hazards and attendant safety factors and precautions; a working knowledge of federal and state laws pertaining to wastewater collection and treatment; knowledge of operation of standard office machines and use of computer; ability to establish and maintain effective relationships with associates, contractors and the public; thoroughness and dependability in performing assignments; ability to acquire a working knowledge of the use of powdered activated carbon and "wet air regeneration" in the treatment process; ability to supervise operating and technical personnel in

APPENDIX C – JOB DESCRIPTIONS

operation, maintenance, and laboratory tasks related to waste water treatment; ability to train personnel; ability to apply principals of logical thinking to define problems, collect data, establish facts and draw valid conclusions; ability to understand and carry out instructions furnished in written, oral, blueprint or diagrammatic form; mathematical ability to determine units of measure; ability to work under unpleasant working conditions; ability to respond to emergencies on an assigned basis, including holidays and weekends.

**Experience & Training:** Graduation from high school, high school equivalency diploma (GED) or trade school graduate, or equivalent combination of education and training that involves completion of vocational training program in wastewater treatment technology and four years of experience, at least two of which must be of lead operational or plant maintenance supervisory experience. College level courses highly desirable.

**License or Certificate:** State of Connecticut certification as Wastewater Operator Class III. Valid motor vehicle driver's license.

*This job description is not nor is it intended to be, a complete statement of duties, functions and responsibilities which comprise this position.  
EOE/AA/M/F Revised: 1/2/2014; Adopted: 1/28/2014*

APPENDIX D

**TOWN OF VERNON  
PERFORMANCE EVALUATION FORM  
FOR SUPERVISORS**

Employee: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_

Rating Period: \_\_\_\_\_ Date: \_\_\_\_\_

	Excellent	Very Good	Fully Satisfactory	Needs Improvement	Unsatisfactory
--	-----------	-----------	--------------------	-------------------	----------------

**Quality  
Of Work**

— — — — —

**Quantity  
Of Work**

— — — — —

**Cooperation**

— — — — —

**Interpersonal  
Skills**

— — — — —

**Ability to learn  
New Duties and  
Equipment**

— — — — —

**Dependability &  
Attendance**

— — — — —

**Supervisory  
Skills**

— — — — —

Number of sick days taken in the rating period:

Overall evaluation is:

Excellent	Very Good	Fully Satisfactory	Needs Improvement	Unsatisfactory
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— — — — —

**Performance Evaluation of** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments or suggestions by supervisor or employee:**

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**Employee's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(This indicates receipt of the rating)

**Supervisor's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PEFMSUPV**  
Revised 1/18/00

### EVALUATION FACTORS

The following are the factors which each supervisor will be ranked on. The definitions herein are illustrative.

"Quality of work" – Sensitive to and interested in the needs of the public; makes prompt and sound decisions based on multiple sources of information; weighs alternatives and their potential outcomes; neatness and accuracy of work product; performs work according to the job requirements; and has an understanding of the procedures, techniques, and instructions necessary to perform the job and the degree to which these skills have been mastered.

"Quantity of work" – Volume of work produced under normal circumstances; and the rate of progress on assignments.

"Cooperation" – Acceptance of authority and directives; assess how the employee gets along with subordinates, fellow supervisors, other managers, the public, and other people contacted in the course of the job; and how well the employee reacts to constructive criticism.

"Interpersonal skills" – Communicates effectively both orally and in writing; is accessible and approachable; and establishes sound working relationships with other supervisors/managers and subordinates.

"Ability to learn new duties and equipment" – Speed with which the employee masters new routines and grasps explanations; and employee's ability to retain the knowledge.

"Initiative" – Degree to which the employee demonstrates independent action and resourcefulness on the job by developing new methods; offering constructive suggestions; and seeking additional work.

"Dependability" – Ability to do assigned tasks on schedule under normal circumstances with a minimum of supervision; whether the employee can be relied upon to report for work regularly, to be on time and to adhere to work schedules; and follows safety rules and demonstrates safe work practices.

"Supervisory skills" – Assists employees in meeting departmental and personal goals; issues directions clearly; plans and assigns workload skillfully and fairly; maintains good employee morale; recommends/takes appropriate disciplinary action; evaluates subordinates fairly and conscientiously; and professional development.

#### EVALUATION RATINGS

An employee shall be rated on each factor. The ratings can be roughly defined as follows:

"Excellent" – the level of performance on the factor being rated is distinctly and recognizably superior to that which a competent supervisor would reasonably expect of a well-trained, competent employee.

"Very good" – the level of performance of the factor being rated usually exceeds that which a competent supervisor would reasonably expect of a well-trained, competent employee.

