

**AGREEMENT
BETWEEN
THE MANCHESTER BOARD OF EDUCATION
AND
AFSCME COUNCIL 4
LOCAL 818-49
MANCHESTER BOARD OF EDUCATION
BUILDING AND GROUNDS SUPERVISORS
COVERING THE PERIOD
JULY 1, 2025 THROUGH JUNE 30, 2029**

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**WORKING AGREEMENT
BETWEEN
THE MANCHESTER BOARD OF EDUCATION
AND
AFSCME COUNCIL 4, LOCAL 818-49**

This Agreement is entered into by and between the Manchester Board of Education, hereinafter referred to as the "Board," and AFSCME Council 4 Local 818-49, hereinafter referred to as the "Union."

**ARTICLE 1
RECOGNITION**

Section 1.0 The Board, acting through its Superintendent of Schools, recognizes the Union as the sole and exclusive bargaining agent for the purpose of collective bargaining on matters of wages, hours of employment, working conditions, grievances, and other conditions of employment for all Buildings and Grounds Supervisors and the Maintenance Technician Supervisor employed by the Manchester Board of Education, as more fully described in the certification in Case No. ME-18,030, dated June 21, 1996.

Section 1.1 As used in this Agreement, the term "the Board" shall mean the Manchester Board of Education or its designee(s).

Section 1.2 As used in this Agreement, the term "Superintendent" shall mean the Superintendent of Schools or the Superintendent's designee(s).

Section 1.3 Except as otherwise provided in this Agreement, the term "days" shall mean business days on which the Board's Central Office is open.

**ARTICLE 2
HOURS OF WORK**

Section 2.0 The regular work day for employees in the bargaining unit is eight (8) hours per day, excluding a thirty-minute lunch period. The regular work week for employees in the bargaining unit is forty (40) hours per week. However, given the supervisory nature of the positions in this bargaining unit, the parties acknowledge that the professional responsibilities will sometimes extend beyond the regular work day and regular work week.

Section 2.1 Employees are subject to being called in for work outside of their normal work hours based upon emergency and other business necessity. Employees will not be required to remain at work for any minimum number of hours when they are called in and will be permitted to return home when their duties have been completed.

All Buildings and Grounds Supervisors will rotate subject-to-call service on a regular, weekly basis. Subject-to-call service is from Monday at 6:00 a.m. through the following Monday at 6:00 a.m. If a change in rotation is required, it is the responsibility of the employee to work out replacement with notification to the Director of Operations and Athletics. Employees must be within reach at all times and must respond to all calls received during their subject-to-call rotations. Failure to respond during a subject-to-call rotation will subject the employee to disciplinary action.

ARTICLE 3

WAGES

Section 3.0 Wage scales and job classifications shall be negotiated and made part of this Agreement. A complete list of job descriptions shall be furnished to the Union.

Section 3.1 The Board agrees to cover the employees under the provisions of the Workers' Compensation Laws of Connecticut. The employee will not suffer loss of income if injured or absent because of job-related injury while they are receiving Workers' Compensation for up to six (6) months from the date of the injury. They will continue to receive their regular payroll checks, and in the event that compensation checks are sent directly to them, these checks will be signed over to the Board of Education.

Section 3.2 Employees shall receive longevity payments in recognition of their length of service on the following basis. Prior service as a regular, full-time Board of Education employee shall be included.

<u>YEARS OF SERVICE</u>	<u>AMOUNT ANNUALLY</u>
5 to 10 years	\$300
10 to 15 years	\$400
15 to 20 years	\$600
20 or more years	\$800

Longevity service increments will be paid as a lump sum on the payroll following employee's anniversary of hire. Employees hired on or after July 1, 2011, will not be eligible for longevity payments.

Section 3.3

All employees shall be paid by direct deposit.

ARTICLE 4

SENIORITY, PROBATION, PROMOTIONS, TRANSFERS

Section 4.0 Seniority shall commence upon the date that the employee begins as a full-time paid employee of this bargaining unit. The employee's earned seniority shall not be lost

because of absence due to illness, pregnancy, maternity leave, bereavement, jury duty, personal leave, or other authorized leave, or while eligible for recall. Seniority and seniority rights will not be accrued during unpaid leaves of absence or layoff, but such rights will not be lost by the employee because of such leave or, if recalled, because of such layoff.

Section 4.1 An employee's seniority and his employment shall terminate upon any of the following:

1. Resignation
2. Discharge for Just Cause
3. Retirement
4. Death
5. Expiration of Recall Rights

Section 4.2 Seniority will be used to determine vacation preference and layoffs in the event of a reduction in force. An employee whose position has been abolished may assume the position of a less senior employee provided he/she is qualified to perform the duties of that position.

Section 4.3 Probationary Period: Employees shall be considered probationary during their first ninety (90) calendar days of employment, provided the employee works at least sixty (60) days within said probationary period. Otherwise a new probationary period shall commence. During such probationary period, the employee shall not attain seniority rights under this Agreement, and such probationary employee will be subject to discharge by the Board, in its discretion, without access to the Grievance Procedure. At the successful completion of the probationary period, seniority shall be retroactive to the commencement of employment.

Section 4.4 In the event an employee is recalled within eighteen (18) months of being laid off, the employee's seniority shall be reinstated, except that no credit shall be given for the period of non-employment. An employee on layoff wishing to remain on the recall list shall apply in writing by certified mail to the office of the Superintendent/designee for retention of his/her name on or before June of each year subsequent to his/her layoff. Failure to comply with these recall provisions will signify the termination of all said employee's recall rights. Once the recall period expires, the employee shall have no rights and shall be considered terminated.

Section 4.5

- A. Notice of all bargaining unit vacancies to be filled and new positions shall be electronically mailed on a separate bulletin to employees. The posting shall remain open five (5) work days prior to any action taken by the Board to fill such vacancies and/or new positions. Employees wishing to fill such vacancies or new positions may personally, or through a Union official, submit their written request to the Personnel Office. Employees expressing a desire to fill the vacancy or new position and who were not selected for such assignment, in accordance with the provisions of this Agreement, may appeal the action through the Grievance Procedure.

Qualified Board employees will receive first consideration over applicants outside of Board employment. For internal candidates, the appointment will be made to the applicant determined by the Superintendent or his/her designee to be best qualified on an overall basis to perform the job. If the internal candidates have relatively equal qualifications, seniority shall govern.

- B. Copies of the job posting, a list of persons applying for the job and the name of the person appointed shall be sent to the Union President no later than seven (7) calendar days from appointment, unless there have been no applications submitted.
- C. Management and Union shall negotiate salaries and working conditions within the jurisdiction of the Union to the extent required under MERA.

Section 4.6 In the event of a layoff, the Union President shall be notified at least thirty (30) working days in advance of the effective date of the layoff. Notification shall include all details of the proposed layoff and shall allow an opportunity to negotiate the impact of the layoff on the workload of the remaining employees in the bargaining unit, in accordance with MERA.

ARTICLE 5

LEAVE PROVISIONS

Section 5.0 Each employee shall have credited to their account sick leave at current base pay of twelve (12) working days during each fiscal year, with a maximum accumulation of one hundred eighty-four (184) days. Each employee shall be entitled to use such sick leave with full pay as has accrued to his/her credit. Each employee shall be notified of his/her accumulated sick leave on each payroll check.

Section 5.1 In exceptional cases, the Superintendent or designee may grant additional sick leave with or without pay, provided that the Superintendent's or his designee's decision in one case shall not establish or be claimed as a precedent in any other case(s). Requests for such additional sick leave shall be in writing and be signed by the employee, if possible.

Section 5.2 Employees will receive no pay out of accumulated sick leave upon retirement.

Section 5.3 Each employee shall be granted leave with full pay for the following reasons:

- A. In the event of death in the immediate family of an employee, or the immediate family of his/her spouse, up to three (3) days of leave with pay shall be granted. Immediate family for purposes of this clause is defined as parents, grandparents, spouse, brother, sister, child, stepchild, grandchild, son-in-law, daughter-in-law, brother-in-law, sister-in-law, and any relative who is domiciled in the employee's household.
- B. Each employee shall be granted necessary time, with approval of his/her Supervisor, not to exceed in the aggregate a total of three (3) days per contract year

to fulfill the obligation of going to, attending, and returning from funerals of persons other than those covered under Section 5.3A.

- C. To attend previously approved professional conferences or take courses of study which will contribute to, or increase the employee's knowledge with regard to betterment of the public service. Such approvals will be granted only where budgetary provisions have been made for the above-mentioned purposes.
- D. Any employee called to jury duty shall be paid the difference between the employee's regular rate of pay and the fee received from serving as a juror. No employee shall receive more compensation than normally would have been received had he not served jury duty. An employee called to jury duty shall furnish the Board with a Notice to Serve immediately upon receipt. The employee shall return to work on the following day he/she is released from jury duty.
- E. A maximum of five (5) personal days per year may be used for the following reasons:
 - 1. For attendance at weddings in the employee's immediate family or immediate circle of friends, with at least 48 hours advance notice and the permission of the employee's supervisor.
 - 2. For attendance at the graduation of someone in the employee's immediate family with at least 48 hours advance notice and the permission of the Superintendent or his/her designee.
 - 3. Any personal emergency reason which cannot be conducted outside working hours.

Section 5.4 Union Leave

- A. One (1) Union official may be designated on behalf of the bargaining unit to process grievances and other labor relations issues, and such member and grievant(s) shall be granted leave of duty with full pay for a reasonable period while engaged in processing said grievance, at each step of the procedure through arbitration.
- B. One (1) member of the Union may be granted a reasonable leave of absence from duty with pay not to exceed a total of ten (10) days a year to attend conventions or other Union business, but said employee shall not be granted or entitled to reimbursement by the Board for any expenses incurred in travel or otherwise. At least three (3) days written notice shall be required. This leave shall be non-cumulative.
- C. During contract negotiations, the Union shall have the right to have two (2) bargaining unit members of its negotiating committee present for all meetings.

When such meetings take place during scheduled work hours, the member shall suffer no loss of pay.

Section 5.5 Leave of absence without pay may be granted by the Superintendent for not longer than one (1) year. Requests for such leave shall be made in writing and shall include a statement of the reasons therefore and of the length of leave requested. Following such leave, the employee shall return to the position held at the time of said leave. Action by the Superintendent with respect to one leave request will neither establish nor be claimed as a precedent or practice for other request. Seniority shall not continue to accrue during any unpaid leave of absence.

Section 5.6

- A. No employee shall lose any seniority standing because of any military service including service in the National Guard or organized reserves.
- B. On return from military service, an employee shall be reinstated in his/her former job or one of like rank and pay including any increase granted during his/her absence on military service provided that he/she reports for duty within ninety (90) calendar days of his/her discharge from military service.

Section 5.7 The employee's accumulation of sick leave, upon leaving for military service or leave without pay, shall be retained to his/her credit when he/she returns.

Section 5.8 Pregnancy Disability Leave: Any employee who becomes pregnant is requested to notify the administration in writing at least four (4) months prior to the expected date of delivery. Leave shall begin when, in the opinion of her doctor, the employee is no longer physically able to work and will end when, in the opinion of her doctor, the employee is physically able to return to work. Any disability resulting from pregnancy shall be considered sickness for the purpose of this Agreement. Except in the case of unusual medical difficulties, leave is not expected to continue more than six (6) to eight (8) weeks after delivery. It is understood that employees disabled under the provisions of this Article shall return to the school system at the end of said disability. The Board of Education will comply with all Family Medical Leave Act (F.M.L.A.) provisions.

Section 5.9 During periods of leave without pay, except for military leave and FMLA leave, the employee shall not continue to accrue seniority credit and shall not be credited with time for the purpose of accruing sick leave or vacation leave.

- A. Any Employee who is on a leave of absence without pay shall not be paid for any leave benefits during the period of absence and shall not accumulate vacation time or other leave benefits during the leave period. Any vacation time due an employee at the time of taking a leave of absence without pay may be paid at that time. Authorized leaves of absence for one month or less will not be used as a basis for reducing employees' benefits.

Section 5.10 Accumulated sick time of employees will be listed on the employee's pay check.

Section 5.11 Sick Leave Bank

- A. The Sick Leave Bank is for the purpose of assisting employees who, as a result of catastrophic or extended illness or injury, have exhausted their accumulated sick leave.

A catastrophic or extended illness or injury is life threatening or very severe and typically will require an inpatient hospital stay or stay in a residential medical care facility or hospice. A catastrophic or extended illness or injury may occur suddenly without warning or after a period of illness that is long term due to the medical condition and can have serious, long-term effects on the individual.

The Sick Leave Committee shall consist of two (2) representatives designated by the Union and two (2) representatives designated by the Superintendent.

B. Donations to the Sick Leave Bank

1. Employees may contribute up to two (2) sick leave days annually to the Sick Leave Bank. However, for any year in which the total number of sick days in the Sick Leave Bank falls below one hundred (100) days employees, may contribute up to three (3) days.
2. Days contributed will not be returned to the donating employees.