"Fully Satisfactory" – the level of performance on the actor being rated usually is what a competent supervisor would reasonably expect of a well-trained competent employee.

"Needs improvement" – the level of performance of the factor being rated is below the level which a competent supervisor could reasonably expect of a well-trained, competent employee, but not so far below standard as to be completely unacceptable. This performance is at a level such that the rater would not dismiss or demote the employee, but is indicative of a need for additional training, skills counseling, or more routine supervision.

"Unsatisfactory" – the level of performance of the factor being rated is significantly and recognizably below that which a competent supervisor would reasonably expect of a well-trained competent employee. This level of performance is so completely inadequate as to justify demoting or dismissing the employee.

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## FULL DENTAL PLAN

The Full Dental Plan covers diagnostic, preventive and restorative procedures necessary for adequate dental health.

### COVERED SERVICES INCLUDE:

- Oral Examinations 1/36 months
- Periapical and bitewing x-rays 1/Year
- Topical fluoride applications for members under age 19- 2/Year
- Prophylaxis, including cleaning, scaling and polishing – 2/Year
- Relining of dentures
- Repairs of broken removable dentures
- Palliative emergency treatment
- Routine fillings consisting of silver amalgam and tooth color materials; including stainless steel crowns (primary teeth)\*
- Simple extractions \*\*
- Endodontics-including pulpotomy, direct pulp capping and root canal therapy (excluding restoration)

\* Payment for an inlay, onlay or crown will equal the amount payable for a three-surface amalgam filling when the member is not covered by Dental Amendatory Rider A.

\*\* Payment for a surgical extraction or a hemisection with root removal will equal the amount payable for a simple extraction when the member is not covered by the Dental Amendatory Rider A.

### ACCESSING BENEFITS:

#### Participating Dentists Benefits

When a member receives care from one of over 1,800 Participating Dentists, he or she simply presents his or her identification card showing dental coverage. The dentist bills us directly for all covered services.

For dental care provided by a Participating Dentist, we will pay the lesser of the dentist's usual charge or the Usual, Customary and Reasonable Charge as determined by us. The dentist accepts our reimbursement as full payment and may not bill the member for any additional charges.

#### Non-Participating Dentists Benefits

For covered dental services provided by a Non-Participating Dentist, in or out of Connecticut, we pay the lesser of the dentist's charge or the applicable allowance for the procedure, as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

**This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross Blue Shield Full Dental Plan. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.**

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## DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

In addition to the services provided under your dental program, the following additional basic benefits are provided:

- ◆ Inlays (not part of bridge)
- ◆ Onlays (not part of bridge)
- ◆ Crown (not part of bridge)
- ◆ Space Maintainers
- ◆ Oral Surgery consisting of fracture and dislocation treatment, diagnosis and treatment of cyst and abscess, surgical extractions and impaction
- ◆ Apicoectomy

The dental services listed above are subject to the following qualifications:

We will pay for individual crowns, inlays and onlays only when amalgam or synthetic fillings would not be satisfactory for the retention of the tooth, as determined by us.

We will not pay for a replacement provided less than five (5) years following a placement or replacement which was covered under this Rider. We will not pay for individual crowns, inlays or onlays to alter vertical dimension, for the purpose of precision attachment of dentures, or when they are splinted together for any reason.

If the member is not covered by Dental Amendatory Rider C (Prosthodontics) we will pay for the following types of crowns, inlays or onlays, but only when there is clinical evidence that amalgam or synthetic fillings would not be satisfactory for the retention of the tooth:

- ◆ One tooth on either side or two teeth on one side of a replacement for missing teeth, as part of a fixed bridge.
- ◆ No benefits will be provided for the tooth replacements.
- ◆ Space maintainers – payment will be made for devices to preserve space due to premature loss of primary teeth, but not for interceptive orthodontic devices. Payment will be made for up to two devices per member per lifetime.

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## DENTAL AMENDATORY RIDER A ADDITIONAL BASIC BENEFITS

### ACCESSING BENEFITS:

#### **Participating Dentists Benefits**

Anthem Blue Cross & Blue Shield will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as fully payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### **Non-Participating Dentists Benefits**

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

***This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.***

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## DENTAL AMENDATORY RIDER B PROSTHODONTICS

The following prosthetic services are provided under Dental Amendatory Rider B:

- ◆ Denture, full and partial
- ◆ Bridges, fixed and removable
- ◆ Addition of teeth to partial dentures to replace extracted teeth

The dental services listed above are subject to the following qualifications:

Anthem Blue Cross & Blue Shield of Connecticut will pay for standard procedures for prosthetic services as determined by us. For fixed bridges, we will pay for the replacement of missing teeth and for one tooth on either side or two teeth on one side of the replacement. We will not pay for a denture or bridge replacement, which is provided less than five years following a placement or replacement, which was covered under the contract. We also not pay for crowns splinted together for any reason.