C. Eligibility for Sick Leave Bank Days

In order to be eligible to receive days from the Sick Leave Bank, an employee must meet the following criteria:

1. The employee or an immediate family member must have a catastrophic or extended illness or injury, verified by the Sick Leave Committee. The Sick Leave Committee may require medical or other information to facilitate its ability to verify the employee's or immediate family member's illness or injury.
2. Such catastrophic or extended illness or injury must have caused the employee to exhaust all of his/her accumulated sick leave days.
3. The employee must have contributed at least one (1) day by September 30 of the contract year in which the employee applies for days from the Sick Leave Bank. Such contribution is timely until the following September 29.

D. Procedure Regarding Requests for Sick Leave Bank Days

1. The eligible employee, as determined by the above criteria, must submit a letter to the Sick Leave Committee explaining how the employee or immediate family member meets the eligibility criteria and requesting a specified number of days from the Sick Leave Bank (not to exceed 30 days).
2. The Sick Leave Committee shall, within fifteen (15) days of receipt of the letter, render a decision regarding the request for Sick Leave Bank days. In the event of a tie vote, the Superintendent shall determine whether Sick Leave Bank days should be granted to the employee.
3. If the employee's (or immediate family member's) catastrophic or extended illness or injury extends beyond the number of Sick Leave Bank days granted, the employee may apply for additional days. The cumulative grant of Sick Leave Bank days over the course of an employee's total employment with the Board shall not exceed ninety (90) Sick Leave Bank days. However, in extraordinary circumstances, the Sick Leave Bank Committee may consider an employee's request to exceed the 90-day maximum. Any such request shall be subject to the approval of the Superintendent.
4. Unused granted days will be returned to the Sick Leave Bank at the end of the employee's leave.
5. The decisions of the Sick Leave Committee are final and are not subject to the grievance procedure.
6. The Sick Leave Committee shall be responsible for keeping records regarding contributions to and withdrawals from the Sick Leave Bank and shall advise the Union and the Superintendent/designee of the number of days contributed by individual staff members.
7. The Superintendent or his/her designee shall adjust records to reflect transfer of days between individual employees and the Sick Leave Bank.
8. The Union agrees to save the Sick Leave Committee and the Board of Education and all of its members, employees and/or agents harmless from any and all claims, lawsuits, damages, attorneys' fees and/or liability of any kind arising out of the operation of the Sick Leave Bank.

ARTICLE 6
HOLIDAYS

Section 6.0 The following holidays shall be observed as days off with full pay:

New Year's Day	Juneteenth	Thanksgiving Day
Martin Luther King Day	Independence Day	Day after Thanksgiving
President's Day	Labor Day (if schools have been made ready for the opening of school)	Christmas Day Plus One Additional Day Before or After Christmas Day (as designated by the Board after consultation with the Union President)
Good Friday	Indigenous People's Day	
Memorial Day	Veterans' Day	

In the event that school is in session on any of the holidays set forth above, each employee shall be provided with a floating holiday in lieu of that holiday, to be scheduled by mutual agreement between the employee and the employee's supervisor.

Section 6.1

- A. Holidays occurring on Saturday will be observed on the preceding Friday if there is no school on said Friday. If school is in session, the employees shall be granted a day off at a time mutually agreeable.
- B. Holidays occurring on Sunday will be observed on the following day if there is no school on said Monday. If school is in session, the employees shall be granted a day off at a time mutually agreeable.

Section 6.2 Whenever any of these holidays shall occur during the paid vacation of an employee, he/she shall be entitled to that holiday with pay and shall not have a vacation day charged to vacation records.

Section 6.3 Whenever any of these holidays shall occur while an employee is out on paid sick leave, he/she shall be entitled to that holiday with pay and shall not be charged a sick day for that day, provided that a doctor's note verifying the sickness has been presented.

ARTICLE 7 **VACATIONS**

Section 7.0 Employees shall be entitled to vacation with full pay on the following basis:

- A. An employee with less than one (1) year of service shall be entitled to one (1) vacation day for each month of service, except that they shall not be entitled to any vacation until after two (2) complete months of service.

- B. Employees who have completed one (1) year of service shall be entitled to a vacation with pay of ten (10) working days annually.
- C. Employees hired prior to July 1, 2017 who are in their fifth (5th) year of service shall be entitled to vacation with pay of twenty (20) working days annually. Employees hired on or after July 1, 2017 who have completed five (5) years of service shall be entitled to vacation with pay of fifteen (15) working days annually.
- D. Employees hired on or after July 1, 2017 who have completed ten (10) years of service shall be entitled to vacation with pay of twenty (20) working days annually.
- E. For the purposes of Section 7.0, years of service shall include an employee's prior continuous years of service as an employee of the Board in any position of employment by the Board. Additionally, an employee's "date of hire" shall mean the original date of hire for such continuous service in any position of employment with the Board.

Section 7.1 The employee's anniversary date of employment will be used to determine the amount of vacation time due. Employees must take all vacation time earned or two (2) weeks, whichever is less, during the year following the anniversary date on which it is earned. Any additional earned vacation time may be carried over from one vacation year to the next, up to a maximum accumulation of three (3) weeks.

For the purposes of computing vacation time, the school year (July 1 through June 30) will be used.

Section 7.2

- A. Vacation days may be taken consecutively or otherwise.
- B. Employees shall submit written vacation requests as far in advance of the vacation as possible. Whenever there shall be a conflict in requested vacation dates, preference shall be given to the employees according to their seniority within this bargaining unit. All vacations must be approved in advance by the Director of Operations and Athletics.

Section 7.3 Any additional vacation due an employee the first year after qualifying for such additional vacation may be taken immediately upon qualifying.

Section 7.4 An employee, upon retirement after ten (10) years of service with the Board in this bargaining unit, shall be entitled to full pay for any vacation time due him/her including pro-rata time to date of retirement. In the event of an employee's death, such payment shall be made to his/her dependent survivor, beneficiary, or estate if there is no dependent survivor.

ARTICLE 8
INSURANCE AND PENSION

Section 8.0

- A. Bargaining unit employees may participate in the following HSA Plan. The HSA Plan shall be the sole plan offered to employees in the bargaining unit.

	In-Network	Out-of-Network
Annual Deductible (individual/aggregate family)	\$2,000/4,000	
Co-insurance	N/A	20% after deductible up to co-insurance maximum
Co-insurance Maximum (individual/aggregate family)	N/A	\$3,000/\$6,000
Cost Share Maximum (individual/aggregate family)	\$5,000/10,000	
Lifetime Maximum	Unlimited	
Preventive Care	Deductible not applicable	20% co-insurance after deductible, subject to co- insurance limits
Prescription Drug Coverage	Treated as any other medical expense, subject to post-deductible drug co-payments as set forth below.	

Following exhaustion of the deductible, prescription drugs shall be subject to post-deductible co-payments of \$10/25/40 (retail), and a two times co-payment for mail order.

For each eligible employee, the Board will contribute the following amounts into the employee's HSA, as applicable:

	2025-26	2026-27	2027-28	2028-29
Individual Coverage	\$1,000	\$800	\$800	\$800
Family Coverage	\$2,000	\$1,600	\$1,600	\$1,600

For each contract year, one-half of the Board's contribution toward the HSA plan deductible will be deposited into the HSA accounts in September, and the remaining one-half of the Board's contribution will be deposited into the HSA accounts in January. The Board's contribution toward the funding of the deductible shall not be deemed an element of the underlying insurance plan. Rather, the Board's contribution

toward the funding of the deductible shall relate solely to the manner in which the deductible shall be funded for actively employed buildings and grounds supervisors. The Board shall have no obligation to fund any portion of the deductible for retirees or other individuals upon their separation from employment.

Health Reimbursement Account: A Health Reimbursement Account (“HRA”) shall be made available for any employee who is precluded from participating in a Health Savings Account (“HSA”) because the employee receives Medicare and/or veterans’ benefits. The annual maximum reimbursement by the Board for employees participating in the HRA shall not exceed the dollar amount of the Board’s annual HSA contribution for employees enrolled in the HSA. The Board shall have no responsibility for any administrative and/or monthly costs associated with the set-up and/or administration of the HRA.

Premium Contributions: Eligible employees shall contribute the following premium contributions for the cost of health insurance and ~~basic~~ dental coverage:

Effective July 1, 2025	Effective July 1, 2026	Effective July 1, 2027	Effective July 1, 2028
17.0%	18.0%	19.0%	20.0%

- C. The Board shall provide an Enhanced Full Service Dental Plan, including dependent coverage to age 26.
- D. The Board shall have the right to self-insure for any of the insurance benefits described in this Article and/or to change administrators/carriers/plans for any of the insurance benefits, provided that the overall level of benefits (including the provider network) remains substantially equivalent to the overall level of benefits in effect immediately preceding any such change. The Superintendent shall give notice to the Union of the intention to make a change, simultaneous to his/her receipt of notice from the Town of Manchester but in no event shall the notice be less than 15 days.

If the Union disapproves of any change pursuant to the written statement noted above, it may submit the issue to arbitration within fifteen (15) calendar days of receipt of notice from the Superintendent that the Board intends to implement the new plan. Arbitration in accordance with the rules of the American Arbitration Association will be the exclusive method for deciding the above issue.

- E. Life Insurance and an ADD policy in the amount of one hundred thousand dollars (\$100,000).

Section 8.1 Bargaining unit members will be covered by applicable provisions of the Town of Manchester Defined Benefit Pension Plan in accordance with its terms. The percent of contribution is 6.4%. This shall also be inclusive of the combo “rule of 80” (combination of

age years and years of service) retirement provisions which will enable employees to retire without reduction and will count as a normal retirement under the plan.

Employees hired on/after July 1, 2011 will only be eligible for the Town of Manchester Defined Contribution Plan. The percent of contribution is 6%.

Section 8.2 Pursuant to Connecticut State Board of Labor Relations decisions, the Union shall be entitled to give notice to the Town to negotiate concerning pension issues.

Section 8.3 Retiree Insurance

The provisions set forth in Sections A, B and C below shall apply only to employees appointed to a position in this bargaining unit prior to July 1, 2025. Employees appointed to a position in this bargaining unit after July 1, 2025 shall not be eligible for the benefits set forth in Sections A, B and C below.

- A. Employees hired by the Board on or after July 1, 1998, and who retire under the Town pension plan shall be provided the same health insurance benefits as active employees and shall pay the full cost of these benefits.
- B. In order to receive health insurance benefits after retirement as provided above, the employees must have a minimum of fifteen (15) years of service in the Manchester Public Schools as an employee of the Board prior to their retirement under the Town pension plan. For employees who receive a disability retirement, the minimum years of service provision shall be waived.
- C. When a Supervisor retires under paragraph "A" above and they become eligible for Medicare, they shall be provided a Medicare Advantage plan for which the retiree must pay 100% of the premium.

Section 8.4 Upon the death of an employee, the Board shall afford the surviving spouse (and any dependent children under the age of 26) the opportunity to purchase insurance at the same rate as active employees for three (3) full calendar months after the employee's death. Thereafter, the surviving spouse (and any dependent children under the age of 26) will be entitled to benefits under COBRA for the statutory period.

ARTICLE 9

SAFETY & HEALTH

Section 9.0 The President of the Union shall designate an employee to serve on the Board Safety Committee.

Section 9.1 The Board will provide employees who work outside in inclement weather foul weather gear, i.e, rain coats or rain suits, rain hats, boots, gloves, etc., for their care and maintenance. These items are not for personal use.

Section 9.2 The Board shall provide, free of charge to employees, medical injections for the prevention and treatment of contagious diseases such as flu, tetanus, and hepatitis, etc., as may be approved by the Board's medical advisor.

Section 9.3 The Board shall supply safety shoes, or supply a payment therefore, and safety glasses, including prescription glasses when required, for all members of the Bargaining Unit whose duties require them to wear such safety equipment.

Section 9.4 Employees shall wear shirts designated by the Board. The Board will designate shirt options (through a vendor designated by the Board). The Board will provide employees with ten (10) shirts up front, and up to three (3) replacement shirts per year. The Board will pay the vendor directly for the shirts.

ARTICLE 10

DISCIPLINARY PROCEDURE

Section 10.0

A. All disciplinary actions shall be for just cause.

B. Disciplinary action shall include:

1. A verbal warning;
2. Written warning;
3. Suspension without pay; and
4. Discharge,

and shall normally follow this order. The Superintendent or his/her designee reserves the right to deviate from the above procedure in appropriate cases.

C. Whenever any such action is taken, the Superintendent shall, at the time of suspension or discharge, furnish the President of the Union, in writing, a statement of the reasons for such action and the period of time for which any such suspension is to be effective.

D. Any disciplinary action or measure imposed upon an employee may be processed as a grievance through the grievance procedure.

E. Upon the written request of an employee, verbal and/or written warnings issued to the employee shall be cleared after three (3) years, provided that no disciplinary action has been imposed upon the employee during such three-year period.