### ACCESSING BENEFITS:

#### **Participating Dentists Benefits**

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### **Non-Participating Dentist Benefits**

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

*This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.*

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## DENTAL AMENDATORY RIDER C PERIODONTICS

Periodontal services consisting of:

- ◆ Gingival curettage
- ◆ Gingivectomy and gingivoplasty
- ◆ Osseous surgery, including flap entry and closure
- ◆ Mucogingivoplastic surgery
- ◆ Management of acute infection and oral lesions

The maximum benefit we will provide for periodontal services per person per year is \$500.00.

### ACCESSING BENEFITS:

#### Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or fifty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in the Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

***This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider C. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.***

Visit our website at [www.anthem.com](http://www.anthem.com)

## DENTAL AMENDATORY RIDER D ORTHODONTICS

The following Orthodontic services are provided:

Handicapping malocclusion for a member under age 19, consisting of the installation of orthodontic appliances and orthodontic treatments concerned with the reduction or elimination of an existing malocclusion through the correction of malposed teeth.

The maximum amount payable for orthodontic services is \$1000.00 per member per lifetime.

### ACCESSING BENEFITS:

#### Participating Dentists Benefits

Anthem Blue Cross & Blue Shield of Connecticut will pay the lesser of fifty percent of the dentist's usual charge or sixty percent of the Usual, Customary and Reasonable Charge, as determined by us, for the dental services described in this Rider. Dentists who participate in our dental programs agree to accept our allowance as full payment and may not bill the member for any additional charges except for the remaining coinsurance balance.

#### Non-Participating Dentists Benefits

In the event a non-participating dentist renders these services, we will pay to the member the lesser of fifty percent of the dentist's charge or fifty percent of the applicable allowance for the procedure as determined by us. The member is responsible for any difference between the amount paid by us and the fee charged by the dentist.

***This does not constitute your health plan or insurance policy. It is only a general description for the purposes of this Request for Proposal, of the Anthem Blue Cross & Blue Shield of Connecticut Dental Amendatory Rider A. Refer to your Master Group Policy or Description of Benefits, on file with your employer, for a complete listing of benefits, maximums, exclusions and limitations.***

APPENDIX F  
ON-CALL PAY

DATE	WEEKEND RATE	HOLIDAY RATE
7/1/2015	\$237.74	\$135.85
1/1/2016	\$238.93	\$136.53
7/1/2016	\$242.52	\$138.58
1/1/2017	\$243.73	\$139.27
4/1/2017*	\$372.76	\$139.27
7/1/2017	\$378.35	\$141.36
1/1/2018	\$380.25	\$142.07
7/1/2018	\$387.85	\$144.91

\* constitutes start in change of weekend on-call per contract

A handwritten signature consisting of stylized initials "R" and "LW" enclosed in a circle.

APPENDIX G

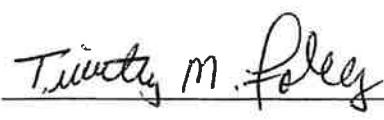
**Memorandum of Agreement**

The Town of Vernon (hereby the "Town") and WPCA Supervisors, Local 818 of Council 4 (hereby the "Union"), have come to the following agreements regarding the Collective Bargaining Agreement ("CBA") between the Town and Union effective July 1, 2015 through June 30, 2019:

1. All new employees hired after 7/1/2013 into the position of WPCA Foreman will require a State of Connecticut Department of Energy and Environmental Protection Wastewater Operator III certification. The present job description will be updated and approved by the Union, to reflect this change, and bring it into ADA compliance.
2. In recognition of the Operator III certificate, the Town agrees to provide WPCA Foremen in the CBA with an annual stipend of \$1,200. This stipend will be paid upon ratification, and in the future, annually on the second week of December.
3. In recognition of the Operator IV certificate, the Town agrees to provide WPCA Foremen in the CBA with an annual stipend of \$2,000. This stipend will be paid annually on the second week of December.
4. Current WPCA Foremen will be grandfathered and will not be required to obtain the Operator III certificate, but are encouraged to obtain same.
5. Current WPCA Foremen that are grandfathered in shall not be penalized in their annual evaluation by the Director of WPCA or his designee, for failure to obtain Operator III or IV certificates.



\_\_\_\_\_  
Michael Purcell, Town Administrator  
Date: 01/05/2018



\_\_\_\_\_  
Timothy Foley, President WPC Supervisors  
Date: 1/5/2018