F. If the employer has reason to reprimand an employee, it shall be done in a manner that will not embarrass the employee before other employees or in public.

ARTICLE 11

UNION DUES

Section 11.0 The Board agrees to deduct from the pay of all its employees, who voluntarily authorize in writing such deductions from their wages, such membership dues and reinstatement fees as may be fixed by the Union. The employee shall notify the Union if the employee wishes to cease such deductions, and the Union shall so notify the Board. The Union agrees to hold the Board harmless from all costs (including attorneys' fees), liabilities, and damages arising from the application or enforcement of this Article.

Section 11.1 The deduction for any month will be made during each pay period of said month and shall be remitted to the Financial Officer of the Union not later than the last day of said month. The monthly remittances to the Union will be accompanied with a list of names of employees from whose wages such deductions have been made and the amount deducted from each employee.

Section 11.2 During the term of this Agreement, the Board shall furnish the Union upon request with an up-to-date list of bargaining unit employees. When a new employee is hired, the Board shall notify the Union and furnish the Union with the name, date of employment, position and rate of pay of the new employee. When the employment of an employee terminates, the Board shall notify the Union and furnish the name and date of termination of the employee.

Section 11.3 All new hires within fifteen (15) working days of their first day of work shall be released from work for up to one (1) hour without loss of pay to attend a Union orientation. Management shall not be present during the Union's orientation.

ARTICLE 12

MANAGEMENT RIGHTS

Section 12.0 Except where such rights, powers and authority are specifically relinquished, abridged, or limited by the provisions of this Agreement, the Board has and will continue to retain, whether exercised or not, all of the rights, power and authority held by the Board before the negotiating and signing of this contract, and except where such rights, powers, and authority are specifically relinquished, abridged, or limited by the provisions of this Agreement, it shall have the sole and unquestioned right, responsibility, and prerogative of management of the affairs of the Board and direction of the working force:

- A. To determine the care, maintenance, and operation of equipment and property used for and on behalf of the purposes of the Board.
- B. To establish or continue policies, practices, and procedures for the conduct of Board business and, from time to time, to change or abolish such policies, practices, or

procedures. However, where such policies, practices, or procedures impact wages, hours or conditions of employment, the Board shall notify the Union and offer to negotiate regarding such changes to the extent required by the MERA.

- C. To establish or discontinue positions, classifications, processes or operations.
- D. To select and to determine the number and types of employees required.
- E. To employ, transfer, promote, or demote employees, or to lay-off, terminate, or otherwise relieve employees from duty for lack of work or other legitimate reasons when it shall be in the best interest of the Board or the Department.
- F. To prescribe and enforce rules and regulations for the maintenance of discipline and for the performance of work in accordance with the requirements of the Board, provided such rules and regulations which impact wages, hours or conditions of employment have been furnished to the Union and the Union has been given an opportunity to negotiate such rules and regulations to the extent required by MERA.
- G. To ensure that incidental duties connected with any department operations shall be performed by employees.

ARTICLE 13

SAVINGS CLAUSE

Section 13.0 Should any Article, Section, or portion thereof of this Agreement be held unlawful and unenforceable by any court of competent jurisdiction, such decision of the court shall apply only to the specific Article, Section, or portion thereof directly specified in the decision. Upon the issuance of such a decision, the parties agree immediately to negotiate a substitute for the invalidated Article, Section or portion thereof.

ARTICLE 14

GRIEVANCE PROCEDURE

Section 14.0 The Superintendent or his/her designee and the Union shall meet periodically at a time mutually convenient for the purpose of discussing matters of mutual interest, performance of work, employee behavior, and working conditions with the intent to avoid the necessity of individual recourse to the formal grievance procedure and to generally promote a satisfactory relationship.

Section 14.1 The purpose of this procedure is to provide an orderly method for adjusting grievances. Grievances arising out of matters covered by this Agreement and disputes and consultations on any questions arising out of employer-employee relationships will be processed in the following manner:

Step 1 – The aggrieved employee and/or his/her Union Steward shall take up the grievance or dispute with the employee's immediate superior. The immediate superior shall adjust the matter at once, or notify the employee and his/her Steward of his/her decision within five (5) days from the date the matter is presented. If the grievance is presented in writing at Step 1, the response shall be written.

Step 2 – If the matter has not been settled, it may be presented in writing (such presentation must be made within fifteen (15) days of receipt of the Step 1 response) by the Steward and/or the President of the Union to the Superintendent. The Superintendent shall, within ten (10) days from the date the matter is submitted to him/her, arrange a meeting with all those concerned to review the facts, and notify the employee, the President of the Union, and AFSCME Council 4 of his decision in writing, within ten (10) days after the date of the meeting.

Step 3 – If the matter is still unsettled, the parties may present the grievance in writing (such presentation must be made within fifteen (15) days of receipt of the Step 2 response) to the Board of Education. Each party reserves the right, however, to waive this step of the grievance procedure and proceed to Arbitration. The Board of Education or designated committee of the Board of Education shall review the grievance within thirty (30) days after its submission to the Board, and shall afford the parties an opportunity to present their positions on the grievance. The Board of Education or its designated committee, as the case may be, shall issue a decision concerning the grievance in writing within ten (10) days after the date it was presented to the Board of Education.

Arbitration

1. If the union is not satisfied with the decision of the Board at Step 3 and the union wishes to proceed to arbitration, a written notice of the union's intention to submit the grievance to arbitration must be submitted to the Superintendent within twenty (20) days after the Step Three decision has been rendered.
2. The Board shall have the option to select either the Connecticut State Board of Mediation and Arbitration or the American Arbitration Association to hear the grievance. If the Board wishes to select the American Arbitration Association to hear the grievance, it shall so notify the Union, in writing, within ten (10) days of receipt of the Union's written notice of intent to proceed to arbitration. In the event that the Board does not so notify the Union within such time period, the Board shall thereby waive its right to select the American Arbitration Association to hear the grievance. Not later than ten (10) days after receipt of notice from the Board designating its selection of an arbitration agency, or, in the event no such notice is received, within ten (10) days after the period for providing such notice has expired, the Union shall file for arbitration with the appropriate arbitration agency, with a copy to the Superintendent of Schools or his/her designee.

3. The parties shall share the SBMA arbitration filing fee equally. In the event that a grievance is processed to arbitration through the American Arbitration Association, the Board shall pay the filing fees and the arbitrator's per diem fees.

4. Arbitration proceedings shall be conducted in accordance with the rules of the American Arbitration Association or State Board Mediation and Arbitration, as applicable. The arbitrator shall have no authority to add to, delete from or otherwise modify any portion of this Agreement. The decision of the Arbitrator(s) shall be final, except as otherwise provided by law.

Section 14.2 Failure of the employee, the Board or the Union to insist upon compliance with any provision of this Agreement at any given time or times under any given set or sets of circumstance shall not operate to waive or modify such provision, or in any manner whatsoever to render it unenforceable, as to any other time or times or as to any other occurrence or occurrences, whether the circumstances are, or are not, the same.

Section 14.3 No grievance may be filed more than twenty (20) days after the employee knew or should have known of the event giving rise to the grievance.

ARTICLE 15

GENERAL PROVISIONS

Section 15.0 Employees are allowed a meal allowance of ten dollars (\$10.00) when required by the Board to work at least three (3) hours beyond their regular schedule.

Section 15.1 It is understood that the supervisors shall continue to serve under the direction of the Superintendent of Schools or his/her designee(s) and in accordance with Board and administrative policies, rules and regulations, provided that the provisions of this agreement shall supersede and prevail over any conflicting provisions.

Section 15.2

- A. Board may require evidence that medical attention was obtained by employees who are absent for five (5) or more consecutive work days or who exhibit a pattern of habitual absenteeism. Employees should be prepared to present such medical documentation. The Board of Education may require an employee to undergo a physical examination at Board expense.
- B. The Board of Education will require employees hired into this bargaining unit to undergo a physical examination prior to or at the time of such hire.

Section 15.3 There shall be no alteration, variation or amendment of the terms and conditions of this Agreement, unless made and agreed to in writing by both parties. Any agreement must be approved by the Union membership and the Board of Education in order to become effective.

Section 15.4 If there is any previously adopted policy, rule, or regulation of the Board which is in conflict with any provision of the Agreement, said Agreement provision shall prevail during the term of this Agreement.

Section 15.5 The Union's business representative shall be permitted to visit specific job sites where bargaining unit members are employed. Notice is first given to the Superintendent or his/her designee, and such visits are to be at normal business hours and not interfere with the operation of the department.

Section 15.6 Any employee who is required by law or the Board to attend any training or conferences shall be reimbursed for enrollment fees, meals (where applicable), travel, and lodging (where applicable) in accordance with current Board policy.

Section 15.7 Credit Union payroll deductions shall be made for those employees who desire to be members of an available Credit Union.

Section 15.8 At least one (1) bulletin board or space on a bulletin board shall be placed, in an accessible place for the use of the Union for the posting of official Union notices or announcements.

Section 15.9 The Board will provide each employee with a copy of this Agreement within thirty (30) days after the date of the signing of this Agreement. New employees will be provided with a copy of this Agreement at the time of hire.

Section 15.10 All members of this bargaining unit who supervise one or more employees shall be provided with training concerning supervisory responsibilities and human rights and opportunities law.

Section 15.11 Any complaint made against a supervisor or person from whom he is administratively responsible for, shall promptly be called to the attention of the supervisor. No unsubstantiated complaint shall be placed in the employee's file. Employees shall be given copies of any complaint.

Section 15.12 Bargaining unit work should be performed by members of the unit.

Section 15.13 Evaluations: Employees of the bargaining unit shall be subject to annual evaluations.

Section 15.14 Vehicle Usage:

- A. The Union acknowledges the Board's right to require Buildings and Grounds Supervisors to drive Board vehicles to and from work, based on their roles as emergency responders. The Board's provision of such vehicles shall be subject to all applicable IRS rules, including compliance with the applicable IRS rules

regarding imputed income to such employees. In accordance with IRS rules, such vehicles shall not be used for personal use.

- B. Any employee who is required to use his/her personal automobile (excluding the employee's commute to and from work) will be reimbursed at the applicable IRS rate.

ARTICLE 16

WEARING APPAREL/REPLACEMENT

Section 16.0 The Board will reimburse employees in an amount not to exceed \$400, for eyeglasses broken on the job due to job conditions. Employees must submit receipts verifying such expenses in order to be eligible for reimbursement. In the event that an employee's eyeglasses are broken due to the employee's misconduct, the employee shall not be eligible for reimbursement.

ARTICLE 17

EDUCATION REIMBURSEMENT

Section 17.0 The Board of Education will reimburse employees for 85% of the tuition and lab fees for courses taken to enhance job skills, provided that the employee earns a passing grade. These courses must have prior administrative approval and be limited to one (1) per semester.

ARTICLE 18

DURATION

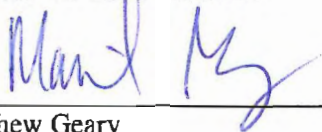
Section 18.0 This agreement shall become effective on July 1, 2025 and shall remain in effect through June 30, 2029. The parties shall provide notice to re-negotiate the terms of this Agreement pursuant to the Municipal Employee Relations Act (MERA).

IN WITNESS WHEREOF, the parties hereto have set their hands this

September, 2025.

11th day of

FOR MANCHESTER
BOARD OF EDUCATION



Matthew Geary
Superintendent of Schools

FOR LOCAL 818-49 OF COUNCIL 4
AFSCME, AFL-CIO



David Grande
Union President Local 818-49



Cherlyn Poindexter
Council 4 AFSCME

APPENDIX I
SALARIES

	2025-26*	2026-27	2027-28	2028-29
Buildings and Grounds Supervisor	\$113,000	\$116,390	\$119,882	\$123,478
Maintenance Technician Supervisor	\$113,000	\$116,390	\$119,882	\$123,478

*Retroactive to July 1, 2025.

Employees hired after the signing of this contract into any one of the bargaining unit positions will receive the stated salary, less six percent (6%), for the probationary period. At the end of the probationary period, the employee will receive the stated salary, less five percent (5%), until the completion of one-year of service. Upon completion of one-year of service, the employee will receive the stated salary.

APPENDIX II
INSURANCE

SUMMARY OF BENEFITS



Cigna Health and Life Insurance Co.
For - Manchester Town and Board of Education
Choice Fund Open Access Plus HSA Plan
Open Access Plus HSA BOE OAP38/39 - 2K/4K Active
Effective - 07/01/2020

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

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

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

Employer Contribution - BOE contribution is prorated based on the date of enrollment

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

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Coinsurance	Your plan pays 100%	Your plan pays 80%
Maximum Reimbursable Charge	Not Applicable	300%
Contract Year 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 towards both your in-network and out-of-network deductibles. - Plan deductible always applies before any copay or coinsurance. - Plan deductible does not apply to in-network preventive services. - All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied. - This plan includes a combined Medical/Pharmacy plan deductible.		
Note: Services where plan deductible applies are noted with a caret (^).		

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Plan Highlights		In-Network	Out-of-Network
Contract Year Out-of-Pocket Maximum		Individual - Employee Only: \$5,000 Individual - within a Family: \$5,000 Family Maximum: \$10,000	Individual - Employee Only: \$5,000 Individual - within a Family: \$5,000 Family Maximum: \$10,000
- The amount you pay for all covered expenses counts towards both your in-network and out-of-network out-of-pocket maximums. - Plan deductible contributes towards your out-of-pocket maximum. - All copays and benefit deductibles contribute towards your out-of-pocket maximum. - Mental Health and Substance Use Disorder covered expenses contribute towards your out-of-pocket maximum. - After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses. - This plan includes a combined Medical/Pharmacy out-of-pocket maximum.			
Benefit		In-Network	Out-of-Network
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.			
Physician Services - Office Visits			
Physician Office Visit – Primary Care Physician (PCP)/Specialist		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Surgery Performed in Physician's Office		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Treatment/Injections Performed in Physician's Office		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Allergy Serum		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Dispensed by the physician in the office			
Cigna Telehealth Connection Services		After the plan deductible is met, your plan pays 100%	Not Covered
Includes charges for the delivery of medical and health-related consultations via secure telecommunications technologies, telephones and internet only when delivered by contracted medical telehealth providers (see details on myCigna.com)			
Preventive Care			
Preventive Care		Plan pays 100%	After the plan deductible is met, your plan pays 80%
Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests, supplementing the standard Preventive Care benefit when billed as part of office visit.			
Immunizations		Plan pays 100%	After the plan deductible is met, your plan pays 80%
Mammogram, PAP, and PSA Tests		Plan pays 100%	Coverage varies based on Place of Service
- Coverage includes the associated Preventive Outpatient Professional Services. - Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service.			

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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.		
Inpatient		
Inpatient Hospital Facility Services	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Semi-Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Private Room: In-Network: Limited to the semi-private negotiated rate / Out-of-Network: Limited to semi-private rate Special Care Units (Intensive Care Unit (ICU), Critical Care Unit (CCU)): In-Network: Limited to the negotiated rate / Out-of-Network: Limited to ICU/CCU daily room rate		
Inpatient Hospital Physician's Visit/Consultation	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Inpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient		
Outpatient Facility Services	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient Professional Services • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient Therapy Services - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Outpatient Therapy Services - Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Contract Year Maximums: • Pulmonary Rehabilitation, Cognitive Therapy, Physical Therapy, Speech Therapy, Occupational Therapy and Chiropractic Care – 60 days • Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.		
Cardiac Rehabilitation - PCP	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Cardiac Rehabilitation - Specialist	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Contract Year Maximum: • Cardiac Rehabilitation – 36 days		
Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.		

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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.		
Other Health Care Facilities/Services		
Home Health Care (includes outpatient private duty nursing subject to medical necessity) - Unlimited days maximum per Contract Year 16 hour maximum per day	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities 180 days maximum per Contract Year	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Durable Medical Equipment Unlimited maximum per Contract Year	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Breast Feeding Equipment and Supplies - Limited to the rental of one breast pump per birth as ordered or prescribed by a physician - Includes related supplies	Your plan pays 100%	After the plan deductible is met, your plan pays 80%
External Prosthetic Appliances (EPA) Unlimited maximum per Contract Year	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Nutritional Formula Birth to 12 years of age	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Foot Disorders Note: Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.	Not Covered	Not Covered
Acupuncture 20 days maximum per Contract Year	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Hearing Aid \$1,000 maximum per Contract Year - Includes testing and fitting of hearing aid devices at Physician Office Visit cost share. - Coverage through age 12	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Hearing Exam 1 exam per every two Contract Years	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Wigs Maximum of \$350 per wig per Contract Year	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%
Routine Eye Care Eye exam once every 24 months	After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%

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Benefit		In-Network	Out-of-Network					
Note: Services where plan deductible applies are noted with a caret (^). Plan deductible always applies before benefit copays/deductibles.								
Medical Specialty Drugs								
Inpatient This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges.		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%					
Outpatient Facility Services This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges.		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%					
Physician's Office This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges.		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%					
Home This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges.		After the plan deductible is met, your plan pays 100%	After the plan deductible is met, your plan pays 80%					
Place of Service - your plan pays based on where you receive services								
Note: Services where plan deductible applies are noted with a caret (^).								
Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Laboratory	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 100% ^	Plan pays 80% ^
Radiology	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Plan pays 100% ^	Plan pays 80% ^

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

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

Benefit	Physician's Office		Independent Lab		Emergency Room/ Urgent Care Facility		Outpatient Facility	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Advanced Radiology Imaging	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Not Applicable	Not Applicable	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Emergency Room/Urgent Care Services	Covered same as plan's Outpatient Facility Services	Covered same as plan's Outpatient Facility Services

Advanced Radiology Imaging (ARI) includes MRI, MRA, CAT Scan, PET Scan, etc.

- Non-participating laboratory is to be processed in-network and is only covered if Medically Necessary.

Note: All lab and x-ray services, including ARI, provided at Inpatient Hospital are covered under Inpatient Hospital benefit

Benefit	Emergency Room / Urgent Care Facility		Outpatient Professional Services		*Ambulance	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Plan pays 100% ^		Plan pays 100% ^		Plan pays 100% ^	
Urgent Care	Plan pays 100% ^		Plan pays 100% ^		Not Applicable*	

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

Benefit	Inpatient Hospital and Other Health Care Facilities		Outpatient Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Bereavement Counseling	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^

Note: Services provided as part of Hospice Care Program

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

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Benefit	Physician's Office		Inpatient Facility		Outpatient Facility		Inpatient Professional Services		Outpatient Professional Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Abortion (Elective and non-elective procedures)	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Family Planning - Men's Services	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Includes surgical services, such as vasectomy (excludes reversals)										
Family Planning - Women's Services	Plan pays 100%	Covered same as plan's Physician's Office Services	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Plan pays 80% ^	Plan pays 100%	Covered same as plan's Inpatient Professional Services	Plan pays 100%	Covered same as plan's Outpatient Professional Services
Includes surgical services, such as tubal ligation (excludes reversals) Contraceptive devices as ordered or prescribed by a physician.										
Infertility	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services	Covered same as plan's Outpatient Professional Services	Covered same as plan's Outpatient Professional Services
Infertility covered services: lab and radiology test, counseling, surgical treatment, includes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc. Unlimited maximum per lifetime										

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Benefit	Inpatient Hospital Facility			Inpatient Professional Services		
	Cigna LifeSOURCE Transplant Network ® Facility In-Network	Non-LifeSOURCE Facility In-Network	Out-of-Network	Cigna LifeSOURCE Transplant Network ® Facility In-Network	Non-LifeSOURCE Facility In-Network	Out-of-Network
Organ Transplants	Plan pays 100% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Covered same as plan's Inpatient Professional Services	Covered same as plan's Inpatient Professional Services
Travel Lifetime Maximum - Cigna LifeSOURCE Transplant Network® Facility: In-Network: After the plan deductible is met, \$10,000 maximum per Transplant per Lifetime						
Benefit	Inpatient		Outpatient - Physician's Office		Outpatient – All Other Services	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Substance Use Disorder	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^	Plan pays 100% ^	Plan pays 80% ^
Note: Services where plan deductible applies are noted with a caret (^).						
Notes: - Unlimited maximum per Contract Year - Services are paid at 100% after you reach your out-of-pocket maximum. - Inpatient includes Acute Inpatient and Residential Treatment. - Outpatient - Physician's Office - may include Individual, family and group therapy, psychotherapy, medication management, etc. - Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), etc.						
Mental Health and Substance Use Disorder Services						
Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs Cigna Total Behavioral Health - Inpatient and Outpatient Management - Inpatient utilization review and case management - Outpatient utilization review and case management - Partial Hospitalization - Intensive outpatient programs - Changing Lives by Integrating Mind and Body Program - 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 90-day supply	Retail (per 30-day supply): Generic: You pay \$10 Preferred Brand: You pay \$25 Non-Preferred Brand: You pay \$40 Retail (per 90-day supply): Generic: You pay \$20 Preferred Brand: You pay \$50 Non-Preferred Brand: You pay \$80 Home Delivery (per 90-day supply): Generic: You pay \$20 Preferred Brand: You pay \$50 Non-Preferred Brand: You pay \$80	Retail: You pay 20% Your plan pays 80% Home Delivery: Not Covered
- Retail drugs for a 30 day supply may be obtained In-Network at a wide range of pharmacies across the nation although prescriptions for a 90 day supply (such as maintenance drugs) will be available at select network pharmacies. - Cigna 90 Now Program: You can choose to fill your medications in a 30- or 90-day supply. If you choose to fill a 30-day prescription, it can be filled at any network retail pharmacy or 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.		

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Drugs Covered

Prescription Drug List:

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

Some highlights:

- Coverage includes Self Administered injectables and optional injectable drugs – but excludes infertility drugs.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles & syringes, insulin pens and cartridges are covered.
- Lifestyle drugs are covered - limited to sexual dysfunction.
- Oral Fertility drugs are covered.
- Prescription vitamins are covered.
- Prescription weight loss 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.

Patient Assurance Program

Your plan includes the Patient Assurance Program which waives the deductible and reduces the amount you owe for certain diabetic insulin medication.

Additionally:

- Any amount you pay for certain diabetic insulin medications only counts toward meeting your out-of-pocket maximum.
- Any discount provided by a pharmaceutical manufacturer for certain diabetic insulin medications only counts toward meeting your out-of-pocket maximum.

Additional Information

Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

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Additional Information

Health Advisor - A

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

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

Included

Maximum Reimbursable Charge

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 (300%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentile (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Contract Year deductible and maximum reimbursable charge limitations.

Out-of-Network Emergency Services Charges

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

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

Medicare Coordination

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

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

Multiple Surgical Reduction

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

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Additional Information

Pre-Certification - Continued Stay Review - Preferred Care 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 \$250 penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to precertify admission.
- Benefits are reduced to 50% for any admission reviewed by Cigna Healthcare and not certified.
- Benefits are reduced to 50% for any additional days not certified by Cigna Healthcare.

Pre-Certification - Preferred Care Management Outpatient Prior Authorization - required for selected outpatient procedures and diagnostic testing

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 \$250 penalty applied to outpatient procedures/diagnostic testing charges for failure to contact Cigna Healthcare and to precertify admission.
- Benefits are reduced to 50% for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.

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

Your Health First - 200

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

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

Holistic health support for the following chronic health conditions:

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

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Definitions

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

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

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

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

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

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

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

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

Exclusions

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

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

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an Injury or Sickness which is due to war, declared, or undeclared.
- 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:
 - o Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed;
 - o 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;

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Exclusions

- o 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
- o 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; acupressure; craniosacral/cranial therapy; dance therapy, movement therapy; applied kinesiology; rolfing; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Surgical or non-surgical treatment of TMJ disorders.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental Injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident. Additionally, charges made by a Physician for any of the following Surgical Procedures are covered: excision of unerupted impacted wisdom tooth, including removal of alveolar bone and sectioning of tooth; removal of residual root (when performed by a Dentist other than the one who extracted the tooth).
- For medical and surgical services intended primarily for the treatment or control of obesity. However, treatment of clinically severe obesity, as defined by the body mass index (BMI) classifications of the National Heart, Lung and Blood Institute guideline is covered if the services are demonstrated, through peer-reviewed medical literature and scientifically based guidelines, to be safe and effective for treatment of the condition.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasm, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prostheses" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets and dentures.

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Exclusions

- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, pre-recorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- All non-injectable prescription drugs, unless Physician administration or oversight is required, injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- 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 to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Charges for the delivery of medical and health-related services via telecommunications technologies, including telephone and internet, unless provided as specifically described under the benefit section.
- Massage therapy.

These are only the highlights

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

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

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DISCRIMINATION IS AGAINST THE LAW

Medical coverage

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

Cigna:

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

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

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

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

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

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

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



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Proficiency of Language Assistance Services

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

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

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

Vietnamese – XIN LƯU Ý: Quý vị được 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 연락해주시십시오. 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시십시오.

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

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

Arabic – برجاء الانتباه خدمات الترجمة المجانية متاحة لكم. لعملاء Cigna الحاليين برجاء الاتصال بالرقم المدون علي ظهر بطاقتكم الشخصية. او اتصل ب 1.800.244.6224 (TTY: اتصل ب 711).

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

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

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

Polish – UWAGA: w celu skorzystania z dostępnej, bezpłatnej pomocy językowej, obecni 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 کمک زبانی، به صورت رایگان به شما ارائه می‌شود. برای مشتریان فعلی Cigna، لطفاً با شماره‌ای که در پشت کارت شناسایی شماست تماس بگیرید. در غیر اینصورت با شماره 1.800.244.6224 تماس بگیرید (شماره تلفن ویژه ناشنوایان: شماره 711 را شماره‌گیری کنید).